Keynote Lectures

KL06  Keynote Lecture Prevention in psychiatry: we can do much better

Presidential Sessions

PS01  Presidential Session: Focusing on Ethics
PS03  Presidential Session: Focusing on Women's Mental Health

Movie Sessions

MS696  Movie Night "The Sessions"
MS811  Superando obstáculos. Testimonios y herramientas en la senda de la Recuperación

Section Symposia

SSY097  Born this Way: Finding Solutions for Global Challenges in Perinatal Mental Health
SSY152  An update in the treatment of eating disorders
SSY162  Treatment ethnopsychiatric as resource access and inclusion of the patient
SSY168  Advances in ADHD Research
SSY177  Mental Health and Correctional Psychiatry
SSY178  Problems of expert witnessing
SSY181  Get to Know You Better: Understanding Quality of Life in Substance Use
SSY182  Personality pathology throughout the life course
SSY183  Prison Psychiatry - clinical and ethical issues
SSY193  Sexual Offenses: a Forensic Psychiatric Perspective
SSY204  Detection of Bullying Related Morbidity: A Global Public Health Priority
SSY233  Negative symptoms of schizophrenia: new insight from neuroimaging and electrophysiology research
SSY246  Mental health and workplace environment. How can we prevent burnout and establish quality management strategies that includes mental health issues
SSY248  New Developments in the Neurobiology of ADHD
SSY272  International Symposium on Disaster Psychiatry Section: Human Factors in Disaster
SSY280  Neuropsychiatry in Stroke
SSY287  Neurobiology of schizophrenia: electrophysiological indices of symptom dimensions and vulnerability to the syndrome
SSY293  WPA Child and Adolescent Section’s symposium: World Child and Adolescent Psychiatry
SSY294  International Perspectives on Bipolar Disorder in Children and Adolescents
SSY305  Constructs of meaning and (Religious) Transformation. Part I
SSY311  Healthy work environments for persons with mental illness. Early detection and coaching of companies to install preventive measures
SSY337  Mental Health Economics
SSY342  Challenges in Sport Psychiatry
SSY349  Advanced neuroimaging in early psychosis: translational impacts for clinical psychiatry
SSY355  Advances in the Genetics of ADHD and Related Disorders
SSY384  Culture, Demoralization, and Psychotherapy
SSY391  Psychiatric Genetics 2020: molecular technological advances, clinical applicability, and ethical implications
SSY399  Clinical challenges in suicidology
SSY407  Neuropsychiatric aspects of normal and disturbed sleep: An update
SSY409  Mental Health in Nursing Homes
SSY412  Telemedicine in psychiatry: compelling issues, scientific evidence, and open questions
SSY415  Civil commitments (compulsory admissions): ongoing debate on emergency psychiatry and psychopathological changes
SSY426  Innovations in International Diagnostic Systems
SSY445  Contexts of Creativity: Literature, Art and Mental Health
SSY482  Negative symptoms of schizophrenia, their impact and therapeutic options
SSY484  International overview of quality assurance perspectives in mental health
SSY486  International perspectives of quality of care and integration of schizophrenic persons predominantly in developing countries
SSY505  Stratification of patients using inflammatory biomarkers
SSY526  WAIMH symposium: Clinical and Research Topics in Infant Psychiatry
SSY532  Inter-Sectional Symposium From evidence-based to value-based psychiatry in oncology, palliative care and medicine
SSY539  Mental health concepts and strategies for social inclusion
SSY545  Family and Severe Mental Disorders a Clinical and Training Perspective
SSY549  Intersectional Symposium: HIV Psychiatry as Paradigm for Psychosomatic Medicine: Preventing Transmission, Caring with Compassion, and Improving Adherence Sections on HIV Psychiatry and Psychiatry, Medicine and Primary Care, and Psych
SSY556  New trends in occupational psychiatry
SSY557  Values in Clinical Education: A global perspective
SSY559  How mass media influence mental health and behavior at the population level: different approaches
SSY563  International issues in preventive psychiatry
SSY569  Complex trauma as a context trauma
SSY579  Philosophical and practical approaches to the management and resolution of conflicts
SSY583  Highlights in psychopharmacology of intellectual developmental disorders and autism
spectrum disorders
SSY589  Effects of physical environment and stress on mood and behavior
SSY622  Global Mental Health Priorities
SSY639  From bench to bedside: lessons from research in developmental psychopathology in infant and perinatal parent-infant interactive mental health
SSY667  Disaster and Mental Health in South East Asia: Some issues and concerns
SSY693  Violence and Human Sexuality
SSY694  Human Sexuality Diversity: Update
SSY704  Finding addictive objects in the environment: focus on behavioral addictions
SSY708  Aesthetic Strategies and the Psychotherapeutic Simulation of Authenticity
SSY711  Psychiatric rehabilitation to avoid societal exclusion
SSY720  Improving the Image of Psychiatry
SSY723  Towards a consensus document for integrative assessment in psychiatry

Section Workshops

SWS188  The Four Psychologies of Psychodynamic Theory and Psychotherapy-1: Drive Theory and Ego Psychology
SWS206  HPA axis and Suicidal Behaviour
SWS258  How Dynamic Psychiatry can contribute to the approximation of Schizophrenia
SWS309  Constructs of meaning and (religious) Transformation. Part II
SWS379  Providing mental health services in rural communities: challenges and solutions
SWS387  Current Trends in Human Sexuality
SWS400  Strategies for suicide prevention in Europe
SWS432  Beyond borders: Global challenges and solutions in medical migration
SWS460  From symptoms to disorders in psychiatry: how psychoanalysis can help
SWS461  How psychoanalysis can contribute to psychiatric education
SWS514  Spiritual and religious concepts of Mental Order and Disorders
SWS565  Suicide, assisted suicide and suicide prevention in the elderly
SWS602  here there is light, I see the shadow
SWS617  An international overview on postgraduate training in Psychiatry
SWS621  The Reduction of Coercion in Psychiatry
SWS628  Issues in perinatal mental health today: is there a war on women's reproductive issues and rights today?
SWS645  Teaching How to Teach in Psychiatry
SWS695  Novel Techniques in Couple and Sex Therapy: Dance/Movement Therapy and Mindfulness
SWS725  What has been lost and what could be gained: neurodevelopmental disorders in the dsm-5 and in the icd-11
Regular Workshops

WS037 Cognitive behaviour therapy for psychosis: What do we know about its effectiveness and impact on the brain?
WS043 Neurological Examination in less than ONE minute and reading ECG in less than TWO minutes
WS117 Major controversies in bipolar disorders
WS165 Social and Cultural Aspects of Suicide
WS172 Culturally competent play therapy with the Mexican American child and family
WS180 IMPLEMENTATION OF MINDFULNESS IN PRIMARY CARE SETTINGS
WS190 Eating disorders: the interface between psychiatry and medicine
WS191 Depression in the medically ill: a diagnostic enigma
WS209 Transition from child to adult mental health care: barriers and opportunities
WS213 Improvisation for the Clinician: Using Strategies From Improvisational Theater to Enhance Your Therapeutic Practice and Deepen Working Relationships
WS215 How do we recognize and treat adult autism spectrum disorder in psychiatric settings?
WS217 Abuse, torture after police arrests: trauma and repair
WS219 Focusing on consciousness states in psychotic patients groups
WS221 Relationship between animal abuse and violence, important factors for the diagnosis, approach and management of psychopathy
WS222 Panorama of Latin American Psychiatry: present and future in three dimensions
WS223 Three current issues on women’s mental health
WS229 Manifestations of stigma and discrimination in mental health
WS232 The Reemergence of Psychoneuroendocrinology in the Era of Molecular Neuroscience, Genetics and Imaging
WS235 Pharmacotherapy in Asia
WS243 OCD & projective identification therapy cards (keys to emotional growth) - changing negative OCD narratives to positive
WS244 Inflammation and mitochondrial dysfunction: What we know and where to go?
WS247 Multimorbidity : the Challenge for Medicine in the 21st Century
WS257 The mood disorder: the approach to a broader bipolar spectrum of mood
WS274 Clinical, Legal and Ethical issues in the assessment and management of Sex Offenders
WS276 Global Mental Health
WS279 Neuroendocrinial dysfunction emotional and cognitive dysfunctions in medical residents related to work stress
WS285 Towards the Betterment of Mental Health Service: Lessons Learned from Asia
WS290 Inpatient treatment in acute wards: international trends and future perspectives
WS292 Religious perspectives on mental health
WS296 Psychiatry at the interface with medicine
WS297 Botulinum toxin, an emerging therapeutic for depression
WS304 Mixed or missed features in diagnosis and treatment of pediatric depression
| WS306 | Practical assessment of dementia patients with the new EDCON/IDEAL scale |
| WS310 | THE ASSESSMENT OF MENTAL CAPACITY TO INFORMED CONSENT |
| WS316 | Relevance of Diagnostic Criteria in Psychiatry: a South African Perspective |
| WS318 | Are language disorders a cause or a consequence of psychosis? |
| WS321 | The choosing wisely movement; implications for american psychiatry |
| WS323 | Telepsychiatry: A Diagnostic and Management system for Psychiatric Care of Patients in Remote Area |
| WS324 | Cannabis and Mental Health: from laboratory research to clinical studies |
| WS327 | Dementia: Beyond Alzheimer's Disease |
| WS330 | New ways to teach students in psychiatry by using modern technology |
| WS333 | Cocaine, Alcohol and Benzodiazepines use over Agonist Opioid Treatment in patients with and without dual diagnosis. Clinical and Therapeutic aspects |
| WS334 | The difficult differential diagnosis and comorbidity of ADHD and specific learning disorders |
| WS338 | Neurobiological update in child |
| WS340 | Strategies for good practices in transcultural situations: Stages of implementation |
| WS351 | Challenges in mental health in Postsoviet countries: Armenian experience |
| WS357 | Aggression and violence in psychiatric settings: international trends and treatment strategies |
| WS358 | Virtual reality cue-exposure therapy for bingeing behavior in bulimia nervosa |
| WS360 | A proposal of novel neurobiological markers for early detection of severe mental disorder throughout the life cycle |
| WS364 | Eating disorders: Tips towards strategies with the “real” patient |
| WS366 | Cultural Psychiatry Teaching Methods: Perspectives From Spain, Sweden and United States of America |
| WS373 | Neurosis Renaissance?: New clues after 30 years of the Anxiety-Collagen connection |
| WS375 | Psychotherapeutic Interventions of Andalucia’s (Spain) Current Psychiatry |
| WS380 | Clinical staging in severe mental disorders: Towards stage specific treatments in Psychiatry |
| WS398 | A unique national initiative for transformation of youth mental health services and its evaluation: a canadian model and perspective |
| WS403 | Drug Misuse in Ethnic Minorities in Europe |
| WS408 | Psycho-developmental Model of Recovery - Consumer-Advocate Recovery Oriented Systems Indicators and Attitudes about Adherence to Medication in National Alliance on Mental Illness (NAMI) consumer leaders |
| WS413 | Suicide and sociocultural background |
| WS416 | Neural substrates for the acute and chronic effects of cannabis in man: implications for psychosis |
| WS429 | Transitional services for ADHD- How to develop an effective care pathway and draw up a successful business plan |
| WS430 | School Mental Health Literacy to Improve Mental Health Knowledge, Reduce Stigma and Enhance Help-Seeking Behaviors: A Successful International Approach |
| WS431 | The Journey of Psychosis |
| WS434 | Psiquiatría y complejidad. Un saber hacer entre las ciencias biológicas y las ciencias sociales |
| WS438 | Psychotherapy education: Focus on delivering quality and humane psychiatric care |
WS443  Childhood and Adolescent-onset psychosis: Assessment and treatment considerations
WS451  Mental health and primary health care in post-war zones
WS457  Stanford cue centered therapy: An evidence-based, structured and sequentual treatment for traumatized childrens
WS474  Suicidal and Nonsuicidal Self-Injury Across Psychiatric Treatment Settings: An Update
WS476  Decision making and management of bipolar disorder: adherence to clinical practice guidelines
WS478  Mental Health in Asian Pacific region
WS483  If you do A-B-C, then 1-2-3 will happen, but it doesn't work that way: A workshop on combatting the stigma of mental illness in child and youth mental health"
WS491  A Register In The UK To Determine The Safety Of Antipsychotic Drugs During Pregnancy
WS500  Person-centered Psychiatric Cares program in french speaking countries in patient unit
WS528  In spite of vast difference in the resources Asia manages mental health gap effectively: How?
WS533  The Psychiatrist’s Role in Addressing the Social Determinants of Mental Health
WS536  The child and teenage violence in San Miguel de Tucuman, Argentina. Is it a medical phenomenon?
WS538  Evaluating quality of mental health care in severe mental illness in Europe
WS540  Migration and Mental Health
WS552  The feminization of medicine
WS570  Lets talk about PTSD treatment in a first responder of 11 of March attacks in Madrid
WS572  Examination of Psychosis Early Intervention Programs in Canada: Towards national standards of program delivery and care.
WS581  Mental health of vulnerable youth and the global mental health agenda
WS591  Improve access to care for dangerous patients before they commit violent crimes
WS598  Brain Drain
WS599  Scared kittens, hulks and overdrive computers: developmental and psychological predicaments in adhd spectrum disorders
WS600  Detangling the web: deconstructing diagnostic and treatment confusion in complex autism
WS608  Subtyping Schizophrenia by Anxiety Disorder Comorbidity
WS626  Evolutionary Psychopathology: It's About the Human Herd - A Novel Social Synthesis
WS631  Running for your life! : Physical therapy for the reduction of cardiovascular disease risk factors in individuals with schizophrenia
WS636  Terrorism - Psychiatrists’ Perspective
WS644  Update on Psychosomatic Medicine
WS646  Collaboration of WPA Secretary and its Operational Committee with WPA Section on Education in Psychiatry
WS653  Associative Cards: awaken your unconscious mind and enhance your potentials.
WS655  Move to Person Centered Care and Recovery Planning for Organizational Change at Austin State Hospital
WS660  Clinical and psycho-social factors associated with the severity of depression: an overview integrating research evidence at the primary care level in chile.
WS661  The complexities of psychopathology in substance addiction
WS672  Autogenic Psychotherapy
WS677  General Practitioners attitude towards depression registration and referral
WS688  The psycopharmacoeconomic and epidemiology: suicide and drugs problems in Latin American psychiatry flashpoints
WS702  An integrated approach to mental health services for victims of torture war and their families. The Canadian Centre for victims of torture. 35 years of experience
WS706  Mental health and quality of life in older adults.
WS721  Therapeutic approach through art in schizophrenia. Contemporary Art Museum Project.
WS722  Psychiatric day hospitals - why are they a good option for mental health care?
WS726  Immigrant’s outcome after a first episode psychosis: any difference from non-immigrants?
WS727  Homelessness and First Episode Psychosis (FEP) The Portrait of an urban phenomena
WS731  Patient Safety In Psychiatry- Need For A Global Perspective
WS750  Violence today, Victims and Mental Health. Trauma and Repair
WS903  Introduction of reflective experiential learning in under-graduate psychiatry training

Regular Workshops Dual Disorders / Pathology Track

WSD21  Tobacco and Dual Disorders
WSD314  Guidelines for pharmacological and psychological treatment of adult patients with a psychiatric disorder and a comorbid substance use (dual diagnosis patients)

Regular Workshop Spanish / Portuguese Track

WSP271  Enfermedades psicocutáneas en Pediatría
WSP421  Dos programas estructurados para trabajar con las familias en trastornos del comportamiento alimentario: Modelo Maudsley vs. Modelo Psicoeducativo Habitual
WSP495  Trastorno Limite de Personalidad y Violencia: una visión en la práctica privada en Lima, Perú
WSP523  Los Derechos Humanos, el Arte y la Subjetividad
WSP633  La hospitalización parcial dentro del proceso terapéutico en el trastorno mental grave (Simposio AEN)
WSP634  El medio terapéutico en hospitalización parcial (Simposio AEN)
WSP648  Abordaje del Trastorno Mental Grave y abuso de sustancias (Patología Dual) desde un modelo de salud mental comunitario
WSP901  Saliendo de los carriles acostumbrados. Uruguay, nuevas experiencias en psiquiatría
WSP905  Avances en programas de psicoterapia intensiva en hospitalización parcial (Simposio AEN)
WSP906  Comunidad terapéutica de adolescentes, una experiencia innovadora
Zonal Symposia

ZSY240  Mental Health in post-conflict Syria
ZSY315  Henri Ey (1900-1977) su obra en espanol y sus intercambios con el mundo hispanico.Henri Ey (1900-19777) his work in Spanish and his exchanges with the hispanic world.
ZSY331  Psychiatry in the Eastern Europe: Problems and Perspectives
ZSY335  Mental Health in the Eastern Europe
ZSY459  Education of Early career psychiatrists in Eastern Europe: ways and models
ZSY513  Mental Health in the Middle-East

-Common denominators among tumultuous diversity
ZSY551  Innovative clinical research: from basic neuroscience to clinical and therapeutic use
ZSY606  Human rights of mental patients: new challenges and perspectives
ZSY630  Dementia and Late Life Depression in West Africa, the role for the psychiatrist
ZSY650  bipolar disorders in Iran: a perspective.

Zonal Workshops

ZWS317  New models of interdisciplinary approach in institutionalized patients Schizophrenia
ZWS537  Utilitarian Concept of Mental Health
ZWS582  Conexiones : espiritualidad-religiosidad-psiquiatria
  organizado por: El Capítulo de Psiquiatría y espiritualidad" de la Asociación de Psiquiatría de Salta (Argentina)"
ZWS627  Health Systems Performance: Africa, Asia/Pacific, the Americas and Europe
Abstracts

Keynote Lectures

Abstracts
<table>
<thead>
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<th>Keynote Lecture</th>
<th>OVERALL ABSTRACT</th>
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<tr>
<td>Title:</td>
<td><strong>Prevention in psychiatry: we can do much better</strong></td>
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<tr>
<td>Abstract</td>
<td>We can prevent mental disorders. Investing in mental health promotion through healthy pregnancies, better care during delivery, parental education, socioemotional learning in schools, reducing bullying and childhood trauma, abuse, and neglect, and integration of children with social/cognitive challenges are good examples of primary prevention in psychiatry. Secondary prevention is also a currently unmet need in psychiatry. Early intervention is by no means specific to psychiatry and has been a focus in other areas of medicine with great success in recent decades. Examples are drawn from cardiovascular and endocrine disorders in which elevated blood pressure and abnormal glucose levels have been targeted for preventive measures. The strongest proponents of the early-onset intervention movement have been in the field of psychosis, although many other disorders have been following suit. Advances in the recognition of risk factors (including genetic factors, environmental interactions, and biomarkers) will increase the chances of preventing or mitigating mental disorders through the introduction of psychosocial, educational, family, cognitive, and biomedical interventions. The state of the art in primary and secondary prevention and future areas for action will be discussed.</td>
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| Keynote Speaker | Celso Arango  
Hospital General Universitario Gregorio Marañón. Universidad Complutense, CIBERSAM. Madrid, Spain. |
Presidential Sessions
### OVERALL ABSTRACT

<table>
<thead>
<tr>
<th>Session: Presidential Session 01</th>
<th>OVERALL ABSTRACT</th>
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#### Title: Focusing on ethics

#### Chairperson

Prof. Pedro Ruiz  
Vice Chairman Department of Psychiatry and behavioral sciences  
University of Miami, Miller School of Medicine, USA  
President of World Psychiatric Association

Prof. Ahmed Okasha  
Professor and Director of WHO Collaborating Center  
For Research and Training in Mental Health  
Institute of Psychiatry, Ain Shams University, Cairo, Egypt  
Chairperson of WPA Ethics & Review Committee

#### Abstract

Any psychiatrist should take into consideration in his practice the evidence based psychiatry and also the value based psychiatry. The panel is inviting all presidents of WPA member societies and to encourage them to initiate and promote the functioning of ethical committees. The presentation will discuss how to implement the complex ethical issues confronting the practice of psychiatry with the rapid changes in the genetics and neurosciences in the 21st century. The principles of our codes of ethics “The Madrid Declaration” will be clarified and a plea for its implementation which will ensure the preservation of dignity and human rights and the best management for the mental patients. The issue of ethics of psychopharmacological treatment and the prevalence of good, risky, bad and hazardous polypharmacy in the management of mental patients is an important issue that faces the psychiatrist in his daily practice and increased awareness of the sensitive ethical topics will be discussed.

#### Speakers

Ahmed Okasha (Egypt).  
Paul S. Appelbaum (USA).  
Fernando Lolas (Chile).  
Juan José López-Ibor (Spain).

#### Discussants:

Felice Lieh-Mak (China).  
Otto Steenfeldt-Foss (Norway).

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### SPEAKER 1

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<th>Session: Presidential Session 01</th>
<th>SPEAKER 1</th>
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#### Title: FOCUS ON ETHICS OF PSYCHOPHARMACOLOGICAL TREATMENT

#### Speaker

Prof. Ahmed Okasha, Director of WHO Collaborating Center for Research and Training in Mental Health, Okasha Institute of Psychiatry, Ain Shams University, Cairo, Egypt.

#### Abstract

**The Objectives:** To discuss the needs for ethical standard in giving psychotropic drugs.

A high level of care and caution is necessary during the whole course of psychopharmacotherapy to recognize any side effects and respond promptly and specifically. Creative psychopharmacotherapy demands a broad base of pharmacologic and neuroscience knowledge (evidence based practice), personal experience (practice based evidence) and favorable treatment context (well-being therapy, life coaching).
Psychopharmacology has revolutionized psychiatric practice but raises a number of ethical issues. Pressures that interfere with appropriate prescribing come from outside the prescriber and from within, including from insurers, other treatment staff and the prescriber's own will to act for the patient. The Psychopharmaceutical polypharmacy represents a sensitive ethical issue. Polypharmacy in Psychiatry is prevalent from 30-90%. We have to differentiate between necessary, reasonable and hazardous polypharmacy (i.e. the good, bad and ugly). The ethical practitioner needs to keep up-to-date with empirical findings on all somatic and psychosocial treatments, including their indications, adverse effects and contraindications

Pharmacological cognitive enhancers (PCEs) are used to improve cognitive functions, such as attention, learning, memory and planning in patients with impairments in cognition resulting from traumatic brain injury (TBI) or from neuropsychiatric disorders such as Alzheimer's disease (AD), mild cognitive impairment, schizophrenia, and ADHD. Moreover, PCEs have been shown to improve cognition in healthy volunteers with no psychiatric disorders. We urge scientists to explore and communicate the social and ethical implications of their research to the public. SSRI, SNRI, antipsychotics and mood stabilizers should be addressed regarding the ethical issues relating to the efficacy and safety of these drugs. Pharmaceutical companies have a moral obligation to disclose all information in their possession bearing on the true risks and benefits of their drugs. The presentation will deal with the ethics of treating subsyndromal disorders, attenuated psychotic syndromes, acute psychotic episodes...etc, and how to balance benefit-risk ratio especially that follow up shows that only a limited percentage will turn to syndromal disorders.

References:

Title:
PRINCIPLES UNDERLYING PSYCHIATRIC ETHICS: DECLARATION OF MADRID

Speaker
Prof. Paul S. Appelbaum. New York State Psychiatric Institute/Columbia University. New York, NY, USA.

Abstract
Objectives: To provide an overview of the ethical principles underlying the international practice of psychiatry, as reflected in the WPA’s Declaration of Madrid. Methods: In 1996, the WPA adopted an updated version of its ethics guidelines at the World Congress in Madrid. The Declaration of Madrid, since modified several times, embodies world psychiatry’s approach to the ethics of the field. An examination of the elements of the Declaration reveals the underlying ethical principles guiding psychiatric practice. This presentation will highlight those principles, illustrating them via provisions of the Declaration. Results: Relevant principles include: beneficence (“Psychiatrists serve patients by providing the best therapy available consistent with accepted scientific knowledge and ethical principles”); respect for patients (“The psychiatrist-patient relationship must be based on mutual trust and respect to allow the patient to make free and informed decisions”); non-maleficence (“Psychiatrists shall not take part in any process of mental or physical torture”); and advancement of knowledge (“Psychiatrists trained in research
should seek to advance the scientific frontiers of psychiatry”). Not specifically included in the current version of the Declaration, but incorporated in the proposed revisions by the Standing Committee on Ethics and Review are the principles of: promulgation of knowledge concerning psychiatric disorders (“Psychiatrists support and participate in public education aimed at the promotion of mental health and the prevention of psychiatric disorders”); distributive justice and promotion of public health (“Psychiatrists promote distributive justice, including equitable allocation of resources for the prevention, treatment and rehabilitation of psychiatric disorders”); and collegiality (“Psychiatrists maintain collegial, professional relationships, based on mutual respect, with their colleagues”).

**Conclusion:** Elucidation of the principles underlying the Declaration can provide guidance to psychiatrists with regard to the ethics of their work, and highlights gaps in the current Declaration that should be addressed in the next revision.

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<td>Title:</td>
<td>ETHICS ISSUES CONFRONTING PSYCHIATRY IN THE 21ST CENTURY</td>
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<tr>
<td>Speaker</td>
<td>Fernando Lolas, MD Interdisciplinary Center for Studies on Bioethics, University of Chile, Santiago, Chile.</td>
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| Abstract | **Objectives:** To outline and discuss issues related to the ethical component of psychiatric research and practice with emphasis on future developments.  
**Contents:** Several areas of development are singled out considering the history of psychiatry, scientific developments relevant to the psychiatric disciplines, and social changes impacting on the relationship between psychiatrists and society. The notion of change permeates all discussions since ethical dilemmas posed by psychiatric research and practices are different to-day from what they were in the past and what they will be in the future. In particular, a greater relevance of transcultural issues is expected, since cultural competence is recognized as ethical competence; in addition, the impact of genetic and brain research will change the way in which diagnosis, treatment, and prognosis are dealt with; other relevant dilemmas are posed by social network technologies, patient rights movements, and health reforms, affecting both privacy and interpersonal relations in the clinical and research fields.  
**Conclusions:** The need to adapt to the challenges posed by scientific and social developments poses the question of how to train psychiatrists and other mental health professionals in order not to lose the ethos of service, the integrity of science, and the social relevance of psychiatry. | | | |

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<td>Title:</td>
<td>CREATING AND SUSTAINING PSYCHIATRIC ETHICS COMMITTEES</td>
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<td>Speaker</td>
<td>Prof. Juan José López-Ibor. President of the Juan José López-Ibor Foundation (<a href="http://www.fundacionlopezibor.es">www.fundacionlopezibor.es</a>), Professor Emeritus. Department of Psychiatry and Psychological Medicine. School of Medicine. Universidad Complutense de Madrid, Spain</td>
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<tr>
<td>Abstract</td>
<td>The fact that the WPA has an Ethic Committee and that the Association has produced several documents and guidelines, notably the Madrid Declaration, does not prevent Member Societies to set up their own Ethics Committees. Those are essential to</td>
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implement WPA recommendations but also to spread them locally and to identify new issues or topics to be analyzed at an international level. The Madrid Declaration is crystal clear in this context: Although there may be cultural, social and national differences, the need for ethical conduct and continual review of ethical standards is universal.

In spite of the fact that the WPA is an organization of National Member Societies and has no jurisdiction on individual psychiatrists, the organization can be of great help in cases of alleged abuses of patients and professionals always in collaboration with local Member Societies. The Madrid Declaration specifically considers the protection of the rights of psychiatrists in the sense of being able to practice at the highest level of excellence, without the interference of political, social (i.e., stigma and discrimination) or economic issues.

In conclusion, the fact that the WPA has a very active Ethics Committee does not prevent Member Societies having their own with their own goals and strategies and to collaborate with the WPA to further delve in the ethical issues, which are the backbone of our profession.
<table>
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<td><strong>Title:</strong> Role of Culture on Women’s Mental Health: A South Asian Perspective</td>
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<td><strong>Abstract</strong></td>
<td>South Asia covers over one fifth of the world's population, it is the most densely populated region &amp; amongst the poorest regions in the world. It is ethnically diverse, with more than 2,000 ethnic entities, with populations ranging from hundreds of millions to small tribal groups. Virtually all societies have relegated women to a subordinate rank and justified their behavior. Role of mother, wife and daughter are projected to the extent that a woman’s identity as an individual is not recognized. Women exist only in the context of some relationship with a male family member, &amp; in general women are inferior partners. And women are themselves socially conditioned to accept this as their proper status &amp; thus help to uphold and perpetuate this societal attitude (primarily due to economic reasons). Growing up in almost any patriarchal culture with its associated belief systems has a tremendous effect on women's mental health. Women often end up experiencing poverty, isolation &amp; psychological discrimination. In urban regions of South-Asian countries, women's social roles have changed to some extent. They have now comparatively more opportunities for education, employment and enjoyment of civil rights within society. However, the de-stereotyping of the gender roles to a situation where economic and cultural independence, psychological satisfaction is achieved, is within the bounds of our own regional cultures. In South Asia most of the cultures are strongly rooted in the family and extended family Most decisions are made in light of what is best for the family. Individual freedom is often sacrificed. Often, shame and guilt are used to enforce norms in the family. In these cases individual freedom is sacrifice for the family, more so in case of women. An overview of role of South Asian cultural practices on Women’s mental health will be given in this presentation. And recommendations for improving mental health of South Asian Women will be given.</td>
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| **Speaker** | Prof Unaiza NiazMD,FRCPsych  
Chair Section on Women’s Mental Health, WPA. |
Movie Sessions

Abstracts
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<tr>
<th>Session:</th>
<th>Movie Session</th>
<th>OVERALL ABSTRACT</th>
<th>Code</th>
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<tr>
<td>Chairperson</td>
<td>Chairs and officers of Human Sexuality Section with special guest Dr. Maria Conchillo Spain.</td>
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<tr>
<td>Abstract</td>
<td>This movie opens a poorly tackled subject in human sexuality literature research, which is the right to sexuality for special needs individuals. How could we achieve this in a healthful way to them and to “the other” who will engage with him or her in a sexual relationship; with all reservations posed by the society on such right including religious and traditional values of many societies. What is the legal take on this? Is there a social secure way that this growing population could attain such crucial right?</td>
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<td>Based on a true story, emphasizing the impact of sex in the quality of life of a quadriplegic poet; revisiting the role of the sex surrogate and the very challenging and debatable nature of this job in a role fantastically played by distinguished artist Helen Hunt.</td>
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<td>Chairs and officers of Human sexuality section will watch movie with conference participants then open the floor for questions and comments in a new ritual proposed by the section and touching on sex with the disabled and sex surrogate two very sensitive and hot issues.</td>
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<tr>
<td>Title:</td>
<td>Superando obstáculos. Testimonios y herramientas en la senda de la recuperación “de enfermo a ciudadano”</td>
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| Chairperson | Moderadora-organizadora : Guadalupe Morales Cano Madrid. (España)  
Co-Moderadora: Dr. David Fraguas Herráez Madrid (España) | | | |
| Abstract | Se realizará la presentación de un vídeo de 10 minutos de la realidad de los trastornos mentales graves (TMG), específicamente el Trastorno Bipolar, desde las perspectivas de: paciente-familiares-médicos-psicólogos y expertos en medios de comunicación y estigma. A continuación se llevará a cabo un coloquio debate entre la Mesa; quiénes, también han han participado en el video. Con la intención de elaborar unas conclusiones y propuestas en forma de Manifiesto.  
El objetivo de dicho video es sensibilizar a la opinión pública sobre los TMG para disminuir el estigma asociado a los mismos. Para ello se parte de la premisa de que una divulgación realista de la situación mediante testimonios de afectados ayudará a entender adecuadamente los TMG, así a como perder el temor a la enfermedad mental y poder acercarse de un modo más normalizado a los dispositivos asistenciales de Salud Mental en caso necesario. Con ello, se podrá realizar un diagnóstico precoz e implementar un tratamiento adecuado médico y psicosociales que ayuden a mejorar el pronóstico y ende de su evolución.  
Por otra parte, el desconocimiento de los TMG genera también autoestigma entre los propios afectados y provoca abandono del tratamiento o desmoralización respecto a la posibilidad de alcanzar una adecuada calidad de vida. Por ello, otro objetivo del video es plasmar como la recuperación es posible mediante un tratamiento integral en el que se incluye la psicoeducación del paciente (automanejo) y su entorno familiar, la formación entre pares, los grupos de ayuda mutua, y el asociacionismo. Todo ello permite alcanzar un óptimo nivel de funcionamiento sociolaboral, así como una gran calidad de vida. y dar el paso de enfermo a ciudadano. | | |
| Speakers | José Manuel Montes (Spain).  
Mariano Hernández (Spain).  
José Manuel Goikolea (Spain). | | | |
**Born this way: Finding solutions for global challenges in perinatal mental health**

**Chairperson**
Dr Carlos Zubaran, Conjoint Professor, School of Medicine, University of Western Sydney & Consultant Psychiatrist, Blacktown Hospital, Western Sydney Local Health District, Australia

**Abstract**
The main goal in this symposium is to present scientific evidence and to foster debate on the interface between Global Health and Perinatal Mental Health. The panel of speakers will contribute with expertise on a gamut of topics in perinatal mental health from different regions of the world. The socio-economic and cultural dimensions of perinatal mental disorders as well as the influence of these variables on the design and delivery of specialized health care will be examined in this symposium. The speakers will focus on the unmet needs in maternal mental health in different regions of the world as well as ways of finding creative alternatives for contemporary problems affecting vulnerable populations globally. In this truly international symposium, speakers will address a series of highly relevant themes in perinatal mental health, such as vulnerable populations, risk factors and screening of perinatal mental disorders, health service design and populational analysis.

In the first presentation, emphasis will be given to perinatal mental health challenges in the context of migration and minority status. In the second presentation, attention will be shifted to childhood trauma and personality traits as distal risk factors for postpartum depression. The third speaker will talk about perinatal mental health challenges at populational level will be presented. The analytical focus will shift to health service research in maternal mental health (fourth presentation); and finally emphasis will be given to recent developments in the screening of perinatal mental disorders.

**Speakers**
1. Dr Babill Stray-Pedersen  
   Professor University of Oslo, Institute of Clinical Medicine, Division of Women and Children, Rikshospitalet, Oslo University Hospital, Norway
2. Dr Rocio Martin-Santos  
   Head of Section & Associate Professor, Department of Psychiatry and Psychology, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain
3. Dr Ada Zohar  
   Professor, Chair of Clinical Psychology MA Program, Dean of Social and Community Sciences, Ruppin Academic Center, Emek Hefer, Israel
4. Dr Simone Honikman  
   Director, Perinatal Mental Health Project, Alan J Flisher Center for Public Health, Department of Psychiatry & Mental Health, University of Cape Town, South Africa
5. Dr Ana Telma Pereira  
   Senior Research Officer, Institute of Medical Psychology, Faculty of Medicine, University of Coimbra, Portugal

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**Perinatal mental health, minority status and financial deprivation: From immigrants in Norway to women in Tanzania**

**Speaker**
Dr Babill Stray-Pedersen, University in Oslo, Oslo Norway

**Abstract**
Pregnancy and delivery are important but also stressful events in woman’s life. Common Mental Disorders (CMD) varies with cultural and local differences. Immigration and low socio-economic status are considered risk factors especially for postpartum depression (PPD).

**Objectives.** To assess the prevalence and risk factors for CMD including PPD in mothers in a low income African country and among Pakistani immigrants in Norway.

**Methods.** The 14-item Shona Symptom Questionnaire (SSQ) was used in a population based survey of newly mothers in Kilimanjaro region in Tanzania. Women whose response was “yes” to 8 or more items were defined as “at risk of CMD.” In Norway the Edinburgh postnatal depression scale was used 6-12 weeks after delivery to identify risk cases among the immigrants.

**Results.** Of the 1,922 Tanzanian mothers 28.8% were at risk of CMD. This risk was associated with...
verbal abuse, physical abuse, a partner who did not help with the care of the child, being in a polygamous relationship, a partner with low levels of education, and a partner who smoked cigarettes. Cohabitating appeared to be protective.

Among 207 Pakistani immigrant mothers only 7.6% were depressed postpartum. High scores on the life event scale, a history of prior depression, single marital status, a poor relationship to one's partner and an age of 30 years or more were found to be significant risk factors for postpartum depression.

Conclusions. The risk factors among the immigrants were similar to the risk factors of the ethnic Norwegian. Taken together, our results indicate the significance of the quality of relations with one’s partner in shaping maternal mental health also in the postpartum period. The high proportion of mothers who are at risk of CMD emphasizes the importance of developing evidence-based mental health programmes as part of the MCH care package aimed at improving maternal well-being.

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**Session:** Symposia  
**SPEAKER 2**  
**Code:** SSY097  

**Title:** Personality traits and childhood trauma as risk factors for postpartum depression in Spain

**Speaker**  
Dr Rocio Martín-Santos  
Department of Psychiatry and Psychology, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain

**Abstract**  
Introduction: Postpartum depression affects 10% of women after delivery with consequences for both mother and child. In the last years our group was interested in the study of some risk factors associated with postpartum depression: personality traits and early life events.

Rationale: The relationship between personality and depressive illness is complex there is empirical evidence that some personality features such as neuroticism, harm avoidance, introversion, dependency, self-criticism or perfectionism are related to depressive illness risk. Moreover, personality traits, especially neuroticism, may explain the increased prevalence of depression among females. We will present data from some cross-sectional and longitudinal studies showing the role of neuroticism in postpartum depression. On the other hand, although early life events have been associated with depression in adults, there are few and sometimes contradictory findings on childhood abuse as risk factor for postpartum depression. In this presentation we will show the effects of childhood physical, emotional and sexual abuse on depressive symptomatology in a non-clinical sample of women in recent postpartum.

Conclusions: Understanding the effect of neuroticism, the history of early life events along with other biological and social variables, allows clinicians to detect subgroups of women with an increased vulnerability to postpartum depression who might receive early psychological and psychiatric care.

This work was done in part with the support of grants: ISCHI GO3/184; SGR2009/1435.

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**Session:** Symposia  
**SPEAKER 3**  
**Code:** SSY097  

**Title:** Perinatal mental health of different population groups in Israel: The issue of inequality

**Speaker**  
Dr. Ada Zohar  
Ruppin Academic Center, Emek Hefer, Israel

**Abstract**  
Objectives: 1. To evaluate the efficacy of screening procedures for different population groups in Israel. 2. To describe the levels of perinatal health by population groups in Israel, and to point out systematic inter-group differences and their causes. 3. To suggest measures of improving perinatal health in higher risk groups.

Methods: Data from the Israel National Health Institute and from regional health facilities was compiled and analysed.

Results: Perinatal health and in particular rates of perinatal depression in Israel are related to the population-group resources. Israeli-born middle-class Jewish women, who live in the geographically central region, experience the lowest rates of perinatal depression. Groups with higher rates include the poor, those living in the periphery, Arab minorities, and newly arrived and distinct immigrant groups. Although national screening by public health nurses has been widely disseminated, there are groups in which screening is more difficult because of cultural divides, and in which the reported rates are probably under-estimated. Although there is raising consciousness on the importance of resolving
inequality in health and health services in Israel, the multi-ethnicity, and immigration-rich nature of Israeli society make this challenge more difficult to meet.

Conclusions: 1. Culturally sensitive screening procedures need to be developed to better-identify perinatal depression in some of the population groups who are resistant to self-reporting in writing in general and to the EPDS in particular. 2. More care to distribute health facilities is required, and community-wide prevention programs that are culturally suited to the needs of particular groups at-risk need to be developed and implemented.

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<tr>
<td>Title:</td>
<td>Maternal mental health and health service design: Lessons from south Africa</td>
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<tr>
<td>Speaker</td>
<td>Dr Simone Honikman Department of Psychiatry &amp; Mental Health, University of Cape Town, South Africa</td>
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<td>Abstract</td>
<td><strong>Objectives.</strong> To describe the response of the Perinatal Mental Health Project (PMHP) to the high prevalence of common perinatal mental disorders in the resource-constrained context of a South African setting. <strong>Methods.</strong> Quality improvement studies were conducted within an implementation research framework. Monitoring and evaluation data of the PMHP’s four programmes (services, training, research and advocacy), over an 11 year period, were collated within a repeating Plan-Do-Study-Act cycle. Data was interpreted against implementation outcome variables. <strong>Results.</strong> After the introduction of several quality improvement strategies, such as the development of novel training and self-care approaches for health workers, psychoeducation and client tracking systems, several implementation outcomes improved. There were improvements in screening coverage, uptake of screening, loss to follow-up and the uptake of counselling. Fidelity measures such as quality and dosage of counselling delivery improved with the introduction of routine individual and peer training and supervision processes. Sustainability was improved through routinizing screening and referral processes into standard maternity care practises, maintenance of relationships with stakeholder staff and the development and support of policy that addresses compassionate maternity care. <strong>Conclusions.</strong> The stepped-care collaborative model of integrated maternal mental health care was acceptable to health staff and users, was well adopted and is a feasible model for low resource settings. Preliminary effectiveness data are promising.</td>
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<td>Title:</td>
<td>Recent advances in the screening of perinatal depression in Portugal</td>
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<tr>
<td>Speaker</td>
<td>Dr Ana Telma Pereira, M. Marques², M.J. Soares¹, S. Bos³, B.R. Maia³, V. Nogueira¹, N. Madeira¹, C. Roque¹, L.A. Oliveira², A. Macedo¹¹Psychological Medicine, Faculty of Medicine, University of Coimbra ²Miguel Torga ³Higher Institute ¹Coimbra Hospital and University Centre Psychiatry Department, Coimbra, Portugal and High Institute of Social Service, Porto, Portugal</td>
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<td>Abstract</td>
<td><strong>Introduction:</strong> Perinatal depression (PD) is a significant public health concern, needing a more efficient detection, prevention and treatment (Pereira et al. 2014). In the absence of screening programs, less than 10% of women are treated. Authorities in the area recently recommended universal psychosocial assessment programs that combine the evaluation of psychosocial risk factors and the detection of depression (Austin et al. 2014). However, the capacity of the available tools to assess pregnant women for the presence of psychosocial risk factors to predict postnatal depression is limited (Austin et al. 2013). <strong>Presentation Plan:</strong> In this presentation, a new instrument (Perinatal Depression Screening and Prevention Tool/PDSPT) to assess both PD symptoms and risk factors will be presented. The PDSPT includes the Portuguese short version of the Postpartum Depression Screening Scale (PDSS; Pereira et al., 2013) and other self-reported questionnaires to assess the risk factors that have been found to be robustly associated with PD.</td>
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with PD. According to this research protocol, lifetime history of depression is assessed with a question previously used by our team (Marques et al. 2011), which was adapted from the Portuguese version of Diagnostic Interview for Genetics Studies (DIGS; Azevedo et al., 1993). Prenatal insomnia is assessed with five questions about sleep (yes/no), considering the previous month, three regarding insomnia symptoms and two related to insomnia daytime consequences. The prenatal affect is assessed with a Portuguese short version of the Profile of Mood States (POMS; McNair et al., 1971; Azevedo et al., 1991).
**Session: Section Symposium**  
**OVERALL ABSTRACT**  
**Code** SSY152

**Title:** An update in the treatment of eating disorders  
*Eating Disorders Section Symposium*

**Chairperson:** Palmiero Monteleone, University of Salerno, Salerno, Italy

**Abstract**

Anorexia nervosa (AN) and bulimia nervosa (BN) are eating disorders (EDs) characterized by physical, psychological and neurocognitive aberrations. AN has the highest mortality of any psychiatric diagnosis, estimated at 10 percent occurring within 10 years of diagnosis, and is the leading cause of death in young females 15 to 24 years of age. Mortality for BN, instead, is approximately one percent within 10 years of diagnosis. Therefore, efficient treatments for these disorders are needed to prevent their morbidity and mortality. This symposium aims to make an update of the available treatments for AN and BN and to show the most promising future strategies in this field. In particular, Katherine Halmi will discuss new strategies of the family therapy for adolescents with AN. Manfred Fichter will provide an update of the internet-based intervention for relapse prevention in EDs. Fernandez-Aranda will talk about the video game therapy for treating emotional regulation and impulsiveness in patients with AN or BN. Russell Janice will present the effects of a randomized placebo-controlled treatment trial of intranasal oxytocin on both cognitive rigidity and nutritional status in patients with AN.

The final objective of this symposium is to provide the audience with the most updated knowledge on novel treatment approaches in ED patients and to illustrate how this knowledge could be translated in clinical practice.

**Speakers**

1. Katherine A. Halmi  
   Weill Cornell Medical College, New York, United States

2. Manfred Fichter  
   Schoen Klinik Roseneck, Prien, Germany; Univ. Munich (LMU), Germany

3. Fernando Fernandez-Aranda  
   University of Barcelona, Spain; University Hospital of Bellvitge-IDIBELL, Barcelona, Spain

4. Janice Russell  
   University of Sydney; Northside Clinic, Greenwich NSW, Sidney, Australia

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**Session: Section Symposium**  
**SPEAKER 1**  
**Code** SSY152

**Title:** Family therapy for adolescent anorexia nervosa

**Speaker:** K.A. Halmi  
Weill Cornell Medical College, New York, United States

**Abstract**

Objectives To review major types of family treatments for anorexia nervosa [AN] and problems in conducting randomized treatment trials in AN. Methods: Examination of the salient approaches and methods of family therapy for adolescent AN and problems in conducting adequate randomized controlled trials [RCTs]. Results: Over the past 20 years major family approaches to AN treatment [ structural, strategic, Milan and Maudsley ] have evolved into 2 major types, family based therapy [FBT ] and systems family therapy [ SFT ]. Four small scale clinical trials showed FBT to be effective. Recent studies suggest SFT is also effective. All adult RCTs suffered from difficulty with recruitment limiting sample size and high attrition rates, factors much less of a problem with adolescent family therapy since adolescents are not legal citizens and parents can strongly influence treatment compliance. Conclusions: Adolescent family therapy, both FBT and SFT are effective in treating adolescent AN. Characteristics of patients and family members may determine choice of therapy. Effective treatment of adolescent AN is the best way to prevent chronic AN.

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**Session: Section Symposium**  
**SPEAKER 2**  
**Code** SSY152
Title: Longtime course of 7.305 treated eating disordered (ED) patients: The Christina-Barz-study

Speaker: Fichter Manfred M1,2, Quadflieg Norbert & Loewe Bernd3
1Schoen Klinik Roseneck, Prien, Germany
2Univ. Munich (LMU), Germany
3Schoen Klinik Eilbek, Hamburg, Germany

Abstract: Objectives: There are numerous follow-up studies on eating disorders, many of which however have serious limitations in design, diagnosis, assessment and number of patients assessed. Major aims of our Christina-Barz-Study was to assess the long-term course of patients with an eating disorder treated as inpatients in very high numbers.

Method: The total sample at hospital admission consisted of 7.305 ED-patients (6.949 female, 356 male); of these 1.693 were treated for Anorexia Nervosa (AN) (30.4 % restricting type), 2.033 for bulimia nervosa (BN), 375 for binge eating disorder (BED), and the rest for ED-NOS. Participation at follow-up was above 70 % (for AN > 75 %). Data were obtained at hospital admission (T1) and at follow-up (T2). Scales used were the Structured Inventory for Anorexic and Bulimic Disorders (SIAB-S), Eating Disorder Inventory (EDI-2), and Brief Symptom Inventory (BSI).

Results and conclusion: Body-Mass-Index BMI increased significantly from T1 to T2, mostly for AN patients with a very long follow-up (FU) interval (ANOVA group x time interaction sign.) and the effect sizes ranged from 2.0 to 2.6. Most EDI-2 subscales (drive for thinness, perfectionism, depression) improved with increasing FU-interval as did BSI-depression. However, the standardized mortality ratio (SMR) during the FU-interval was high for AN (5.13) and less high (1.39) for BN. The broad data base at T1 allows for detailed multiple regression analyses to identify high risk indicators for unfavourable course. Data on high risk indicators will be presented. Comparisons of the course of illness between AN and BN will be made.

Session: Section Symposium SPEAKER 3 Code SSY152
Title: Video-game therapy for treating emotional regulation and impulsiveness in eating disorders

Speaker: Fernando Fernández-Aranda1,2
1. University of Barcelona,
2. University Hospital of Bellvitge-IDIBELL, Barcelona, Spain

Abstract: Previous literature review studies have suggested that, computer video games (VG) can serve as an additional form of treatment in several areas, such as schizophrenia, asthma or motor rehabilitation. Although, several naturalistic studies have shown the usefulness of serious videogames for enhancing several positive attitudes, relaxing, increasing problem-solving strategies and modifying some abnormal behaviors, there is a lack of serious games specially designed for treating Eating Disorders (ED). As clinicians, and based on the current difficulty to treat specific areas in ED (e.g. some personality traits and negative emotional regulation), even after using standard and well-established evidence-based psychological therapies, serious videogames may open innovative strategies to treat these factors. The aims of this presentation are to: 1) teach on basic skills in the VG therapy and show current developments of this techniques for treating mental disorders and ED; 2) demonstrate a new designed video game therapy (Islands) for treating emotional regulation in ED; 3) present data collected from case-control and prospective longitudinal studies with ED during the last 3 years; 4) learn from patients feedback (video-recorded) about pros and cons of using this technologies.

Acknowledgements: This work was supported by the PlayMancer consortium and project (FP7-ICT-215839-2007), which is funded by the FP7 of the European Commission. The authors wish to thank the European Commission as well as all members of the project consortium for their support. The project also received partial support from Instituto Salud Carlos III (CIBEROBN 06/03, FIS PI11/210).

Session: Section Symposium SPEAKER 4 Code SSY152
Title: Intranasal oxytocin in treatment of anorexia nervosa
Abstract
Anorexia nervosa (AN) is a serious mental and physical disorder with the highest mortality rate of any psychiatric disorder. Treatment outcomes are disappointing hence the need to enhance the process of nutritional rehabilitation.

Objectives: To examine the effects of intra-nasal oxytocin (IN-OT) in hospital treatment of patients suffering from AN both in single dose and following repeated dosing.

Methods: Female patients diagnosed with AN in a residential eating disorders program were recruited into two RCTs - the first over a 6 week period and the second over a 4 week period. They were instructed in the administration of IN-OT 18IU or placebo twice daily and were assessed for weight gain, change in BMI, stage of AN, and a number of psychological parameters over these time periods. The latter included global and subscale scores on the Eating Disorders Examination (EDE) for eating psychopathology, motivation for change and ‘pseudoasbergers’ features including cognitive rigidity.

The effects of a single dose of IN-OT vs placebo was also assessed in the 4 week trial. Here the first (baseline) and last (after 4 weeks of repeated dosing), doses of IN-OT on anxiety 15 minutes before eating a high energy snack, were assessed using Spielberger (STAIS) along with a visual analogue scale (VAS). Salivary cortisol and oxytocin were also measured at baseline, 15 minutes before and 30 minutes after the snack.

Results: Eating concern was significantly reduced in the oxytocin group both after 4 (p=0.023) and 6 (p=0.015) weeks of repeated dosing. Presnack salivary cortisol was also significantly reduced in response to IN-OT but only after 4 weeks of repeated dosing (p=0.023). Cognitive rigidity as measured by the Wisconsin Card Sort Test (WCST) was significantly reduced after 4 weeks. Almost all other parameters reduced equally in both oxytocin and placebo groups as a result of weight gain which was similar in both groups.

Conclusions: IN-OT was shown to be a safe well accepted, easily administered method of reducing eating concern and the principal biomarker of anxiety related to ingestion of high energy food. Thus, oxytocin offers promise in enhancing nutritional rehabilitation in AN.
### OVERALL ABSTRACT

**Title:** Treatment ethnopsychiatric as resource access and inclusion of the patient

**Chairperson:** Marcos de Noronha, Psiquiatra Titulado pela Associação Brasileira de Psiquiatria e Conselho Federal de Medicina, Psicoterapêuta e Psicodramatista reconhecido pela FEBRAP, Presidente da Associação Brasileira de Psiquiatria Cultural, Membro da Associação Mundial de Psiquiatria Cultural e da Seção de Psiquiatria Transcultural da Associação Mundial de Psiquiatria

**Co-chairperson:** Joseba Achotegui Loizate, M.D., Ph.D, University of Barcelona, Spain

**Abstract**

In several situations in our society-it is necessary to use resources for integration of humans to their environment. We highlight the frames of violence, psychiatric disease, migration and other changes which the individual in question needs to adapt. Anyone passing through an atmosphere of confinement, whether in prison or in a hospital ward, for example, could be improved if found integration features when put back into society. People who have suffered great losses or significant changes in their way of life, or simply migrants coming to a new place can prevent occurrences of emotional distress if we can contemplate their need for integration.

The Ethnopsychiatry or Cultural Psychiatry is the study of mental illness considering the socio-cultural aspects of the individual and the study of social disturbances considering behavioral aspects of its members. A therapeutic modality, which also considers aspects of cultural partners, could have advantages over others, whose focus only falls on psychological and biological aspects. Does the knowledge of this area of psychiatry more empowered to recognize the integrative structures that companies might be included with the psychiatric treatment. The Ethnopsychiatry gained prominence in the last century by supports studies that describe the relationship between the high incidence of mental illness with the way of life of modern society. Are arguments that drive the professional in the field of mental considering therapeutic modalities that can both provide greater access to treatment, due to more affordable care and the possibility of a greater number of people, as they constitute living environments and training for both health. Psychotherapy group, with broad focus are, and environment to increase knowledge about the disease and about himself, an opportunity to train participants listening, socializing and exercise solidarity. Moreover, it is a nostalgic moment where man returns to a still prevalent model in traditional societies, the meeting where the man shares their pain and experiences and recall of collective values. In my review, in more than a decade coordinating "Social Therapy" in Florianópolis, these group therapies insights enable both participants how regains a traditional model with the integration function. For example, the Social Therapies, due to its heterogeneous grouping, conflicts, and emotional crises are analyzed by several approaches, giving participants the notion of individual, family and SOCIAL conditions of the problem.

**Speakers**

1. Dori Espeso MD, Child and Adolescent Psychiatrist, IAS Girona -SAPPIR Barcelona, Spain
3. Marcos de Noronha Psiquiatra Titulado pela Associação Brasileira de Psiquiatria e Conselho Federal de Medicina, Psicoterapêuta e Psicodramatista reconhecido pela FEBRAP, Presidente da Associação Brasileira de Psiquiatria Cultural, Membro da Associação Mundial de Psiquiatria Cultural e da Seção de Psiquiatria Transcultural da Associação Mundial de Psiquiatria
This presentation describes and illustrates through case examples the intervention with children and youth immigrants living the Syndrome with chronic and multiple stress-Ulysses Syndrome in Spain. Chronic stress and its pervasive nature has a direct bearing on immigrant children and youth, resulting in their experiencing symptoms of psychosomatic and psychiatric illnesses. These symptom complexes are described and analysed, inevitably leading to the need to take therapeutic and preventative interventions. The importance of social capital in the development of mental illness is taken into account. We comment on the factors contributing to and generating stress, including psychosocial factors involved in chronic and pervasive stress, their multiplicity and the subjects’ loss of control over stress factors. We shall mention the resilience and health promotion models from a clinical as well as a social and community health viewpoint.

Title: Influence of the communication and relationship with the returnee parent on the grade of satisfaction with life: The case of secondary public schools’ pupils in the district of independencia (Lima)

Speaker: José López Rodas¹, Renato López Guevara²
¹Psychiatrist. Instituto Nacional de Salud Mental “Honorio Delgado-Hideyo Noguchi”, Universidad Peruana Cayetano Heredia
²Sociologist. Member of the Red Atenea.

Abstract: The important migratory flux of Peruvians coming back to Peru (…%) may be due to the current economic stability of the country at an international level. The migrants’ expectations about improving their economic condition have already been investigated, as well as the transformations that families undergo due to migration (new dynamics, breakdown, reunification …). Changes in the emotional life of children due to the migration of a parent – for instance, sense of loneliness and abandonment – are well documented. However, no research has been carried out yet on the communication and relationship between the sons and a parent who is returning home.

The present work was realized in Independencia, a district of Lima (Peru) where more than 15,000 pupils attend secondary public schools. The teenagers could participate in the study if their mother or father had returned to Lima between 6 months and 5 years ago, which was the case of around 2% of this population. The objective of the study was to determine the influence of the relationship with the returnee parent of those teenagers on their grade of satisfaction with life.

Although the proposal of the new Law of Return in Peru may create more opportunities for migrants, this legal text does not mention mental health, which is a critical issue for migrants. This shows that there is still a lot to do in this field. The mental health team of Independencia therefore considers that the perception of the teenagers –despite their young age – will help provide them and their family with better mental health services.

Title: Treatment ethnopsychiatric as resource access and inclusion of the patient

Speaker: Marcos de Noronha
Psiquiatra Titulado pela Associação Brasileira de Psiquiatria e Conselho Federal de Medicina, Psicoterapeuta e Psicodramatista reconhecido pela FEBRAP, Presidente da Associação Brasileira de Psiquiatria Cultural, Membro da Associação Mundial de Psiquiatria Cultural e da Seção de Psiquiatria Transcultural da Associação Mundial de Psiquiatria

Abstract: In several situations in our society-it is necessary to use resources for integration of humans to their environment. We highlight the frames of violence, psychiatric disease, migration and other changes which the individual in question needs to adapt. Anyone passing through an atmosphere of confinement, whether in prison or in a hospital ward, for example, could be improved if found integration features when put back into society. People who have suffered great losses or significant changes in their way of life, or simply migrants coming to a new place can prevent occurrences of emotional distress if we can contemplate their need for integration.
The Ethnopsychiatry or Cultural Psychiatry is the study of mental illness considering the socio-cultural aspects of the individual and the study of social disturbances considering behavioral aspects of its members. A therapeutic modality, which also considers aspects of cultural partners, could have advantages over others, whose focus only falls only on psychological and biological aspects. Does the knowledge of this area of psychiatry more empowered to recognize the integrative structures that companies might be included with the psychiatric treatment. The Ethnopsychiatry gained prominence in the last century by supports studies that describe the relationship between the high incidence of mental illness with the way of life of modern society. Are arguments that drive the professional in the field of mental considering therapeutic modalities that can both provide greater access to treatment, due to more affordable care and the possibility of a greater number of people, as they constitute living environments and training for both health. Psychotherapy group, with broad focus are, and environment to increase knowledge about the disease and about himself, an opportunity to train participants listening, socializing and exercise solidarity. Moreover, it is a nostalgic moment where man returns to a still prevalent model in traditional societies, the meeting where the man shares their pain and experiences and recall of collective values. In my review, in more than a decade coordinating "Social Therapy" in Florianópolis, these group therapies insights enable both participants how regains a traditional model with the integration function. For example, the Social Therapies, due to its heterogeneous grouping, conflicts, and emotional crises are analyzed by several approaches, giving participants the notion of individual, family and SOCIAL conditions of the problem.
**Title:** Advances in ADHD research

**Chairperson:** Stephen V. Faraone, SUNY Upstate Medical University; Syracuse, NY, USA

**Abstract**
This symposium will focus on new developments in the neurobiology and pharmacotherapy of ADHD. Dr. Biederman’s presentation will examine intrinsic functional brain organization in patients who had the state (those who had persistent ADHD in childhood and adulthood) compared with in patients who had only the trait of ADHD (who had childhood but not adulthood ADHD), and control participants (who never had ADHD). A positive functional correlation between posterior cingulate and medial prefrontal cortices, two major components of the default-mode network, was reduced only in patients who were in the state of ADHD. A negative functional correlation between medial and dorsolateral prefrontal cortices was also reduced in patients who had the trait of ADHD (regardless of state). Dr. Manor will present data from a recently completed randomized, placebo controlled clinical trial of metadoxine extended release (MER) in adults with ADHD showing that treatment with metadoxine was associated with a significant decrease in CAARS-INV Total ADHD-SS in Inattentive ADHD patients. Dr. Quintero’s talk will focus on the burden (direct, indirect and social) of having ADHD in Europe whereas Dr. Soutullo’s presentation will review the clinical characteristics, course and treatment response of children with ADHD in a Spanish Outpatient Clinic sample.

**Speakers**
1. Joseph Biederman  
   Massachusetts General Hospital; Boston, MA, USA
2. Iris Manor  
   Geha Mental Health Center; Petach Tikva, Israel
3. Javier Quintero  
   Hospital Universitary Infanta Leonor; Madrid, Spain
4. César Soutullo  
   Universidad de Navarra; Pamplona, Spain

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**Title:** Resting-state functional connectivity in a longitudinal study of ADHD reflects persistent diagnostic status

**Speaker**
J. Biederman ¹,², A. Mattfeld ³, J. Gabrieli ³, S. Whitfield-Gabrieli ³, T.J. Spencer ¹,²
¹. Massachusetts General Hospital, Boston, MA, USA
². Harvard Medical School, Boston, MA, USA
³. Massachusetts Institute of Technology, Cambridge, MA, USA

**Abstract**
Objectives: Prior resting-state studies examining the brain basis of attention-deficit/hyperactivity disorder have not distinguished between patients who persist versus those who remit from the diagnosis as adults. Methods: To characterize the neurobiological differences and similarities of persistence and remittance, we performed resting-state functional magnetic resonance imaging in individuals who had been longitudinally and uniformly characterized as having or not having attention-deficit/hyperactivity disorder in childhood and again in adulthood (16 years after baseline assessment). Results: Intrinsic functional brain organization was measured in patients who had a persistent diagnosis in childhood and adulthood (n = 13), in patients who met diagnosis in childhood but not in adulthood (n = 22), and in control participants who never had attention-deficit/hyperactivity disorder (n = 17). A positive functional correlation between posterior cingulate and medial prefrontal cortices, major components of the default-mode network, was reduced only in patients whose diagnosis persisted into adulthood. A negative functional correlation between medial and dorsolateral prefrontal cortices was reduced in both persistent and remitted patients. Conclusions: The neurobiological dissociation between the persistence and remittance of attention-deficit/hyperactivity disorder may provide a framework for the relation between the clinical diagnosis, which indicates the need for treatment, and additional deficits that are common, such as executive dysfunctions.
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<tr>
<td>Title:</td>
<td>Efficacy of metadoxine extended release in patients with predominantly inattentive subtype attention-deficit/hyperactivity disorder</td>
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<tr>
<td>Speaker</td>
<td>I. Manor,1,2, J. Newcorn3, S. Faraone4, L. Adler5,6, The Metadoxine Study Group</td>
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<tr>
<td></td>
<td>1. Geha Mental Health Center, Petach Tikva, Israel</td>
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<td>3. Mount Sinai Medical Center, New York, NY</td>
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<td>4. State University of New York Upstate Medical University, Syracuse, NY</td>
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<td></td>
<td>5. New York University Medical Center, New York, NY</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To compare the effects of metadoxine extended release (MDX) with those of placebo on inattentive (IA) versus hyperactive-impulsive (H-I) symptoms and predominantly inattentive (ADHD-PI) versus combined (ADHD-CT) subtype in adults with ADHD. Methods: This was a 1:1 randomized, double-blind, parallel-design study of MER 1400 mg/day for 6 weeks in 120 adults with ADHD. Efficacy measures were baseline to end-of-treatment changes in Conners’ Adult ADHD Rating Scale–Investigator Rated (CAARS-INV) Total ADHD Symptoms scores (ADHD-SS) with adult ADHD prompts, the Test of Variables of Attention (TOVA) ADHD scores, and response rates (≥25%, ≥40% improvement in CAARS-INV Total ADHD-SS). Results: There was a significant decrease in CAARS-INV Total ADHD-SS in ADHD-PI patients taking MER (43%) vs. placebo (21%) (P &lt; 0.05). The decrease for ADHD-CT patients was not significant (27% vs 26%). There was a significant decrease in IA scores in ADHD-PI patients (MER, 47%, placebo, 23%, P &lt; 0.005), while the change in ADHD-CT patients was not significant. There was no significant difference in percent decreases seen in H-I scores for either subtype. Significantly higher response rates at both cutoffs (≥25%, ≥40% improvement) were seen in the MDX group compared with the placebo group in CAARS-INV Total ADHD-SS in ADHD-PI patients, but not in ADHD-CT. TOVA ADHD scores were significantly decreased in the MDX group compared with the placebo group for ADHD-PI patients, but not for ADHD-CT. Conclusions: These data suggest that MDX may have preferential effects for the treatment of ADHD symptoms and inattentive symptoms in adults with ADHD-PI.</td>
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<tr>
<td>Title:</td>
<td>ADHD and global control needs, moreover nuclear symptoms improvement</td>
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<td>Speaker</td>
<td>J. Quintero</td>
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<td></td>
<td>Hospital Universitary Infanta Leonor, Madrid, Spain</td>
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<tr>
<td>Abstract</td>
<td>Objectives: ADHD is one of the most common psychiatric disorders in childhood and is associated with significant and wide-ranging impairments, Patients with ADHD struggle in the areas of academic functioning, self-esteem, and interpersonal relationships and they are at higher risk for mental health comorbidities. The objective of this study is to present the uncovered needs of children/adolescents with ADHD from the perspective of both the patients and their families, and to explore the global cost (direct, indirect and social), of having and ADHD. Methods: The dissertation will present the latest results of some studies focus on the European populations about the uncover needs on the ADHD approach and the economic burden of the ADHD. Results: The European patients with ADHD, has at least 2 commodities when get the diagnosis. There are several domains that are related with the impairment, but are not nuclear ADHD symptoms, like anger and active defiance. To the families there are several overloads because of having a child with ADHD, like missing work (67%), been late at least 3 times in a month (47%), or modify their employment or career (43%). Also interfere with the relationships with family members and with social activities even on medication. They are also concern about the transition to the adult live and the impact, having an ADHD. The points that concern to the physicians are the adherence to the treatment and de levels of symptom control. Conclusions: Studies have shown that the ADHD families experience considerable emotional and also</td>
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Financial stressors and ADHD has also been shown to negatively impact the health-related quality of life for both children and adults. These negative long-term outcomes of ADHD on patients and families should make us look forward to the control of these factors, as the global cost of ADHD increase on those non-responder’s patients to first line treatment.

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<tr>
<td>Title:</td>
<td>Clinical characteristics, treatment and outcome of ADHD in a sample in Spain: A naturalistic follow-up study</td>
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<tr>
<td>Universidad de Navarra, Pamplona, Spain</td>
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**Abstract**

Objectives: To review the clinical characteristics, course and treatment response of children with ADHD in our Outpatient Clinic sample, in a longitudinal, naturalistic follow-up study at the University of Navarra, in Pamplona, Spain.

Methods: Of the total 1,424 new assessment, 556 (39%) had ADHD, and 302 met inclusion criteria, and did not meet exclusion criteria (Age <17, and main diagnosis of ADHD not due to substance abuse, IQ<70, or Autistic spectrum disorder, not participating in a clinical trial). Patients were evaluated by a trained Child & Adolescent Psychiatrist using a K-SADS interview template, to evaluate baseline symptoms, comorbidity course of illness (CGI at endpoint), and endpoint dose that achieved good response. We also evaluated patients with neuropsychological testing, including WISC, CPT & Stroop.

Results: Mean (+ SD) age of our patients was 11.3 + 3.2 years old. 82% of patients were male, and only 31.1% had ADHD without comorbidity. Mean Baseline CGI-S score was 4.35 + 0.6. Baseline ADHD-RS was: 31.1 + 9. The most frequent ADHD-RS symptoms were: Disorganized, Avoids mental effort, distracted, and fidgets. There was a delay of 2.63 years from the onset of symptoms to the diagnosis. Of the patients treated with methylphenidate (MPH), 79.8% of patients had full remission of symptoms, with a mean dose of 1.20 mg/kg/day. There was an association of worse response with lower IQ, and findings on the CPT and WISC subscales.

Conclusions: There was a 2.6 year diagnostic delay. The mean dose required to control symptoms was 1.2 mg/kg/day. There was some association between neuropsychological problems and a worse response, but these cannot be used to predict response.
### Overall Abstract

**Title:** Mental health and correctional psychiatry

**Chairperson:** Norbert Konrad, Institute of Forensic Psychiatry, Berlin, Germany

**Abstract**

In general Prison Psychiatry resp. Correctional Psychiatry is a dark field. Therefore main topics will be presented in two symposia organized by the Section Forensic Psychiatry of the WPA. The second one is dedicated to Mental Health and Correctional Psychiatry. A high and possibly increasing prevalence of mental disorders in prisoners has been demonstrated in recent surveys. In comparison to the general population, prisoners have an increased risk of suffering from a mental disorder. Regarding treatment the needs of special groups have to be respected, especially the needs of female prisoners or indigenous people. The loss of contacts to the social network, especially to their family, plays an important role as a psychological stressor as well as special prison conditions, e.g. in Super-max Prisons. Although there are arguments for transferring mentally ill prisoners to public psychiatric hospitals, in many cases there are objections to this approach, mainly due to difficulties the external psychiatric institution may face when treating offenders.

**Speakers**

1. J. Arboleda-Florez  
   Queen’s University, Kingston Ontario, Canada
2. M. Tomasic  
   Centre for Disability Health, Modbury, Australia
3. Adrian Mundt  
   Unit for Social and Community Psychiatry, Queen Mary University of London, UK; Escuela de Medicina sede Puerto Montt, Universidad San Sebastián, Chile; Facultad de Medicina, Universidad de Chile, Santiago, Chile
4. J. Srinivasaraghavan  
   Southern Illinois University School of Medicine, USA
5. S. Almeida  
   Estabelecimento Prisional de Leiria, Leiria, Portugal; Centro Hospitalar de Leiria, Leiria, Portugal

### Speaker 1

**Title:** Prison psychiatry or psychiatry in prison?

**Speaker:** J. Arboleda-Florez  
Queen’s University, Kingston Ontario, Canada

**Abstract**

For many years a relationship has been described between Psychiatry and Corrections to the point that, in many countries, existed and still exists in some, a sharing of grounds and personnel between prisons and Psychiatry and other mental health facilities. As time went on, the two fields separated and a frenzy of construction of mental hospitals in the country side began, in line with the mental health movement and the belief that good air and pastoral surroundings aided recovery. The separation became complete when mental hospitals started being closed and general hospitals and short hospital stays became the norm. Prisons remained the same. However, it also became apparent that regardless of the existence and quality of psychiatric units in general hospitals and outpatient and community mental health facilities, prisons were and still are the repository of many persons affected by serious mental health problems and outright psychiatric conditions. Psychiatry, then, returned to prisons as part of the general medical and nursing staff that tender to the prisoners’ mental health needs. The subject of this presentation is to review how mental health personnel, and especially psychiatrists, are regarded by prison staff, administrators and guards alike, how they fit within the correctional environment, and especially, how they can cope, intellectually and emotionally within the harsh realities of existence in prisons.
Title: The mental health of indigenous Australians in the criminal justice system

Speaker: M. Tomasic
Centre for Disability Health, Modbury, Australia

Abstract: Australia’s Aboriginal and Torres Strait Islander peoples have endured the generational traumas of colonization, ‘Protection’ legislation, repeated government policies denying self-determination and the Stolen Generations.

There are significant gaps between Indigenous and non-Indigenous Australians in numerous social and economic indicators. Indigenous communities continue to suffer from high levels of major life stress events and very high rates of many physical and mental illnesses, which contribute to poorer quality of life and shorter life expectancy.

Entrenched disadvantage and the lack of access to appropriate services are in turn associated with higher offending rates and high levels of imprisonment, and as a consequence Indigenous Australians are significantly over-represented in the criminal justice system.

The mental health of indigenous offenders and some of the limitations within the criminal justice and mental health systems are discussed. The remote traditional Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in Central Australia will be described to illustrate the cultural challenges faced by Australia’s indigenous peoples.

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Title: Prevalence rates of mental disorders in recently admitted female remand prisoners in Berlin, Germany

Speaker: Adrian Mundt, Jan Mir, Sinja Kastner, Yuriy Ignatyev, Norbert Konrad, Stefan Priebe

1 Department of Psychiatry and Psychotherapy, Charité Campus Mitte, Universitätsmedizin Berlin, Germany
2 Institute of Forensic Psychiatry, Charité Universitätsmedizin Berlin, Germany
3 Unit for Social and Community Psychiatry, Queen Mary University of London, UK
4 Escuela de Medicina sede Puerto Montt, Universidad San Sebastián, Chile
5 Facultad de Medicina, Universidad de Chile, Santiago, Chile

Abstract: The initiation of imprisonment can be related to psychological distress. On the one hand, stressors from the social environment outside are still active, on the other hand the adaptation to the imprisonment may be stressful. Female prisoners have shorter mean durations of sentences (4 months in Berlin) and may have higher rates of mental disorders than male prisoners. The present study intends to describe prevalence rates of mental disorders in recently admitted female remand prisoners in Berlin, Germany.

Methods: A random sample of 150 female remand prisoners were interviewed within the first month of imprisonment using the Mini Neuropsychiatric International Interview (MINI) in Berlin, Germany. The diagnosis of borderline personality disorder was based on the questions in the Structured Clinical Interview for DSM-IV, part II (SCID II). Prevalence rates were calculated as percent values with 95% confidence intervals.

Results: The women had a mean age of 34.3±10.8 years. The prevalence rates were 23.3% (16.7-30.0) for current affective disorders (14.0%; 8.7-19.3 major depression and 9.3%; 5.3-14.0 bipolar I or II disorders) and 62.0% (54.1-69.9) for substance use disorders (32.7%; 25.3-40.0 alcohol use disorders and 50.7%; 40.9-51.3 illicit drug use disorder) in the past year; 27.3% (20.0-34.7) had antisocial, 14.7% (9.3-20.7) borderline personality disorders and 8.0% (3.6-12.4) had a high risk for suicide. Comorbid current affective disorder and substance use disorder in the past year were seen in 16.0% (10.7-22.0), comorbid current affective, substance use and antisocial or borderline personality disorder were seen in 10.7% (6.7-16.7).

Conclusions: Female remand prisoners in Berlin show high rates of substance use disorders, personality disorders and current affective disorders are common including the comorbidity of any two or three of these disorders. High rates of comorbidity indicate the complexity of the psychopathology and call for treatment trials in
this specific setting. Current treatment capacities need to be scaled up in order to meet with the needs indicated by this study.

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<td>Title:</td>
<td>Super-max prisons: Deterrent of crime or human rights violation</td>
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<td>Speaker</td>
<td>J. Srinivasaraghavan, A. Cowell</td>
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<tr>
<td>Southern Illinois University School of Medicine, USA</td>
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<tr>
<td>Abstract</td>
<td>United States of America incarcerates more than a million prisoners in its States and Federal prisons, at a much greater rate than any other developed country. Overcrowded prisons, poorly funded correctional facilities and lack of well trained professional staff have made operation of safe, secure and humane environment for the prisoners a mirage. Reacting to gang activity and severe violence in prisons individual segregation units within a prison or maximum security prisons were created. As many as 80,000 prisoners are said to be in supermax prisons or isolation units in other prisons. In this presentation we will explore the rationale, deterrent function, overall benefits in terms of prevention of violence and assuring overall security to the negative aspects including lack of communication, recreational activities and sensory deprivation that amounts to gross human rights violation. In Illinois a Supermax prison housed inmates from 1998 to 2013. The prison was closed due to budgetary constraints and the aftermath of the closure in the short term will be discussed.</td>
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<tr>
<td>Title:</td>
<td>Clinical psychiatry behind bars: the profile of the young inmate in psychiatric treatment at a special prison facilitie</td>
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<tr>
<td>Speaker</td>
<td>S. Almeida 1,2, S. Fonseca 1,2, A. Palha 3</td>
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<tr>
<td>1. Estabelecimento Prisional de Leiria, Leiria, Portugal</td>
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<td>2. Centro Hospitalar de Leiria, Leiria, Portugal</td>
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<td>3. Faculdade de Medicina do Porto, Porto; Portugal</td>
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<tr>
<td>Abstract</td>
<td>Prison inmates have frequently mental disorders and their detection and treatment is crucial for crime prevention. It is not possible to properly organise services for a given population without first having a picture of the magnitude and impact of the mental health problems in that population and it’s most significant needs.</td>
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<td>Objectives: To establish the socio-demographic, clinical and legal profile of the young inmate population treated at the psychiatric consultation at the Leiria Special Prison facilities during 2 years.</td>
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<td>Methods: The information was collected from clinical and criminal records of the inmates after having been built a list of variables of interest: socio-demographic, clinical and criminal. Statistic analysis used IBM SPSS Statistics 20.</td>
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<td>Results: Urban inmate, 21 years old, single, living with a parent during detention, unschooled, unemployed, complaining of anxiety symptoms/depression/insomnia, cannabinoid consumer, history of behavioural disorders, no major diagnosis at follow-up, accused of more than one crime, convicted to 5 years, subject to at least a disciplinary measure, inserted in a prison activity/program, more than 50Km from his place of residence.</td>
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<td>Conclusions: About a third of all young inmates were treated for psychiatric symptoms or a mental disorder during the study time period. Some of this young population was know to the Mental Health System or to the Correctional System before they were arrested and had already stayed in juvenile facilities for having behavior disorders with criminal consequences. They were already signalized as at risk at a very young age. But still they end up in prison.</td>
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**OVERALL ABSTRACT**

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**Title:** Problems of expert witnessing

**Chairperson:** Norbert Konrad, Forensic Psychiatry Co-Chair, Berlin, Germany

**Abstract**

Forensic psychiatry is a subspecialty of clinical psychiatry which requires special legal and criminological knowledge and experience in the treatment of mentally disordered offenders. Forensic psychiatrists should have solid psychiatric training as well as practical experience in dealing with mentally disordered offenders. The double knowledge in psychiatry and law defines the subspeciality of forensic psychiatry and provides the ethical foundations for its practitioners. Forensic psychiatrists deal with some of the most difficult patients in psychiatry. They are concerned with the assessment of complex cases, including risk assessment, and with the treatment of mentally disordered offenders, typically in secure settings such as secure hospitals or prisons. Furthermore, forensic psychiatrists act as expert witness in court, commenting e.g. on issues of criminal responsibility and competency to stand trial. Within this symposium/workshop special questions of competence, risk assessment as well as of parental alienation are discussed.

While the ethical issues facing forensic psychiatrists might be similar across cultures, they do also depend on the specific legal system and service provision within each country which undergoes constant evolution. Laws are rules that guide human behaviour and as such are man-made. This means that concepts such as responsibility or competence are normative rather than clinical issues which differ from country to country, sometimes significantly.

It has also to be concluded that a forensic psychiatrist should not only look on technical guidelines to structure the report, but has to respect the ethical frame as well as to be conscious of the cultural and societal context and his own subjectivity.

**Speakers**

1. L. E. B. Telles  
   University of Rio Grande do Sul, Porto Alegre, Brazil
2. J. Vera Gómez  
   National University of Asunción / Public Ministry, Asunción, Paraguay
3. V. Day  
   Psychoanalytic Society of Porto Alegre, Porto Alegre, Brazil
4. A. Andres-Pueyo  
   Universitat de Barcelona. Barcelona. Spain
5. E. Abdalla-Filho  
   University of Brasília, Brazil

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**SPEAKER 1**

**Title:** Competence and mental disorders

**Speaker:** L. E. B. Telles ¹, V. Day ²

¹. University of Rio Grande do Sul, Porto Alegre, Brazil  
². Psychoanalytic Society of Porto Alegre, Porto Alegre, Brazil

**Abstract**

Introduction: It is extremely complex the evaluation of competence in individuals with mental disorders diagnosis. The Civil Code provides protection rules for mental disabled people, sometimes restricting his or her possibility to perform civil acts. This status is reversible if the dysfunction disappears.

Objectives: The authors will present a review concerning competence and mental disorders in Brazil.

Conclusions: In Brazil the presence of a mental disorder does not automatically determines incompetence. The central question is how does the psychopathology directly affect the decision. Civil capacity evaluation is a forensic psychiatrist activity, done in a subject and complete way, respecting individual rights and taking into account the limits of one potentials. Therefore, it may be total or parcial, definite or transitory.

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**SPEAKER 2**

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www.wpamadrid2014.com
Title: Parental alienation in Paraguay

Speaker: J. Vera Gómez
National University of Asunción / Public Ministry, Asunción, Paraguay

Abstract
Objectives: Determine how the judicial system in Paraguay addresses the problem of parental alienation (PA) at the present time. Methods: reviewing judicial files of three cases that can be considered as parental alienation. Results: Despite abundant scientific data and evidence on PA cases, in Paraguay it is still a new subject, unknown by mental health professionals and especially by psychiatrists until this presenter introduced it in the country. The PA is also unknown by judges, prosecutors and lawyers. In all three case examples the very features of the PA are observed. In addition there are several judgments, multiple demands, accusations, multiyear, many psychological evaluations of different quality and often contradictory between them, among others almost sub realistic aspects. Conclusions: Despite knowledge about PA progressed much in Paraguay, the road ahead is still long and hard and it is necessary to reinforce that knowledge to judges, prosecutors, lawyers, forensic psychiatrists and forensic psychologists to avoid events that have the potential to damage the mental health of children and adolescents.

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Title: Parental alienation: The importance of diagnostic criteria

Speaker: V. Day¹, L. Telles²
¹Psychoanalytic Society of Porto Alegre, Porto Alegre, Brazil
²Federal University of Rio Grande do Sul, Porto Alegre, Brazil

Abstract
Parental alienation has been focus of psychiatrists observation and study. It is seen as a tragic scar in some litigious divorce processes. Its dangerous consequences are been felt causing suffering in families and children involved. Some authors have dedicated their attention in studying the syndrome and the disorder for many years. Despite the scientific community and the conflicting parts interests in the subject, there have been spread all over the world growing acceptance in laws published in order to avoid the practice. In Brazil, it has been in use since 2010, before DSMV edition. Spite of not being mentioned directly the term in the classification, it is described in more them one possible diagnosis; The authors object is to review this subject, bring to the light to the psychiatric scientific community the importance of reinforce the already accepted criteria. The importance of inadequate management held by judicial staff for a very vulnerable population, if not identified and treated appropriately, may be disastrous for generations.

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Title: Risk assessment and criminal law in Spain

Speaker: A. Andres-Pueyo ¹ and V. Tort-Herrando ²
¹ Universitat de Barcelona. Barcelona. Spain
² Parc Sanitari Sant Joan de Deu. Barcelona. Spain

Abstract
Introduction
In this presentation we are going to introduce some aspects of the criminal law in Spain and his relationship with the risk assessment. Regarding this issue, we will focus in the risk assessment but not for witness expert point of view, if not for professionals dealing with the inmates mainly in prison settings. And if how this assessment could help to address the needs of the patient before they are release to the community. During last years, in the catalan prison system has been used a protocol RisCanvi (risk assessment tool) to evaluate this issue in the prison population

Objectives: To present the RisCanvi which is a risk assessment protocol for prison environment.

Methods: A longitudinal and exploratory study of risk for violent recidivism assessment in inmates from a prospective view using the protocol RisCanvi.
Results: Since 2009 have been implemented protocols RisCanvi over 15000 registers in a prison population of an average of approximately 9,000 inmates. Descriptive and regression analysis were realized with these database. In these analysis the effect of the variables age, sex and ethnicity of inmates was consider.

Conclusions: To date RisCanvi is proving its usefulness in the task of rehabilitation and risk management in prisons in Catalonia.

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<td>Symposium</td>
<td>E. Abdalla-Filho</td>
<td>University of Brasilia, Brazil</td>
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Title: Objectivity and subjectivity in Brazilian forensic psychiatry

Speaker

Abstract

The medical report in forensic psychiatry tries to provide legal professionals with accurate and objective responses. However, in psychiatric assessment it is not possible to deny the existence of essentially subjective elements, especially if we consider that the subject of study is an individual. In examinations within the criminal sphere in Brazil, the cognitive element is known to be necessary but not sufficient to provide full criminal responsibility. Decision-making for the practice or omission of any act depends on a person's rational capacity, but is not restricted to it; this also includes the emotional universe. Both the unrestrained emotional overdose present in an emotionally unstable personality disorder and the superficiality of typical psychopaths illustrate the influence of emotions on the behavior of offenders. However, subjective elements imply a greater degree of complexity and difficulty in order to be revealed. Disorders specifically related to habits and impulses, as described in the International Classification of Diseases, Tenth Revision (ICD-10), are an example of such conditions, e.g., pathological theft or kleptomania. These disorders have an essentially subjective nature and can keep causal connection with criminal offenses. Then a question arises: how can one objectify the subjective? The examination of an offender's subjective aspects still has a further complicating factor: beyond the subjectivity of certain symptoms of the individual being examined, there is also the expert's own subjectivity.
**OVERALL ABSTRACT**

**Code**: SSY181

**Title**: Get to know you better: Understanding quality of life in substance use

**Chairperson**: Dr Massimo Clerici, Associate Professor of Psychiatry, University of Milano Bicocca, Italy

**Co-chairperson**: Dr Julio Bobes Garcia, Professor of Psychiatry, University of Oviedo, Spain

**Abstract**

The main goal in this symposium is to present scientific evidence on the importance and pertinence of evaluating quality of life in the context of substance use and addictive disorders. This symposium has been organized with the purpose of offering to the audience a comprehensive review of quality of life as a fundamental outcome measure in the context of substance use and drug addiction. In this truly international symposium, speakers will address the conceptual aspects of quality of life with an emphasis on the interplay between quality of life and substance use. Emphasis will be given to methodological issues related to the development and use of measurement tools to evaluate quality of life of substance users. Additional considerations will be made in relation to the assessment of quality of life in specific populations of substance users, particularly those living in urban settings and those seeking treatment for addictive disorders.

In the first presentation, emphasis will be given to the conceptual dimensions of quality of life. In the second presentation, attention will be shifted to use of specific assessment tools to measure quality of life of substance users. The third speaker will talk about the development of measurement tools to evaluate quality of life in multicultural settings. In the fourth presentation, the quality of life of vulnerable populations of substance users will be addressed; and finally emphasis will be given to the assessment of quality of life among those seeking treatment for drug dependence.

**Speakers**

1. Dr Carlos Zubaran
   Conjoint Professor in Psychiatry, School of Medicine, University of Western Sydney, Australia
2. Dr Óscar Lozano Rojas
   Head of Department & Associate Professor, Department of Clinical, Experimental and Social Psychology, University of Huelva, Spain
3. Dr Ioseba Iraurgi Castillo
   Senior Research Officer, Department of Personality, Evaluation and Psychological Treatments, University of Deusto, Bilbao, Spain
4. Dr Christian Schütz
   Associate Professor, Department of Psychiatry, Faculty of Medicine, University of British Columbia, Vancouver, Canada
5. Dr Anne Karow
   Senior Clinical Researcher, Center for Psychosocial Medicine, Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

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**Session: Section Symposium**

**Title**: Quality of life and substance use: Current tendencies and beyond

**Speaker**: Dr Carlos Zubaran
University of Western Sydney Australia

**Abstract**

Introduction: Quality of Life is a concept which was initially applied as an index of financial prosperity and exemplified by economic measures. Subsequently, a sociological definition of Quality of Life underscored subjective aspects of well-being. As a concept applied in medicine, Quality of Life was initially used to evaluate the impact from treatment on one’s general health status. Since then, there has been a progressive emphasis on health, which resulted in the creation of a specific term for this particular domain: health-related quality of life. The historical evolution of this term indicates that Quality of Life is not a static concept, in that it tends to absorb contemporary and evolving dimensions of one’s subjectivity. The definition of Quality of Life, as coined by the WHO in 1999, highlighted the salience of one’s goals, personal beliefs and the environment in the making of this important concept.
Presentation Plan:
In this presentation, the author addresses aspects related to variations of the concept of quality of time over time and across cultures. Results from a series of transcultural validation studies of specific quality of life tools for substance users will be presented.

Conclusion: The conclusive considerations in this presentation indicate that Quality of Life is a dynamic concept that captures an ever-evolving array of subjective experiences. It encompasses aspects that vary significantly across different cultures. In the context of substance use, in particular, there is a need for assessment tools to be adapted transculturally in order to facilitate the development of comparative studies of global magnitude.

Session: | Section | SPEAKER 2 | Code | SSY181
---|---|---|---|---
Title: | Measuring the quality of life substance users |
Speaker: | Dr Óscar Lozano Rojas |
University of Huelva, Spain |
Abstract: | Objectives: Health-Related Quality of Life (HRQOL) construct is a consolidated clinical and research indicator in the field of drug abuse. This construct is complementary to another indicators like drug abuse use, criminality, and morbidity, among others. In the last years, numerous studies have been conducted in which generic and specific tests for HRQOL have been utilized. However, there is still a lack of knowledge on the psychometric properties of these tests for substance users, given that not all quality of life tests are useful for all contexts. Supplementary psychometric evidence can help researchers and clinicians to select the most appropriate test for a particular purpose in order to produce an efficient appraisal of a given population. The objective of this presentation is to offer the audience with a review of different HRQOL tests, comparing their distinct psychometric properties and contexts in which these tools have been applied.
Method: The literature related to HRQOL and drug abuse was systematically reviewed for this presentation. Manuscripts about this topic published in PubMed/MEDLINE, PsycINFO and PsycARTICLES between 1990 and 2014 were also included.
Results: The review and analysis conducted for the purpose of this presentation offers the audience with a classification of tests according to specific variables. In addition, information related to reliability and validity evidences for different HRQOL tests are presented. This presentation should provide the audience with a comprehensive understanding of quality of life measurement in the filed of substance use and drug addiction.

Session: | Section | SPEAKER 3 | Code | SSY181
---|---|---|---|---
Title: | Quality of life in addictive disorders: Development of measurement tools in a multicultural context |
Speaker: | Dr Ioseba Iraurgi Castillo |
University of Deusto, Bilbao, Spain |
Abstract: | Introduction:
Quality of Life (QL) is an important outcome index in the assessment of addictive diseases. In the outcome research is usual to use QL related health instruments, which refer to the impression of individuals in relation to various life domains, including psychological distress, and physical health and functioning. In general, QL is about the meaning derived from the important aspects of one’s life. Yet, QL is often confused with standard of living, reason why further clarification of cross-cultural related to the concept of QL may be of further assistance in elucidating this important concept.
Presentation Plan:
This presentation address methods and theory recently used in cross-cultural research. It begins questions as to why we need cross-cultural measures and why we need more of them. A debate in regards to translation styles and the issues underpinning their design is central to this theme.
Conclusion:
The process for developing and testing the cultural equivalence of quality of life instruments is fundamental requisite for the assessment substance users in multicultural populations
### Speaker 4: Quality of life and substance use among vulnerable urban populations

**Title:** Quality of life and substance use among vulnerable urban populations

**Speaker:** Dr Christian Schütz  
University of British Columbia, Canada

**Abstract**

**Introduction:**  
Quality of life measures attempt to discern self-perceptions of wellbeing. In order to understand how quality of life can be improved, it is important to grasp the different themes highlighted by individuals in similar circumstances.

**Presentation Plan:**  
The presentation will begin with the concept of quality of life, the concept of vulnerable urban populations and the issue of measuring quality of life in this specific population. Based on available research and our own studies, we will discuss issues of quality of life including: access to mental health, and addictions programs; living conditions within homeless shelters; financial issues, relationships with family and friends and recreational activities. In a recent study (Canadian national At Home/Chez Soi study) we found housing associated intervention (Assertive Community Treatment (ACT) Teams, Intensive Case Management (ICM)) had a significant impact on quality of life. Substance use and substance use disorders seemed to have less of an impact. Further analysis of this specific study will be presented.

**Conclusion:** Studies of quality of life can be quite confusing and results are not always along the line hypothesized. Issues around measurement, subjective perception and the value of these results for treatment and support will be discussed.

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### Speaker 5: Quality of life and substance use: Quality of life in opioid dependence - heroin versus methadone maintenance

**Title:** Quality of life and substance use: Quality of life in opioid dependence - heroin versus methadone maintenance

**Speaker:** Dr Anne Karow  
Universitätsklinikum Hamburg-Eppendorf, Hamburg

**Abstract**

**Objectives:** Drug addiction has a negative impact on various clinical and psychosocial outcomes. Different authors highlight consequently the need for the addiction field to abandon a pathology-focused model of care towards a model that comprises multiple dimensions of health as outcome. Consequently measures of quality of life (QOL), which cover domains of mental and physical health, social and daily life, are increasingly included in addiction research with the aim to investigate the clinical course and outcome in patients with opioid dependence from a comprehensive perspective.

**Methods:** QOL, mental and physical health were investigated in 1,015 subjects, who participated in the German heroin trial aimed at the comparison of heroin-assisted treatment versus methadone maintenance and two psychosocial interventions, psychoeducation versus case-management, in patients with severe opioid dependence.

**Results:** QOL improved significantly during the 12 months observation period and lower QOL was significantly associated with co-morbid psychiatric conditions and worse physical health. QOL improved under both forms of maintenance and psychosocial treatment during the observation period. However, improvement under maintenance with heroin exceeded improvement under methadone, especially with regards to subjective physical health. Conclusions: The results of the present trial confirm that QOL is a reliable and valid outcome measure in patients with severe opioid dependence and a useful supplementation in the evaluation of new treatment interventions in heavy drug users.
### OVERALL ABSTRACT

#### Title:
Personality pathology throughout the life course

#### Chairperson:
Dr Niall Boyce, Editor, The Lancet Psychiatry, London, UK

#### Abstract

**Speakers**

1. Prof Peter Tyrer  
   Imperial College, London, UK  
2. Dr Giles Newton-Howes  
   University of Otago, Wellington, New Zealand and Imperial College, London, UK  
3. Prof Roger Mulder  
   University of Otago, Christchurch, New Zealand

### SPEAKER 1

#### Title:
The ICD-11 reclassification of personality disorder

#### Speaker:
P. Tyrer, M. Crawford¹, G.Reed²  
¹ Imperial College, London, UK  
² World Health Organisation, Geneva

#### Abstract

**Objectives**
To give a description of the likely form of the ICD-11 revised classification of personality disorders to be published by the World Health Organisation in 2015

**Methods**
Comparison of ICD-10, DSM-IV and DSM-5 classifications of personality disorder with the planned ICD-11 one, with arguments given for the radical changes

**Results**
Personality disorder will be classified on a single dimension of severity, with all people diagnosed as having generic personality disorder being coded as having mild, moderate or severe personality disorder (Crawford et al, 2011; Tyrer et al, 2011a, 2011b). There is also a subthreshold condition, personality difficulty, which will be diagnosed as a Z-code in ICD-11. The parallel diagnoses of personality disorder in development and late onset personality disorder will also be included to allow the age of onset to be more flexible. The type of personality problem will be characterised by five domain traits, dissocial, detached, disinhibited, negative affective and anankastic.

**Conclusions**
The ICD-11 classification simplifies the description of personality disorder and the early results of field trials will be presented to show its value in practice. The new classification should help to destigmatise the diagnosis and also help to measure change over time.

#### References

Title: Personality disorder across the life course- stability and change

Speaker: G Newton-Howes 1, LA Clark 2, AM Chanen 3
1. University of Otago, Wellington, New Zealand & Imperial College, London
2. University of Notre Dame, Notre Dame, IN, U.S.A.
3. The University of Melbourne, Melbourne, Australia

Abstract
Objectives
To provide an overview of the literature on the development of personality and personality pathology through the life course, highlighting the opportunities and challenges for researcher and clinicians.

Methods
Critical, qualitative review of the literature

Results and Conclusions
Personality disorder is increasingly recognized as important modulator of mental-state disorders, as well as requiring recognition and management in its own right. Although categorical diagnostic paradigms hinder our understanding of personality problems that can lead to clinical distress and/or psychosocial disability, it is clear that these problems can be recognized early in life, develop throughout adulthood and show both stability and change across the life course. The complex interplay between changes in personality traits and clinical presentation within individuals over time is a challenge both to clinicians to diagnose and treat and researchers to more fully understand. Better clinical recognition of trait-based patterns related to age and developmental stage should improve management. Research needs to define more clearly aged-based diagnostic paradigms and how the trajectory of personality pathology can be altered positively at different developmental stages.

Session: Section Symposium
Title: Treatment for personality disorders

Speaker: R Mulder 1, J Gunderson 2, A Bateman 3
1 University of Otago, Christchurch, New Zealand
2 McLean Hospital of Harvard University.
3 University College, London

Abstract
Objectives
To provide an evidence-based update on treatments for personality disorders.

Methods
A narrative review of recent clinical trials.

Results
Most clinical trials focus on borderline personality disorder. The design of many trials is poor with small sample sizes, short duration (especially in medication studies) and multiple outcome measures. Psychosocial interventions remain the mainstay of treatment. Most treatments appear to have similar effects despite distinct theories and interventions. Common features which many now consider to be core requirements for all effective treatments will be discussed. Pharmacotherapy may be appropriate in a crisis but should be withdrawn after the crisis has resolved. Pharmacotherapy may be useful in co-existing conditions but should not be used as first line or sole treatment for personality disorder.

Conclusions
Treatments for personality disorders have made significant progress but a better understanding about the underlying biological and psychosocial developmental processes which lead to disordered personality will hopefully result in more specific psychotherapies and medications in the future.
**OVERALL ABSTRACT**

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**Title:** Prison psychiatry – Clinical and ethical issues

**Chairperson** Nicoleta Tataru, Psychiatry Ambulatory Clinic Oradea, Oradea, Romania

**Co-chairperson** Julio Arboleda-Florez, Queen's University, Kingston, Canada

**Abstract**

In general Prison Psychiatry respective Correctional Psychiatry is a dark field. Therefore main topics will be presented in two symposia organized by the Section Forensic Psychiatry of the WPA. The first one is dedicated to clinical and ethical issues. A high and possibly increasing prevalence of mental disorders in prisoners has been demonstrated in recent surveys. In comparison to the general population, prisoners have an increased risk of suffering from a mental disorder. Mental disorders increase the risk of suicide, which is considerably higher in prisoners than in the general population. Suicide is the leading cause of death in penal institutions, especially during the early stage of confinement. For mentally disordered prisoners, there is often an increased risk of being victimized, as well as the potential for high rates of decompensation and deterioration. Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving raise to tension between patient care and protection of the public. Relevant issues to be dealt with are the professional medical role of a psychiatrist and/or psychotherapist working in prison, the involvement of psychiatrists in disciplinary or coercive measures; consent to treatment, especially the right to refuse treatment, the use of coercion, hunger strike and confidentiality.

**Speakers**

1. N. Konrad, Charité Universitätmedizin Berlin, Germany
2. A. Opitz-Welke Justizvollzugskrankenhaus Berlin, Germany: Consultation-Liaison Psychiatry in Prison
3. B. Völlm University of Nottingham, UK: Suicide and self-harm in prisoners: prevalence, risk factors and prevention
4. J. Taborda University of Porto Allegre: Prevalence of Mental Disorders: a large populational study on State of São Paulo, Brazil
5. A. Douzenis University of Athens, Greece: Greek Prison Psychiatric Services in a Period of Crisis

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**Session:**

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**Title:** Ethics in prison psychiatry - Recent developments

**Speaker** Norbert Konrad Charité Universitätmedizin, Berlin, Germany

**Abstract**

Objective. Forensic mental health practitioners, especially psychiatrists working in jails, prisons or other correctional facilities, face special problems that are unlike others encountered in bioethics. Methods. Analysis of the literature published during the last years and description of own experiences of 20 years being the medical director of a psychiatric department within the German prison system. Results. Literature published during the past year shows that the forensic psychiatrist has to adhere to role clarity: As a physician, he is primarily obligated to the treatment and well-being of the incarcerated patients and is not exclusively an agent of social control. Moreover, the general conditions in a therapeutic setting (e.g. dealing with medical confidentiality) have to be clear and transparent to the patients. Different ethical models building a fitting framework for forensic practice are used. Conclusions. Forensic psychiatric practice in penal and corrections poses particular ethical dilemmas. There is a great need for international humanitarian law, which serves both to protect vulnerable prisoners and to shield health professionals who treat prisoners with respect and dignity from abuse or penalty. It must be a common objective to find the right balance between protection from exploitation and access to research beneficial to prisoners.
### Session: Symposium SPEAKER 2

**Title:** Consultation-liaison psychiatry in prison

**Speaker**
Annette Opitz-Welke  
Justizvollzugskrankenhaus Berlin, Germany

**Abstract**
Objectives. In prisoners mental disorders are more common than in the general population, therefore psychiatric care behind bars is urgently needed. Although there are arguments for transferring mentally ill prisoners to public psychiatric hospitals in fact in many cases there are objections to this approach, mainly due to difficulties the external psychiatric institution may face when treating offenders. In most German prisons psychiatric care is provided by means of consultation-liaison – psychiatry in cooperation with the general medical service.

To offer effective psychiatric care in this setting the CL-psychiatrist in prison has to operate as an “outpost” of psychiatry in general medicine departments.

Methods. Organization of CL – psychiatric service in Berlin Prison is described. A case history illustrates some difficulties and pitfalls of CL-psychiatric work in prison.

Results. Based on a case history special needs for CL-psychiatric work in prison are illustrated. Specific difficulties derive from the fact that a CL-psychiatrist in Prison has not only to operate as an “outpost” in general medicine but has to face the fact, that he or she is as well an medical “outpost” in the correctional system.

Conclusions. Offering CL-psychiatric service in prison opens the opportunity to establish a close surveillance for difficult medical ill prisoners with psychiatric problems a well as the opportunity to get in contact with mentally ill who may have never had contact to psychiatric service before.

**References**

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### Session: Symposium SPEAKER 3

**Title:** Suicide and self-harm in prisoners: prevalence, risk factors and prevention

**Speaker**
Birgit Völlm  
University Of Nottingham, Nottingham, United Kingdom

**Abstract**
Psychiatric morbidity and suicide rates in prisoners are high while the detection of mental illness and its associated risks in prison are low. Suicide rates as well as self-harm are considerably higher in prisoners compared to non-prisoners even if matched for relevant risk factors. This paper will present a review of the literature on the prevalence and risk factors for suicide and self-harm in prisoners. Differences between different countries will be high-lighted. Based on the identification of risk factors, effective prevention strategies will be discussed, including instruments for the identification of those at risk, structural measures to prevent access to means of suicide and self-harm and psychological intervention strategies for those identified at risk. Implications for service provision and staff training will be discussed.

**References**
Title: Prevalence of mental disorders: a large populational study on state of São Paulo (Brazil) prisoners

Speaker: J.G.V. Taborda¹, S.B. Andreoli², M.M. Santos², M.I. Quintana², W.S. Ribeiro², S.L. Blay², J.J. Mari²
¹ Porto Alegre Health Sciences Federal University, Porto Alegre, RS, Brazil
² São Paulo Federal University, São Paulo, SP, Brazil

Abstract: Objective: To determine the prevalence of psychiatric disorders in the prison population in the State of São Paulo, Brazil.

Methods: Through stratified random sampling, 1,192 men and 617 women prisoners were evaluated for the presence of psychiatric disorders by the Composite International Diagnostic Interview, 2.1 version, according to definitions and criteria of International Classification of Diseases (ICD-10). The prevalence estimates of mental disorders and their respective 95% confidence intervals were calculated and adjusted for sample design through complex sample analysis.

Results: Lifetime and 12-month prevalence rates differed between genders. Lifetime and 12-month prevalence of any mental disorder was, respectively, 68.9% and 39.2% among women, and 56.1% and 22.1% among men. Lifetime and 12-month prevalence of anxious-phobic disorders was, respectively, 50% and 27.7% among women and 35.3% and 13.6% among men, of affective disorders was 40% and 21% among women and 20.8% and 9.9% among men, and of drug-related disorders was 25.2% and 1.6% among women and 26.5% and 1.3% among men. For severe mental disorders (psychotic, bipolar disorders, and severe depression), the lifetime and 12-month prevalence rates were, respectively, 25.8% and 14.7% among women, and 12.3% and 6.3% among men.

Conclusions: This is the first large-scale epidemiological study performed with the prison population in Brazil, revealed high rates of psychiatric disorders among men and women. Many similarities, as well as some differences, were found between our results and those of studies conducted in other countries. The differences observed are more likely due to the peculiarities of the prison systems in each country than to the diagnostic criteria adopted in the studies. This fact reinforces the importance of conducting such studies as part of planning and development of appropriate policies for the particular mental health needs of specific prison populations.

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## OVERALL ABSTRACT

**Title:** Sexual offenses: A forensic psychiatric perspective

**Chairperson**
Palha, Antonio, Universidade do Porto, Portugal

**Co-chairperson**
Taborda, Jose, Porto Alegre Federal University of Health Sciences, Brazil

**Abstract**
Sexual Offenses are a major problem in contemporary society and deserve close attention and study. Taking this point into consideration both the Human Sexuality and the Forensic Psychiatry Sections are jointly proposing this inter-section symposium aiming to discuss the matter of sexual offense from a psychiatric perspective. In this sense, joining experts in human sexuality and forensic practice is a way of enlightening and deepening the subject. Important issues like clinical characteristics of sexual offenders and victims; child abuse and forensic evaluation of children abusers; major psychiatric disorder and risk of sexual violence; sexual violence inside bars; and countertransference when evaluating sex offenders will be discussed.

**Speakers**
1. Novotni, Antoni
   University Clinic of Psychiatry Skopje – MK
2. Barros, Alcina
   Natal Psychiatric Forensic Institute – BR
3. Hernandez-Serrano, Ruben
   Central University of Venezuela – VE
4. Isaac, Carlos
   MX
5. Meyer, Leonardo
   Heitor Carrilho Forensic Psychiatric Hospital – BR

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## SPEAKER 1

**Title:** Schizophrenia and addiction: Neurobiological processes

**Speaker**
João Relvas
Serviço de Psiquiatria, Centro Hospitalar e Universitário de Coimbra, Faculty of Medicine, University of Coimbra

**Abstract**
A review of the main scientific research on the subject of the relationships between psychosis and addiction is presented. The cannabis role in the induction of psychotic symptoms and the prevalence of schizophrenia is discussed in some detail. The common circuits and areas involved in addiction and schizophrenia are presented and some research using SPECT and other of brain imaging techniques is presented and discussed in a critical way.

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## SPEAKER 2

**Title:** Forensic evaluation of sexual offenders of children

**Speaker**
A.Novotni, G.Novotni
University Clinic of Psychiatry, Skopje, Macedonia

**Abstract**
Objectives
Presentation will focus on a study of 67 imprisoned sexual offenders (SO) of children.

Methods
Psychological and forensic evaluation were done using the following instruments: Semi structured clinical interview for SOs, The Hare Psychopathy Checklist-Revised (PCL-R) and Minnesota Multiphase
Personality Inventory, version 202 – MMPI 202. The control group were perpetrators of other (non-sexual) criminal acts. The paper will discuss heterogeneity of the examined group of SO in regard of their criminal history and psychological differences of the subgroups of SO profiled in the study.

Results
Discussing the results from the study we’ll focus on presence of persistent cognitive distortions toward sex activities with children and the concept of attribution of blame onto the victim. Reporting PCL-R results we will try to raise the question does specifics inherent for psychopathy are correlative and predictive for sexual violence.

According to personal characteristics detected with MMPI, the subgroups of SO differs, profiling the subgroup of “exclusive” SO with higher scores on the scale Si and lower scores on scales Pd, Ag i Ma, which pointed to proneness for social introversion and low level of violence in these examinees.

Conclusions
Concluding authors stress that the goal of the clinician, in this moment of empirical and scientific knowledge about SO, have not to be judgment did or did not the alleged individual committed sexual abuse of a child, or did these individuals “fit” the typical profile of the SO. Nor this study as neither many larger studies before, because of heterogeneity of this population, did not determine one and only profile of SO which could be used universally as "reper" for all the cases of child sexual abuse. The essence of psychiatric evaluation of these individuals should focus on their need for treatment, designing the type of the treatment according the specifics of various SO.

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<tr>
<td>Title:</td>
<td>A Mexican study on sexual offenders and their victims: Some criminological and psychiatric features</td>
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<td>Speaker</td>
<td>C. Isaac</td>
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<tr>
<td>Instituto Jalisciense de Salud Mental, Guadalajara, Jalisco, México.</td>
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<tr>
<td>Abstract</td>
<td>Objective: To analyze the background on forensic psychiatric and criminological aspects of the victim and the sexual aggressor. To determine the incidence of sexual offenses between 1993 and 2013, to examine the comparison of sexual offenses to crimes of homicide and injury. To discuss the social impact of the actual number of sexual offenses.</td>
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<td>Method:</td>
<td>By searching the database of the Executive Secretariat of the National System of Public Security of the crime rate in the Mexican Republic. the search criteria Total crime between 1997 and 2013, Sexual offenses: rape, and others. (per year), Homicide: intentional and negligent. (per year) Injury. And exclusion criteria. The rest of all crimes. The effect is obtained, the comparative performed.</td>
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<tr>
<td>Results:</td>
<td>The phenomenon of victimization is a complex psychosocial implication, some of the characteristics of sex offenders reported in the literature are personal immaturity, deficits in self-esteem, lack of social skills, in delinquent criminal act acquires a sense of sexual competition through humiliation and terrorizing the victim, insensitive to others' pain, self-justifying, always ready to relapse, sexual offense is the fusion of aggressive and sexual impulses offender directed with hostility to the victim. For forensic psychiatric classification analysis required type of victim and personality.</td>
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<tr>
<td>Conclusions:</td>
<td>The incidence of sexual offenses an approach allows us to know the actual number of cases that are not documented either by lack of complaint by the victim or by a lack of integration of the complaint in accordance with due legal process. The social impact of the actual number of such cases speaks of impunity which is the most effective incentive and to commit new crimes stimulus.</td>
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<table>
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<tr>
<th>Session:</th>
<th>Section Symposium</th>
<th>SPEAKER 4</th>
<th>Code</th>
<th>SSY193</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Schizophrenia and aggressiveness: Risk assessment of violence in schizophrenic patients admitted in a clinical psychiatry hospital in Rio de Janeiro city (Brazil)</td>
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<tr>
<td>Speaker</td>
<td>L.F. Meyer¹, J.G.V. Taborda²</td>
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<tr>
<td>¹. Federal University of Rio de Janeiro (UFRJ), Rio de Janeiro/RJ, Brazil.</td>
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<tr>
<td>². Federal University of Health Sciences of Porto Alegre (UFCSBA), Porto Alegre/RS, Brazil.</td>
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</table>
Abstract

Objectives: verify the reliability of the HCR-20 (Historical, Clinical and Risk Management 20) on risk assessment of violence among schizophrenic patients admitted in a psychiatry hospital on Rio de Janeiro/RJ (Brazil). A second arm is to apply the SVR-20 (Sexual Violence Risk Assessment 20) on those considered aggressive with history of sexual aggressiveness. Method: We select 50 male schizophrenic patients, admitted in two clinical psychiatry hospitals and divide them in two groups: the first one composed by patients with aggressive behavior patients, at time of admission, and the second one by patients without aggressive behavior, at time of admission. We apply the HCR-20 to verify the risk of aggressive behavior between both groups and the MOAS (Modified Overt Aggressive Scale) to typify and quantify the aggressive behavior. We intend to apply the SVR-20 among those with sexual aggressive behavior related. Results: The HCR-20 had higher scores among patients with aggressive behavior, at time of admission. Aggressive behavior was more related to the historical items high scores, than to the clinical and risk ones. Clinical items did not had significant statistic difference between both groups. The MOAS had higher scores in the group of violent behavior. Conclusion: The HCR-20 seems to be reliable to distinguish aggressive male schizophrenic patients admitted in clinical psychiatry hospitals. The major utility of the HCR-20 was on identifying vulnerable factors and on planning therapeutic strategies. The use of HCR-20 should be stimulated in clinical psychiatry settings.

References

**Session:** Symposium  
**Title:** Detection of bullying related morbidity: A global public health priority  
**Chairperson:** Bennett Leventhal, M.D, Nathan S. Kline Institute for Psychiatric Research, NY, USA  
**Abstract**  
Objectives: This Symposium will:  
1) Examine the nature of bullying as a type of maltreatment.  
2) Discuss the notion of lifetime exposure to different aspects of maltreatment.  
3) Review the morbidity associated with bullying and other forms of maltreatment in the clinical setting.  
4) Examine the suicidal risk associated with bullying  
5) Consider the Syndrome of Maltreatment in the diagnosis of morbidity related to bullying and other forms of maltreatment  
6) Evaluate the association between bullying in childhood/adolescence and psychosocial risks in young adulthood.  
Method: There will be four presentations respectively dealing with the association of bullying with morbidity; its link to suicidality; its occurrence among siblings and its association with psychosocial risks in adulthood.  
Results: This symposium will introduce a Global Health Initiative for the Prevention of Bullying.  
Conclusions: There is evolving evidence that bullying is a multifaceted form of maltreatment, prevalent across social settings and along the lifespan. It is significantly linked to a range of public health risks.  

**Speakers**  
1. Jorge C. Srabstein, M.D  
Department of Psychiatry, Children’s National Medical Center, Washington, DC  
2. Anat Brunstein Klomek, Ph.D  
School of Psychology, Interdisciplinary Center, Herzlyia, Israel  
3. Dieter Wolke, PhD  
Department of Psychology and Division of Mental Health & Wellbeing, University of Warwick, Coventry UK  
4. Andre Sourander, MD, PhD  
Child Psychiatry, Turku University Hospital, University of Turku, Turku, Finland

**Session:** Symposium  
**Title:** Recognition of bullying related morbidity: The spectrum of maltreatment  
**Speaker:** Jorge C. Srabstein, MD  
Children’s National Medical Center, Washington, DC USA  
**Abstract**  
Objectives: This presentation will outline a clinical construct of bullying as a multifaceted form of maltreatment linked to a range of morbidity; associated with other forms of victimization; prevalent across social settings, along the lifespan and across the world. Furthermore, it will consider the Syndrome of Maltreatment as its potential nosological category.  
Method: The application of operational constructs of bullying and examining strategies derived from the field of non-clinical research for the purpose of a clinical diagnosis can be, at times, problematic. In particular, a clinical evaluation is limited by the complexity of validating intentionality and imbalance of power as essential definitional elements of bullying. Furthermore, a clinical detection of bullying and related morbidity will have to consider its co-occurrence, at times simultaneous and across social settings, with other forms of maltreatment, the patient’s understanding and feeling of being bullied and above all the selection of a nosological entity where a diagnosis of bullying related morbidity could be included.
Results
Almost 10% of US students suffer from a cluster of frequent physical and emotional symptoms associated with their participation in bullying as victims and or perpetrators.

Conclusions
The detection of morbidity linked to bullying and other forms of maltreatment requires anamnestic guidelines and the choice of a nosological entity for its diagnosis. There is a need for longitudinal clinical studies to further ascertain the association of different types of morbidity with bullying.

References
2. Srbastein J. Towards a detection of bullying related morbidity (2013). In J.C Srbastein, J. Merrick(Eds) Bullying: A Public Health Concern(pp. 291-302), Nova,N.Y

Session: Section Symposium  Speaker 2  Code  SSY204
Title: Bullying and suicide
Speaker  Anat Brunstein Klomek, Ph.D.
School of Psychology, Interdisciplinary Center, Herzlyia, Israel
Abstract
Objective
This presentation will focus on the complex association between bullying/cyber bullying and depression, suicide ideation and suicide attempts among adolescents.

Method
The presentation will include examination of bullies, victims and those who are both (bully-victims) in cross sectional and longitudinal studies. It will examine individual and parental characteristics; family dynamics, school factors and cultural aspects moderating on the complex phenomenon of bullying and suicide

Results
Most of the data to date about the association between bullying and suicide is based on cross-sectional studies. The number of longitudinal studies examining this association is increasing, but results are still inconsistent. These longitudinal studies are crucial to the understanding of the temporal association between bullying behaviors and suicide.

Conclusions
The current literature on bullying and victimization and their association with depression, suicidal ideation and suicide includes studies that vary markedly in methodology. Variation in the assessments and definitions of bullying (including the variation in the frequency of involvement), outcomes, ages included and moderating and confounding factors examined may explain explain some of the inconsistent results in the field.

References

Session: Section Symposium  Speaker 3  Code  SSY204
Title: Bullying among siblings
Speaker  Dieter Wolke, PhD
Department of Psychology, University of Warwick, Coventry, UK
Abstract
Objectives
1. To review empirical findings on prevalence and factors associated with sibling bullying.
2. To examine the relationship of sibling to peer bullying at school and the long term consequences of sibling victimization on self-harm, anxiety and depression in late adolescence.

Method
The research findings are based on the UK Household Longitudinal Household Survey (USoc) and the ALSPAC study in the UK.

Results
Sibling bullying was found to be frequent with up to 50% involved every month and between 16% and 20% involved in bullying several times a week. Positive and negative relationships between youths and their parents act as protective or risk factors respectively for involvement in sibling bullying. Those who bully siblings more often also bully their peers, and those who are sibling victims are more likely to be victimized at school. Children who were frequently bullied were approximately twice as likely, in late adolescence, to have depression (OR 2.16, 95% CI 1.33-3.51, p < .001), self-harm (OR 2.56, 95% CI 1.63-4.02, p < .001), and anxiety disorder (OR 1.83, 95% CI 1.19-2.81, p < .001) compared with children who were not bullied by siblings. The odds ratios were only slightly attenuated following adjustment for a range of confounding individual, family and peer factors.

Conclusions
Bullying between siblings is widespread and those who are frequently victimized have a highly increased risk for mental health problems years later.

References
1. Wolke D, Skew AJ. Bullying among siblings (2013). In J.C Srabstein, J. Merrick(Eds) Bullying: A Public Health Concern(pp. 39-52), Nova,N.Y
### OVERALL ABSTRACT

**Title:** Negative symptoms of schizophrenia: New insight from neuroimaging and electrophysiology research

**Chairperson:** Galderisi, Silvana, Department Of Psychiatry, Second University Of Naples, Naples, Italy

**Co-chairperson:** Boutros, Nash N., University of Missouri Kansas City, Kansas City, Missouri, USA

**Abstract**

This is a joint symposium of the Sections Neuroimaging in Psychiatry and Psychophysiology in Psychiatry. The symposium will provide an update of the contribution of brain imaging and electrophysiology to the characterization of schizophrenia phenotypes and to the investigation and treatment of negative symptoms. Julio Bobes will introduce the topic and present an up-to-date summary of challenges in identifying and assessing negative symptoms of schizophrenia. Nash N. Boutros will present preliminary results on resting state EEG, sensory gating, P300 and mismatch negativity in subjects with schizophrenia suggesting that the deficit subtype of the syndrome (deficit schizophrenia, DS) has different abnormalities than the non-deficit one. Armida Mucci will illustrate recent ERP and fMRI investigations indicating reduced visual processing modulation by reward anticipation and dorsal striatal abnormalities only in patients with DS. She will show that Avolition, but not Anhedonia, is related to these abnormalities. Peter Falkai (Germany) will review the use of TMS in studies aimed to test hypothesis on pathophysiological mechanisms of schizophrenia dimensions and treatment of negative symptoms.

**Speakers**

1. Julio Bobes  
   Universidad de Oviedo, Spain.
2. N. Boutros  
   University of Missouri Kansas City, Kansas City, Missouri, USA.
3. Mucci A  
   Department of Psychiatry, University of Naples SUN, Naples, Italy
4. Falkai P.  
   Ludwig-Maximilians-University Munich, Clinic for Psychiatry and Psychotherapy

### SPEAKER 1

**Title:** The challenge in identifying the negative syndrome of schizophrenia

**Speaker:** Julio Bobes  
Universidad de Oviedo, Spain

**Abstract**

The interest that negative symptoms have currently aroused in the scientific community is the result of social and clinical necessity. These symptoms are frequent in schizophrenia (60% of patients has at least 1 negative symptom), they are present even before than positive symptoms, and are largely responsible for the early lack of functioning that characterizes schizophrenia. Nonetheless, their recognition and assessment has important limitations.

In recent years the psychometric assessment of the negative syndrome is undergoing extensive development and a methodological refinement to avoid the main problems presented by current instruments: inadequate content validity and use of behavioral referents instead of experiential ones. In this talk I will (1) address the difficulties in the conceptualization and in defining the boundaries between the negative and other dimensions of schizophrenia -such as the cognitive and the depressive- and (2) critically review the two generations of instruments for assessing the negative syndrome; the first -SANS, BPRS, and PANSS- and the second generation -NSA-16, BNSS, CAINS y MAP-SR-. 

### SPEAKER 2
### Title:
Electrophysiological aberrations associated with negative symptoms in schizophrenia

**Speaker**
N. Boutros  
University of Missouri Kansas City, Kansas City, Missouri, USA.

**Abstract**
Objectives: Clinical heterogeneity is a confound common to all of schizophrenia research. Deficit schizophrenia has been proposed as a homogeneous disease entity within the schizophrenia syndrome. The use of the Schedule for the Deficit Syndrome (SDS) has allowed the definition of a subgroup dominated by persistent and primary negative symptoms. While a number of studies have appeared over the years examining the electrophysiological correlates of the cluster of negative symptoms in schizophrenia, only a few studies have actually focused on the Deficit Syndrome (DS).

Methods: In this presentation, electrophysiological investigations utilizing EEG, Evoked Potentials (EPs), polysomnography (PSG), or magnetoencephalography (MEG) to probe “negative symptoms”, or “Deficit Syndrome” are reviewed.

Results: While this line of research is evidently in its infancy, two significant trends emerge. First, spectral EEG studies link increased slow wave activity during wakefulness to the prevalence of negative symptoms. Secondly, sleep studies point to an association between decrease in slow wave sleep and prevalence of negative symptoms. Several studies also indicate a relationship of negative symptoms with reduced alpha activity. A host of other abnormalities including sensory gating and P300 attenuation are less consistently reported. Three studies specifically addressed electrophysiology of the DS. Two of the three studies provided evidence suggesting that the DS may be a separate disease entity and not simply a severe form of schizophrenia.

Conclusions: Much more research remains needed in order to fully determine the electrophysiological correlates of negative symptoms and the DS. The most consistent findings, thus far, point to a significant problem with brain oscillatory activity and implicate the thalamus as most of the impaired activity either originate or are significantly influenced by the thalamus.

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### Session:  
Section Symposium **SPEAKER 3**  
Code SSY233

**Title:**
Negative symptoms constructs: Contributions from FMRI and ERP investigations

**Speaker**
Mucci A., Vignapiano A., Montefusco V., Bucci P., Galderisi S.  
Department of Psychiatry, University of Naples SUN, Naples, Italy

**Abstract**
Objectives. Neurobiological underpinnings of avolition in schizophrenia remain unclear. Most brain imaging research has focused on reward prediction deficit and on ventral striatum dysfunction, but findings are not consistent. Our study was designed to verify the impairment of reward anticipation in patients with the deficit syndrome, and its relationship with anhedonia and avolition, using event-related potentials recorded during the execution of the Monetary Incentive Delay (MID) task.

Methods. Functional magnetic resonance (fMRI) and event-related potentials (ERPs) were recorded during the execution of the MID task in patients with schizophrenia, treated with second-generation antipsychotics (SGA) only, and in healthy controls. The Schedule for the deficit syndrome was used to diagnose Deficit (DS) or Non-deficit schizophrenia (NDS).

Results. Patients with schizophrenia showed preserved ventral striatum activation during anticipation of reward. Only patients with DS differed from controls in the activation of the dorsal caudate during reward anticipation. Avolition, but not anhedonia, was associated with dorsal caudate hypoactivation. The ERP results indicate that only patients with DS have a reduced modulation of visual processing and attention circuits by reward expectations with respect to controls.

Conclusions. Our results suggest that anhedonia and avolition are partially independent constructs. Patients with primary and persistent negative symptoms have a deficit in the activation of dorsal caudate, involved in action-outcome encoding, and do not modulate attention and amplify visual perceptual processing of reward stimuli.

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### Session:  
Section Symposium **SPEAKER 4**  
Code SSY233
<table>
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<tr>
<th>Title:</th>
<th>TMS in the treatment of negative symptoms</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Falkai P.</td>
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<td>Ludwig-Maximilians-University Munich, Clinic for Psychiatry and Psychotherapy</td>
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<tr>
<td>Abstract</td>
<td>Transcranial magnetic stimulation (TMS) is a very popular tool used within neuroscience. This and other associated techniques allow the in vivo investigation of cortical excitability, cortical connectivity and cortical plasticity. Schizophrenia is a brain disorder and various theories other than the dopamine hypothesis have been developed to describe its underlying neurobiology. Supported by animal and postmortem studies, findings from TMS studies indicate that schizophrenia is a disease of reduced cortical inhibition and impaired intra- and intercortical connectivity. Further studies using repetitive TMS and other plasticity-inducing techniques have shown that cortical plasticity is altered in schizophrenia patients, supporting the recently discussed plasticity deficiency theory of schizophrenia.</td>
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</table>
Title: Mental health and workplace environment. How can we prevent burnout and establish quality management strategies that includes mental health issues

WPA Cross-Sectional Symposium "Conflict Management And Resolution" and "Public Policy and Psychiatry"

Chairperson Michael Sadre-Chirazi-Stark, Asklepios Westklinikum, Hamburg, Germany

Co-chairperson Michaela Amering, Medical University of Vienna, Vienna, Austria

Abstract

This symposium is organized by two WPA sections, the section of Conflict Management and Conflict resolution and the section on Public Policy and Psychiatry. The issues addressed encompass both clinical, research, and political issues. In industrial countries the media have discovered the burn-out issue. Also the health insurance companies report a dramatic rise of call of illness because of depression and anxiety which might be the psychiatric diagnostic equivalent of the burn-out syndrome. This symposium will raise awareness on this problem. It will discuss various objectives such as diagnostic definitions of burnout, socioeconomic pressures, and the role of workplace hierarchical structures, and its impact of quality management.

Speakers

1. Karazman, Rainer
   University of Economics, Dept. HRM, Vienna, Austria; BG Institute for Occupational Health Promotion, Vienna, Austria
2. Gewehr, Elsa
   Institut für Psychologie, Leuphana Universität Lüneburg, Germany
3. Rossouw, Liezel
   Division Family Medicine & Primary Care, University of Stellenbosch, Stellenbosch, South Africa
4. Wehmeier, Peter M.,
   Vitos Hospital for Psychiatry and Psychotherapy, Weilmuenster, Germany

Title: Mental health at workplace – Salutogene potentials in human work and their impact on human quality management

Speaker Karazman, Rainer 1,2, I. Karazman-Morawetz 2, R. Dittrich 3
1. University of Economics, Dept. HRM, Vienna, Austria
2. IBG Institute for Occupational Health Promotion, Vienna, Austria

Abstract

Introduction:
Work was the essential setting for mankind’s evolution. Work is not only a hazard. Work carries a double impact on (psychomental) health:
- Work endangers health by chronic overdemand, personal underdemand, discrimination
- Work promotes health by meaning, social inclusion and psychobiological capability

Work can promote health, personal growth, social relations, cognitive functions and biological capacities when the work dynamic carries a “human quality”. The “human qualities” are summarized in the Human-Ecological Model of Work as the essence of our multidisciplinary research on human work and characterized by three criteria:
- “social inclusion at work” regarding the social domain
- “meaning and self-actualization in work” regarding the noetic domain
- “regenerative effort for work demands” in the psycho-biological domain

To measure the “human quality” in a current work dynamic for a person we developed the Human Work Index® (HWI), which is based on a questionnaire and structured in these three dimensions:
Social co-work  
Personal work interest  
Psychobiological work ability.

The HWI 2.0 with 13 items proofed as reliable, valid with health and productivity and remaining in the job for 5 years.

Methods: Since 2002 we assessed in a prospective study with 356 female and male employees HWI, life quality, mood and health. In 2008 it was explored if they remained in the job or changed the workplace.

Data of 314 employees remained for statistical analysis of validity for health (t-Tests and ANOVA) and prognostic quantification (Kaplan-Meier-survival-estimation, Cox-hazard-estimation).

Results: The rates of maintenance and exit differ at each HWI-level (Chisq = 27.49; p < .001). The difference in HWI-score between maintainers and exits amounts 13.1% (t-value 4.2, p<0.001). Cox analysis estimates 91% of participants with high HWI-level to remain at the workplace for 66 moths, at medium HWI-level 71% and at low HWI level only 49%. Kaplan Maier analysis estimates for “high” participants to remain 65.4 months out of 66, for “medium” 59.1 and for “low” 48.4 months (Log Rank Test: χ²= 27.2/df=2; p<0.001). Cox hazard analysis shows a seven-fold exit risk at low HWI-level and a three-fold at medium HWI-level in comparison to high HWI-level.

Conclusions: The HWI proofed a high prognostic potential for remaining in the job. This result is an indirect validation of the theoretical framework behind: the “human-ecological model” of work hypothesizing a human sustainable work dynamic by social inclusion, meaning and psychobiological capability. This model allows the definition of goals, measures and indicators to manage work in a healthy - because human - quality. Such “human quality management” provides to promote (psychomental) health by work itself. The implication of this is strategic: health is a side-effect of personal productivity and therefore effective health promotion has to focus on personal productivity at work and to leave the pathogene reduction in the view of the impact of work on (psychomental) health.

### Session: Section Symposium SPEAKER 2 Code SSY246

<table>
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<th>Title</th>
<th>Recovery and permanent availability - Relationships between mental detachment and work-related availability during non-work time</th>
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<tr>
<td>Speaker</td>
<td>Gewehr, Elsa ¹, Sieland, Bernhard ¹, Sadre-Chirazi-Stark, Michael ²</td>
</tr>
</tbody>
</table>
| Institut für Psychologie, Leuphana Universität Lüneburg, Germany ¹  
Asklepios Psychiatric Hospital, Asklepios Medical School, Hamburg, Germany ² |
| Abstract | This paper reports on a study concerning the relations between aspects of recovery and work-related availability during non-work time. It examines whether staying highly available for supervisors and colleagues during non-work time could be associated with an inhibition of the recovery-process. Recovery was examined in terms of recovery behaviour (pursuing recreational activities) and the experience of mental detachment from work during non-work time. Work-related availability was operationalized as the frequency of work-related contacts through communication-technologies and the availability expectancy, meaning the cognitive anticipation of receiving work-contacts. We expected a positive relation between recovery behaviour and mental detachment as a foundation for our main-hypothesis. In our main-hypothesis we expected negative relations between the two aspects of work-related availability on one hand and mental detachment on the other hand. In a three months survey a total of N = 60 employees fulfilled an online questionnaire. Separate regression analysis confirmed all three expected relationships: Recovery behaviour was positively related to mental detachment, while frequency of work-contacts and availability expectancy where both negatively related to mental detachment. These results reveal that individuals are more successful in mentally detaching themselves from work, the more often they pursue recreational activities outside of work-times. However, the more they stay available for work-related contacts during those times, the lower their levels of mental detachment appear to be. |

### Session: Section Symposium SPEAKER 3 Code SSY246

| Title | The prevalence of burnout and depression among medical doctors working in the Cape Town metropole community health care clinics and district hospitals of the provincial government of the Western Cape: A cross-sectional study |

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Aim: This study investigated burnout and depression among medical doctors in the context of work-related conditions and the role of resilience as a modifiable factor.

Methods: A cross-sectional, observational study was conducted on all consenting medical doctors (N=132) working at Cape Town metropole primary health care facilities of the Provincial Government of the Western Cape. Data were collected from doctors at 27 facilities by means of a self-administered questionnaire battery containing socio-demographic information, the Beck Depression Inventory (BDI), the Maslach Burnout Inventory (MBI) and the Connor-Davidson Resilience Scale (CD-RISC).

Results: Of 132 doctors included in the analysis, 76 % experienced burnout, as indicated by high scores on either the emotional exhaustion or depersonalisation subscales. In addition, 27% of doctors had cut-off scores on the BDI indicating moderate depression, while 3 % were identified with severe depression. The number of hours, work-load, working conditions and system-related frustrations were ranked as the most important contributing factors to burnout. More experienced doctors and those with higher resilience scores had lower levels of burnout as evident by lower scores on the emotional exhaustion and depersonalisation domains of the MBI.

Conclusion: Both burnout and depression are prevalent problems among doctors working at district level and in communities. Resilience appears to be protective and may be a useful target for future intervention.

In an increasingly globalized world characterized by acceleration and international competition across time zones, work-related stress and burnout are causing serious difficulties not only for individuals in their particular work setting, but also for corporations and other employers. Furthermore, the prevalence of mental exhaustion and stress-related depression is increasing. In order to address the problems often associated with work-related stress and to emphasize the importance of burnout prevention, a five-dimensional self-management approach has been developed. The five dimensions are: (1) Appropriation, which addresses the issue of perceiving reality, both internally and externally; (2) Relationship, which deals with the network of interpersonal relationship every individual is part of, including private and working relationships; (3) Planning, which has to do with coming to terms with the future including the consideration of opportunities and risks; (4) Decision, which relates to considering the many options one has and choosing from these options; (5) Action, which emphasizes the importance of actions over words when aiming for goals and underlines the concept of self-efficacy. Taken together, these five dimensions constitute a new approach to understanding work-related stress and improving self-efficacy in order to cope with burnout at work.
**Title:** New developments in the neurobiology of ADHD

**Chairperson:** Jeffrey Newcorn, Icahn School Of Medicine At Mount Sinai, New York, USA

**Abstract**

Introduction: ADHD is a highly heritable neurodevelopmental disorder that is characterized by abnormalities in inter-connected brain networks regulating attention, reward, emotional control and default mode processing. A wealth of studies in humans and animal models incorporating imaging, genetic and pharmacologic approaches have contributed to our large knowledge base regarding the condition. Yet despite the advances attributable to this research, more extensive research is needed using novel translational approaches.

Methods: Symposium presentation including 4 lectures which describe new developments in the neurobiology of ADHD.

Results: 1) S Faraone presents new data on the possible role of oxidative stress in ADHD. 2) P Bhide presents data indicating that prenatal nicotine exposure in mice represents a valid and useful animal model of ADHD. 3) N Makris and colleagues present data from a study of 24 medication naïve adults with ADHD using voxel based morphometry, demonstrating alterations in executive, attention and cortico-striato-cerebellar networks. 4) J Biederman presents data indicating that 3'UTR but not intron8 VNTR genotypes are associated with increased dopamine transporter (DAT) binding in both ADHD patients and healthy controls.

Conclusions: Data from this symposium expand knowledge regarding existing models of ADHD, and propose new models in animals and humans that can be used to further our knowledge of this multifaceted disorder.

**Speakers**

1. Stephen V. Faraone  
   SUNY Upstate University, New York, USA
2. Pradeep Bhide  
   Florida State University, Florida, USA
3. Nikos Makris  
   USA
4. Joseph Biederman  
   Massachusetts General Hospital, Boston, USA
### OVERALL ABSTRACT

**Title:** International symposium on disaster psychiatry section: “Human factors in disaster"

**Chairperson** Russell D’Souza, Melbourne University, Melbourne, Australia

**Co-chairperson** Carlos Collazo, Usal, Caba, Argentina

**Abstract**

Psychology and psychiatry have defined their concepts of illness and imbalance as gaps in perception in touch with reality. There are increasingly frequent situations that expose entire populations or persons to crises or disruptive events. The settings provided by this reality, its values and its complexity, require a new mindset. The field of Mental Health, in practice has its object of study and work restricted to diseases. These events force to expand the universe of Health Mental integral attention, since it involves people affected by the unpredictable (Benyakar, 2003) and that disrupts their lives violently. Such situations provide experiences and emotional experiences generated from real facts provoking and threatening in developing perceptions of reality. Reflections on the assistance needs of society suggest new guidelines for models of crisis intervention.

**Speakers**

1. Celnikier, Fabio Gador Sa, Argentina
2. Gustavo E. Tafet Departamento de psiquiatría y Neurociencias, Universidad Maimónides, Buenos Aires, Argentina
3. José Thome Instituto Sedes Sapientiae De Saô Paulo, Brazil
4. E. Stein Neuquen, Argentine Patagonian, University of Comahue (UNcomahue), Argentine./ National Defense Ministry. Buenos Aires

### SPEAKER 1

**Title:** Epigenetics transgenerational effects of disasters

**Speaker** Celnikier, Fabio Gador Sa, Argentina

**Abstract**

We believed until now that our parents and grandparents just passed us their genes. That the experiences they had stockpiled in their lives are not hereditary and acquired in perpetuity rendered useless. We were confident that the genes are passed unchanged from generation to generation. No change. Without touching the cell nucleus immaculate. We had not arrived at the knowledge of epigenomics. The world of epimutations. However, we now know that the air we breathed our grandparents drank the water, or the psychosocial environment in which they lived could also affect their descendants, even decades later. External factors can influence the complex network of switches that need to connect and disconnect to lead to, for example, the development of cancer. Therefore is not only what genes we inherit from our parents or not, but if they are 'on' or 'off' through epigenetic switches. Allostasis responses (O allostatic load), Resilience (or vulnerability) and Empowerment (or Indefención) disaster situations (natural or induced by humans) should be considered high medical value when a forecast adjustment epigenetic mentioned in these situations. And while it is important to consider the impact of these elements in the offspring.

### SPEAKER 2

**Title:** Stress and trauma at an early age and its effects on cognitive and neurobiological level
Psiconeurobiology of Resilience:
The adaptive response to acute stress may be successful in the short term, only if it is followed by the necessary homeostatic changes aimed at fulfilling an adaptive response restricted to acute and specific demands. In case it is not restricted, the negative consequences of excessive and uncontrolled responses may result in various deleterious effects, such as the produced by allostatic load. This process may diverge in different individuals, therefore developing more resilient strategies or more vulnerable reactions in response to similar stressors. The possibility to identify a psychoneurobiological profile of the resilient response, in contrast to the vulnerable one, may provide important strategies aimed at more effective therapeutic approaches in the treatment of disorders produced by chronic stress.

Psychodinamic approach in crisis. Relational experience reconstructive

Psychology and psychiatry have defined their concepts of illness and imbalance as gaps in perception in touch with reality.

There are increasingly frequent situations that expose entire populations or persons to crises or disruptive events.

The settings provided by this reality, its values and its complexity, require a new mindset.

The field of Mental Health, in practice has its object of study and work restricted to diseases.

These events force to expand the universe of Health Mental integral attention, since it involves people affected by the unpredictable (Benyakar, 2003) and that disrupts their lives violently.

Such situations provide experiences and emotional experiences generated from real facts provoking and threatening in developing perceptions of reality. Reflections on the assistance needs of society suggest new guidelines for models of crisis intervention.

Post traumatic stress: Myth or reality? (Malvinas war veterans)

Objectives: To demostrate that not every Veterans of the Malvinas War have SPTD and to deny the popular sense that all of they are victims in the same magnitude.

The purpose of this brief work is in particular to suggest a reflection on a critical subject of mental health of the population and in particular of the War Veterans.

Methods: More than 150 clinical records

Results: Only for the purpose of recalling the not specialists that are not every day with the subject and with the idea of favoring reflections of a broader population of those which work in the psi world, we allow a brief reminder of academic definitions, taken from massive use texts and compare with experiences and opinions of other specialists that have worked and work with this medical and social problem. The veterans, among others have been exposed to the “dark side” of life in the contemporary society and this implies an important conflict with everyday life that the rest of people elude. Rate prevalence of SPTD no more than 20% average.

Conclusions It is a conceptual mistake to consider that the TEPT is the most important mental disorder resulting from a disaster. TEPT is only the common or frequently comorbid range of other mental symptoms (mood disorders or the anxiety) that it has to increase the common symptoms moderate and
that there are made prevalent after the disasters. It seems pertinent to be questioned and to study what they have in common (Veterans from different wars) and which differences could exist being developed process from motivations, necessities, means or different resources and which common impact and which differential according to the character of the war, and which differences could exist being developed process from motivations, necessities, means or different resources and which common impact and which differential according to the character of the war.

References

a) DSMIV Manual Diagnostico y Estadístico de los trastornos mentales (Elaborado por la American Psychiatric Association, basado en la CIE 10,
b) Chaim F. Shatan, conferencia en la “Sociedad Española de Psicotraumatología y estrés traumático” Junio 2000

c) Stein, E. Clinical and psicosocial impact of absence in mental help in Veterans, post Malvinas War. Doctoral Tesis (Medicine, University Buenos Aires).
**Session:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Neuropsychiatry in stroke</th>
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**Chairperson**

Professor WK Tang. Department of Psychiatry, the Chinese University of Hong Kong. Hong Kong, China

**Abstract**

Stroke is a leading cause of morbidity worldwide. Psychiatric sequel is very common in stroke survivors. Poststroke depression has received most attention. In this symposium, experts from Asia, Europe and USA will present their views on depression, apathy, fatigue and social participation in stroke survivors.

**Speakers**

1. Professor Sergio Paradiso
   "Una Mano per la Vita", Association of families and their doctors. Catania, Italy
2. Professor Gianfranco Spalletta
   IRCCS Santa Lucia Foundation, Neuropsychiatry Laboratory. Rome Italy
3. Professor Davide Quaranta
   Catholic University, Rome, Italy
4. Professor Suzanne HS Lo
   The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong, China
5. Professor Zediltz Aglaia
   Department of Clinical Neuropsychology, Faculty of Social Sciences, Leiden University. Leiden, The Netherlands

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**Session:**

<table>
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<th>Title</th>
<th>Emotion and motivation following ischemic damage to insula/basal ganglia circuits</th>
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</table>

**Speaker**

Professor Sergio Paradiso
"Una Mano per la Vita", Association of families and their doctors. Catania, Italy

**Abstract**

Objectives: Social neuroscience and biological psychiatry research have begun a dialogue that may favor both. The brain network including insula, striatum, pallidus, and thalamus plays a critical role in appraisal of stimuli carrying social significance (e.g., a sad face). In humans focal lesions in this circuit (especially when bilateral) may lead to emotional flattening and apathy. When damage is left unilateral a syndrome undistinguishable from major depression is often observed. Since depression not secondary to gross cerebral damage is also associated with alterations in perception of social stimuli, some questions have remained unanswered: 1) Can depression ensuing after a brain lesion of the above circuit be responsible for alterations of social perception? 2) Can a unilateral damage to the above circuit be associated with alterations in motivation and appraisal independent from depression? These questions carry clinical and heuristic importance.

Methods: Focused literature review and personal data using the lesion method and positron emission tomography.

Results: Damage to the left basal ganglia may be associated with both depression and deficit in appraisal of socially relevant stimuli, whereas a right lateralized damage is associated with appraisal deficits in absence of concomitant depression.

Conclusions: The author suggests that lesion studies of perception of socially relevant stimuli need to be carried out not at the hemispheric level but at the level of single brain regions while specifically examining the effects of co-syndromal psychiatric conditions on social perception.

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**Session:**

<table>
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<th>Title</th>
<th>Mechanisms of post-stroke depression</th>
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**Speaker**

Professor Gianfranco Spalletta

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**Abstract**

**Objectives:** Depression is a very frequent complication of stroke. This paper aims to review the relevant literature on the underlying pathophysiology of post-stroke depression.

**Methods:** Systematic literature review.

**Results:** A number of studies indicate that lesion location, time elapsed from acute stroke, cognitive level, gender, age, aphasia and physical impairment complicate the predictability of the outcome of stroke when this is associated with depressive comorbidity. Even though there is not a consensus among the various studies, at this point in research the two forms of DSM-IV major and minor depression seem to be valid diagnostic categories for different types of Post-stroke depression (PSD). Another problem which has been widely debated is that of PSD neurobiology. There is evidence, although it is not consensual, that left hemispheric stroke, in association with increased levels of proinflammatory cytokines such as IL-6 and IL-18, can increase the risk of developing depressive disorders while lesions in the right hemisphere can increase the development of hyperactivity-indifference. Moreover, the impairment of ascendant serotonergic and noradrenergic pathways, which from the rafe and the locus coeruleus extend first to the prefrontal cortex and then to various posterior areas, would seem to be implicated in the pathogenesis of PSD. Predictors of cognitive level and depression severity are different in subjects with different laterality of lesion. Furthermore, SSRI drugs could be efficacious treatments for PSD but left stroke could be a predictor of treatment resistance.

**Conclusions:** Taking into consideration the high prevalence and the negative influence of depressive comorbidity on the quality of life, rehabilitation therapy and mortality of stroke patients, clinicians should carefully observe all patients with this pathology in order to identify PSD precociously and use efficacious and tolerable antidepressant drugs.

**Session:** Symposium

**Title:** Diagnostic approach to post-stroke depression

**Speaker**
Professor Davide Quaranta
Catholic University, Rome, Italy

**Abstract**

**Objectives:** Post-stroke depression (PSD) is a common and disabling disturbance in stroke survivors, and it may strongly influence recovery and survival. Thus, a reliable diagnosis is necessary to provide early and effective treatment. The aim of this work is to discuss previous evidence about diagnosis of PSD.

**Methods:** A literature review has been performed assessing papers in which diagnostic criteria and screening measures for PSD were discussed and/or statistically assessed.

**Results:** Two main critical issues emerge from the analysis of previous literature. The first one is whether standard Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria should be applied to PSD. In fact, physical and cognitive symptoms might be direct consequences of stroke, independently of the presence of depression, thus leading to misdiagnosis. Current evidence seems to support the lack of necessity to exclude such symptoms in formulating the diagnosis of PSD [1]. The second issue is related to tools to be used in supporting the diagnosis of PSD. In recent years the accuracy of several traditional diagnostic scales has been assessed in diagnosing PSD, often reaching good levels of sensitivity and specificity. Nevertheless, most of these scales may suffer from two limitations. The first is that including cognitive and physical symptoms that may be direct consequences of stroke could lead to misdiagnosis, more probably than in diagnostic criteria application (the latter being guided by clinical judgment). The second is the possible confounding effect of demographic and disease-related factors, whose influence has been previously reported on traditional diagnostic scales (e.g. Hamilton Depression Rating Scale) [2].

**Conclusions:** The application of DSM diagnostic criteria in diagnosing PSD seems to be reliable. On the other hand, it is conceivable that the application of diagnostic tools specifically devised for PSD (e.g. [2]) may be useful in both clinical and research settings.

**References**


Title: Social participation: Evidence and implications for promoting post-stroke psychosocial recovery

Speaker: Janita P.C. Chau, Suzanne H. S. Lo
The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong, China.

Abstract
Objectives: (1) To explore the level of social participation among community-dwelling stroke survivors and factors influencing their participation. (2) To explore stroke survivors’ perception of facilitators and barriers to social participation.

Methods: A two-phase mixed methods approach was used. Phase one included a cross-sectional survey to examine factors associated with level of social participation among 205 stroke survivors at six months after discharge from two rehabilitation hospitals. Phase two included analysis of video footage of semi-structured interviews about perceptions of social participation, facilitators and barriers to social participation among 15 stroke survivors recruited from two stroke support groups. An inter-rater reliability was conducted to assess the reliability in analyzing the video footage.

Results: Majority of the stroke survivors (mean age 71.66 years, SD 10.16) in Phase one were male, married, had attained primary educational level, and had a right hemisphere lesion. The results showed that mean scores of the London Handicap Scale items related to work or leisure were low indicating that stroke had an impact on social participation and social functioning. Regression analyses showed that state self-esteem, functional ability, and number of stroke significantly accounted for 57% of variance in participation restriction. In Phase two, majority of the stroke survivors (mean age 60.87 years, SD 10.11) defined social participation as being able to continue with leisure activities. They perceived that family and peer support, financial support, and ease of access to community resources were common facilitators of social participation. Common barriers to social participation included physical disability, psychological states including depression, others’ negative responses, and inadequate barrier-free facilities.

Conclusions: This study supported that enhancing stroke survivors’ participation in work and leisure should be a major goal in stroke rehabilitation. Effective measures to enable early identification of risks of participation restriction, facilitate social integration, and improve psychological well-being are warranted.

Session: Section Symposium
SPEAKER 5
Code SSY280

Title: Fatigue after stroke and in neurological disorders, evidence towards practice

Speaker: Professor Zedilitz Aglaia
Department of Clinical Neuropsychology, Faculty of Social Sciences, Leiden University. Leiden, The Netherlands.

Abstract
Objectives: Severe fatigue after stroke, traumatic brain injury and in other neurological disorders is a common and debilitating symptom negatively affecting rehabilitation and quality of life. Prevalence rates vary between 27 and 90%, with approximately 50% reporting fatigue as their worst symptom. The primary cause for fatigue is thought to originate from the neurological damage. This is substantiated by several lines of research. Furthermore, it has become clear that fatigue can co-exist with depression but must be seen and treated as a separate symptom. The aim of this work is to discuss previous evidence about treatment of post-stroke fatigue.

Methods: Systematic literature review.

Results: Pharmacological interventions for fatigue have yielded at best yielded minimal improvement. Thus behavioral interventions for fatigue including cognitive therapy and physical exercise have been developed. Cognitive and Graded activity Training (COGRAT) was recently investigated via a randomized controlled trial in 83 severely fatigued stroke patients. Fatigue significantly decreased after treatment and levels remained stable in the 6 month follow-up period. Based on this treatment protocol, an E-Health module is currently being designed.

Conclusions: Development of effective pharmacological and/or psychological interventions for fatigue is warranted.
## OVERALL ABSTRACT

**Title:** Neurobiology of schizophrenia: Electrophysiological indices of symptom dimensions and vulnerability to the syndrome

**Chairperson:** Armida Mucci, University of Naples SUN, Naples, Italy

**Abstract**

The symposium will present an update on neurobiological markers of the positive and negative dimensions of schizophrenia and indices of the vulnerability to the syndrome.

Tonia Rihs will present results of high density EEG of adolescents with 22q11.2 deletion syndrome (who have an identified genetic risk for schizophrenia) showing candidate EEG biomarkers for the vulnerability to schizophrenia.

Tomiki Sumiyoshi will illustrate ERPs and neuropsychological findings in subjects with first episode schizophrenia and at-risk mental state. He will show that alterations of both ERPs and cognitive functions might represent schizophrenia vulnerability markers.

Thomas Koenig will review studies of positive symptoms, in particular auditory verbal hallucinations, in which EEG was used to identify neuronal networks involved in the pathogenesis of these symptoms as well as in the resilience to them.

Annarita Vignapiano will provide a review of the electrophysiological studies on negative symptoms of schizophrenia, focusing on correlates of persistent negative symptoms which have a marked impact on functional outcome.

**Speakers**

1. T.A. Rihs  
   University of Geneva, Geneva, Switzerland
2. T. Sumiyoshi  
   National Center of Neurology and Psychiatry, Tokyo, Japan
3. Koenig T  
   Department of Psychiatric Neurophysiology, University Hospital of Psychiatry, University of Bern, Bolligenstrasse 111, 3000 Bern 60, Switzerland
4. Vignapiano A  
   Department of Psychiatry, University of Naples SUN, Naples, Italy

## SPEAKER 1

**Title:** Alterations in auditory and visual processing networks in 22Q11.2 Deletion syndrome assessed by HD-EEG neuroimaging

**Speaker**

T.A. Rihs¹, A.Custo¹, M.I.Tomescu¹, K.W. Song¹, M. Schneider¹, S. Menghetti¹, J.F.Knebel², M.M Murray², S.Eliez ¹, C.M. Michel, ¹  
¹. University of Geneva, Geneva, Switzerland  
². University of Lausanne, Lausanne, Switzerland

**Abstract**

Objectives. We aim to identify early EEG biomarkers of sensory processing and resting state in adolescent participants that have an identified genetic risk for schizophrenia due to the 22q11.2 microdeletion.

Methods. We compare adolescents with 22q11.2DS (Deletion Syndrome) and age matched controls by means of high-density EEG source imaging during an auditory paradigm with simple click sounds as well as a paradigm investigating visual illusory contour perception with Kanizsa shapes. We also analyse the temporal dynamics of resting state networks.

Results. When comparing the responses to simple click-sounds in 22q11.2 DS with controls, we find increased map strength at the central N1 component that is related to increased anterior cingulate and medio dorsal frontal cortex activations in 22q11.2 DS at a latency of 100 ms, followed by decreased amplitudes from 120 ms onwards with significantly reduced activation in left auditory cortex in 22q11.2 DS. For the perception of visual contour stimuli, we find reduced activity at the visual P1 and N1 latencies in 22q11.2 DS. This is followed by increases of activation over anterior cingulate in 22q11.2DS.
and a subsequently reduced activity over ventral and dorsal visual areas while activity over inferior frontal gyrus is increased at a later stage related to illusory contour perception (330-350ms). The resting state dynamics indicate increased duration and occurrence of the saliency network in 22q11.2 DS.

Conclusions. In adolescents with 22q11.2 deletion syndrome we observe marked increases of anterior cingulate and medio-dorsal frontal cortex activations that pre-cede reduced activation of auditory and visual sensory cortices. In line with the resting state results, these findings could be markers of aberrant activation of saliency processing that is followed by reduced activity over secondary sensory cortices in this group at high risk of schizophrenia.

**Session:**

**Section Symposium**

**SPEAKER 2**

**Code**

SSY287

**Title:** Event-related potentials in early phase schizophrenia; A feasible biomarker to predict psychosis?

**Speaker**

T. Sumiyoshi¹, T. Miyanishi², T. Seo², M. Suzuki², Y. Higuchi²

¹ National Center of Neurology and Psychiatry, Tokyo, Japan

² University of Toyama, Toyama, Japan

**Abstract**

Objectives. Event-related potentials (ERPs) have been indicated to provide an electrophysiological marker for major psychoses, including schizophrenia. We herein measured duration mismatch negativity (dMMN), P3a, and reorienting negativity (RON) in subjects with at-risk mental state (ARMS), patients with first-episode or chronic schizophrenia, and healthy volunteers. The main interest was to determine if these ERPs would predict progression to overt schizophrenia in ARMS subjects.

Methods. Nineteen ARMS subjects meeting the criteria of the Comprehensive Assessment of ARMS, 38 patients with schizophrenia (19 first-episode and 19 chronic), and 19 healthy controls participated in the study. dMMN, P3a, and RON were measured with an auditory odd-ball paradigm at baseline.

Results. During the follow-up period (2.2 years), 4 out of the 19 ARMS subjects transitioned to schizophrenia (Converters) while 15 did not (non-Converters). dMMN amplitudes of Converters were significantly smaller than those of non-Converters at frontal and central electrodes before onset of illness. dMMN amplitudes of non-Converters did not differ from those of healthy controls, while Converters showed significantly smaller dMMN amplitudes compared to control subjects. RON amplitudes were also reduced at frontal and central electrodes in subjects with schizophrenia, but not ARMS. Converter subjects tended to show smaller RON amplitudes compared to non-Converters.

Conclusions. Our data confirm that diminished dMMN amplitudes provide a biomarker that is present before and after the development of psychosis. In this respect, RON amplitudes may also be useful, as suggested for the first time in this study, based on longitudinal observations.

**Session:**

**Section Symposium**

**SPEAKER 3**

**Code**

SSY287

**Title:** Neurobiological mediators of positive symptoms in schizophrenia

**Speaker**

Koenig T, Hubl D, Dierks T, Strik W

Department of Psychiatric Neurophysiology, University Hospital of Psychiatry, University of Bern, Bolligenstrasse 111, 3000 Bern 60, Switzerland

**Abstract**

Human information processing is state dependent. This is particularly interesting when investigating psychopathological symptoms, because it suggests that altered subjective experiences and observable behaviour may not only result from inappropriate processing of information itself, but equally from contextually inappropriate brain states at the time information is received, which entails context-inappropriate results.

In schizophrenia, it has repeatedly been observed that particular sub-second brain electromagnetic states (microstates) are shortened, and that this shortening is related to positive symptoms. At the same time, there is evidence that during the acute presence of auditory verbal hallucinations (AVH), the responsiveness of the primary auditory cortex (PAC) to external stimuli is reduced. This has been interpreted as faulty internal activation of the PAC associated with inner speech, which is in consequence subjectively attributed to external sources.

Interestingly, when patients with schizophrenia continuously indicate the presence and absence of AVH, those microstate classes that are already shortened in schizophrenia appear even shorter during...
hallucinations. The duration of these microstates therefore seems to be a protective factor against psychotic experiences, the longer they are, the less prone the PAC is to activation by inner speech. Microstates thus become clinically relevant targets for the treatment of schizophrenia.

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<tr>
<td>Title: ERP correlates of negative symptoms in schizophrenia</td>
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<tr>
<td>Speaker</td>
<td>Vignapiano A., Mucci A., Montefusco V., Plescia G., Gallo O., Rocco M., Romano P., Galderisi S. Department of Psychiatry, University of Naples SUN, Naples, Italy</td>
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<tr>
<td>Abstract</td>
<td>Objectives. Among all symptoms clusters of schizophrenia, the negative symptoms have been recognized as the one most associated to poor outcome. Their pathophysiological mechanisms are poorly understood, preventing the development of innovative treatments. Over the years the research about electrophysiological correlates of negative symptoms in schizophrenia has increased but only few studies attempted to disentangle ERP abnormalities associated with different dimensions of negative symptoms. Recently, it has been hypothesized that avolition is related to a difficulty in anticipating reward value and/or regulating behavior on the basis of the associations between value and action. Our study was designed to verify the impairment of reward anticipation in patients with schizophrenia, and its relationship with anhedonia and avolition, using event-related potentials recorded during the execution of the &quot;Monetary Incentive Delay (MID)&quot; task.</td>
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<td>Methods. ERPs were recorded during the execution of the MID task in patients with schizophrenia, treated with second-generation antipsychotics (SGA) only, and in healthy controls. Measures of anticipatory and consummatory pleasure, trait anhedonia and motivation were obtained in all subjects.</td>
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<td>Results. Patients with schizophrenia did not differ in hedonic experience or anticipation from healthy subjects, when controlling for general cognitive abilities. Unlike controls, amplitude of P3 in patients did not discriminate stimuli relevance in the early interval and was higher for the anticipation of loss vs neutral in the late interval. P3 amplitude for loss anticipation was inversely related to anhedonia but not to avolition in both patients and controls. In patients, anhedonia was also inversely related to P3 amplitude for reward anticipation.</td>
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<td>Conclusions. Patients seem unable to integrate the relevance and rewarding value of future events and these abnormalities are relevant to anhedonia, but not to avolition. In line with recent evidence, our results suggest that anhedonia and avolition are partially independent constructs.</td>
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<tr>
<td>Title:</td>
<td>WPA child and adolescent psychiatry section’s symposium</td>
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<tr>
<td>Chairperson</td>
<td>Prof. Norbert Skokauskas, Centre for Child and Youth Mental Health and Child Protection, NTNU, Trondheim, Norway</td>
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<td>Co-chairperson</td>
<td>Prof. Tarek Okasha, Okasha Institute of Psychiatry, Cairo, Egypt</td>
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<td>Abstract</td>
<td>Aims: A) to present successful leadership and collaboration examples in child and adolescent psychiatry (CAP); B) to promote global child mental health; C) to review WPA CAP section activities. Learning Objectives: A) To receive information and knowledge about opportunities for leadership and collaboration examples in CAP. B) To become more sensitized, and reinforce positive attitudes and behaviour in relation to collaborative approach in global child mental health. C) To take action to promote and lead collaborative approach in the course of attendees professional duties. Results: There are several main components of WPA CAP. 1. WPA CAP has a representative Assembly. This body is designed to include representatives of each WPA geographical region. 2. <em>World Child and Adolescent Psychiatry</em> journal is an important new voice for Child and Adolescent Psychiatrists around the world. 4. One Voice, Many Messages: WPA CAP has tried very hard to organize programs under our banner at as many international meetings as possible including AACAP, IACAPAP and others. 5. International Research Training Seminar in CAP. WPA CAP and Foundation Child organize the weeklong training seminar for junior colleagues committed to CAP. 6. Section*s Group on Teaching and Learning actively supports national structures in their work of improving the quality and increasing the provision of education for child and adolescent psychiatrists. Moreover, beside highlighting WPA CAP section activities, this session will also feature leading CAP specialists from N. America, S. America, Asia, Europe and will present a global overview of current challenges and opportunities in child mental health.</td>
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| Speakers | 1. Prof. Bennett Leventhal  
Department of Psychiatry, University of California San Francisco, USA  
2. Prof. Paramjit Joshi  
Children’s National Medical Center, George Washington University School of Medicine, Washington DC, USA  
3. Prof. Belfort Edgard  
Venezuela Central University, Caracas – Venezuela  
4. Dr. Daniel Fung  
Institute of Mental Health, Singapore  
5. Dr. Gordana Milavic  
Michael Rutter Centre, Maudsley Hospital South London and Maudsley NHS Foundation Trust, London SE5 8AZ, United Kingdom | | | |

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<tr>
<td>Title:</td>
<td>WPA child &amp; adolescent psychiatry: Our past, present &amp; future</td>
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</table>
| Speaker | Bennett L. Leventhal\(^1\), Norbert Skokauskas\(^2\), Gordana Milavic\(^3\)  
\(^1\) Department of Psychiatry, University of California San Francisco, USA  
\(^2\) Centre for Child and Youth Mental Health and Child Protection, NTNU, Trondheim, Norway | | | |
| Abstract | Objectives: We will try to understand why the WPA has offered limited attention and support for programs and scientific presentations on child and adolescent psychiatry, despite the fact that the vast majority of psychiatric illness has its onset in childhood and adolescence. Methods: We will examine past, current and planned activities of the WPA Section on Child and Adolescent Psychiatry. Results: The WPA Section on Child and Adolescent Psychiatry has been quite active in the past three years. It has: 1. Developed a membership list and encouraged individual participation in the Section; 2. Started the World Child and Adolescent Psychiatry Journal; 3. Created an Assembly; 4. Been proactive in creating and submitting WPA CAP-sponsored programs on child and adolescent psychiatry to WPA and other international meetings; 5. Reached out to WPA leadership for greater visibility and participation; and, 6. Approached other professional organizations to create collaborative efforts to | | | |

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Session: Section 
Symposium 

SPEAKER 2 Code SSY293

Title: The future of child and adolescent psychiatry -opportunities & challenges: The AACAP (American Academy of child and adolescent psychiatry) perspective

Speaker Paramjit T. Joshi, MD 
The Center for Neuroscience and Behavioral Medicine, Washington DC, USA

Abstract In the decade to come, we will experience continued population growth and an increasing need for mental health care and wellbeing of our children and their families globally. We are certainly at the cusp of great change in our health care system that begs the questions – what will the delivery of mental health services look like in the near future, will the treatments be evidence based, how much will they cost and will our patients get better and how will these outcomes be measured? As Child & Adolescent Psychiatrists we are uniquely qualified to integrate knowledge about human behavior and development from biological, psychological, familial, social, and cultural perspectives with scientific, humanistic, and collaborative approaches to the diagnosis, treatment and promotion of mental health in children and adolescents. A large majority of mental illnesses seen in adults have their origins in childhood and adolescence but the average lag time to treatment is 8-10 years. Early diagnosis and treatment of these disorders will thus impact their prevalence and course in adult life. We need to seize all opportunities to improve health care for millions of children. We must be able to collaborate, remain organized and share common goals, so we can speak with one voice on the world stage.

Session: Section 
Symposium 

SPEAKER 3 Code SSY293

Title: Preparing children for disasters: A Indonesia-Singapore collaborative

Speaker D. Fung¹, M.L. Belfer², S.H. Ong¹, C. Tan¹ 
²Institute of Mental Health, Singapore 
¹Harvard Medical School, USA

Abstract Objectives: Indonesia, particularly its southern and western islands of Java and Sumatra, is highly vulnerable to natural disasters, such as earthquakes, floods and volcanoes. Children and adolescents comprise more than half of Indonesia’s population. Apart from post-disaster hardships, their growth and development may be impacted longer term by the experiences associated with disasters. As the number and complexity of disaster events increase, one factor remains constant in determining the effectiveness of disaster mental health response and recovery – preparedness. This paper serves to examine a bilateral collaboration between Indonesia and Singapore to build a local network of leaders, mental health professionals and community workers with the knowledge and skills to support children affected by disaster.

Methods: In this collaboration, Rumah Sakit Dr. Cipto Mangunkusumo, Indonesia (RSCM) with the Institute of Mental Health, Singapore (IMH), has developed a Training-of-Trainers (TOT) program. The program trains Indonesian community-based workers to deal with mental health needs of children and adolescents affected by disasters. With grant funding by the Temasek Foundation Singapore, this TOT program builds on existing body of knowledge in local disaster management which includes supporting children’s bio-psychosocial needs.

Results: Key concepts around early detection, strategies for preventing and managing stress in children and adolescents and psychological first aid are part of the curriculum to support resilience building.
Resource guides have been designed for immediate use as part of recovery and prevention programs. Interactive activities and case studies which can be adapted to the needs of the community and program staff are included. In addition, the training imparts skills required for project management, measurement and evaluation of outcomes, and sustainability which are essential for a strategic approach to capacity building.

Conclusions: The initial phase of TOT program has achieved some success and has received constructive feedback on improving the skills training and engagement of trainees, and on how to ensure sustainability of the program.

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<td>Title:</td>
<td>Should medication be avoided in child and adolescent psychiatry?: Latin American perspective</td>
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<td>Speaker</td>
<td>E. Belfort. Venezuela Central University, Caracas - Venezuela, World Psychiatry Association, WPA. Geneve - Switzerland</td>
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Abstract
Understanding pediatric psychopharmacology often is an important part of the practice of a general psychiatrist, whereas a substantial number of children and adolescents are affected by a major psychiatric illness. A general psychiatrist should consider some key issues before he or she begins prescribing psychotropic medications to children and adolescents.

It is a central principle that a treating clinician must use all available information in developing an appropriate treatment plan for an individual child or adolescent. Most medications prescribed for children under age of 12 do not have yet specific approval by the Federal Drug Administration (FDA); such approval requires research demonstration safety and efficacy. However it is important to note that although the SSRIs and SGAs, for example, are widely prescribed for many different psychiatric disorders in children and adolescents, almost all these prescriptions are for off-label/non FDA-approved indications. The use of medication should be based on a comprehensive psychiatric evaluation and be one part of a comprehensive treatment plan.

The choice of a specific medication must be based on the individual needs and circumstances of each child or adolescent. In this sense some aspects of this practice in Latin America, will be presented.

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<td>Improving outcomes in mental health: Initiatives for children and young people in THE UK</td>
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<tr>
<td>Speaker</td>
<td>Milavić, Gordana Michael Rutter Centre, Maudsley Hospital South London and Maudsley NHS Foundation Trust, London SE5 8AZ, United Kingdom</td>
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Abstract
Objectives:
The Children and Young People’s Access to Psychological Therapies Programme (CYP IAPT) in England is aimed at improving existing Child and Adolescent Mental Health Services (CAMHS) in the community. It is a rare example of innovation and transformation at a clinical and service level in the context of diminishing resources. This talk will describe the background against which the programme was launched, its trajectory and main achievements so far.

Methods:
In 2011 CAMHS, in collaboration with partner agencies joined Learning Collaboratives and associated Higher Educational Institutions to develop National Curricula providing training to existing CAMHS staff, including supervisors and managers. Training in evidence based modalities formed the central part of the programme but resources were also provided to establish treatment partnerships with children and young people and to set up routine outcome monitoring into everyday clinical practice. CAMHS staff obtained training in: Cognitive Behaviour Therapy for anxiety and depression; parenting programmes for 3-10 year olds for conduct disorder; systemic family practice for conduct disorder; family interventions aimed at depression and eating disorder and training in core competencies for supervisors and managers.

Results:
CAMHS have undergone a notable transformation in the last 3 years. CYP IAPT has enabled local
services and their partners to train their staff, supervisors and managers and to introduce evidence based practice and routine data collection of outcomes. By the third year of the programme 54% of the target population was covered and 2662 CAMHS clinicians were using outcome measures across 42 sites. The programme aims to cover 60% of the 0-19 population by 2015. (Fonagy, P., 2013)

Conclusions:
Training for clinicians and managers, aimed at improving the quality and outcome of CAMHS delivered services is at the core of CYP IAPT. The involvement of children and young people in decision-making processes about their care and service developments will continue to transform and sustain service changes.
**Title:** International perspectives on bipolar disorder in children and adolescents

**Chairperson:** Dr Gordana Milavić, Consultant Child and Adolescent Psychiatrist and Co-Chair of WPA CAP Section, Michael Rutter Centre, Maudsley Hospital, London, SE5 8AZ, United Kingdom

**Abstract**

Objective: Researchers from 4 countries share their findings with the aim of improving common standards in the research and treatment of Bipolar Disorders (BP). The first presentation describes the phenomenology and course of pediatric Bipolar Disorder (BP) in a Spanish sample with the aim of validating the diagnosis and analyzing risk factors of poor outcome. The second talk asks whether the presence of irritability or non-violent aggression, distinguishes between subtypes of BP. The third presentation looks at the comorbidity of mood disorders and Autistic Spectrum Disorders (ASD) and the interplay between the symptoms of ASD and BP. The final speaker examines the prevalence and correlates of comorbid anxiety among youth with BP, the factors associated with persistence and the onset of new anxiety and its longitudinal effects.

Methods: The symposium centres upon the presentation of studies from diverse countries and cultures on the topic of bipolar disorders by experienced researchers and clinicians sharing the same interests and working in the area of bipolar disorders in children and adolescents.

Results: Exchanges of research and clinical experience will help standardise research and clinical practice.

Conclusions: Attendees will broaden their knowledge of BP disorders in children and young people. The international similarities and differences in diagnosing BP will be addressed through questions and answers. Results will be compared. A round up of presentations will be provided by the chair at the end of the symposium.

**Speakers**

1. Cesar Soutullo MD  
   Child & Adolescent Psychiatry Unit, Department of Psychiatry & Medical Psychology, University of Navarra Clinic, Pamplona, Spain

2. Prof. Dra. Laura Viola  

3. Dr Paramala J Santosh, MBBS, Dip NB (Psych), MD, PhD, FRCPsych  
   Visiting Reader | Developmental Neuropsychiatry & Psychopharmacology, Department of Child and Adolescent Psychiatry, PO85 | Institute of Psychiatry | 16 DeCrespigny Park | London | SE5 8AF, Head and Consultant Child & Adolescent Psychiatrist, Centre for Interventional Paediatric Psychopharmacology (CIPP), Child and Adolescent Mental Health Services, Michael Rutter Centre | Maudsley Hospital | DeCrespigny Park | London | SE5 8AZ

4. Regina Sala, MD, PhD  
   Department of Child and Adolescent Psychiatry, Institute of Psychiatry, King's College London, Box PO 85, 16 De Crespigny Park, London SE5 8AF
Results: 76.1% were boys, 36.6% had BD-1, 9.9% BD-2, 53.5% BD-NOS. Median age at diagnosis was: 12.7+3.9 years old. There was a 1.46 year delay in the diagnosis. The patients were followed a Median of 3.9 years (Interquartile range: Q25: 1.55-Q75: 6,1). After this time of follow-up, the final diagnosis was: 59.2% BP-1, 8.5% BP-2, 26.8% BP-NOS, and 5.6% of patients had no diagnosis on the Bipolar spectrum. During the follow-up period, 2.8% of patients completed suicide, 28% of patients had psychosis, 49.3% required hospitalization, and 43.7% had comorbid ADHD. 69% of patients were treated with mood stabilizers, and 54.9% with antipsychotics (9.9% of the total with clozapine). CGI-S at follow up was 1 or 2 in 19.8%; 3 or 4 (moderate illness) in 47.9%, and 5, 6 or 7 (severe illness) in 32.3% of patients.

Conclusion: Bipolar disorder in children and adolescents was longitudinally stable over time. After 3.9 years of follow-up, 94.4% of patients initially diagnosed with BP retained a diagnosis on the BP spectrum. The % of BP-NOS was reduced from 53.5% at baseline, to 26.8% at follow-up. The patients had high severity, indicated by psychosis, suicide, hospitalization, high rates of complex pharmacological treatment, and poor scores on CGI-S. Only 19.8% of patients had good symptom control at follow-up, 47.9% had moderate control, and 32.3% were still having severe symptoms, including two patients (2.8%) who completed suicide. This sample of BP Children in Spain resembles samples in U.S. clinics. BP can be diagnosed in children using DSM-IV criteria.

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<tbody>
<tr>
<td>Abstract</td>
<td>The comorbidity in childhood is an important issue well known. In our clinical sample of 500 children referred for severe behaviors troubles, less than 20% has a unique syndrome, the rest having one, two or more comorbid diagnostics. Children that present serious mood and behavioral problems are classified by child psychiatrists into diverse clinical categories: pediatric bipolar disorder, severe ADD with irritability and disruptive mood dysregulation disorder. In relation to the irritability, important symptom in childhood psychopathology that has received an increase research attention in the last decade, there is not an operational definition of irritability that represents one and the same phenotype, which could be used by different researchers. This presentation aims to answer several questions that, we, the clinicians made in daily care of these children. What clinical diagnosis do these children with severe mood and behavioral problems, have? Do they differ in rates of psychopathology and the presence of medical and family disorders? Does the presence of irritability or non violent aggression, distinguish two subtypes of attention deficit disorder comorbid with DMDD? Are those clinical categories captured by current use scales?</td>
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<tr>
<th>Session</th>
<th>Section Symposium</th>
<th>SPEAKER 3</th>
<th>Code</th>
<th>SSY294</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Comorbid autism spectrum disorder and bipolar disorder – A practical approach</td>
<td>Dr Paramala J Santosh, MBBS, Dip NB (Psych), MD, PhD, FRCPsych</td>
<td>Visiting Reader</td>
<td>Developmental Neuropsychiatry &amp; Psychopharmacology Department of Child and Adolescent Psychiatry PO85</td>
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<tr>
<td>Abstract</td>
<td>Objectives: This presentation looks at the comorbidity of mood disorders and Autistic Spectrum Disorders (ASD) and to understand the interplay between the symptoms of ASD and BP.</td>
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Methods: In a retrospective chart review study from the Centre for Interventional Paediatric Psychopharmacology (CIPP), Maudsley Hospital, London, UK, the symptom profile, course and treatment response of a group of children and adolescents with mood disorders, including BP with comorbid ASD was followed up over a 2 year period.

Results: The results show that it is often difficult to pick up mood disorders in ASD, especially when associated with intellectual disability or poor verbal skills. Observation of the child to identify internal emotional states along with information from multiple informants, rather than inference from just affective facial display when one assesses this particular comorbidity is important. These children with comorbid BP and ASD often present at a younger age because of symptoms and impairment. Once initial assessment is complete and psychoeducation provided, bipolar symptoms respond well to standard treatment.

Conclusions: The challenges as well as the importance of identifying comorbid BP in ASD patients is stressed.

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<tr>
<td>Title:</td>
<td>Comorbid anxiety disorders in children and adolescents with bipolar spectrum disorders</td>
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<tr>
<td>Speaker</td>
<td>Regina Sala, MD, PhD</td>
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<tr>
<td>Department of Child and Adolescent Psychiatry, Institute of Psychiatry, King's College London, Box PO 85, 16 De Crespigny Park, London SE5 8AF</td>
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<tr>
<td>Abstract</td>
<td>Objective: Anxiety disorders (ANX) are among the most common comorbid conditions in youth with bipolar disorder (BP). We aimed to examine the prevalence and correlates of comorbid ANX among youth with BP, the factors associated with persistence and the onset of new ANX and its longitudinal effects.</td>
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<td>Methods: As part of the COBY study, 446 youth ages 7 to 17, who met DSM-IV criteria for BP-I (n=260), BP-II (n=32) or operationalized criteria for BP not otherwise specified (BP-NOS; n=154) were included at intake. Subjects were evaluated for current and lifetime Axis-I psychiatric disorders at intake using the K-SADS-PL, and standardized instruments to assess functioning and family history. The follow-up sample consisted in 413 youth, BP-I (n=244), BP-II (n=28), BP-NOS (n=141). Subjects were followed on average 5 years using the Longitudinal Interval Follow-up Evaluation.</td>
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<td>Results: At intake, 44% had at least one lifetime ANX and more likely to have BP-II, longer duration of mood symptoms, more severe ratings of depression, and family history of depression. About 50% of the youth had persistent ANX and 25% developed new onset. Compared to BP youth without ANX, those with ANX had significantly more depressive recurrences and significantly longer median time to recovery, spent significantly less follow-up time asymptomatic and more time with syndromal mixed/cycling and subsyndromal depressive symptomatology.</td>
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<td>Conclusions: Comorbid ANX is common in youth with BP and is associated with BP-II, family history of depression, and more severe lifetime depressive episodes. ANX tend to persist and present new ANX onset and adversely affect the course of youth with BP.</td>
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**Session:** Section Symposium

**OVERALL ABSTRACT**

**Code** SSY305

**Title:** **Constructs of meaning and (religious) transformation. Part I**

**Chairperson** Peter J. Verhagen M.D, WPA Section on Religion, Spirituality and Psychiatry, chair, GGZ Centraal Mental Health Care, Harderwijk, The Netherlands

**Co-chairperson** Hans Rohlof M.D. Ph.D., WPA Section on Transcultural Psychiatry, chair, Centrum ‘45, Oegstgeest, the Netherlands

**Abstract**

Objectives: This intersectional symposium is organized by the WPA Section on Transcultural Psychiatry and the WPA Section on Religion, Spirituality and Psychiatry. The symposium is made up of two parts. The central theme is 'Constructs of meaning and (religious) transformation'. This theme is subdivided in two subthemes: a) What is it to feel good in this world? This subtheme is concerned with well-being and health. The second subtheme is called b) 'Healing Practices' and is concerned with mental health and religious/spiritual healing practices.

One of the major interests of both sections is religious and spiritual meaning making and healing practices in relation to situations of crisis, stress and disease and in the aftermath of trauma when personal or population well-being is at stake and coping activities and skills are enhanced. The contributions in this first part focus on meaning making.

Methods: Clinical experience, empirical research and program evaluation will be critically reviewed.

Results: Meaning making turns out to be important. Lacks of social coherence, accompanied by feelings of insecurity prove to be a soil for old and new forms of meaning making. Conclusions: The studies presented fill in an important gap in our knowledge of meaning-making and meaning-making information assessment and treatment planning

**Speakers**

1. Valerie DeMarinis Ph.D  
   WPA Section on Religion, Spirituality and Psychiatry, Professor in Psychology of Religion; Director of Public Mental Health Promotion Research Area, IMPACT Research Programme, Uppsala University, Sweden

2. Hans Rohlof M.D. Ph.D  
   WPA Section on Transcultural Psychiatry, chair, Centrum ‘45, Oegstgeest, the Netherlands

3. Ellen H.M. Minkenberg M.D  
   I-Psy Intercultural Psychiatry, The Hague, the Netherlands

4. Peter J. Verhagen M.D  
   WPA Section on Religion, Spirituality and Psychiatry, chair, GGZ Centraal Mental Health Care, Harderwijk, The Netherlands

---

**Session:** Section Symposium

**SPEAKER 1**

**Code** SSY305

**Title:** Meaning-making and well-being as public mental health concerns

**Speaker** Valerie DeMarinis Ph.D<sup>1,2</sup>

<sup>1</sup>WPA Section on Religion, Spirituality and Psychiatry  
<sup>2</sup>Professor in Psychology of Religion; Director of Public Mental Health Promotion Research

**Abstract**

Area, IMPACT Research Programme, Uppsala University, Sweden

This presentation draws from both clinical research and programme evaluation experience in psychiatry, as well as ongoing mental health research with refugee and other immigrant populations and clinical staff members in the Swedish cultural context. The central focus here is how constructs of meaning-making and of well-being related to mental health are implicitly and explicitly expressed or excluded with relation to cultural- and existential information from the vantage points of care providers and patients. The Swedish cultural context, one of the most secularized and in many respects mono-cultural in dominance, provides an important backdrop for understanding organizational approaches of avoidance or uncertainty related to including cultural- and existential information in mental health assessment. And also, for understanding the concomitant challenges to well-being experienced not only by patients for whom such information is vital for their resilience strategies, but increasingly so for the well-being of mental health staff members who are feeling frustrated by not knowing how to access this type of information in a way that makes sense to them in their structured routines within the Swedish context.
This growing area of concern has led to the development of a new inter-disciplinary research area at Uppsala University on public mental health promotion. Attention is given to a meaning-making information assessment (including cultural and existential information) and treatment-planning model for inclusion in clinical contexts, emerging from this research area, and which is being tested to address just such challenges.

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<tr>
<td>Title:</td>
<td>The cultural formulation interview and the supplement on religious and spiritual support</td>
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<tr>
<td>Speaker</td>
<td>Hans Rohlof, M.D. Ph.D. ¹, ²</td>
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<td></td>
<td>¹WPA Section on Transcultural Psychiatry, chair ²Centrum '45, Oegstgeest, the Netherlands</td>
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<tr>
<td>Abstract</td>
<td>Objectives: In order to collect more information about cultural backgrounds of patients we constructed a new interview, the Cultural Formulation Interview (CFI). Next to this interview, supplements were added, of which the supplement on religious and Spiritual Support was one. Methods: In a multicenter study, part of a large study in different countries, we looked at the feasibility, the acceptability and the potential clinical utility of the CFI. 12 clinicians hold interviews with 30 patients, from different cultural backgrounds including native patients, Both the patients and the clinicians were questioned after the CFI through standardized quantitative questionnaires and through structured questionnaires. Results: Both clinicians and patients scored high on the three aspects of the CFI, patients more than clinicians. The structure of the CFI was difficult to accept for experienced clinicians. Conclusions: The CFI proved to be an important new tool to collect information about the cultural background of the patient in the assessment phase. As such, it is described in the Handbook of DSM-5. Adding supplements on different aspects can increase specific needed information.</td>
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<tr>
<td>Title:</td>
<td>Research on religious intensity and cognitive strategies for traumatized refugees</td>
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<tr>
<td>Speaker</td>
<td>Ellen H.M. Minkenberg</td>
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<td></td>
<td>I-Psy Intercultural Psychiatry, The Hague, the Netherlands</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Mapping of positive and negative cognitive strategies and intensity (perception and action) of religion and belief at refugees with PTSD. Methods: For this study a new questionnaire, Religious Intensity and Cognitive Strategies Questionnaire (RICS; Ellen H.M. Minkenberg (2013)) has been developed partly based on the 10-item version of Pargament's Brief RCOPE. RISC has a cognitive approach that can be used in several cultures with several religions and believes. RICS was conducted during the initial phase of treatment of refugees on an outpatient department of a specialized center for complex traumas. The cluster intrusion of PTSD and anxiety/depression symptoms were measured with the Harvard Trauma Questionnaire (HTQ) and Hopkins Symptom Checklist-25 (HSCL-25). Results: A pilot study was conducted among 30 traumatized refugees (Middle East N = 13, Africa N = 10, Eastern Europe N = 6 and Suriname N = 1). In the lecture the results of the research on religious intensity and cognitive strategies of traumatized refugees will be presented.</td>
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Conclusions:
Positive and negative cognitive strategies and intensity (perception and action) of religion and believe play a great role at refugees with PTSD. For diagnostics and interventions, it is important to have more view on the way patients experience their religion.

References

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<td>Title:</td>
<td>What is it like to feel good?</td>
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<tr>
<td>Speaker</td>
<td>Peter J. Verhagen ¹ ²</td>
<td>WPA Section on Religion, Spirituality and Psychiatry, chair</td>
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<td>¹GGZ Centraal Mental Health Care, Harderwijk, The Netherlands</td>
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<tr>
<td>Abstract</td>
<td>Objectives: In this presentation the central topic is the relationship between religiosity and well-being. However how this relationship should be understood is much debated. There is a long list of factors that seem to play a role, including: 1) relaxation, 2) change of individual behaviors and life styles, 3) social support, 4) the integrative frame religious beliefs do offer, 5) perception of self as deserving trust and love.</td>
<td>Review of current findings in psychology of religion. Results: Religious beliefs and spirituality play an important role when personal resources which are meant to help to cope with stressful situations are in jeopardy. However religious affiliation is not a steady or fixed state or attitude. Feeling good by religious experience varies in accordance with several factors: 1) the kind of religiosity, 2) the criteria of well-being, 3) the degree of integration of religiosity in persons’ lives. Conclusions: It seems clear that adherence to a religious form of life offers diverse opportunities for experiencing well-being. It is therefore not a strange thing that, if asked for, patients will refer to religion and spirituality as possible subjective resource in their attitude toward mental illness and other stressful circumstances.</td>
<td>References</td>
<td>Westerink. H. (Ed.) (2013). Constructs of Meaning and Religious Transformation. Current issues in the Psychology of Religion. Göttingen: Vienna University Press.</td>
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### OVERALL ABSTRACT

**Healthy work environments for persons with mental illness. Early detection and coaching of companies to install preventive measures**

**Chairperson**
Michael Sadre-Chirazi-Stark, Asklepios Westklinikum, Hamburg, Germany

**Co-chairperson**
Roy Abraham Kallivayalil, Pushpagiri Institute of Medical Sciences, Tiruvalla, Kerala- 689 101, India

**Abstract**
This symposium will be organized by two WPA sections, the section of COnflict Management and Conflict Resolution and the section on Preventive Psychiatry. Economic values are predominant in structuring work environments. The care of the individual worker seems to be less valued than the product. The effect of this development is the growing number of sick-leave times because of emotional exhaustion represented by diagnoses like depression and anxiety. Insurances companies are drained by these costs which are much higher than the usual times to cure back pain, flu etc. Even companies who produce high level products realize the costs they have to carry when their specialists break down. The term “burnout”, that has appeared in the media and in the consciousness of people, connects to persons who have engaged themselves and/or have been exploited beyond their boundaries.

**Speakers**
1. Kallivayalil, Roy Abraham
   Pushpagiri Institute of Medical Sciences, Tiruvalla, Kerala- 689 101, India
2. Rataemane, Solomon,
   University of Limpopo (MEDUNSA), Pretoria, South Africa
3. G. Cetrano
   University of Verona, Verona, Italy
4. Hoechst, Siegfried
   Prof. Stark Institute, Hamburg, Germany

### SESSION 1

**Title:** Mental health and work environment: Preventive aspects

**Speaker**
Kallivayalil, Roy Abraham
Pushpagiri Institute of Medical Sciences, Tiruvalla, Kerala- 689 101, India

**Abstract**
It is very important that the work environment fosters mental health. It leads to increased productivity, job satisfaction, contentment and peace and collegiality at the workplace. Psychological support, civility and respect, recognition and reward, psychological and physical protection are essential. An efficient and caring leadership will be most helpful. It is also worthwhile to find the ‘psychological fitness’ of employees before employment. Some other issues which affect mental health at workplace are stigma and discrimination, job burnout, harassment, bullying or violence, or substance use. These issues should be addressed to prevent mental ill health.

### SESSION 2

**Title:** Managing workplace stress in the South African context: Application of conflict management strategies

**Speaker**
Rataemane, Solomon,
University of Limpopo (MEDUNSA), Pretoria, South Africa

**Abstract**
Conflicts are a day to day reality. They can be intra-personal, in which an individual has difficulty making a decision based on many possible but conflicting scenarios. They can also be interpersonal, in which escalation of conflict is based on having to consider the other party in making decisions. The often
Publicized conflicts are political ones, due to tension based on dissatisfaction among citizens of a country; or due to tension between two countries with different positions regarding key political issues such as nuclear power development or isolation of other countries. The least publicized conflict is the one causing stress in the workplace. This can be due to dissatisfaction with the job situation; fear of addressing concerns with employers because of possible victimization leading to losing a job. This presentation explores use of conflict management and conflict resolution strategies to reduce workplace tension with reference to parameters including assertiveness and cooperativeness. The various factors such as power relationships and the process of making decisions will be used to demonstrate how intrapersonal conflict in the workplace can be reduced.

**Session:** Symposium  
**Speaker:** G. Cetrano, G. Gosetti, L. Rabbi, A. Rossi, F. Tedeschi, D. Lamonaca, A. Lora, F. Amaddeo  
**Code:** SSY311

**Title:** Quality of professional life in community-based mental health services: The role of organizational and personal factors

**Speaker**
- G. Cetrano, G. Gosetti, L. Rabbi, A. Rossi, F. Tedeschi, D. Lamonaca, A. Lora, F. Amaddeo
  - 1. University of Verona, Verona, Italy
  - 2. AULSS 21 Legnago, Mental Health Department, Legnago, Italy
  - 3. Lecco Mental Health Department, Lecco, Italy

**Abstract**
Objective: Quality of professional life is a complex concept which covers different aspects of employment characteristics and individual’s interaction with work. The main elements of quality of professional life include: job satisfaction, remuneration, non-pay rewards, working time, skills and training and prospects for career advancement, job content, flexibility and security, work-life balance, social participation. The aim of this study was to assess quality of professional life in community-based mental health services using a multidimensional and longitudinal approach. Our study also focused on the emotional, cognitive, and physical consequences of providing mental health care looking at levels of Burnout (BO), Compassion Fatigue (CF), and Compassion Satisfaction (CS).

Methods: In 2010, all staff of community-based mental health services in Verona (Italy) were asked to complete anonymously the Professional Quality of Life Scale (ProQOL), the General Health Questionnaire, and a socio-demographic questionnaire. In 2014, the study was extended to staff in two additional Italian psychiatric services. Along with ProQOL the sample was asked to complete an ad hoc questionnaire measuring the aforementioned dimensions of quality of professional life.

Results and conclusions: In 2010, a total of 260 staff participated (response rate of 84%). Psychiatrists and social workers were the professionals with the highest levels of BO and CF. Workers with psychological distress reported both higher BO and CF, and lower levels of CS. A significant increase in the BO and CF scores was also detected for each extra year spent working in a mental health service. A higher level of CF was associated with female participants and having experienced one negative life event in the previous year. These findings will be presented in correlation with the results of the instruments administered in 2014 to 450 mental health professionals.

**Session:** Symposium  
**Speaker:** Hoechst, Siegfried, Sadre-Chirazi-Stark, Michael, Prof. Stark Institute, Hamburg, Germany

**Title:** The stress reaction circuit. A model of explanation and diagnosis for burnout

**Speaker**
- Hoechst, Siegfried, Sadre-Chirazi-Stark, Michael
  - Prof. Stark Institute, Hamburg, Germany

**Abstract**

The increase of depression and anxiety have been declared by WHO as one of the international megatrends of the next decades. Alone in Germany, the annual economic costs amount (enterprise plus health insurance companies-cost) to 50 to 75 billion euro. Even the mass media have discovered this phenomenon addressing the increasing need for preventative offers to the protection from emotional illnesses.

On the basis of the hypothesis of the stress reaction circuit we have developed a diagnostic tool to measure the regulation ability of the cardial and muscular system:
- Regulation of the vegetative nervous system
- Muscle vibration
- Meridian measures

The results offer a better cognitive understanding of patients what is wrong in their daily routine to...
prevent exhaustion, and lead to a more precise recommendation of specific treatment steps. First results will be shown.
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<tr>
<td><strong>Title:</strong></td>
<td><strong>Mental health economics</strong></td>
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<tr>
<td>Chairperson</td>
<td>Massimo Moscarelli, Italy</td>
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<td>Abstract</td>
<td>Mental health economics research provides crucially needed information on the socio-economic burden of mental and addictive disorders on patients, family caregivers, workplace and society. This research also analyzes the impact that clinical, social, and financial interventions aimed at psychiatric prevention, care and rehabilitation have on the health, quality of life and economic well-being of the affected populations, and on the society as a whole. The symposium will consider the treatment management of bipolar disorder, the cost-effectiveness and cost/utility of psychological treatments for personality disorders, and the cost-effectiveness of prevention, care and support for dementia.</td>
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| Speakers | 1. Dominic Hodgkin  
Brandeis University, Waltham, Massachusetts, USA.  
2. Silvia M.A.A. Evers  
Department of Health Services Research; Caphri, School of Public Health and Primary Care; Faculty of Health, Medicine and Life Sciences; Maastricht University; The Netherlands  
3. Martin Knapp  
London School of Economics and Political Science (LSE) and King’s College London (KCL) |

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<td><strong>Title:</strong></td>
<td>The extent and predictors of clinical inertia in medication treatment of bipolar disorder</td>
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</tbody>
</table>
| Speaker | Dominic Hodgkin,1  
Elizabeth L. Merrick,1  
Peggy O’Brien,1  
Sue Lee,1  
Thilo Deckersbach,2  
Andrew A. Nierenberg2  
1Brandeis University, Waltham, Massachusetts, USA.  
2Bipolar Clinic and Research Program, Massachusetts General Hospital, Boston, Massachusetts, USA. |
| Abstract | Objectives: Our primary objective is to identify the extent of ‘clinical inertia’ in the treatment of bipolar disorder. Clinical inertia is defined as lack of change in medication treatment at visits where a medication adjustment appears to be indicated. We also aim to ascertain which patient characteristics may be predictive of this treatment pattern, which has previously been studied for diseases including depression and diabetes.  
Methods: Data are for 27,997 visits made by 2,201 patients treated for Bipolar I Disorder through the STEP-BD practical clinical trial (1). We identify visits at which a medication adjustment appears to be indicated, and also whether or not a medication adjustment did occur. Multivariable regression analyses are conducted to find which patient characteristics are predictive of whether adjustment occurs.  
Results: 37% of visits showed at least 1 indication for adjustment. Among visits with an indication for adjustment, 19% did not receive an adjustment, which is suggestive of clinical inertia. Preliminary results suggest that older patients and those without insurance are less likely to receive an adjustment, after controlling for other variables including indication for adjustment.  
Conclusions: Many patients remain on the same medication regimen despite indications that the regimen is causing side effects or not improving the patient’s condition. Further research should investigate possible reasons for this treatment pattern. |

<table>
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<th>Session:</th>
<th>Section Symposium</th>
<th>SPEAKER 2</th>
<th>Code</th>
<th>SSY337</th>
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<tbody>
<tr>
<td><strong>Title:</strong></td>
<td>Economic evaluation of schema therapy for personality disorders: A multicentred randomised trial</td>
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</table>
### Abstract

**Background:** We performed a randomised controlled trial (RCT) comparing schema therapy (ST), treatment as usual (TAU) and clarification oriented psychotherapy (COP) for people with an avoidant, dependent, obsessive-compulsive, paranoid, histrionic and/or narcissistic personality disorder (PD). In this RCT a trial-based economic evaluation was included. The aim was to assess cost-effectiveness (CEA) and cost-utility (CUA) of ST versus TAU and COP from a societal perspective.

**Method:** Costs and effects were measured during 36 months by using a cost interview and patient registries. Primary outcome measures were proportion of recovered patients as measured with SCID-II for the cost-effectiveness analysis, QALY for the cost-utility analysis.

**Results:** Due to higher clinical effects and lower costs, ST was dominant over TAU and COP in the cost-effectiveness analyses. Comparisons of COP and TAU favoured TAU. In the cost-utility analyses, the dominance of ST was less explicit. Sensitivity analyses confirmed these findings.

**Conclusions:** ST may be a cost-effective treatment for these PDs.

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### Session:

<table>
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<tr>
<th>Speaker</th>
<th>Lotte L.M. Bamelis¹, Arnoud Arntz², Pim Wetzelaer³, Ryanne Verdoorn &amp; Silvia M.A.A. Evers³</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>¹ Department of Clinical Psychological Science, Faculty of Psychology and Neuroscience, Maastricht University, The Netherlands</td>
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<td>² Netherlands Institute for Advanced Study in the Humanities and Social Sciences, Royal Netherlands Academy of Arts and Sciences, The Netherlands</td>
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<tr>
<td></td>
<td>³ Department of Health Services Research; Caphri, School of Public Health and Primary Care; Faculty of Health, Medicine and Life Sciences; Maastricht University; The Netherlands</td>
</tr>
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</table>

### Title:

New evidence on what works and what appears to be affordable in dementia care

### Speaker:

Martin Knapp
London School of Economics and Political Science (LSE) and King’s College London (KCL).

### Abstract

The purpose of the presentation will be to summarise a fairly substantial new body of evidence on interventions (preventive, treatment, care and support) in the dementia field, focusing particularly on the cost-effectiveness arguments. Dimensions to be covered will include: prevention, screening, carer support, community capacity-building, staff skills training, clinical treatments, care and support arrangements, telehealth and telecare, self-directed support.
**OVERALL ABSTRACT**

**Title:** Challenges in sport psychiatry

**Chairperson** Prof. David Baron, University of Southern California, Los Angeles, CA, USA

**Co-chairperson** Prof. Thomas Wenzel, Medical University of Vienna, Vienna, Austria

**Abstract**

Sport Psychiatry has over the last decade developed into a large field addressing issues and populations. Both a number of widely published suicides and the ongoing negotiations on brain trauma in sports such as football have drawn attention to this special field and contradicted the mythos of the "resilient athlete". While sport and movement oriented activities can be used in primary or secondary prevention and as adjunct to therapy, the specific problems athletes - including especially eating disorders, suicidal ideation, resilience, sexual abuse and brain trauma - require specific approaches and awareness of the specific situation of athletes. The symposium will give an overview on all recent focus areas in the field and present the special section projects focusing on resilience and brain trauma.

**Speakers**

1. Prof. David Baron  
   University of Southern California, Los Angeles, CA, USA
2. Prof. Li Jing Zhu  
   University of Zheng Zhou Sport College, Zheng Zhou, PR China
3. Prof. Thomas Wenzel  
   Medical University of Vienna, Vienna, Austria

**SPEAKER 1**

**Title:** Challenges in sports psychiatry: Public education on concussion in youth sports

**Speaker** D. Baron  
Dept of Psychiatry, University of Southern California, Los Angeles, CA USA

**Abstract**

Objective: to evaluate the role of entertainment media (film) in educating the public on concussion in youth sports  
Methods: the presenter produced a Hollywood short film highlighting key issues in concussion in youth sports (1, 2), focusing on futbol (soccer). The film was shown to psychiatrists, coaches, the general public, and students.  
Assessments were obtained before and after viewing the film to determine changes in knowledge and opinion.  
Results: Based on viewing in 5 international cities, regardless of age, gender, or educational status, this educational technique was effective in educating the viewer about key issues in concussion in youth athletes.  
Conclusions: The use of scientifically accurate, entertaining film can be a very effective way of improving public mental health literacy, regardless of educational background.

**References**


**SPEAKER 2**

**Title:** Stress and psychological health in chinese sport students

**Speaker** L.J. Zhu¹, T. Wenzel ², G. Diaconu³,⁴

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¹, ², ³, ⁴ Department details are not provided in the text.
Abstract

Objectives: Sports activities in youth are listed as a protective factor for psychiatric disorders. The aim of the study was to test this common preconception in a non-clinical sample engaging in sports activities in order to test for this hypothesis.

Methods: We employed a naturalistic design whereby we enrolled sport students which were administered the GHQ-28, the BDI-II, the Baron Questionnaire and the IOES. A secondary outcome was a preliminary validation of the Baron Questionnaire in this sample.

Results: A total of n = 174 subjects were used in analyses (M/F ratio 1:1.8), mean age 20.5 years (range 17 – 23 yrs.). Mean GHQ-28 score was 20.4 (SD = 10.9), while mild-to-moderate levels of depressive symptoms were observed (mean BDI = 8.6, SD = 6.8), albeit with high heterogeneity. Overall scores did not differ across gender, except for the anxiety/insomnia scale (t = -2.1, df = 172, p = 0.04) and somatic symptoms (t = -2.2, df = 172, p = 0.03) where male subjects scored significantly higher than females, as well as on the Baron inventory where males had higher levels of severity (t = 2.1, df = 98, p = 0.04). In pooled analyses, after controlling for age, mild-to-moderate correlations were found between the Baron and the BDI-II (r = 0.4, p = 0.000), the GHQ-28 total score (r = 0.4, p = 0.000) and the depression/withdrawal subscale in particular (r = 0.34, p = 0.001).

Conclusions: Depressive symptoms are a problem more common in young athletes than previously noted (1,2). The Baron Questionnaire is a promising tool for evaluating depressive symptomatology in this group. Further research should concentrate on ascertaining the underlying mood pathology in this specific sub-category.

References

**Title:** Advanced neuroimaging in early psychosis: Translational impacts for clinical psychiatry

Chairperson: Prof. S. Galderisi, Department Of Psychiatry, Second University Of Naples, Naples, Italy

Co-chairperson: Prof. Lynn DeLisi, Harvard Medical School and The VA Boston, Brockton, USA

**Abstract**

Early clinical detection and intervention in schizophrenia has recently become a major objective of mental health services, while research on the early phases of the disorder may provide important clues to the pathophysiology underlying schizophrenia. Thus, the identification of a clinical syndrome that reflect a predisposition to schizophrenia is fundamental from a clinical and a research perspective. The onset of schizophrenia is usually preceded by a prodromal phase characterized by functional decline and subtle prodromal symptoms. However, clinical criteria currently employed to define a high-risk mental state for psychosis have relatively low validity and specificity. Consequently there is an urgent need of reliable biomarkers that underlie schizophrenia. Advanced structural and functional neuroimaging techniques including whole brain gray matter analyses, resting state and effective connectivity functional analyses have rapidly developed into a powerful tool in psychiatry as they provide an unprecedented opportunity for the investigation of brain structure, function and connectivity. Moreover, recent meta-analyses of neuroimaging data investigating longitudinal gray matter changes in schizophrenia addressing the impact of illness duration, severity of psychotic symptoms and antipsychotic treatment will be presented. In this presentation it will be aimed to show that neuroimaging studies of the early phases of psychosis have the potentials to identify core structural and functional markers of ongoing changes during the transition from high-risk to first episode psychosis. These applications of advanced neuroimaging findings will have translational impacts for clinical psychiatry.

**Speakers**

1. P. Fusar-Poli  
   King’s College London, UK, SLaM NHS Foundation Trust, UK
2. S. Borgwardt  
   Department of Psychiatry (UPK), University of Basel, Switzerland, Institute of Psychiatry, Section of Neuroimaging, King’s College London, UK
3. N. Koutsouleris  
   Department of Psychiatry and Psychotherapy, Ludwig-Maximilian-University, Germany
4. M. Isohanni  
   Department of Psychiatry, University of Oulu, Finland

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**Session:** Overarching Abstraction  
**Title:** Multimodal imaging in subjects at high clinical risk for psychosis  
**Speaker:** P. Fusar-Poli  
1 King’s College London, UK  
2 SLaM NHS Foundation Trust, UK  

**Abstract**

Objectives

To address potentials and limitations of multimodal imaging studies in subjects at high clinical risk for psychosis.

Methods

Critical review of recent neuroimaging studies conducted in subjects at clinical high risk for psychosis that have employed multimodal techniques. These will include functional magnetic resonance imaging (fMRI)-magnetic resonance imaging (MRI) studies, fMRI-diffusion tensor imaging (DTI) studies, positron emission tomography (PET)-fMRI studies, fMRI-magnetic resonance spectroscopy (MRS) studies, MRS-MRI studies, MRS-PET studies, MRI-electroencephalographic (EEG) studies and multimodal voxel-based meta-analyses.

Results

MRI methods combined with fMRI approaches have elucidated the interplay between cortical brain function and structure in subjects at risk for psychotic disorders. The relationship between structural gray
matter alterations and white matter or electroencephalographic abnormalities before the onset of psychosis has been investigated with MRI-DTI and MRI-EEG methods. Neurochemical studies of subjects at high risk for psychosis have implicated disrupted dopamine and glutamate neurotransmission. MRS and PET findings in subjects at risk for psychosis have been related to structural alterations in MRS-MRI studies. Dopamine and glutamate alterations can impact cortical functioning of high risk patients, as observed in MRS-fMRI and PET-fMRI studies. There is also PET-MRS direct evidence that dopamine and glutamate alterations interact before the onset of psychosis. Voxel based meta-analyses have summarized the most consistent structural and functional alterations in high risk patients and they have addressed the impact of medications.

Conclusions
Multimodal neuroimaging in subjects at clinical risk for psychosis has the potential to delineate the complex relationship between brain structure, function and neurochemistry underlying psychosis onset.

### Session: Symposium

| Title: | Structural and effective connectivity abnormalities underlying the onset of psychosis |
| Speaker: | S. Borgwardt<sup>1,2</sup> |
| <sup>1</sup> Department of Psychiatry (UPK), University of Basel, Switzerland |
| <sup>2</sup> Institute of Psychiatry, Section of Neuroimaging, King’s College London, UK |
| Abstract: | Objectives: Brain imaging studies have identified robust changes in brain structure and function during the development of psychosis, but the contribution of abnormal brain connectivity to the onset of psychosis is unclear. Furthermore, antipsychotic treatment can modulate brain activity and functional connectivity during cognitive tasks. |
| Methods: | Here we investigated whether dysfunctional brain connectivity during working memory (WM) predates the onset of psychosis and whether connectivity parameters are related to antipsychotic treatment. Functional magnetic resonance imaging data were recorded while participants performed an N-back Working memory task. |
| Results: | Functional interactions among brain regions involved in WM, in particular between frontal and parietal brain regions, were characterized using dynamic causal modeling. Bayesian model selection was performed to evaluate the likelihood of alternative WMnetwork architectures across groups, whereas bayesian model averaging was used to examine group differences in connection strengths. We observed a progressive reduction in WM-induced modulation of connectivity from the middle frontal gyrus to the superior parietal lobule in the right hemisphere in healthy controls, at-risk mental state participants, and first-episode psychosis patients. Notably, the abnormal modulation of connectivity in first-episode psychosis patients was normalized by treatment with antipsychotics. |
| Conclusions: | Our findings suggest that the vulnerability to psychosis is associated with a progressive failure of functional integration of brain regions involved in WM processes, including visual encoding and rule updating, and that treatment with antipsychoticsmay have the potential to counteract this. |

### Session: Symposium

| Title: | Biomarkers of early psychosis using pattern recognition methods |
| Speaker: | N. Koutsouleris<sup>1</sup>, E. Meisenzahl, P. Falkai<sup>1</sup>, A. Riecher, S. Borgwardt<sup>2</sup> |
| <sup>1</sup> Department of Psychiatry and Psychotherapy, Ludwig-Maximilian-University, Germany |
| <sup>2</sup> Department of Psychiatry, University of Basel, Switzerland |
| Abstract: | Objectives: Pattern recognition methods are increasingly embraced by the field as powerful tools for the |
identification of biomarkers for the psychosis prodrome based on behavioural, neurocognitive and neuroimaging data.

Methods: The talk will (1) review the current state-of-the-art in the identification of single- and multi-domain markers of emerging psychosis, (2) introduce machine learning tools and multivariate statistics as the core methodological backbone of the biomarker identification process, (3) present new data on the generalizability and differential diagnostic specificity of neurodiagnostic signatures of psychosis, and (4) provide perspectives how to further validate candidate markers using FDA's biomarker regulatory processes.

Results: Specific examples of candidate biomarkers will be presented, which were extracted from structural MRI data and behavioral data pooled across the Munich, Basel early recognition centers by means of multivariate machine learning methods.

Conclusions: The talk will conclude by discussing the challenges on the way toward biomarker-enhanced diagnostic processes in psychiatry: the unknown out-of-center generalization capacity of these markers as a prerequisite for using these predictive models for an individualised stratification of psychosis risk.

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<td>Title:</td>
<td>Longitudinal change in brain volume in schizophrenia and its relation to antipsychotic medication</td>
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<td>Speaker</td>
<td>M. Isohanni</td>
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<td>Department of Psychiatry, University of Oulu, Finland</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Progression of schizophrenia shows evidence of longitudinal brain volume decrease. It remains uncertain how antipsychotic medications associate with these changes. We analyzed the relation between brain volume changes and antipsychotic medication in midlife. Methods: Members of the Northern Finland 1966 Birth Cohort with any psychotic disorder and non-psychotic controls were invited for a MRI brain scan at the age of 34 years (in average 10 years after onset of illness). A follow-up was 9 years later at age 43. Imaging, cognitive, clinical and medication data were obtained from 33 subjects with schizophrenia and 71 controls. Results: The mean annual whole brain volume reduction was 0.69% in schizophrenia and 0.49 % in controls (p=0.003, adjusted for gender, educational level, alcohol use and weight gain). The brain volume reduction was found especially in temporal lobe and periventricular area. Duration of untreated psychosis, symptom severity, functioning level, and decline in cognition were not associated with brain volume reduction. Larger amount of antipsychotic medication (dose years of equivalent to 100 mg daily chlorpromazine) over the follow-up period predicted brain volume loss (p=0.005, adjusted for symptom level, alcohol use and weight gain). Conclusions: Brain volume reduction occurs in schizophrenia patients long after the onset of illness, and antipsychotic medications may contribute to these reductions. However, there is considerable inter-individual variability in the rate of brain volume reduction. The clinical significance of brain volume reduction is uncertain. Antipsychotic medications are effective in treating psychotic symptoms and preventing relapse. They also have the potential to cause serious adverse effects, for example tardive dyskinesia and metabolic adversities. New data on volume reductions do not necessarily change current care guidelines but may expand clinical decision making into lower doses and addition of psychosocial therapies, even medication discontinuation in selected patient groups.</td>
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Advances in the genetics of ADHD and related disorders

Chairperson
Joseph Biederman, Massachusetts General Hospital; Boston, MA, USA

Abstract
This symposium will focus on new developments in the genetics of ADHD and related disorders, and is submitted as part of the WPA Special Section on ADHD. Dr. Faraone will describe new genome-wide association (GWAS) data on ADHD from the ADHD exome chip project that comprises ~10,000 ADHD and control samples. Results provide strong evidence for a molecular polygenic component to ADHD that accounts for a substantial amount of the disorder’s heritability. Dr. Barr will report on studies of the 6p region, which indicates that both dyslexia and ADHD are associated to markers in this region but not to the same markers within the linked region. Dr. Cormand will report on results from a two-stage case-control GWAS in adult ADHD using screened controls. Results found suggestive evidence for the involvement of the F-box only protein 33 gene (FBXO33) in the susceptibility to combined ADHD in both the discovery cohort and in the follow-up meta-analysis pointing at the ubiquitination machinery as a new disease mechanism for ADHD. Dr. Faraone (on behalf of Dr. Glatt) will report on the classification accuracy of their previously derived gene-expression signature of autism spectrum disorders in a new independent sample, as well as an expanded set of classifiers distinguishing between children with autism spectrum disorders, children with developmental delay (DD) or language delay (LD), and TD children.

Speakers
1. Stephen V. Faraone
   SUNY Upstate Medical University; Syracuse, NY, USA
2. Cathy Barr
   The Toronto Western Hospital; Toronto, Ontario, Canada
3. Bru Cormand
   Universitat de Barcelona, Barcelona, Spain
4. Stephen V. Faraone
   SUNY Upstate Medical University; Syracuse, NY, USA

Update on genomewide studies of attention deficit hyperactivity disorder

Speaker
S.V. Faraone
SUNY Upstate Medical University, Syracuse, NY, USA

Abstract
Objectives: With a heritability of .70 across twenty twin studies, ADHD is a suitable candidate for molecular genetic studies. To date, genome-wide association studies have not discovered any common DNA variation that has achieved genome-wide significance, but have documented an excess of rare, large duplications and deletions. This presentation will describe new genome-wide association (GWAS) data about ADHD with a focus on common variants along with data about rare single nucleotide variants from the ADHD exome chip project.

Methods: The ADHD GWAS Consortium comprises nine different studies, totaling 5,621 cases and 13,589 controls. The ADHD Exome Chip Consortium comprises ~10,000 ADHD and control samples. The exome chip aggregates ~12,000 samples with exome sequencing to identify rare coding variation. It contains ~240,000 missense, nonsense, and splice site rare variants, with allele frequency less than 0.02%.

Results: Our current GWAS sample provides no evidence for any SNP reaching genome-wide significance. We have found a significant polygenic component comprised of common SNP variation, which is shared with other psychiatric disorders. The ADHD polygenic component is shared between US and European samples and between Caucasian and Han Chinese samples. The exome chip data are currently being analyzed.

Conclusions: We now have strong evidence for a molecular polygenic component to ADHD that accounts for a substantial amount of the disorder’s heritability. Because this polygenic component is shared across cultures and ethnicities, it provides further evidence that ADHD is not a culture-bound disorder.
### Session:  
**Section Symposium**  
**SPEAKER 2**  
**Code**  
**SSY355**

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<tr>
<th>Title:</th>
<th>Genetic studies of ADHD: Shared genes contribute to ADHD and comorbid disorders</th>
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<tr>
<td>Speaker</td>
<td>C. Barr</td>
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<td>The Toronto Western Hospital, Toronto, Ontario, Canada</td>
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| Abstract              | **Objectives:** Attention-deficit hyperactivity disorder (ADHD) is often seen with comorbid disorders including mood disorders, anxiety disorders, Tourette Syndrome (TS), tics and developmental dyslexia. The basis for this overlap is not completely understood but twin studies provide support for common genetic influences for some of these disorders. For example twin studies indicate that there is a common subset of genes contributing to dyslexia and ADHD particularly for inattention symptoms. Further, genetic linkage studies have found overlapping linkage signals on some chromosomes. For example linkage studies have identified association to the 6p region for both ADHD and dyslexia and to the 11q region for TS and ADHD. The objective of our studies is to identify and understand the role of genes contributing to ADHD and comorbid disorders.  
**Methods:** We examined evidence for the involvement of specific genes in shared chromosomal regions between ADHD and dyslexia using independent samples of families ascertained through a proband with dyslexia and a proband with ADHD.  
**Results:** Our studies of the 6p region indicate that the sample of dyslexia families is associated to markers in this region and to ADHD but not to the same markers within the linked region. We also found evidence for the gene for the dopamine receptor D1 to be associated to the inattention symptoms in the ADHD and dyslexia samples.  
**Conclusions:** While the studies identifying shared association findings for ADHD and comorbid disorders are preliminary, they are promising in that they will ultimately help to disentangle the causal relationship. |

### Session:  
**Section Symposium**  
**SPEAKER 3**  
**Code**  
**SSY355**

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<th>Title:</th>
<th>Genome-wide copy number variation analysis in attention-deficit and hyperactivity disorder shows an excess of insertions</th>
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<tr>
<td>Speaker</td>
<td>J.A. Ramos-Quiroga¹, C. Sánchez-Mora², Miguel Casas¹, I. García-Martínez², R. Bosch¹, M. Nogueira¹, M. Corrales¹, G. Palomar¹, R. Vidal¹, M. Coll-Tànë¹, M. Bayès¹, J. Sunyer¹, M. Bustamante¹, B. Cormand¹, M. Ribasés²</td>
</tr>
</tbody>
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|                       | ¹ Department of Psychiatry, Hospital Universitari Vall d’Hebron, Barcelona, Catalonia, Spain  
|                       | ² Psychiatric Genetics Unit, Vall d’Hebron Research Institute (VHIR), Barcelona, Catalonia, Spain  
|                       | ³ Centro Nacional de Análisis Genómico (CNAG), Parc Científic de Barcelona (PCB), Catalonia, Spain  
|                       | ⁴ Centre for Research in Environmental Epidemiology (CREAL), Barcelona, Catalonia, Spain  
|                       | ⁵ Departament de Genètica, Facultat de Biologia, Universitat de Barcelona, Catalonia, Spain |
| Abstract              | **Objectives:** Attention-deficit and hyperactivity disorder (ADHD) is a common psychiatric disorder with a worldwide prevalence of 5-6% in children and 4.4% in adults. Recently, copy number variations (CNVs) have been implicated in different neurodevelopmental disorders such as ADHD. Based on these previous reports that focused on pediatric cohorts, we hypothesize that structural variants may also contribute to adult ADHD and that such genomic variation may be enriched for CNVs previously identified in children with ADHD.  
**Methods:** To address this issue, we performed for the first time a whole-genome CNV study on 400 adults with ADHD and 526 screened controls. We used the Illumina HumanOmni1-Quad platform that allowed interrogation of >1,100,000 SNPs.  
**Results:** In agreement with recent reports in children with ADHD or in other psychiatric disorders, we identified a significant excess of insertions in ADHD patients compared to controls. The overall rate of CNVs >100 kb was 1.33 times higher in ADHD subjects than in controls (p=2.4e-03), an observation mainly driven by a higher proportion of small events (from 100 kb to 500 kb; 1.35-fold; p=1.3e-03). These differences remained significant when we considered CNVs that overlap genes or when structural variants spanning candidate genes for psychiatric disorders were evaluated, with duplications showing the greatest difference (1.41-fold, p=0.024 and 2.85-fold, p=8.5e-03, respectively). However, no significant enrichment was detected in our ADHD cohort for childhood ADHD-associated CNVs, CNVs |
previously identified in at least one ADHD patient or CNVs previously implicated in autism or schizophrenia.

Conclusions: Our study provides tentative evidence for a higher rate of CNVs in adults with ADHD compared to controls and contributes to the growing list of structural variants potentially involved in the etiology of the disease.

Session:  
Section:  
SPEAKER 4  
Code: SSY355  

Title: Replication and extension of blood-based biomarkers and classifiers of autism spectrum disorders, developmental and language delays, and typical development  

Speaker  
S. V. Faraone 1, N. Schork 2, M. Winn 2, S. Chandler 3, M. Tsuang 3, S. J. Glatt 1  
1. SUNY Upstate Medical University, Syracuse, NY, USA  
2. The Scripps Research Institute  
3. University of California, San Diego  

Abstract  
Objectives: We previously constructed a support vector machine (SVM) algorithm that successfully distinguished children with an autistic spectrum disorder (ASD) from typically developing (TD) children based on the expression levels of just 48 genes in peripheral blood. Subsequently, we assayed gene expression from approximately 200 additional subjects. Here we report on the classification accuracy of our previously derived gene-expression signature of ASDs in this new independent sample, as well as an expanded set of classifiers distinguishing between children with ASDs, children with developmental delay (DD) or language delay (LD), and TD children.  
Methods: The optimal classifier derived by cross-validation in each comparison of diagnostic groups was then deployed in independent test subsamples to evaluate the classifier's sensitivity, specificity, positive predictive value, negative predictive value, and area under the receiver-operating characteristic curve.  
Results: The identical support vector machine that obtained approximately 70-90% accuracy in distinguishing ASD subjects from TD subjects in our initial study attained an accuracy of 58% in the newly collected sample, with a corresponding sensitivity of 55%, specificity of 62%, positive predictive value of 65%, and an area under the receiver operating characteristic curve or 0.59. This model performance, while far from perfect, was significantly better than chance expectation (p=0.012). Newly derived classifiers distinguishing ASDs from clinically informative combinations of DD, LD, and TD children performed particularly well within the 12-24-month age range, with AUCs ranging from 0.70-0.90 in independent test subsamples of each diagnostic group.  
Conclusions: These results suggest that the continued pursuit of a blood-based biomarker of early autism is warranted. Additional analyses—including more precise quantification of distinct mRNA isoforms and parsing of biological heterogeneity—should yield more accurate, stable, and generalizable classifiers of ASDs and other developmental delays and disorders, which may pave the way for molecular diagnostic testing.
Title: **Culture, demoralization, and psychotherapy**

Chairperson: Dr. John M. de Figueiredo, Department of Psychiatry, Yale University School of Medicine, New Haven, CT, U.S.A.

Co-chairperson: Dr. Renato Alarcón, Emeritus Professor of Psychiatry, Mayo Clinic College of Medicine, Rochester, MN, U.S.A.; Honorio Delgado Chair, Universidad Peruana Cayetano Heredia, Lima, Peru

Abstract: In most societies, members of a culture have attempted to help each other in times of trouble with various types of healing methods. Demoralization - an individual experience related to a group phenomenon - responds to certain elements shared by all psychotherapies. This symposium will review the theoretical background, methodological challenges, clinical applications, and research prospects of attempts to relieve demoralization in the cultural context. The “westernization” experience in Goa, India, spanning over four centuries of Portuguese rule will be interpreted in terms of our current knowledge of resilience and demoralization (de Figueiredo). The impact of forced relocation on demoralization and the relationship between depression and demoralization among refugees in New Zealand will be discussed (Briggs). Using examples from marginalization (elderly Jews vs. elderly Arabs), immigration (Russian immigrants in Israel and the USA), natural disasters (Hurricane Mitch), and anticipated relocation among orthodox Jews in Gaza, the question of whether populations under stress are always more likely to be demoralized will be examined (Kohn). The importance of demoralization as a clinical construct in the practice of cultural psychotherapy will be described and highlighted (Alarcón).

Speakers:
1. Dr. John M. de Figueiredo  
   Department of Psychiatry, Yale University School of Medicine, New Haven, CT, U.S.A
2. Dr. Lynne Briggs  
   Associate Professor, School of Human Services and Social Work, Griffith University, Gold Coast, Australia
3. Dr. Robert Kohn  
   Professor, Department of Psychiatry, Brown University, Providence, RI, U.S.A.
4. Dr. Renato Alarcón  
   Emeritus Professor of Psychiatry, Mayo Clinic College of Medicine, Rochester, MN, U.S.A.; Honorio Delgado Chair, Universidad Peruana Cayetano Heredia, Lima, Peru

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Title: **Acculturation, resilience, and demoralization**

Speaker: John M. de Figueiredo, MD, ScD  
Associate Clinical Professor  
Department of Psychiatry, Yale University School of Medicine, New Haven, CT, U.S.A.

Abstract: Objectives. The objective of this presentation is to examine the hypotheses that resilience opposes subjective incompetence and that individual resilience and sociocultural resilience are pre-requisites of each other.

Methods. The method of “historical analysis and synthesis” was used to interpret the acculturation experiences of the population of Goa, a former Portuguese state in India. Goa was under the Portuguese rule for 451 years (from 1510 till 1961). Social and cultural phenomena elucidated by historical research are interpreted in terms of our current evidence-based multidisciplinary understanding of acculturation and mental health.

Results. The Goan acculturation may be viewed as a natural experiment having progressed in three stages: relative tolerance, relative intolerance, and tolerance with peaceful co-existence. The responses of the Goans to acculturation attempts will be described and interpreted in terms of adaptive mechanisms ranging from less to more malleable. Compromises and adjustments made will be explained in terms of the theory of demoralization. Throughout the centuries, despite efforts to eradicate the local culture, bicultural interaction and harmonization progressed creating a vibrant hybrid culture, the Indo-Portuguese culture of Goa.

Conclusions. The results of this research are consistent with the hypotheses. The results suggest a
hierarchy of sentiments with certain dominant sentiments being preserved at the expense of non-dominant ones. This, in turn, appears to promote cultural hybridization, thereby minimizing or preventing demoralization.

References


Session: | Section Symposium | SPEAKER 2 | Code | SSY384
---|---|---|---|---
Title: | The degree of demoralization among a sample of Christchurch refugees | Lynne Briggs, Ph.D. Associate Professor, School of Human Services and Social Work, Griffith University, Gold Coast, Australia | | |
Abstract

Objectives. To determine from a sample of 80 refugee people attending a resettlement service the number who (1) reported having been depressed and (2) would meet criteria for demoralization as defined by Kissane et al. (2004) and de Figueiredo (2013).

Methods. Clients attended a focus group and discussed their resettlement experiences, then with the aid of interpreters, completed a study questionnaire and the demoralization scale developed by Kissane et al (2004).

Results. A significant association (p<0.01) was found between sample mean demoralization scores and feeling depressed.

Conclusions. Attempts to differentiate between depression and demoralization have been made previously. This study adds to that body of knowledge.

References


Session: | Section Symposium | SPEAKER 3 | Code | SSY384
---|---|---|---|---
Title: | Are populations under stress always more likely to become demoralized? | Robert Kohn, MD Professor. Department of Psychiatry, Brown University, Providence, RI, U.S.A. | | |
Abstract

Objectives. Using examples from marginalization, immigration, natural disasters, and anticipated forced relocation, the question of whether populations under stress are always more likely to become demoralized was examined.

Methods. Four studies were conducted. Marginalization was examined by comparing GHQ-12 in 4890 elderly Israeli Arabs and Jews. Demoralization was assessed with PERI-D in Soviet Immigrants to the USA (N = 272) and to Israel (N = 412). Demoralization as a risk factor for PTSD in disaster was examined using PERI-D in 800 Hondurans exposed to Hurricane Mitch. Anticipatory psychopathological reactions, using PERI-D (N = 764), in Orthodox Jewish Gaza settlers were compared with those in settlers in the West Bank that may be removed in the future and those unlikely to be displaced.

Results. Most but not all stressful life events were associated with an increase in Demoralization or psychological distress. Elderly Arabs were more demoralized than Jews in Israel, conceivably associated with their minority status. Muslim Arabs were more demoralized than Christians. Demoralization increased following immigration and only declined after 4 to 7 years with acculturation but immigrants
to Israel were less demoralized than those to USA. Demoralization was a strong predictor of PTSD both 2-months and 2-years post-natural disaster, and associated with exposure. Little evidence was found to support that the increased demoralization in Gaza settlers was in response to the impending relocation. Conclusions. Demoralization is an important risk factor for outcomes associated with stressful life events. Not all major stressful life events are associated with demoralization.

References


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<tr>
<td>Title:</td>
<td>Demoralization in the cultural context of the psychotherapeutic encounter</td>
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<td>Speaker</td>
<td>Renato Alarcón, MD Emeritus Professor of Psychiatry, Mayo Clinic College of Medicine, Rochester, MN, U.S.A</td>
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<td>Abstract</td>
<td>Objectives. This presentation examines the dynamics of the psychotherapeutic encounter from a cultural perspective, with particular emphasis on the role of Demoralization both as a help-seeking and motivational factor and a potential obstacle in the process. Methods. The different roles, approaches and variants of Demoralization from several cultural groups, and their implications (related to schools of thought, techniques, specific conceptual considerations and management strategies) are analyzed on the basis of an extensive literature review. Results. Demoralization is described in the context of cultural psychiatry concepts and the practical considerations of cultural psychotherapies. Similarly, the role of Hope in the cultural dynamics of the therapeutic equation is discussed. Topics of investigation and the need to conduct comparative, inter-cultural studies on Demoralization and psychotherapy outcomes are presented as indispensable steps in the process of improving the results of psychotherapeutic management in different cultural settings. Conclusion. Psychotherapy offers a unique opportunity for the deployment of strong cultural ingredients interacting back and forth from patient to therapist in a fascinating dynamics, with significant prognostic implications for the remaining clinical course and outcomes of the psychotherapeutic encounter.</td>
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Title: Psychiatric genetics 2020: molecular technological advances, clinical applicability, and ethical implications
Organized by the Section Genetics in Psychiatry

Chairperson: Thomas Schulze, Georg-August-Universität, Göttingen, Germany

Abstract: International psychiatric genetic research consortia have yielded well over hundred robustly associated genetic associations between disorders and common genetic variation conferred by single nucleotide polymorphisms. Moreover, large rare micro-mutations known as copy number variants have been found implicated in the etiology of major psychiatric disorders. This panel will give an overview of latest achievements in psychiatric genetics and discuss the validity of findings as well as their potential translation into clinical practice and ethical implications. Pablo Gejman (Chicago, IL) will summarize the latest findings from the Psychiatric Genomics Consortium on schizophrenia (n=100,000 individuals). He will then demonstrate translational approaches, incl. transcriptomic studies. Monika Budde (Göttingen, Germany) will give an overview of the genomics of bipolar and unipolar disorder, and personality dimensions with a particular focus on resilience factors and discuss how the incorporation of such personality traits will broaden our understanding of psychiatric illness. Daniel J. Müller (Toronto, ON, Canada) will present results from the CATIE-GWAS data set (n=738) on antipsychotic-induced weight gain (AIWG) and discuss to what extent these novel findings will help elucidate the genetic mechanisms of AIWG. Gonzalo Laje (Washington, DC, USA) will follow up on this and other findings, such as the results from the Consortium on Lithium Genetics (www.ConLiGen.org) and discuss the current state-of-the-science regarding clinical applications of psychiatric pharmacogenetics. The session will conclude with a presentation on ethical implications, patient communication strategies, and genetic counseling in psychiatry by Ney Alliey-Rodriguez (Chicago, IL, USA), with a particular focus on rare genetic variants.

Speakers:
1. Pablo V. Gejman.  
   NorthShore University HealthSystem, Evanston, IL, U.S.A., University of Chicago, Chicago, IL, U.S.A
2. M. Budde
   University Medical Center Goettingen, Germany
3. D. J. Müller
   CAMH, University of Toronto, Canada
4. G. Laje
   Washington Behavioral Medicine Associates, LLC and Maryland Institute for Neuroscience and Development (MIND), Chevy Chase, Maryland, USA
5. N. Alliey-Rodriguez
   University of Chicago, Chicago, USA
for the transcriptional dysregulation, and that these variants are enriched in SZ cases. We analysed 618 SZ cases and 532 controls and calculated the Z-scores of the expression for each gene for the whole sample. Expression outliers were defined as genes with abundances beyond a predefined standard deviation cut-off (2SD).

Results
We identified 1,659 outlier genes with 2 SD-tails (839 lower and 820 upper) enriched for SZ cases. We observed enrichment of genes expressed in the brain and genes within copy number variants (CNVs) associated with neurodevelopmental disorders. We did not find global outlier burden differences in SZ cases vs. controls (i.e., total number of outlier genes/individual) but SZ cases showed higher burden for outlier genes within SZ-risk CNVs and a trend towards higher burden for outlier genes within CNVs associated with neurodevelopmental disorders. Follow-up re-sequencing of exons and 5’ end putative regulatory sequences showed an overall enrichment of rare to low frequency regulatory variants in outlier subjects. Two SZ case outliers carried frame shift variants in ADA (adenosine deaminase; ADA).

Conclusions
We are scaling up sequencing effort to cover the genomic intervals (exonic and also regulatory sequences) and are performing functional analyses by generating and phenotypically characterizing induced pluripotent stem cell (iPSC)-differentiated neurons.

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<tr>
<td>Title:</td>
<td>The genetics of affective disorders and personality traits</td>
<td>M. Budde</td>
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<tr>
<td>Speaker</td>
<td>University Medical Center Goettingen, Germany</td>
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<tr>
<td>Abstract</td>
<td>Background</td>
<td>The first decade of the 21st century has witnessed enormous molecular genetic revolutions that have propelled our knowledge about the genetic makeup of complex disorders. Large consortia have facilitated genome-wide analyses of tens of thousands of case-control samples of psychiatric disorders. Method/Results/Discussion</td>
<td>In this talk, I will give an overview of the genomics of the common conditions of bipolar disorder and unipolar depression. The focus will be on findings from genome-wide association studies (GWAS) as well as certain candidate genes. Since the early 90s, a growing interest in resilience factors such as special personality dimensions can be noted. I will summarize the knowledge concerning the genetic basis of personality dimensions and present findings from the German Heidelberg Cohort Study. In conclusion I will discuss the incorporation of such personality traits will broaden our understanding of psychiatric illness.</td>
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<tr>
<td>Title:</td>
<td>The genetics of antipsychotic-induced weight gain: Results from a genome-wide study in the Catie sample and clinical implications</td>
<td>D. J. Müller¹, E. J. Brandt¹², A.K. Tiwari¹, C.C. Zai¹, N.I. Chowdhury¹, T. Arenovich¹, J. J. Shen³, J. L. Kennedy¹.</td>
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<td>Speaker</td>
<td>¹CAMH, University of Toronto, Canada ²Charité University Clinic of Berlin, Germany ³University of Hong Kong, Hong Kong</td>
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<td>Abstract</td>
<td>Objectives:</td>
<td>Antipsychotic drugs frequently cause marked weight gain in genetically susceptible individuals. Previous GWAS in the CATIE trial was limited by several important factors such as use of medications with different propensities to cause antipsychotic-induced weight gain (AIWG). In addition, mechanisms for AIWG may differ according to age and time of antipsychotics exposure. This prompted us to conduct a new set of analyses using rigorous inclusion criteria. Methods:</td>
<td>Our refined sample of patients consisted exclusively of individuals who were not exposed to high risk medication for weight gain prior to study inclusion, who did not show marked obesity (BMI &gt;40) at</td>
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baseline (T0) or were exposed to low risk medication for weight gain during the CATIE trial (e.g., ziprasidone). The GWAS analysis presented here was conducted on 189 individuals treated with risperidone, quetiapine, or olanzapine.

Results:
The top hit of the GWAS was located downstream of the sal-like-1 gene, associated with developmental syndromes. The second hit, is ~194kb upstream of IRS2 gene (insulin receptor substrate 2), associated with insulin resistance in the general population. The third hit, is located ~59kb upstream of the Neuropeptide S gene, which has been shown to influence food intake, anxiety, and drug addiction.

Conclusions:
Our analysis presented here using stringent inclusion and exclusion criteria on the CATIE GWAS data has revealed interesting new genes that may be associated with AIWG. However, main limitations include that results were not corrected for the usual genome-wide threshold (p = 5x10^-8) and therefore replications are warranted. Clinical implications such as preliminary genetic algorithms to predict AIWG will be discussed.

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**Session:** Speaker 4  
**Section:** Symposium  
**Code:** SSY391

**Title:** Applied pharmacogenetics in mood disorders.

**Speaker:** G. Laje 1, T. Schulze 2, ConLiGen  
1. Washington Behavioral Medicine Associates, LLC and Maryland Institute for Neuroscience and Development (MIND), Chevy Chase, Maryland, USA  
2. Georg-August-Universität, Göttingen, Germany

**Abstract**  
**Objectives:** To discuss current use of pharmacogenetics in the treatment of mood disorders.  
**Methods:** We tested the STAR*D and ConLiGen samples to search for genetic predictors of antidepressant and lithium response respectively. The Sequenced Treatment Alternatives to Relieve Depression (STAR*D) sample comprised of almost 2000 participants with major depressive disorders was used to test for genetic markers of antidepressant response and side-effects. The sample has been genotyped using a candidate gene and genome-wide methods. The international Consortium on Lithium Genetics (ConLiGen) was established to gather a large enough sample to conduct genome-wide association studies (GWAS). To date, the consortium comprises over 25 research groups from four continents with the common aim to test lithium response in bipolar disorder (BD). The whole sample has been genotyped using Illumina arrays to perform a GWAS of lithium response.  
**Results:** In the STAR*D sample, variants in HTR2A, GRIK4, and KCNK2 were associated with citalopram treatment outcome. Replication was achieved in markers in the FKBP5 gene. Other findings in PDE11A and BDNF were not successfully replicated, and reports of potential confounders in previous associations with serotonin transporter variation (SLC6A4) were identified. Polymorphisms in pharmacokinetic genes involved in metabolism and transmembrane transport were also not associated with antidepressant response. Treatment-emergent suicidal ideation was associated with GRIK2, GRIA3, PAPLN, IL28RA, and CREB1. In the ConLiGen sample, an initial GWAS of lithium response in 1080 Caucasian BD participants yielded interesting findings, with the top SNP rs17728078 (p=0.00002) within the gene SLC4A10 encoding a sodium bicarbonate transporter. The final combined ConLiGen sample now comprises 2941 BD individuals and is currently under analysis.  
**Conclusions:** Genetic findings from STAR*D and ConLiGen could have important implications for treatment planning of mood disorders. They may also have important ramifications for the development of novel drugs that can be used in patients who do not tolerate standard treatments.

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**Session:** Speaker 5  
**Section:** Symposium  
**Code:** SSY391

**Title:** Incorporating knowledge about rare genetic variation into genetic counseling for major psychiatric disorders

**Speaker:** N. Alliey-Rodriguez 1, E.S. Gershon 1  
1. University of Chicago, Chicago, USA.
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| Objectives: Rare small mutations in the genomic DNA known as Copy Number Variants (CNVs) have been highly associated with Bipolar Disorder, Schizophrenia and Autism Spectrum Disorders (ASD), as these structural variants carry high genetic penetrance and pleiotropic effect.  
Methods: Risk for mental disorders is analyzed using the Bayesian concept of risk of illness and other related statistical approaches on large data from meta and mega-analyses.  
Results: The overall risk of illness conferred by rare and de novo CNVs is about 14% to develop any of these disorders, in contrast to 1.10% risk yielded by top GWAS-significant SNPs in Bipolar and Schizophrenia. Some specific rare CNVs can yield very high risk to develop any of these disorders, up to 82% for locus 22q11.21, and 20% for 16p11.2.  
Conclusions: Recent major updates to the knowledge of genetic of mental disorders lead to information that could be effectively used for assessment in genetic testing. A substantial minority of patients with Bipolar Disorder, Schizophrenia, and ASD carry these high-impact detectable genetic events. This greatly changes psychiatric genetic counseling for these patients and families. A psychotherapeutic approach may be needed as a routine part of risk counseling, particularly for resolution of ethical issues and for within-family stigma and conflicts over genetic test results. |
### Clinical challenges in suicidology

**Chairperson**  
Prof Dr Jean Pierre Soubrier, Centre de Ressources En Suicidologie, Paris, France

**Co-chairperson**  
Prof Dr Marco Sarchiapone, University of Molise, Campobasso, Italy

**Abstract**  
Research shows that 90% of all suicides occur in persons with a clinically diagnosable psychiatric disorder. Patients with major depression disorders have a mortality rate 20-fold higher than the general population. The comorbidity between suicidal behaviours and psychopathology make the evaluation and treatment of suicidality that much more difficult. Clinical assessment and ensuing treatment strategies for suicidal patients are perhaps the most challenging endeavours facing clinical practitioners today. Suicide is one of the few topics that trigger stress and apprehension in both new and experienced clinicians. For clinicians, the psychological impact of losing a patient by suicide can be profound. Given the intricate nature of suicide, the current session converges on aspects of evidence-based strategies for suicide risk assessment, implications of patient suicide, results from a professional screening program and educational resources that can prove crucial when interacting with this particular challenging group.

**Speakers**
1. Dr Vladimir Carli  
   Karolinska Institutet, Stockholm, Sweden
2. Prof Dr Benjamin Sadock  
   NYU Langone Medical Centre, New York, USA
3. Prof Dr Jean-Pierre Kahn  
   Université H. Poincaré, Nancy, France
4. Prof Dr Jean Pierre Soubrier  
   Centre de Ressources En Suicidologie, Paris, France

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### Evidence based strategies for the evaluation of suicide risk

**Speaker**  
V Carli  
Karolinska Institutet, Stockholm, Sweden

**Abstract**  
Objectives: To provide a synopsis of the most recent findings regarding methods to evaluate suicide risk.

Methods: Evidence based strategies for the evaluation of suicide risk illustrated in this presentation is based on current research.

Results: An underlying psychiatric disorder is present in up to 90 percent of people who complete or attempt suicide. Comorbidity with depressive, anxiety, substance abuse and personality disorders are high. In order to achieve successful prevention of suicidality, adequate diagnostic procedures and appropriate treatment for the underlying disorder are essential. Resources and traditions vary in different parts of Europe and also within the same country, but the suicidal risk assessment should always be comprehensive and include psychiatric, neurobiological, somatic, psychological and social perspectives. As suicide risk fluctuates within a short period of time, it is important to repeat the suicide risk assessment over time in an emphatic and not mechanistic way. The suicidal person may mislead both family members and hospital staff, giving a false sense of independence and of being able to manage without the help of others. Although extreme ambivalence to living or dying is often strongly expressed by the suicidal individual, it is not seldom missed by others. If observed in the diagnostic and treatment process, dialogue and reflection on such ambivalence can be used to motivate the patient for treatment and to prevent suicide. If ambivalence and suicidal communications go undiscovered, the treatment process and the life of the patient can be endangered.

Conclusions: Evaluation of suicidal risk should always include multiaxial diagnosis of the underlying disorder, psychological assessment, social investigation and use of specific psychometric scales.
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<td>Title:</td>
<td>When your patient dies by suicide; Aftermath and implications</td>
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<td>Speaker</td>
<td>B Sadock NYU Langone Medical Centre, New York, USA</td>
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| Abstract | Objectives: To present an overview of the aftermath and implications for clinicians when a patient commits suicide.  

Methods: A case study of the suicide of Ernest Hemingway is presented to demonstrate that some suicides cannot be prevented given the state of our current therapeutic methods.  

Results: Over fifty percent of psychiatrists will have at least one patient die by suicide while in treatment and some will have more than one patient suicide during the course of their career. The impact of patient suicide on the personal and professional lives of those psychiatrists can be profound. Personally, many suffer a grief reaction than can progress to depression in some cases. Almost all experience a sense of shock upon first learning of the event. Feelings of guilt are also common. Professionally, many fear disapproval from peers and may never again treat a suicidal patient. Some psychiatrists leave the field completely or go into administration so that they never have to treat patients again. Psychiatrists must accept that some suicides may be inevitable. Surveys of training programs have found that most provide training in the assessment of suicide risk and in the management of the suicidal patient, but there is minimal training in how to deal with the aftermath of a patient suicide.  

Conclusions: There is a need to teach residents how to deal with patient suicide as well as a need to help practicing psychiatrists, at whatever stage in their career, to cope with the stress that occurs when one of their patients dies by suicide during the course of therapy. Important issues are how and when to contact family members and other survivors, whether or not to attend a funeral or memorial service and what and what not to do regarding discussing the case with others. The risk of litigation also is influenced by how psychiatrists behave after patient suicide occurs. |

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<td>Title:</td>
<td>Characteristics of students referred for treatment in the French Cohort of the SEYLE study</td>
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<tr>
<td>Speaker</td>
<td>J-P Kahn Université H. Poincaré, Nancy, France</td>
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| Abstract | Objectives: SEYLE (Saving and Empowering Young Lives in Europe) is a randomized clinical trial funded by the European Union (FP7). Its aims were to collect baseline and follow-up data on health and well-being among European adolescents and to test three different suicide-preventive interventions in comparison with a control group in order to recommend culturally adjusted models for promoting mental health and preventing suicidal behaviours. The present ancillary study presents the characteristics of the French students referred to treatment and compares them with those who were not referred.  

Methods: The ProfScreen program screened students who completed a questionnaire generating data on psychopathology: depression (BDI-II); anxiety (Zung SAS); suicidality (PSS) and behavioural variables: substance use; non-suicidal injuries (DSHI); bullying; social relationships; media exposure; sensation seeking; eating behaviours (BMI); and truancy. Students exceeding set scores for each category were considered as “at risk” and offered a clinical interview for evaluation with a mental health professional for eventual referral to health care services.  

Results: 235 students took part in the ProfScreen program. 71.5% (168: 107 girls (72,3%) and 49 boys (56,3%) were considered “at risk”. 92.9% (156) of them were clinically interviewed: among them, 24.4% (38) were referred to mental health facilities. The most exceeded scores were: depression (37,5%), non-suicidal self-injuries (36,5%), alcohol (51,6%), suicidality (21,8%) and anxiety (19,5%).  

Conclusions: Major predictors for referral were depression, alcohol misuse and non-suicidal self-injury.
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<td>Title:</td>
<td>A resource centre on suicidology: Why, what, how, when - A French up to date initiative</td>
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<td>Speaker</td>
<td>JP Soubrier and Philippe Carette</td>
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<td>Centre de Ressources En Suicidologie, Paris, France</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To increase awareness and knowledge in Suicidology; promote suicide prevention and Suicidology; inform on past and present research; establish media communications; and support the relationship between stakeholders and Community Health Agencies.</td>
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<td>Methods: Recruitment of a professional documentalist, permanent collaboration with the Crisis Centre and Blog staff, supply documentations (Suicidology Journals, Congress Proceedings), and events attendance (Congress, Government Scientific committee, etc.).</td>
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<td>Results: Since the founding of the Samaritans by Chad Varah (1953), the Los Angeles Suicide Prevention Centre by Norman Farberow and Edwin Shneidman (1958) and the implementation of the International Association of Suicide Prevention by Erwin Ringel (1960), an immense amount of publications were made and many meetings took place. As far as we know, there are few resource centres on suicidology with multilingual catalogues. France, the country of Emile Durkeim (1887), illustrious sociologist, opened recently in 2012 a Resource Centre on Suicidology – Centre de Ressources En Suicidologie (CRÉS), with an onsite Crisis Centre and blog (Infosuicide.org). It is sponsored by the French Health Authority and it has been registered in the WHO database. The library contains 337 books on suicide in French and many other languages, proceedings of main National and International Conference and Meetings, WHO Suicide Prevention archives, and journals (IASP, AAS, WPA, GEPS, UNPS, etc.). A full list of this multilingual catalogue with all languages will be shown during this presentation.</td>
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<td>Conclusions: This centre is dedicated to help researchers at all levels, media professionals, and opened to the general public in order to educate those who are insufficiently informed about what suicide prevention is and the progress of suicidology. The initiative is officially recognized, approved and well accepted. There is a need for such initiatives, which is confirmed by a large number of contacts and scientific requests. It is never too late to update initiatives in mental health and suicidology research.</td>
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# OVERALL ABSTRACT

**Title:** Neuropsychiatric aspects of normal and disturbed sleep: An update  
*Section Symposium of the WPA Section “Psychiatry & Sleep Wakefulness Disorders”*

**Chairperson:** Prof. Mathias Berger, University Medical Center Freiburg, Germany  
**Co-chairperson:** Tomas Paparrigopoulos, Athens University Medical School, Greece

**Abstract**

This symposium will focus on the neurocognitive and behavioral aspects of normal and disturbed sleep, especially in the context of neurodegenerative disorders. The memory-consolidation function of sleep has been proposed by recent research and it has been put forward that sleep contributes to long-term cortical synaptic plasticity. Also, sleep-specific electroencephalographic activity (sleep spindles, delta activity) has been linked with the strengthening of newly acquired information. The prevalence of sleep problems in older adults, patients with mild cognitive impairment and those with neurodegenerative illnesses (tauopathies, alpha-synucleinopathies and other diseases) is high. Sleep macro- and micro-architecture modifications, circadian rhythm disturbances and abnormal behaviours during sleep have been detected in such cases through polysomnographic monitoring and clinical assessment. Findings to date, although limited, are promising and potentially provide a useful tool for assisting diagnosis and monitoring disease progression. The underlying pathogenesis of sleep abnormalities may be due to the structural alteration of the sleep-wake generating circuits or to other indirect causes that disturb sleep, such as comorbid conditions and medications. Importantly, these sleep changes may herald or may be predictive of cognitive decline and incapacitating neuropsychiatric symptoms. Consequently, early detection and pertinent interventions could delay cognitive deterioration to the benefit of the patients and their caregivers.

**Speakers**

1. C. Nissen  
   University Medical Center Freiburg, Germany  
2. Dimitris Dikeos MD, PhD  
   Sleep Study Unit – Eginition Hospital University of Athens  
3. Nicholas-Tiberio Economou MD, PhD  
   Sleep Study Unit – Eginition Hospital University of Athens  
4. L. Ferini-Strambi  
   Università Vita-Salute San Raffaele, Milan, Italy

---

**Abstract**

**Title:** Sleep-related memory consolidation  
**Speaker:** C. Nissen, M. Berger  
University Medical Center Freiburg, Germany

**Abstract**

Objectives: The aim of the current presentation is to provide an overview of sleep’s impact on memory consolidation and underlying neural refinements, and to discuss the potential relevance for the treatment of mental disorders.

Methods: Basic science and clinical studies from own work with reference to the literature on sleep and memory consolidation will be presented.

Results: The current body of evidence indicates that sleep can foster the consolidation of newly encoded memory traces. Basic science studies have identified an interplay of i) a strengthening of newly and initially instable memories based on a neural replay during sleep and ii) a synaptic downscaling leading to an improved signal-to-noise ratio and improved memory performance after periods of sleep compared to wakefulness. Initial evidence suggests that sleep-related interventions can be used to augment the effect of psychotherapy, such as exposure therapy (extinction learning) in anxiety disorders.
Conclusions: Sleep-related interventions might be used to enhance health-related memories, such as induced by psychotherapeutic interventions, and to decrease unwanted memories, such as after a trauma. The clinical potential as well as limitations will be discussed.

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<td>Sleep in dementia: An overview</td>
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<tr>
<td>Speaker</td>
<td>Dimitris Dikeos MD, PhD</td>
<td>Sleep Study Unit – Eginition Hospital University of Athens</td>
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<tr>
<td>Abstract</td>
<td>Introduction – Objectives: Sleep, its architecture, its microstructure and its features in the elderly are impaired compared to that of young adults, while the latter issues are even more evident in the context of dementia. To assess the causality dilemma, which is comprised in the “Sleep and neurodegeneration and/or dementia” issue.</td>
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<td>Methods:</td>
<td>Here, sleep, its alteration and sleep disorders in the context not only of dementia but also in pre-dementia stages (i.e., the mild cognitive impairment - MCI) are reviewed; moreover, the complex interactions between sleep and dementia and the previously-mentioned causality dilemma are addressed by reviewing also the existing management strategies and the evidence of the impact of therapeutic measures of sleep disorders on dementia.</td>
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<td>Results - Conclusions:</td>
<td>In the context of neurodegeneration, sleep-wake promoting neurons may also be affected, while in many of the neurodegenerative disorders, central respiratory drive and autonomic neurons are also degenerated, causing primary sleep disorders. Conversely, various recent studies suggest that common sleep disorders (i.e., insomnia, daytime sleepiness and generally decreased amplitude and robustness of sleep-wake cycle), which are mostly prevalent among the cognitively impaired people, may precede clinical symptoms of dementia and are considered as risk factors for cognitive decline and dementia.</td>
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<th>SPEAKER 3</th>
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<tr>
<td>Title:</td>
<td>Sleep in neurodegenerative tauopathies</td>
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<td>Speaker</td>
<td>Nicholas-Tiberio Economou MD, PhD</td>
<td>Sleep Study Unit – Eginition Hospital University of Athens.</td>
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<td>Abstract</td>
<td>Introduction – Objectives: Neurodegenerative tauopathies include mostly Alzheimer’s Disease (AD) and Frontotemporal dementia (FTD) in a second place, while the spectrum comprises also Progressive Supranuclear Palsy (PSP) and Corticobasal Degeneration (CBD). Mild Cognitive Impairment (MCI) is considered to be an intermediate state between Normal Elderly (NE) and Dementia. MCI may remain in this state or it can convert to dementia; if converted into AD it is called amnesic MCI (aMCI). Sleep, and its disorders in tauopathies has been mostly focused on AD, while very few data exist on the other pathologies. Here, an overview on already existing and unpublished data regarding these issues are presented.</td>
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<td>Methods:</td>
<td>Overview based on literature research and unpublished data.</td>
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<td>Results:</td>
<td>Sleep in AD is already known to be altered, while very few data exist on sleep in MCI; nevertheless, accordingly to cognitive decline (from HE through MCI to mild-moderate or severe AD) sleep, its architecture and its related disorders appear to be linearly impaired [1]. Furthermore, recent data show that sleep in FTD is equally or even more disturbed compared to that of AD and in a considerably earlier time. The latter seems to concern both sleep macrostructure and sleep microstructure [2].</td>
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| Conclusions: | Most studies on sleep and its disorders in tauopathies have been focused on AD. Recent studies (performed with objective tools –actigraphy and polysomnography--) suggest that sleep may be altered not only in other than AD tauopathies (i.e., FTD), but also in predementia states (i.e., MCI). The
latter is of great importance, given the possible benefit on cognition following amelioration of sleep and/or sleep pathology in neurogenerative diseases.

References


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<td>Title:</td>
<td>Sleep in neurodegenerative synucleinopathies</td>
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<td>Speaker</td>
<td>L. Ferini-Strambi, E. Giora, A. Galbiati</td>
<td>Università Vita-Salute San Raffaele, Milan, Italy.</td>
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<tr>
<td>Abstract</td>
<td>Introduction – Objectives: Neurodegenerative synucleinopathies include Parkinson's disease (PD), multiple systemic atrophy (MSA) and Lewy body disease (LBD). Methods: A thorough review in the literature and the presentation of up-to-date data. Results – Conclusions: Recent studies provide new insights into the importance of nonmotor features (as disturbances of smell, sleep, mood, and gastrointestinal function) in PD as well as the recognition that these nonmotor symptoms occur in premotor phases of PD [1]. Sleep disorders including insomnia, daytime sleepiness, and REM-sleep behaviour disorder (RBD) are very common in PD and have an immense negative impact on their quality of life. Sleep dysfunction seen in early Parkinson disease may reflect a more fundamental pathology in the molecular clock underlying circadian rhythms [2]. Sleep disorders in MSA are common manifestation and include reduced and fragmented sleep, excessive daytime sleepiness, RBD, and sleep-disordered breathing. Of these, RBD is the most common (affecting 90%-100% of patients with MSA) and is regarded as a red flag for MSA. RBD, as well as stridor during sleep, may be the initial manifestation of the disease, occurring several years before the waking motor and dysautonomic onset [3]. DLB is the second most common diagnosis of dementia after Alzheimer disease: both RBD and neuroleptic sensitivity are notable in DLB. In the last years, prolonged follow-up of patients with idiopathic RBD indicated that the majority of patients are eventually diagnosed with the synucleinopathies, and RBD may occur for up to half a century before other manifestations of neurodegenerative disease. This finding may have important implications for the design of interventions with potential disease-modifying agents. Potential candidates for the treatment of neurodegenerative disorders that occur in individuals with RBD include pharmacological, surgical (deep brain and cortical stimulation, growth factor infusion), cell-based, and gene therapies.</td>
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Session: Section Symposium
OVERALL ABSTRACT
Code SSY409

Title: Mental health in nursing homes

Chairperson Prof. Dr. Gabriela Stoppe, MentAge and University of Basel, Basel, Switzerland

Co-chairperson Prof. Aleksandra Milićević Kalašić, Institute of Gerontology and Palliative Care and University Singidunum Belgrade, Belgrade, Serbia

Abstract In many countries around 40% of the elderly population lives in nursing homes in the period before death. Psychiatric disorders are frequent, especially dementia and depression. There is a paucity of data, e.g. regarding the incidence of suicide in these institutions. The symposium will focus on various topics: prevention of inappropriate drug use, methodological questions, training of nursing home staff and data from service delivery research. The symposium will help to prepare a section paper on the sessions’ title.

Speakers
1. Prof. Aleksandra Milićević Kalašić
   Institute of Gerontology and Palliative Care and University Singidunum Belgrade, Belgrade, Serbia
2. Dr. Florian Riese
   Division of Psychiatry Research and Division of Psychogeriatric Medicine, Psychiatric University Hospital Zurich, Zurich, Switzerland
3. Prof. Dr. Johannes Pantel
   Geriatric Medicine, Institute of General Practice, Johann Wolfgang Goethe University, Frankfurt, Germany
4. Prof. Dr. Gabriela Stoppe
   MentAge and University of Basel, Basel, Switzerland

Session: Section Symposium
SPEAKER 1
Code SSY409

Title: Health conditions in 20 visited social institutions through monitoring of Human Rights

Speaker A. Milicevic Kalasic¹, ², D. Passalj³, N. Sataric⁴, V. Satarice⁴, N. Todorovic⁴, M. Vracevic⁴, O. Kalasic²
¹ Institute of Gerontology and Palliative Care, Belgrade, Serbia
² Faculty of Media and Communications, University Singidunum, Belgrade, Serbia
³ NGO Amity, Belgrade, Serbia
⁴ Red Cross of Serbia, Belgrade, Serbia

Abstract Objectives: Since 2000, a couple of relevant documents have been adopted in Serbia as a political answer on ageing of population and their quality of life. The aim of this paper is to explore the health conditions in 20 visited social Institutions chosen for monitoring of exercising of human rights.

Methods: A systematic literature review has been done and designed specific methodology, i.e. specific inquiry to be fulfilled in ‘face to face’ interviews with the employed in the institutions and with the aged patients managed in the same institutions. Twenty social Institutions licenced by the Ministry of Labour and Social Welfare, fifteen privately owned and five institutions founded by state were visited in a one-month period in 2014.

Results: It was found that health care was not accessible and available equally; aged in state social institutions had well developed health care connected to the Republic Fund for Health Insurance. About half of all managed in social institutions were functionally dependent in ADL, which was a cause, not a consequence of institutionalization. Disturbed mental status was a frequent cause of described dependency with leading role of dementia. In private care settings half of the users were demented. Evidence based recommended symptomatic therapy for AD wasn’t used enough because of its high participation and few patients were in position to afford it. Diapers are not available for demented patients on account of RFHI. There were no prescribed specific procedures for physical restraints if it is needed in majority of visited institutions, as well as documentation of incidents. Pain wasn’t registered by Pain numeric scale except in one case, which was paid special attention to.

Conclusions: Training curricula for the employed has to be re-evaluated and a proposal for continuing education of staff should be established.
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<td>Title:</td>
<td>The resident assessment instrument – minimum data set as a tool for mental health research in long-term care</td>
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<tr>
<td>Speaker</td>
<td>F. Riese¹, H. Wolf²</td>
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<td></td>
<td>¹Psychiatric University Hospital Zurich, Zurich, Switzerland</td>
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<td></td>
<td>²German Center for Neurodegenerative Diseases, Bonn, Germany</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The resident assessment instrument – minimum data (RAI-MDS) is a widely used tool for routine assessment of long-term care residents. It provides the basis for care planning, reimbursement of care and can be used for quality control. The objective of this presentation is to introduce the audience to the neglected potential of the RAI-MDS for mental health research. Methods: In Switzerland, the RAI-MDS is currently used in more than 500 nursing homes with more than 30,000 residents. As part of a health services research project, this data was compiled and is now available for analysis. Results: Several items and subscales of the RAI-MDS give insight into the mental health status of long-term care residents. Based on these items, we present data on the prevalence of mental health conditions in Swiss nursing homes. We furthermore present survival functions and demonstrate the trajectories of cognitive performance and activities of daily living (using linear mixed-effect models for longitudinal analysis). Conclusions: The RAI-MDS is a valuable tool for epidemiological mental health research. There is a high frequency of mental health problems in Swiss nursing homes. Dementia is present in about 60% of Swiss nursing home residents.</td>
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<td>Title:</td>
<td>Prevention of inappropriate psychotropic drug use in the nursing home</td>
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<td>Speaker</td>
<td>J. Pantel Goethe University, Frankfurt a.M., Germany</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Inappropriate use of psychotropic drugs in nursing homes puts the nursing home residents at an increased risk of serious side effects and mortality. Nevertheless, inappropriate psychotropic drug use is a very common practice not only in German nursing homes but also from an international perspective. Drug prescription in nursing homes is embedded in a complex field of professional interactions involving nurses, physicians and several other professions. Inadequate usage can only be prevented if the involved professions interact closely together for the benefit of the individual resident. In particular, preventing inadequate interventions should be a priority of an effective teamwork. Methods: Based on an evaluation of “real world” prescribing practices in German nursing homes we developed an action pathway that provide the framework for (clinical) guidelines to facilitate adequate psychotropic drug prescription. A non-randomized controlled intervention pilot trial was conducted to assess if a clinical management following the proposed action pathway could reduce inadequate usage of psychotropic medications. Two nursing homes were allocated to a control or an intervention group. The intervention mainly consisted of educational interventions for care givers as well as the implementation of a precise algorithm to guide the prescription and application of psychotropic drugs to the residents. Results: When compared to the control condition (“care as usual”) the intervention led to a significant and marked reduction of inappropriate psychotropic drug use based on 10 predefined outcome criteria. Conclusions: The main results of this study suggest that educational programs considering the cooperation of the involved professionals can optimize the prescription of psychotropic medication for nursing home residents.</td>
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<tr>
<td>Title:</td>
<td>PUMA (Nursing And Medicine For The Elderly): A special postgraduate training program for nursing home staff. Experiences of the first 6 years.</td>
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### Speaker

G.Stoppe¹, S.Christen¹, R. Schwendimann¹,²  
1. MentAge, Basel, Switzerland  
2. Institute of Nursing Science, Basel, Switzerland

### Abstract

**Objectives:** In Germany and Switzerland characteristics of persons admitted to nursing homes have dramatically changed during the last years. They are older, more often demented, multimorbid and frail. However, the professional training of nursing home staff remained mostly unchanged. PuMA was developed to meet the most urgent demands in postgraduate education of nursing home staff.  
**Methods:** We organized a course consisting of 10-12 lectures, each focusing on one topic. The lectures were done by a physician and a nursing expert together. The local geriatric (psychiatric) institutions were invited and involved. The topics varied and included e.g. depression, palliative care, fall prevention or pain management. Each lecture had a duration of three hours. Each lecture was evaluated. The course fees were regarded as reasonable.  
**Results:** We report about the first five courses. 527 (62M, 465F) nurses took part. The spectrum of the topics was changed according to participation rate and wishes expressed in the feedbacks. Until now, the interest in topics from psychiatry and palliative care increased.  
**Conclusions:** The program was developed bottom up and has been successful up to now. It also served to develop networks and cooperation between medical and nursing experts and the nursing home staffs.
**Session:** Section Symposium

**OVERALL ABSTRACT**

**Code** SSY412

**Title:** Telemedicine in psychiatry: Compelling issues, scientific evidence, and open questions

*WPA Section Informatics and Telecommunications in Psychiatry*

**Chairperson** Prof. Pier Maria Furlan, San Luigi Teaching Hospital-ASLTO3, University of Turin, Italy.

**Co-chairperson** Dr. Robert Hsiung, LLC

**Abstract**

Mental health disorders include a wide range of problems which interfere with patients' life. According to the WHO, one out of four people suffers from mental disorder. The negative impact that mental disorders have on patients' and caregivers' quality of life is higher than those related to other clinical chronic conditions. In 2020 mental health disorders will be the major cause of disease in the developed world. In economic terms, the costs of mental disorders and their treatment have been estimates to be approximately 47% gross national product in Europe, and about 20% of the costs of the EU health system are related to mental health disorders. Recently, promising evidence has been obtaining using ICTs in the field of psychiatric treatments. These encouraging results have introduced a viable and potentially cost-effective option of delivering mental health care. To date, the NICE guidelines in England support computer programs for treating depression, anxiety, phobias and panic disorders. Also the Internet has started to be productively used to deliver psychiatric treatments, due to its capability of reaching a wider sample of patients with a significant reduction in time and costs. However, some important questions such as ethical issues, clinical efficacy of different ICTs tools, and the need of monitoring the delivering of ICT interventions still remain to be further investigated. An overview of the state-of-the art of ICTs in psychiatry and a European multi-centric pilot study on telemedicine starting in 2014 and targeting patients affected by depression will be presented and discussed.

**Speakers**

1. Claus D. Pedersen
   OUH Odense University Hospital, Odense, Denmark
2. E. Zanalda
   Azienda Sanitaria Locale Torino, Torino, Italy
3. Pier Maria Furlan
   University of Turin, San Luigi Gonzaga teaching Hospital, Orbassano-ASLTO3, Italy.
   Mastermind EU Pilot project - ASLTO3_ Piedmont Region_Italy.
4. R. C Hsiung
   Dr. Bob LLC, Chicago, USA

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**Session:** Section Symposium

**SPEAKER 1**

**Code** SSY412

**Title:** Goals and plans of the mastermind project

**Speaker** Claus D. Pedersen, M. A. Craggs
OUH Odense University Hospital, Odense, Denmark

**Abstract**

Objectives. The goals of MasterMind are to upscale ICT-based mental healthcare services in regions/countries where these have already been successfully piloted, trigger the uptake in regions/countries new to this area, demonstrate the cost-effectiveness of the services while confirming the equivalence of their clinical outcome to that of traditional care and checking their usability, reduce waiting lists, improve equality of access to mental health care between urban and rural areas, demonstrate their safety and rationalise the organisation of mental health services.

Methods. MasterMind will implement two services across its 11 partner countries; computerised Cognitive behavioural Therapy (cCBT) and collaborative care facilitated by videoconference for depressed patients. The cCBT enables patients to receive the same treatment at home or in designated locations as they would in face to face therapy. The collaborative care allows for knowledge sharing and support between mental healthcare professionals (including GPs) and in some cases treatment of patients.
via videoconference. The trials will be evaluated under the MAST framework.

Results. There is a general perception that ICT could facilitate the treatment and management of mental disorders (e.g. depression) and that this would greatly improve the efficiency and effectiveness of mental care services. Actual deployment has been scattered throughout the EU and the cases are rare in which the scale has gone beyond that of a pilot. MasterMind intends to move further by aggregating data about the outcome of ICT supported mental healthcare across several pilots in different regions and EU countries.

Conclusions. MasterMind will take the implementation of ICT based mental healthcare to the next level while providing an unprecedented base of evidence and distilling lessons from practical experiences in different organisational, political, culture

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<td>Title:</td>
<td>State of the art of telemedicine in psychiatry</td>
<td>E. Zanilda 1, M. Cavallo 1,2, G. Favaretto 4 P.M. Furlan 1,3. 1 Azienda Sanitaria Locale Torino 3, Torino, Italy 2 eCampus University, Novedrate (CO), Italy 3 University of Turin 4 ASL, Treviso, Italy</td>
<td>Abstract</td>
<td>Objectives. Telepsychiatry is the delivery of health care and the exchange of health information in order to provide psychiatric services across distances. During the symposium the state of the art of telepsychiatry will be presented, with a specific focus on recent scientific evidence, actual potentialities, and current limitations. Methods. Comprehensive literature search was performed in Medline, EMBASE, PsycINFO, Centre for Reviews and Dissemination, and The Cochrane Library Controlled Trial Registry databases (2000–2014). A search of the combinations of the following terms was used: “e-health”, “mental disorders”, “mental health”, “mental health services”, “telecare”, “teleconsultation”, “telehome”, “telemedical”, “telemedicine”, “telepsychiatric”, “telepsychiatry”, “videoconference”, and “videophone”. Results. Establishing telepsychiatry systems for patient care is feasible. Most of the studies yielded positive results for clinical outcomes such as the level of symptoms, quality of life, users’ satisfaction, and treatment adherence. Telepsychiatry seems to improve accessibility to services, and it has the potential to produce savings of time, costs, and travel. However, these aspects should be clearly demonstrated in future research. In addition, various compelling issues still need to be addressed exhaustively, such as reimbursement from insurance companies or the health sanitary systems, patients’ privacy, data security, and users’ safety. Conclusions. Telepsychiatry is effective for diagnosis and assessment across many populations (child, adult, and ethnic). In many settings (emergency, home health) telepsychiatry appears to be comparable to standard ‘face-to-face’ care, and it complements other services in primary care. In conclusion, today telepsychiatry appears a very promising way of fostering psychiatric care and assistance, even if more research is needed to further reinforce its potentialities and overcome its current limitations.</td>
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<td>Title:</td>
<td>Comparability between face to face psychotherapy and telepsychiatry</td>
<td>Pier Maria Furlan 1,2, Marco Cavallo 1,2 1 University of Turin, San Luigi Gonzaga teaching Hospital, Orbassano-ASLTO3, Italy. 2 Mastermind EU Pilot project - ASLTO3_ Piedmont Region_Italy.</td>
<td>Abstract</td>
<td>Objectives. Mental health disorders include a wide range of problems which interfere with patients' life. According to the WHO, one out of four people suffers from mental disorder. Psychiatric literature</td>
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demonstrates that combined pharmacological and psychotherapeutic approach should be more effective than one or the other alone. In economic terms, the costs for an individual face-to-face (F2F) psychotherapeutic approach of mental disorders should not be affordable in a given time. Recently, promising evidence has been obtaining using ICTs in the field of psychiatric treatments. To date, the NICE guidelines in England support computer programs for treating depression, anxiety, phobias and panic disorders. Also the Internet has started to be productively used to deliver psychiatric treatments, due to its capability of reaching a wider sample of patients with a significant reduction in time and costs.

Methods. Comprehensive literature search was performed in Medline, EMBASE, PsycINFO (1975-2014), Centre for Reviews and Dissemination, and The Cochrane Library Controlled Trial Registry databases (2000–2014).

Results. The encouraging results shown by this research have introduced a viable and potentially cost-effective option of delivering mental health care by telematics. However, some important questions such as ethical issues, clinical efficacy of different ICTs tools, and the need of monitoring the delivering of ICT interventions still remain to be further investigated. Actually there are no differences in the patients agreement between F2F and TM, working alliance seems to established in the two therapeutic approaches, direct answer and postponed one may have superimposable effects, even the lasting of therapeutic compliance doesn’t shows particular differences.

Conclusion. Some pillars of F2F psychotherapy may be discussed and revised from a Theory of technique and meta-psychological point of view.

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<td>Speaker</td>
<td>R. C Hsiung 1</td>
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<td>Dr. Bob LLC, Chicago, USA.</td>
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Abstract Objectives As more of psychiatry becomes telepsychiatry, more consent will become teleconsent. Informed consent underlies all medical treatment, but procedures that are standard in person do not necessarily transfer in a straightforward fashion to the Internet. When information is communicated online as opposed to in person, its comprehension is more difficult to assess. People who want to receive treatment may click a check box on a Web page without understanding—or even reading—information about potential risks, benefits, and alternatives.

Methods An online informed consent module was added to an online patient community. What was involved, potential risks and benefits, possible alternatives, and cost were explained (at grade level 6.7), and a 10-item quiz was administered to assess comprehension. The data from one calendar year, June 2013 through May 2014, were analysed.

Results The quiz was attempted 311 times. 288 (93%) times, the user eventually passed. The mean number of attempts before eventually passing was 2.1 (range 1-20), before never passing, 1.4 (range 1-5). Individual questions were answered correctly an average of 88% (range 77-94%) of the time. The question that was answered correctly the most often was "The current purpose of this group is: to collect research data / to provide support and information", the least often, "If someone wanted only professional advice and had only the below options, they would choose: this site / a newspaper article / the first doctor listed in the phone book / a friend with similar issues".

Conclusions Valid informed consent requires assessment of decision-making capacity. It is possible to obtain valid informed consent online. One workable way of assessing decision-making capacity online is with a quiz. Quiz results could then be used to improve the process.
Civil commitments (compulsory admissions): Ongoing debate on emergency psychiatry and psychopathological changes

WPA Section On Emergency Psychiatry

Chairperson
Niels C. Mulder, Rotterdam University, The Nederlands.

Co-chairperson
P.M. Furlan, Turin University, Italy.

Abstract
Civil Commitments (CC)- Compulsory admissions - and the choice of treatments in these cases represent one of the major controversies in European and American psychiatry. It involves ethical, clinical, legal, pharmacological and psychotherapeutical issues. In Italy, e.g., the criteria underpinning the current law are under discussion as well as the length of the legal period and subsequent renewal(s). A comparison with the previous situation in the former mental hospitals (15 y) is made which may help our understanding of the clinical basis (if one actually exists) justifying the length of CC. The effectiveness and efficacy of psychopharmacological treatments in potentially dangerous patients is still under discussion and the question remains of whether they might provide useful indicators. Tools (instruments and treatments) to prevent CC are increasingly necessary and require careful debate and piloting, because the negative effects of CC are ever more visible. One of these tools may be psychoanalytic psychotherapy of severe borderline patients especially when supported by a controlled evaluation of the outcome and a long term follow up.

Speakers
1. C Maruottolo
   AMSA, Bilbao, Spain
2. J. Guimón
   University of the Basque Country, Bilbao, Spain
3. N.L. Mulder
   Epidemiological and Social Psychiatric Research institute, Erasmus MC, Rotterdam, The Netherlands
4. P. M. Furlan
   University of Turin, San Luigi Gonzaga Teaching Hospital, Orbassano, Italy.

Reduction of drop-outs in a day unit with an eclectic-dynamic program for BPD patients with severe addiction

C Maruottolo1 and J. Guimón2
1 AMSA, Bilbao, Spain
2 University of the Basque Country, Bilbao, Spain

Objectives. To compare the reduction in emergencies and admissions of patients with a double diagnosis of BPD psychiatric syndrome and alcohol or drug addiction treated at a specific day unit with one of our “dynamic day units”.

Methods. Double diagnosis worsens the clinical and psychosocial results of BPD psychiatric patients and conditions their re-hospitalization and the use of emergency services, although their treatment in day units after their discharge improved the evolution. However the rate of drop outs in our dynamic units (with an intensive group analytic program of 4 hours, 5 days per week) was usually much higher than for other patients with severe syndromes but drugs-free. At the end of 2008 we separated the dual diagnosis patients from the others in a new unit with a different program, also in groups, but less dynamic and more oriented towards activity and behavior modification. The severity of the psychiatric symptoms (Asnaani’s scale and the degree of the addiction measured by the EuropASI) were equivalent.

Results. 100 adult patients of both sexes were treated (51 and 49 respectively) during two years in the two units. Heroin addicts and those using IV injections were excluded. The drop-out rate in the “classical” dynamic group was 47.05% and 21.6% in the new format.
### Session: Symposium

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<td><strong>Title:</strong> Social adjustment in severe bpd patients one and five years after treatment in a day unit with an intensive group analytic dynamic</td>
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<td><strong>Speaker:</strong> J. Guimón¹, A. Mascaro² and C. Maruotto³</td>
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<td>¹ University of the Basque Country, Bilbao, Spain</td>
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<td>³ AMSA, Bilbao, Spain</td>
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<tr>
<td><strong>Abstract</strong></td>
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<td>Objective. To analyze the symptomatological evolution and the psychosocial adaptation in 106 patients with severe BPD one year and five years after their discharge from a day unit with an Intensive Group Dynamic program.</td>
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<td>Method. Patients were interviewed by phone using a standardized instrument. After the first year only 56% of patients were attainable,</td>
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<td>Results. More than 75% of the responders were one year later compliant with the treatment proposed at their discharge. 60% of responders have not had rehospitalisation after one year. 86% had not visit emergencies services since the end of the treatment. However, those good results must be considered critically because the non-responders have probably had a worse evolution and additionally the responders could have a bias in their response.</td>
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<td>Conclusions. Intensive Dynamic Brief Group Therapy (4 hours, 5 days a week) as developed in our unit in AMSA (Bilbao) shows good results in BPD patients as well as in other severe psychiatric cases as we have repeatedly reported previously.</td>
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### Session: Symposium

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<th>SPEAKER 3</th>
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<tr>
<td><strong>Title:</strong> Prevention of involuntary admissions and inpatient coercion</td>
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<tr>
<td><strong>Speaker:</strong> N.L. Mulder</td>
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<tr>
<td>Epidemiological and Social Psychiatric Research institute, Erasmus MC, Rotterdam, The Netherlands</td>
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<tr>
<td><strong>Abstract</strong></td>
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<tr>
<td>Objectives. To describe the results of a literature review on controlled studies that aimed at prevention of involuntary admission or inpatient coercion</td>
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<td>Methods. Literature review on articles published in PubMed during the last two decades.</td>
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<td>Results. Very few controlled studies investigated interventions for prevention of involuntary admission or inpatient coercion. Five studies investigated the use of crisis plans, but in only two studies the use of involuntary admissions was reduced in patients having a crisisplan. Studies investigating the effects of interventions for improving compliance with medication in psychotic disorder patients did not show an effect on reducing involuntary admissions. In three randomized studies, outpatient commitment did not reduce the number of (in)voluntary admissions. Inpatient coercion (duration of seclusion) could be reduced using frequent risk assessment.</td>
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<td>Conclusions. There is a lack of studies investigating preventive strategies for reducing involuntary admissions. The studies done so far, showed disappointing results. Daily risk assessment seems a promising intervention for reducing inpatient coercion on acute wards.</td>
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### Session: Symposium

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<th>SPEAKER 4</th>
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<tr>
<td><strong>Title:</strong> From adolescent uneasiness to new psychiatric emergencies</td>
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<td><strong>Speaker:</strong> P. M. Furlan, F. Oliva, R. L. Picci</td>
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<tr>
<td>University of Turin, San Luigi Gonzaga Teaching Hospital, Orbassano, Italy.</td>
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<td><strong>Abstract</strong></td>
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| Objective. The scientific psychiatric literature indicates that in the last twenty years many changes have occurred in psychiatry from the psychopathologic and demographic points of view and even in the approach to care. As far as adolescence is concerned, several conditions do not reach a level of clearly
classifyable psychopathology even if a number of them fit well into some broad definitions: “lack of gratification perception”, a sort of anedonia, “emotional desertification” characterized by a lack of tolerance towards any kind of frustration, “problems in social adaptation” with avoidant tendency, social anxiety, feelings of inadequacy. These sub-clinical conditions may make youth vulnerable and weak, facilitating the use of alcohol and drugs, then inducing the early onset or disclosure of a latent psychopathology.

Methods. The aim of our presentation is to observe this trend better by: 1) studying our seven year research on early first schizophrenic onset patients hospitalised in a psychiatric ward in a general hospital, where 46.1% of schizophrenic onset patients were drug abusers, 2) comparing these data with data on compulsory hospitalisation in the City of Turin (2006-2011; 2195 hospitalisations; 1985-1998; 3092 hospitalisations).

Results. There is a significant increasing prevalence throughout these periods of hospitalisation of personality disorders (cluster B) compared to schizophrenic patients, with the earlier presence of psychomotorial agitation, impulsiveness and aggressiveness in diagnoses and the increasing of comorbidity for drug abuse. Several other data indicate a change both in psychopathology and in social incidence of behavioural disturbances as principal justification of the first hospitalisation.

Conclusions. Are these data enough to stimulate a debate on whether it is time to modify the psychiatric organisation, especially as regards emergency and to discuss whether our psychiatric system privileging a community organisation needs to observe the changing needs of population better.
Section symposium on innovations in international diagnostic systems

Chairperson: Prof. Angel Otero, University of La Habana, La Habana, Cuba
Co-chairperson: Prof. Juan Mezzich, Mount Sinai Sch of Med, New York, USA

Abstract

We are at a very active period in the international development of psychiatric diagnostic systems. These include the recent publication of DSM-5, the development of ICD-11, and the emergence of innovative diagnostic systems such as Person-centered Integrative Diagnosis (PID) [1]. DSM-5 and ICD-11 represent efforts to refine the classification of mental disorders, building on a long tradition of classification revisions and incorporating features such as the use of dimensional approaches and of terminological informatics. On the other hand, Person-centered Integrative Diagnosis expands the description of health status by adding to the identification of mental disorders the assessment of positive health as well as the consideration of contributing factors (risk and protective factors) and of the health experience and values of the person presenting for evaluation and care.

This Section Symposium will start with a panoramic overview of developing international diagnostic systems (DSM-5, ICD-11, and PID). The development of the PID model and practical guide will then be addressed, followed by the assessment of positive health within the PID framework. Examined next will be features of the Latin American Guide for Psychiatric Diagnosis recently published by the APAL as a first official person-centered diagnostic guide in a major world region.

References


Speakers

1. Prof. Juan Mezzich
   Mount Sinai Sch of Med, New York, USA.
2. Prof. Ihsan Salloum
   Univ. Miami, Miami, USA
3. Prof. Robert Cloninger
   Washington Univ., St. Louis, USA
4. Prof. Elvia Velazquez
   Univ. Antioquia, Medellin, Colombia
5. Prof. Jose Britez
   Asuncion, Paraguay

Session: | Section Symposium | OVERALL ABSTRACT | Code | SSY426
---|---|---|---|
Title: Panorama of international diagnostic developments: ICD-11, DSM-5 and PID.
Speaker: Prof. Juan Mezzich
Mount Sinai Sch of Med, New York, USA
Abstract

A historical perspective may help put in perspective recent international developments in psychiatric diagnostic systems. There are indications of classificatory efforts since the dawn of mankind, but it was not until late in the XIX Century that the International Statistical Institute designed the International Classification of Causes of Death. This evolved through diligent decennial revisions by the World Health Organization (WHO). The preparation of ICD-11 started in 2007. As an innovation, the construction of the whole classification will emphasize formal terminologies and ontologies. For the chapter on mental disorders, attention is being paid to an efficient grouping of psychopathological syndromes, to the use of the classification in primary care and specialty settings, to harmonization with evolving national and regional adaptations, and to implications for public health. It is expected that ICD-11 be completed in 2017. Preparations for DSM-5 started in 1999 with the development of a research agenda, followed between 2004 and 2008 by a set of research planning conferences and then through the work of a task force and its workgroups. It has introduced some interesting innovations such as the use of dimensions and has experienced challenges concerning the scope of diagnostic categories and reliability analyses.
Among crucial methodological issues in the international diagnostic field are the emerging distinction between etiopathogenic validity and clinical validity, and the differentiation between nosological diagnosis and comprehensive diagnosis. A major form of the latter is Person-centered Integrative Diagnosis developed collaboratively by global medical and health organizations participating in the International College for Person-centered Medicine. It encompasses three levels on health status (from illness to wellbeing), health contributors (risk and protective factors), and health experience and values; utilizing categories, dimensions and narratives; and engaging clinicians, patients and carers. The foreseeable future may usher improved classifications of diseases (ICD-11, DSM-5, PID, GLADP-VR), upgraded nosological diagnosis, and person-centered integrative diagnostic procedures that may allow us to better respond scientifically, humanistically and ethically to the challenges of treatment, prevention and health promotion.

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<tr>
<td>Title:</td>
<td>The developing structure of person-centered integrative diagnosis</td>
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<tr>
<td>Speaker</td>
<td>Prof. Ihsan M. Salloum, University of Miami, Miami, USA</td>
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<td>Abstract</td>
<td>Objectives: The objective of this presentation is to review the process of developing the structure of the Person-centered Integrative Diagnosis model. Methods: The Person-centered Integrative Diagnosis (PID) is a novel model of conceptualizing the process and formulation of clinical diagnosis. The PID aims at implementing into regular clinical practice the principles of Person-centered Medicine, which proposes the whole person in context, as the center and goal of clinical care and public health. The PID entails a broader and deeper notion of diagnosis, beyond the restricted concept of nosological diagnosis. The PID model is intended to provide the informational basis for person-centered integration of health care and to be used in diverse settings across the world and to serve multiple needs in clinical care, education, research, and public health. The process of developing the structure of the PID included an interactive process involving international groups of experts, clinicians, patients and other stake holder representatives. Results: The PID structure is a multilevel schema that addresses the whole person by assessing the totality of health status to include ill health as well as positive aspects of health. It assesses contributors to health status including health promoters as well as health risks on a bio-psycho-social continuum. It also assesses the experience and values of health. The PID structure is intended to facilitate the diagnosis as a process resulting in the formulation of health through interactive participation and engagement of clinicians, patients, and families using all relevant descriptive tools (categorization, dimensions, and narratives). Conclusions: The PID provides a novel approach expanding the description of health status to include the assessment of positive health, risk and protective factors and of the health experience and values of the person presenting for evaluation and care. It emphasis partnership with patients and carers and aims at a health restorative, public health and recovery approach to health care.</td>
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<tr>
<td>Title:</td>
<td>The assessment of positive health within the PID model</td>
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<tr>
<td>Speaker</td>
<td>C. Robert Cloninger, MD, PhD Washington University, St. Louis, MO, USA</td>
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<td>Abstract</td>
<td>Person-centered Integrative Diagnosis (PID) seeks to describe both the positive and negative aspects of a person’s health as a whole. Positive Health Status is characterized in terms of healthy functioning, such as a person’s physical energy level, strengths of their mental status and personality, social engagement, and sense of empowerment, rather than merely in terms of symptoms of illness and disability or impairment. Their Experience of Health is described in terms of subjective well-being, including satisfaction with their health, work, social relations, and other aspects of happiness with life, rather than in terms of distress and suffering. The Contributions to Health include contributors to physical health</td>
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such as exercise, diet, and sleep), mental health (relaxation, sense of autonomy, and outlook of unity), and social/spiritual health (level of self-transcendent and sense of purpose and meaning), rather than in terms of risk and vulnerability factors [1]. Reliable methods are available for measuring each of these three domains, which of which is essential for understanding the health of a whole person in their biological, psychological, social, and spiritual context. In particular, both self-report and observer methods are available to measure personality and its development, rather than relying entirely on subjective aspects of well-being, such as happiness and satisfaction with life. Personality development is crucial for the development of well-being, and its dynamics can be characterized in detail in terms of its descriptors and its biological, psychological, social, and spiritual causes [2]. The focus on positive aspects of health in PID is empowering and reduces stigma, thereby enhancing compliance with treatments, which is poor when physicians focus only on symptoms in particular organs.

References

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<tr>
<td>Title: Psychopathology and Latin American annotations in the Latin American guide of psychiatric diagnosis (GLADP)</td>
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<td>Speaker: Prof. Elvia Velásquez U. Antioquia, Medellin, Colombia</td>
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<td>Abstract: Universality reference criteria necessary for comparability of psychiatric diagnostic classifications cannot ignore cultural particularities of psychopathological expression. Cultural processes influence psychopathology generating specific sources of stress and discomfort, modifying symptoms and illness experience, and influencing search for help (Mezzich et al 2009). Objectives: The Latin American Psychiatric Diagnosis Guide, Revised Version GLAPD VR (2), intends to present a Latin American perspective for the region and beyond. Its disorder categories and criteria are to be based on ICD-10 research criteria adapted through Latin American annotations and description of cultural syndromes. It is aimed at providing a person-centered comprehensive diagnostic formulation. Methodology: The preparation of this culturally informed statement of psychopathology was based on reviews of the relevant literature and consultations with Latin American diagnostic experts. Results: GLADP VR contains about 190 Latin American Annotations regarding ICD 10 diagnostic categories of mental disorders. A large number of them correspond to substance use disorders (33) and personality disorders (26). The content of the annotations contain clinical, cultural, and terminological recommendations. Conclusions: The Latin American annotations and cultural syndromes help refine the description of mental disorders to facilitate their application to the reality and needs of Latin American populations and optimize clinical care and health promotion. References: Asociación Psiquiátrica de América Latina, Sección de Diagnóstico y Clasificación. (2012). Guía Latinoamericana de Diagnóstico Psiquiátrico, Version revisada (GLADP-VR). Lima: Asociación Psiquiátrica de América Latina.</td>
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### OVERALL ABSTRACT

**Title:** Contexts of creativity: Literature, art and mental health

**Chairperson**
Prof. Sergio Villasenor  
University of Guadalajara, Guadalajara, Mexico

**Abstract**

This symposium by the WPA Section on Literature and Psychiatry offers an interdisciplinary look at selected sociocultural paradigms having a direct influence on mental health. Relevant literary works from different cultures across the world will be analyzed not only as a reflection of dominant social values but as a tool in understanding cultural constructs of mental health. Insights gained from such analyzes may inform strategies for fighting stigma and promoting patients' reintegration.

**Speakers**

1. Prof. Emeritus Ahmad Mohit  
   Teheran University of Medical Sciences, Teheran, Iran
2. Prof. Satoshi Kato  
   Jichi Medical School, Dept of Psychiatry
3. Dr. Hafez Bajoghli  
   Roozbeh Roozbeh Hospital, Teheran, Iran
4. Dr. Magdalena Tyskiewic  
   Outpatients Psychiatric Clinic, Gdynia, Poland
5. Dr. Ekaterina Sukhanova  
   City University of New York, Office of Academic Affairs, New York, USA

### SPEAKER 1

**Title:** Literature as one of the main guides to psychiatric symptomatology of each historical and developmental Era

**Speaker**

A. Mohit $^{1,2}$  
$^1$Iran University of Medical Sciences (Retired)  
$^2$Founding Chairperson, Sections on Literature and Psychiatry, World and Iranian Psychiatric Association

**Abstract**

Going through textbooks of psychiatry of different times shows that psychiatric symptoms change over time. This change is not only in those illnesses that have a less proven biochemical and genetic etiology; it is also observed in conditions such as schizophrenia.  

There are different ways of documenting such changes and no doubt, the literary works of each era are one major source of information regarding the personalities of the people and the evolving concepts of health and disease.

The presentation first briefly looks at different definitions of historical periods and the characteristics of society, family, work and social hierarchies of each era in a number of different counties belonging to different levels of development at the present time. Then, choosing literary books of different eras tries to show the characters of what could be regarded as psychiatric illness in each historical period and developmental phase.

Examples are taken both from poetry and prose, but the characters presented in some major folk and epic literature and novels are of greater importance.

The aim of this presentation is to show that the relationship between literature and psychiatry can be utilized in a practical way in better understanding of the evolution of mental illnesses. The results can be used in teaching psychiatry and adopting symptomatology and classification to the realities of different cultures, historical periods and levels of development.

### SPEAKER 2

**Title:** Great earthquakes and creativity — Lisbon (1755), Edo (1855) and East Japan (2011)
Speaker | S.Kato<sup>1</sup> 
---|---
<sup>1</sup>Prof. Satoshi Kato, Jichi Medical School, Jichi, Japan

### Abstract

Following the Great East Japan Earthquake disaster and nuclear plant accident (2011), many theoretical publications appeared on radiation-related damage from a medical and scientific standpoints, as well as many first-person narratives.

From the viewpoint of resilience, two movements could be observed: on a national level people tried to recover from the impact of the major disaster through scientific knowledge and on an individual level people attempted to cope through personal narratives and creativity. This may be ascribed to the prevalence of scientific knowledge and, driven by the IT revolution, the increased opportunities for individuals to express their thoughts and feelings. The presentation will compare the way that people dealt with earthquake and tsunami disasters looking back to the age dominated by religious explanations and cosmology and the way that people carry out creative activities in the aftermath of modern-day disasters.

An earthquake hit the capital of Portugal, Lisbon, on November 1st, 1755 and a tsunami struck the city following the earthquake, fires broke out, reducing Lisbon to ashes and costing about 60,000 lives. Voltaire dedicated a long epic poem to the tragic event, later discussing the problem of evil citing Leibnizian optimism in Candide.

Soon afterwards Kant proposed his earthquake theory. He also considered the experience when giving his definition of the sublime in Critique of Judgment: “The sublime names experiences like violent storms or huge buildings which seem to overwhelm us.”

Exactly 100 years after the Lisbon earthquake, a major earthquake struck downtown Edo (modern Tokyo), causing 10,000 deaths. A popular belief explained this event by the failure of the deity Kashima Daimyojin to restrain a giant catfish thrashing about in the depths below.

The presentation uses these historical events to analyze cultural responses to major disasters.

### Session: Section Symposium | SPEAKER 3 | Code SSY445
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**Title:** Experience of love by Iranian and Swiss adults as seen through the themes in classical Persian poetry

### Speaker

H. Bajoghli<sup>1</sup>, Edith Holsboer-Trachsler<sup>2</sup>, Serge Brand<sup>2</sup>, Negin Sadeghi<sup>3</sup>  
<sup>1</sup>Roozbeh Hospital, Teheran, Iran  
<sup>2</sup>Psychiatric Hospital of the University of Basel, Basel, Switzerland  
<sup>3</sup>Tehran University of Medical Sciences, Tehran, Iran

### Abstract

Literature can serve as a very valuable material for psychological analysis as we grapple with its bidirectional effects in the attitudes of general population. Literature reflects conscious and unconscious attitudes of people on one hand and it can actively affect their minds on the other hand. This analysis might be even more valuable if our subject of research is a world-famous poet like Hafez, who was influential for many classical authors from Goethe to Ralph Waldo Emerson. The UNESCO officially declared 1988 the "Year of Hafez". The first aim of the present study was to determine to what extent items of a current questionnaire of love match themes of love found in Hafez’s poetry. Then, we investigated gender- and cultural differences in the importance of these themes. To do so, first, themes of Hafez’s poems were compared with the items of Fisher’s —Being in Love Inventory. Second, a set of items was presented to Iranian and Swiss female and male adult participants (N=325; age (years): M =31.29; SD =16.28; 161 Iranian; 164 Swiss).  

Our results confirmed that Hafez's themes of love are still up-to-date, though some subtle cultural and gender-related differences exist. Hafez's love sonnets reflect the kind of love that appeals to the typical Persian and Swiss adults such as turning away from the world or ambivalent attitude towards a separation in their love affairs. The limitation of this study is that we had to demystify the inner secrets and deeper understanding of Hafez's poetry of love by taking a reductionist approach. According to Jung, "poetry just can be the subject of psychological phenomenology. Since nobody can penetrate the heart of nature you will not expect psychology to do the impossible."
Symposium

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<th>Title:</th>
<th>Literary expression in art therapy</th>
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<td>Speaker</td>
<td>M. Tyszkiewicz ¹, W. Żuchowicz ¹</td>
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<td>¹Outpatients Psychiatric Clinic, Gdynia, Poland</td>
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<tr>
<td>Abstract</td>
<td>The paper addresses rehabilitation and resocialization of psychiatric patients through literary expression, based on the observations of patients in the Club of Amateurs of Art in Gdynia. After some years of creating visual arts, patients started sharing with us their literary works, mainly poems but also short stories. The works have been compared with the works of contemporary authors. There have been found traces of the so-called pathologization of the contents and form. The authors have been divided into two groups: the first group of those who allowed us to print their poems, write about them, reprint them in booklets, and the other group consisting one of those who write a lot, show us the volumes of mainly handwritten works but do not wish to part with their creation at all in any form or to make it public. A very interesting group are the authors who write “sequels” to classical novels, such as On the Niemen, Ann of Green Gables, etc. The authors’ notebooks are often illustrated with drawings adequate to the contents of the literary expression. It has also been observed that the persons writing and painting as well are more socialized are the patients who write in seclusion, “for the desk drawer.” Besides, we analyze the frequency of verbs and adjectives (especially in the prose of our authors) in relation to their number at prosaic writers of recent several years. Our paper provides a demonstration of the principles widely promoted in French psychiatry, “Write in Prder to Live” and work of French and Italian psychiatrists (e.g. Pasanisi) who are widely involved in promoting and publishing literary works by psychiatric patients.</td>
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<th>Title:</th>
<th>The great divide 2.0? The case for liberal arts in health sciences curricula.</th>
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<tr>
<td>Speaker</td>
<td>E. Sukhanova</td>
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<tr>
<td></td>
<td>City University of New York, New York, USA</td>
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<td>Abstract</td>
<td>A half a century after C.P. Snow’s seminal essay on the “great divide” between hard sciences and the arts, the tensions across disciplinary lines have proven difficult to overcome. The traditional fragmentation of the curriculum has largely been in the way of aligning teaching with collectively owned goals and learning outcomes. Humanities contribute to the development of complex interpretive skills, embracing affective aspects of intelligence as much as they embrace conventional rationalist forms of inquiry such as logic, analysis, deconstruction and critique. Recent studies that medical students who have an additional background in the humanities improve clinically relevant skills including communication, analysis, presentation, writing and ethical reasoning and may have a lower rate of burn-out during their clinical rotations. Many institutions of higher learning are now experimenting with incorporating studies in the humanities in their undergraduate curricula for medical students. How can practical aspects of liberal art education help reconcile professional education and liberal arts? What role can humanities serve in contemporary medical education, and in health sciences in general? Finally, what are some practical ways of rethinking the educational goals at a time when university curricula are packed more tightly than ever? These questions are particularly relevant to psychiatry as the most culturally bound of medical specialties.</td>
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Title: **Negative symptoms of schizophrenia, their impact and therapeutic options**

Chairperson: Prof. Dr. Wolfgang Gaebel  
Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, LVR-Klinikum Duesseldorf, Duesseldorf, Germany

Abstract: Negative symptoms of schizophrenia play a major role in the development and maintenance of the stigma attached to people in whom they appear and contribute to the image of schizophrenia as an illness which is difficult to treat and impossible to cure. They are one of the main obstacles to the rehabilitation of patients suffering from schizophrenia and from other diseases in which they occur. While the current treatments of schizophrenia seem to have a fairly rapid and lasting effect on positive symptoms such as delusions and hallucinations options for the management of negative symptoms are fewer and their application requires more time and more investment into the training of personnel. The symposium will present data on the prevalence of negative symptoms and their impact on the stigma of schizophrenia as well as current and future options for the their treatment.

Speakers:
1. Prof. Silvana Galderisi  
   University of Naples SUN, Naples, Italy
2. Prof. Dr. Wolfgang Gaebel  
   Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, LVR-Klinikum Duesseldorf, Duesseldorf, Germany
3. Dr. Dragana Bugarski-Kirola  
   Hoffmann-La Roche Ltd., Basel, Switzerland
4. Prof. Dr. Alp Ucok  
   Dept. of Psychiatry, Istanbul Faculty of Medicine, Istanbul

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Title: Negative symptoms in schizophrenia: prevalence and impact on functional outcome

Speaker: Prof. Silvana Galderisi  
University of Naples SUN, Naples, Italy

Abstract: Objective: Recent conceptualizations of negative symptoms acknowledge their heterogeneity and propose different approaches to reduce it. The presentation will review prevalence figures and data relevant to impact on outcome obtained by using either categorical or dimensional approaches in studies on negative symptoms.

Methods: Categorical approaches have been based on the construct of deficit schizophrenia, characterized by the presence of primary and persistent negative symptoms. More recently, the construct of persistent negative symptoms (PNS) was proposed as the one capturing those negative symptoms than lead to poor functional outcome and are not adequately addressed by currently available treatments. The dimensional approach is mainly based on factor analyses of either primary and persistent negative symptoms or broadly defined negative symptoms, which, so far, consistently identified two factors, “Avolition” and “Emotional expression”.

Results: The prevalence of the deficit schizophrenia in clinical samples is about 20–30 %, whereas in population-based samples figures around 14–17 % have been reported. The prevalence of PNS varies according to the stage of the disease, but also in relationship with other variables. In first-episode schizophrenia patients, for instance, discrepant prevalence figures were reported for PNS, ranging from 3.8 to 31.5 %, due to different definitions of PNS, but also to different clinical variables, such as the severity of positive symptoms.
symptoms or the duration of longitudinal assessment. According to findings from the EUFEST study, PNS not confounded by depression or parkinsonism were present in 6.7% of the sample. The prevalence is higher in people with longer duration of illness: a figure of 27.3% was reported after 3 years from the onset. Patients with deficit schizophrenia, as compared to those with nondeficit schizophrenia, show worse psychosocial outcome. However, in a recent study by our group, the ability to predict social functioning in the real world was greater for the factor ‘Avolition’, reflecting the severity of broadly defined negative symptoms loading on this factor, than for the categorical diagnosis of Deficit Schizophrenia, thus lending support to the recent emphasis on the persistence of negative symptoms, regardless of their being primary or secondary. In line with this observation, we found that first-episode patients with PNS differ from those without PNS for a longer duration of untreated psychosis (DUP) and a more frequent discontinuation of study treatment; they also show a poorer psychopathological outcome and a worse global functioning after 1 year of treatment.

Conclusion:
Attempts to deconstruct the heterogeneous domain of negative symptoms into more precisely defined psychopathological constructs is worth to be pursued in different stages of the disease, both in a categorical and in a dimensional perspective.

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<tr>
<td>Title:</td>
<td>Current therapeutical options and unmet needs in treating negative symptoms in schizophrenia</td>
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<td>Speaker</td>
<td>W. Gaebel</td>
<td>Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, LVR-Klinikum Duesseldorf, Duesseldorf, Germany</td>
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<tr>
<td>Abstract</td>
<td>Objective:</td>
<td>Schizophrenia is still one of the most disabling diseases affecting different symptom dimensions like positive and negative symptoms, which include apathy, affective flattening, social withdrawal and avolition. Whereas positive symptoms mostly respond to antipsychotic treatment, negative symptoms often persist and thus impede full symptom remission and functional recovery.</td>
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<td></td>
<td>Methods:</td>
<td>Current evidence will be reviewed and results of the first episode long-term study (Gaebel et al. 2007) within the German Research Network (GRNS-FES) will be presented.</td>
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<td>Results:</td>
<td>The GRNS-FES indicates that about 40% of patients did not reach enduring remission (over at least 6 months) within the first postacute year, nearly all due to persisting negative symptoms and only about 10% due to persisting positive symptoms. In addition, negative symptoms after acute treatment are a highly significant predictor for not reaching enduring remission (Gaebel et al. 2013). Based on evidence some additional treatment options (like adjunctive antidepressants or psychological interventions) can improve negative symptoms however the overall effect is limited. Recent findings suggest that response of negative symptoms to antipsychotic treatment might depend on genetic variations of the 5-HT-receptors (e.g. Mössner et al. 2009).</td>
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<td>Conclusion:</td>
<td>Negative symptoms continue to be difficult to treat and contribute to the unmet needs in schizophrenia treatment. Genetic variations of the 5-HT-receptors might be indicators for a more personalized antipsychotic drug treatment, but more effective treatment options are also still lacking.</td>
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<td>Gaebel et al. (2013) Rates and predictors of remission in first-episode schizophrenia within 1 year of antipsychotic maintenance treatment. Results of a randomized controlled trial within the German Research Network on Schizophrenia. Schizophr Res [Epub ahead of print].</td>
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<td>Title:</td>
<td>Efficacy and safety of adjunctive Bitopertin versus placebo in subjects with persistent, predominant negative symptoms of schizophrenia treated with antipsychotics – Results from two phase III Studies</td>
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<td>Speaker</td>
<td>Dr. Dragana Bugarski-Kirola Global Development Team Leader, F. Hoffmann-La Roche, Basel, Switzerland</td>
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<td>Abstract</td>
<td>Objective: To assess the effect of bitopertin, an oral investigational glycine reuptake inhibitor, as adjunctive treatment to antipsychotics in patients with persistent, predominant negative symptoms of schizophrenia. Methods: FlashLyte (NCT01192867; NN25310) and DayLyte (NCT01192906; WN25309) are multi-centre, randomized, 24-week, double-blind, parallel group, placebo-controlled studies. For both studies, inclusion criteria were: age ≥18 years, DSM-IV-TR diagnosis of schizophrenia; score ≥40 on sum of the 14 Positive and Negative Syndrome Scale (PANSS) negative symptoms and disorganized thought factors. Stable patients with predominant negative symptoms were randomized 1:1:1 to receive bitopertin 10mg, 20mg or placebo [FlashLyte] or bitopertin 5mg, 10mg or placebo [DayLyte] QD for 24 weeks. The primary efficacy endpoint was change from baseline in the PANSS negative symptoms factor score (NSFS) at Week 24. The key secondary endpoint was mean change from baseline in the Personal and Social Performance (PSP) total score at Week 24. Results: At Week 24, change from baseline in mean PANSS NSFS showed improvement in all arms, but no statistically significant separation from placebo at any study dose (5, 10 or 20mg). Similar findings were noted consistently across other endpoints and between studies, including PSP total score. Subgroup analyses of race, region, sex and primary antipsychotic type did not evidence differences in any subgroups. The adverse event (AE) profile was similar to placebo and there were fewer withdrawals due to AEs on active arms compared with placebo. No effects on vital signs, weight or metabolic parameters. As expected from previous studies, a dose-dependent decrease in haemoglobin was observed. Conclusions: In patients with persistent, predominant negative symptoms receiving antipsychotics, there was a clinically relevant improvement in all study arms; however, there was no statistically significant effect of adjunctive bitopertin (5, 10 or 20mg) compared with placebo on primary or key secondary endpoints. Bitopertin was well tolerated.</td>
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<tr>
<td>Title:</td>
<td>Effects of different negative symptom subgroups on functionality in patients with first episode schizophrenia</td>
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<td>Speaker</td>
<td>Prof. Dr. Alp Ucok Istanbul Faculty of Medicine, Dept of Psychiatry, Turkey</td>
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<td>Abstract</td>
<td>Objective: The aim of this presentation is to summarize the findings of previous studies about the factor structure of negative symptoms in first-episode schizophrenia (FES), and to discuss the relationship of these factors with clinical course and functioning after FES. Studies on prevalence and course of the persistent negative symptoms will be also presented. Findings of our recent studies on this topic also will be presented. Methods: We assessed 174 drug-naive patients with FES using BPRS, SANS, SAPS and, Global Assessment of Functioning (GAF) and an 8-item cognitive battery at admission. The scales were repeated monthly during follow-up. We also recorded patients’ functioning levels, remission and work status at the 12th</td>
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and the 24th months.

Results:
A two-factor structure was found at the baseline, whereas only one factor was found in the 12th and the 24th months. ED factor consisted of alogia and blunted affect, and MPD factor consisted of avolition and anhedonia. ED factor was related to earlier onset and remission status, and it was negatively correlated with duration of education and cognitive test scores. MPD factor was related to duration of untreated psychosis, family history of schizophrenia and work status is.

Conclusion:
Our findings suggest that the two factors have separate aetiologies and different impacts on course and functioning after FES.
**OVERALL ABSTRACT**

**Title:** International overview of quality assurance perspectives in mental health

**Chairperson** J. McIntyre, Department of Psychiatry, University of Rochester, Rochester, NY

**Co-chairperson** W. Gaebel, Department of Psychiatry and Psychotherapy, LVR Klinikum Düsseldorf

**Abstract**

**Objectives**
There is a well recognized "chasm" between evidence based practices that have been developed in many countries and the actual care that is delivered. This symposium will discuss projects that address that "chasm" with an aim of improving the quality of care received by patients with mental illness.

**Methods:**
Projects that will be described include: In the United States, the Physician Consortium on Performance Improvement (PCPI) is a physician-led initiative that develops, tests, implements and disseminates measures that reflect best practices in medicine. There will be an overview of the work of the PCPI. One of the measure sets, on Major Depressive Disorder, approved in February 2013 will be reviewed. In Europe, the European Psychiatric Association has developed a project "European Guidance" which includes 30 evidence and consensus based recommendations on the structure and processes of mental health services in Europe. Quality indicators, derived from the recommendations were also published. There may also be a presentation on the work of the International Initiative for Mental Health Leadership (IIMHL) which reviewed twenty-nine quality measurement initiatives from 11 countries.

**Results:**
The quality improvement efforts of the above projects will be described as well as the potential impact on the quality of care delivered in the participating countries.

**Conclusions:**
A number of initiatives in many countries are addressing the gap between evidence based best practices and the care actually delivered to persons with mental illnesses. As that cap is narrowed patient outcomes should improve.

**References**

**Speakers**
1. J. McIntyre  
   Department of Psychiatry, University of Rochester, Rochester, NY
2. W. Gaebel  
   Department of Psychiatry and Psychotherapy, LVR Klinikum Düsseldorf
3. J. Srinivasaraghavan  
   V.A. Medical Center, Marion, IL
4. T Akiyama  
   NTT Medical Center Tokyo

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**OVERALL ABSTRACT**

**Title:** Physician consortium on performance improvement (PCPI) and major depressive disorder measure set

**Speaker** J. McIntyre  
Department of Psychiatry, University of Rochester, Rochester, NY

**Abstract**

**Objectives:**
The PCPI is a national physician-led initiative in the U.S. dedicated to improving patient health and
safety. The PCPI develops, tests, implements and disseminates measures that reflect best practices in medicine. This presentation will highlight some of the work and products of PCPI which has been functioning for over a decade.

Methods:
In particular one of the measurement sets on Major Depressive Disorder (MDD) will be reviewed. This set, approved in February 2013, contains 10 measures with an aim to improve outcomes for patients with MDD.

Results:
The PCPI measurement set for Major depressive Disorder includes screening, evaluation, suicide risk assessment, appraisal for alcohol or drug abuse, antidepressant medication management, patient education, follow up care and coordination of care of patients with comorbid conditions.

Conclusions:
Measurement sets are an important component in improving the quality of care received by persons with mental illnesses.

References

Session: | Section Symposium | SPEAKER 2 | Code | SSY484
---|---|---|---|---
Title: | European guidance on the quality of mental health services | | |
Speaker | W. Gaebel
Department of Psychiatry and Psychotherapy, LVR Klinikum Düsseldorf | | |
Abstract | Objectives:
For the assurance of quality of mental healthcare in Europe, the European Psychiatric Association (EPA) provided a series of guidance documents on topics such as mental healthcare services and the prevention of mental disorders, for which evidence- and consensus-based guidelines are currently lacking. The aim of the project was to provide information on good clinical practice, using problem solving examples, guidelines and quality standards of care for European psychiatrists, service providers, national societies and health authorities, and to address healthcare gaps.

Methods:
The “EPA guidance on the quality of mental health services” developed 30 evidence- and consensus-based recommendations on the structures and processes of mental health services in Europe based on systematic literature researches and a peer review process. In order to measure the degree of implementation of the recommended processes and structures, the recommendations were supplemented by quality indicators.

Conclusions:
This initial set of recommendations needs to be tested in European countries in order to establish the current state of the quality of mental health care and to further develop the recommendations based on user feedback.

Session: | Section Symposium | SPEAKER 3 | Code | SSY484
---|---|---|---|---
Title: | Varying quality indicators and what may influence the variance | | |
Speaker | J. Srinivasaraghavan
V.A. Medical Center, Marion, IL | | |
Abstract | Objectives:
The quality of care a psychiatric patient depends on the setting, such as outpatient, inpatient, day care, residential facility or prison. Quality of care in one setting may impact on the quality of care in another
setting for the same individual. Prevention quality indicators may identify how high quality outpatient care prevents unnecessary hospitalization. Inpatient quality indicators may concentrate on preventing morbidity and mortality and patient safety indicators may concentrate on avoidable complications.

The quality indicators have to be developed keeping in mind the setting in question and the availability of resources. For example, Suicide risk assessment can be done using a few questions as a screening instrument in an emergency room but such a risk assessment has to be much more extensive when used in an inpatient setting. The use of newer antipsychotics and antidepressants can be defined in the quality indicator but what good would it do in a developing country without adequate resources for the prescription of such medication?

Conclusions:
This presentation will emphasize the need for reasonable standards within a broad range of practice pattern based on the setting, resources and trained personnel.

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<td>Title:</td>
<td>Fukushima project: Nuclear disaster stress relief</td>
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<td>Speaker</td>
<td>T Akiyama NTT Medical Center Tokyo</td>
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| Abstract | Objectives:  
1. The audience will learn the complexity of nuclear plant stress, especially stigma, prejudice and discrimination involved.  
2. The audience will learn the project which has been proceeding as collaboration between Japanese and American professionals.  
3. The audience will learn the progress and preliminary results of the project  

Methods:  
Evelyn Bromet reported that mental health is a leading cause of disability, physical morbidity and mortality as consequence of Chernobyl disaster. In order to prevent the health damage in Fukushima, we are planning to carry out Fukushima Project: Nuclear Disaster Stress Relief Project as follows;  
1. Parent child play and peer discussion 
Young mothers play with their children and exchange peer discussion with other mothers. The purpose is to reactivate the contacts between mothers and children and to enhance peer support and self-affirmation among the mothers.  
2. Focus group with public health nurse 
The purpose is to gather information on the experience of the public health nurse in providing care to the residents and to formulate it into a useful material.  
3. Outside of the Wire care 
The purpose is to enhance peer emotional support among the public health nurse and young mothers, utilizing Outside of the Wire method. This method comprises dramatic theater reading and following discussion and has been used for various mental health support purposes in the States.  
4. Lecture and discussion with residents 
A combination of lecture on general health topics and small group discussion after the lecture will be provided. The purpose of small group discussion is to assist the residents to assimilate the lecture contents.  

The project team is composed of experts in Fukushima, Tokyo and New York.  

Title: **International perspectives of quality of care and integration of schizophrenic persons predominantly in developing countries**

Chairperson: Dr. Afzal Javed, Coventry & Warwickshire NHS Trust at Nuneaton, Warwick Medical School, University of Warwick, Nuneaton, United Kingdom

Co-chairperson: Prof. Dr. Wolfgang Gaebel, Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, LVR-Klinikum Duesseldorf, Duesseldorf, Germany

Abstract:

It has been observed that schizophrenia has a better prognosis in low income countries with the most compelling evidence coming for this comes from cross-national studies conducted by the World Health Organization. In contrast to such observations of better outcomes, some investigations have reported unusually high mortality rates in developing countries among persons with schizophrenia. Thus, we are left with the challenge to investigate the social and cultural factors that may influence both the short- and long-term course and prognosis of schizophrenia.

The question of the course and outcome of schizophrenia becomes of even more importance when we look at the management of schizophrenic patients especially in these less resourced countries. Although management of schizophrenic patients in the community poses a big challenge in almost countries, the situation becomes more complex in low income countries where limited resources & the increasing shortage of psychiatrists and other skilled mental health professionals make the situation more difficult. Stigma, and the presence of competing and conflicting models of mental illness often based on magic and religious beliefs, non availability of appropriate medication and lack of policies for mental health in many of these developing countries increase the gaps in mental health care to a significant proportion.

Despite these limitations there are some innovative examples of good practice in many countries where local resources have been used to improve local services. This workshop will address these different models of care and explore further directions in this area for setting some guidelines and recommendations for ensuring quality of care for the schizophrenic patients in developing countries.

References:


PATEL, Vikram; COHEN, Alex; THARA, Rangaswamy and GUREJE, Oye. Is the outcome of schizophrenia really better in developing countries?. Rev. Bras. Psiquiatr. [online]. 2006, vol.28, n.2 [cited 2013-03-04], pp. 149-152

Speakers:

1. Prof. Norman Sartorius
   Association for the Improvement of Mental Health Programmes, Geneva, Switzerland
2. Dr. Antonio Lora
   Department of Mental Health, Lecco Hospital, Lecco, Italy
3. Dr. Afzal Javed
   Coventry & Warwickshire NHS Trust at Nuneaton, Warwick Medical School, University of Warwick, Nuneaton, United Kingdom
4. Prof. V. W. Larach,
   Universidad Andres Bello, Facultad de Medicina, Depto. de Psiquiatría, Santiago, Chile
5. Prof. Dr. Wolfgang Gaebel
   Department of Psychiatry and Psychotherapy, Medical Faculty Heinrich-Heine-University, LVR-Klinikum, Duesseldorf, Duesseldorf, Germany
### Title:
Long term outcome of schizophrenia in developing and developed countries

### Speaker
N. Sartorius  
Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

### Abstract
Prognosis of schizophrenia in developed countries differs from that in the developing countries. The number of people who after a single episode experience good recovery is higher in the third world than in industrialized settings. The reasons for this difference are not well known but it is likely that the pressures of the modern, highly industrialized cities as well as family arrangement play a major role in creating the difference. The presentation will discuss these issues using data from long-term follow-up studies of schizophrenia carried out in different countries.

### References


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### Session: Symposium SPEAKER 2  
**Code** SSY486

### Title:
Service availability and utilization and treatment gap for schizophrenic disorders: A survey in 50 low- and middle income countries

### Speaker
A. Lora  
Department of Mental Health, Lecco Hospital, Lecco, Italy

### Abstract
**Objective:** To outline mental health service accessibility, estimate the treatment gap and describe service utilization for people with schizophrenic disorders in 50 low- and middle-income countries.

**Methods:** The World Health Organization Assessment Instrument for Mental Health Systems was used to assess the accessibility of mental health services for schizophrenic disorders and their utilization. The treatment gap measurement was based on the number of cases treated per 100 000 persons with schizophrenic disorders, and it was compared with subregional estimates based on the Global burden of disease 2004 update report. Multivariate analysis using backward step-wise regression was performed to assess predictors of accessibility, treatment gap and service utilization.

**Results:** The median annual rate of treatment for schizophrenic disorders in mental health services was 128 cases per 100 000 population. The median treatment gap was 69 % and was higher in participating low-income countries (89 %) than in lower-middle income and upper-middle-income countries (69 % and 63 %, respectively). Of the people with schizophrenic disorders, 80 % were treated in outpatient facilities. The availability of psychiatrists and nurses in mental health facilities was found to be a significant predictor of service accessibility and treatment gap.

**Conclusion:** The treatment gap for schizophrenic disorders in the 50 low and middle-income countries in this study is disconcertingly large and outpatient facilities bear the major burden of care. The significant predictors found suggest an avenue for improving care in these countries.

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### Session: Symposium SPEAKER 3  
**Code** SSY486

### Title:
The developing countries view on ensuring quality of care
Schizophrenia, one of the most severe mental disorders, is a chronic and relapsing illness that often leads to progressively worsening disability, increased risk of stigma & discrimination and loss of livelihoods and social networks for majority of the patients. Based on current data, it is assumed that the point prevalence of schizophrenia in Low and Middle income countries is around 4.6 per 1,000 populations. This means that out of 5.3 billion people living in these countries, there will be around 25 million patients suffering from schizophrenia. Unfortunately health systems in general and mental health services in particular are very limited in these countries so most people suffering from mental disorders (in particular schizophrenia) will probably be receiving little or no formal care. When it comes to prognosis and outcome of schizophrenia, the course and outcome also varies in these countries. Financial restraints and scarcity of man power resources make the situation more complex. Cross-national studies conducted by the World Health Organization suggest that schizophrenia has a better prognosis in low income countries as compared to the developed world but in contrast to such observations of better outcomes, some investigations have reported unusually high mortality rates in developing countries for persons with schizophrenia. We are thus left with the challenge to investigate the social and cultural factors that may influence morbidity, mortality, & treatment & management of schizophrenic patients in less income and resourced countries. Such observations certainly have a great impact on the quality of care of these patients as well as helping towards the burden of care for their families. This paper will discuss issues related to quality of care and integration of schizophrenic patients from low income countries and will present some examples of good practice from countries where local resources have been used to improve services for schizophrenic patients.

References
according to established protocol, health professionals and institutions that are responsible for not complying with a law can be prosecuted.

Results:
Since 2005, 20,410 patients with a first psychotic episode or suspicion of it have been incorporated to this program. Of these patients around one-third has proved to be in a schizophrenia psychotic episode. Adherence to treatment guidelines according to the Chilean GES program has been quite good for pharmacological treatment, average for psychosocial interventions, and low for utilization of objective measures by symptom scales and diagnostic interviews. The dropout rate has been low[3]. We will discuss these issues.

References


Session: | Section Symposium | SPEAKER 5 | Code | SSY486
---|---|---|---|---
Title: | Towards a global definition of quality of mental health services: Lessons learned from developing a respective EPA guidance |
Speaker | W. Gaebel |
Department of Psychiatry and Psychotherapy, Medical Faculty Heinrich-Heine-University, LVR-Klinikum, Duesseldorf, Germany |
Abstract | Objective: |
To provide evidence-based recommendations for optimal structures of mental health services in Europe, to address health care gaps and to give advice on developing research programs. |
Methods: |
A systematic literature research was performed and in a subsequent consensus process guidance recommendations were formulated. For fields in which evidence was lacking, recommendations solely rely on the judgment of psychiatric experts. |
Results: |
Thirty evidence- and consensus-based recommendations were developed, which comprise ten general and six service-typespecific structure recommendations, and four general and ten servicetype-specific process recommendations. In addition, the application of each recommendation on a macro, meso or micro level was differentiated. All recommendations were supplemented by quality indicators, which can assess the degree to which the recommendations are implemented in each European country. General issues that arose during the development process were the comparability of healthcare research results from different countries and the lack of research evidence for several important research questions. |
Conclusion: |
The EPA guidance on the quality of mental health services intends to promote the optimization of mental health services structures and processes throughout Europe. During the research process, the large differences of mental health service structures and the lack of evidence for some research questions became major issues. Recommendations may therefore focus on mental health service structures that have been researched extensively, such as assertive community treatment, although a transfer to European countries that do not use such structures may neither be feasible nor warranted. Future guidance updates would profit from collaborational, pan-European studies involving many European countries with diverse service structures.
Title: Stratification of patients using inflammatory biomarkers

Chairperson Dr. Aye Mu Myint, Psychiatric Hospital, Ludwig Maximilian University, Munich, Germany

Co-chairperson Prof. Norbert Mueller, Psychiatric Hospital, Ludwig Maximilian University, Munich, Germany

Abstract Molecules related to immune function play a key role in both natural and adaptive immunity in the body. Those molecules can also influence the stress response and behavioural changes either through biological network between body and mind or some direct actions on the neurons regarding plasticity and toxicity. Several research studies carried out in our section brought us to the light that some of those molecules can be applied to stratify highly heterogeneous psychiatric disorders in order to assist the treatment or preventive strategies. In this symposium, the speakers will present how different immune function related markers could be applicable in stratification of patients with different psychiatric disorders from preventive and treatment aspects. Each talk will take 15 minutes and the final discussion with the audience will take about 15 minutes.

Speakers
1. Prof. Sperner-Unterweger B
   Psychiatric Hospital, Innsbruck University, Innsbruck, Austria
2. Dr. Myint AM
   Psychiatric Hospital, Ludwig Maximilian University, Munich, Germany
3. Dr. MÜlbacher M
   Psychiatric Hospital, Salzburg, Austria
4. Prof. Halaris A
   Psychiatric Hospital, Loyola University Medical Centre, Chicago, USA
5. Prof. Norbert Müller
   Psychiatric Hospital, Ludwig Maximilian University, Munich, Germany

Title: Phenylalanine and tyrosine in major depression

Speaker Prof. Sperner-Unterweger B
Psychiatric Hospital, Innsbruck University, Innsbruck, Austria

Abstract Neuropsychiatric symptoms such as cognitive impairment or depressive mood frequently develop in patients with chronic diseases like infections or malignancy. A possible connection between chronic inflammation and the development of depression has received increasing attention during the last 10 years. In the pathogenesis of depression, neurotransmitter disturbances are considered to play a major role, among them serotonergic and adrenergic neurotransmission pathways are crucial. Furthermore data have demonstrated that inflammatory cytokines can interact with these pathways. On the other hand the question arises if this possible pathomechanism is relevant in all patients with major depression (MDD) or only in a subgroup. In order to investigate possible influencing factors we studied the phenylalanine-tyrosine pathway in physically healthy patients with MDD, in breast cancer patients with and without MDD and in healthy individuals.

Neopterin, tryptophan and phenylalanine metabolites have been analysed in 46 MDD patients, 84 breast cancer patients of whom 35 women were also suffering from MDD and 43 healthy matched controls. An explorative analysis between the different groups showed highest metabolic rates in the f phenylalanine- tyrosine pathway in patients with cancer and depression. To explore the influences of physical status (breast cancer) and mental status (depression) on the two pathways in greater detail a two-way-analysis of (co) variance (ANCOVA) was used. The model investigated the main effects of mental status and physical status as well as their interaction effect on the metabolites. Significant interactions of mental status and physical status were found for phenylalanine, tyrosine and the Phe/Tyr ratio (p<0.001) i.e. the impact of “depression” on this pathway metabolites was “breast cancer” specific and vice versa. In women with breast cancer and depression highest levels of phenylalanine and highest values of the Phe/Tyr ratio were observed.

Data of this study show that the inflammatory response which is often observed in patients with cancer could affect the phenylalanine-tyrosine pathway and thereby influence the development of depression in...
Title: Kynurenines and related markers in major depression and schizophrenia
Speaker: Dr. Myint AM
Psychiatric Hospital, Ludwig Maximilian University, Munich, Germany

Abstract
Chronic low-grade activation of inflammatory response system (IRS) was reported in some patients with depression and schizophrenia. Such an activation of IRS can disturb the balances in the tryptophan metabolism. The metabolites from tryptophan metabolism are neuroactive and the imbalances can induce psychiatric symptoms. Our studies revealed that the changes in 5-hydroxy-indoleacetic acid (5HIAA), kynurenic acid (KynA), 3-hydroxy kynurenine (3HK) and quinolinic acid (Quin) are associated with different symptoms and response to treatment. Moreover, we observed that different diagnostic groups or subgroups showed differences in the biochemical parameters. In addition, it is observed in our multicentre study that under major depression different subgroups can be identified using tryptophan metabolic biomarker statuses. The biochemical stratification of patients could be the leading role in future psychiatry in terms of personalized medicine to provide the right treatment from the beginning.

Title: Cytokines and kynurenines in bipolar disorder
Speaker: Dr. Mülbacher M
Psychiatric Hospital, Salzburg, Austria

Abstract
The role of activated inflammatory response system was reported in bipolar disorder. We have explored the role of serum inflammatory cytokines and kynurenines in bipolar patients in different cycles. The cytokines changes can predict the symptomatic episodes and changes in kynurenines coincide with the symptomatic episodes. The detailed changes will be discussed.

Title: Growth factors in major depression
Speaker: Prof. Halaris A
Psychiatric Hospital, Loyola University Medical Centre, Chicago, USA

Abstract
Major Depressive Disorder (MDD) is a highly prevalent mood disorder worldwide, carries significant morbidity and mortality risk, and high co-morbidity with a host of other disease entities. In spite of numerous scientific breakthroughs, many questions remain about the pathophysiology of the disorder. Similarly, the precise mechanisms of antidepressant drug action and the reasons why only a minority of patients remit after initial treatment are unclear. Recent targets of investigation in an effort to address these questions have included Growth Factors (GFs), notably, Vascular Endothelial Growth Factor (VEGF) and Brain Derived Neurotrophic Factor (BDNF). VEGF, while extensively characterized as an angiogenic mitogen, is widely expressed in the body, and extensive research has identified its role in the brain. VEGF is involved in hippocampal neurogenesis and response to stress, and it exerts a neuroprotective effect. BDNF is densely distributed throughout the brain and a variety of peripheral tissues. In addition to its role in early development and neuronal survival, BDNF also plays a critical role regulating activity-dependent plasticity mechanisms. Based on these findings, the neurotrophic model of depression has been proposed. It postulates that a decline in neurotrophins may potentially cause atrophy of limbic structures that control mood, resulting in symptoms of depression. Antidepressant treatment may reverse this atrophy and restore levels of neurotrophins, such as VEGF and BDNF. The objective of this study was to investigate the potential utility of plasma/serum VEGF and BDNF as biomarkers for depression and as predictors of response to treatment. We measured VEGF and BDNF levels in MDD.
patients and compared it to age/sex-matched healthy controls. Additionally, we assessed whether baseline VEGF and BDNF levels correlate with the response to treatment either with the SSRI, escitalopram (ESC), or the atypical antipsychotic, quetiapine (QTP), used as monotherapeutic agents. We conclude that blood levels of BDNF and VEGF may help stratify subgroups of MDD patients and may also be useful markers in predicting response to antidepressant drug therapy. Furthermore, by elucidating the role of GFs in depression, we can better understand the pathophysiology of MDD and the mechanism of action of its treatment modalities. To our knowledge, this is the largest study to analyze serum VEGF in depressed versus healthy subjects and the first to be done in North America. Additionally, to our knowledge, this is the first study to demonstrate the potential of these GFs as clinically useful biomarkers in the diagnosis and treatment of MDD.

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<tr>
<td>Title:</td>
<td>Stratification for response to treatment WITH COX2-inhibitor</td>
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| Speaker           | Prof. Norbert Müller  
Psychiatric Hospital, Ludwig Maximilian University, Munich, Germany |
| Abstract          | Depression is reported to be associated with chronic mild immune activation. Treatment with anti-inflammatory medications was reported to bring some beneficial outcome although not for every patient with depression. Therefore, it is necessary to find a marker which can indicate the response to add on treatment with anti-inflammatory such as celecoxib. In the presentation, the role of biomarkers that could indicate the outcome of celecoxib add on treatment will be discussed. |
## OVERALL ABSTRACT

**Title:** WAIMH Symposium: Clinical and research topics in infant psychiatry

**Chairperson:** Miri Keren, M.D. Geha Mental Health Center, Tel Aviv university medical school, Israel

**Abstract**

This session will be composed of two clinical presentations and two research-oriented ones in the domain of infant psychiatry. We will start with a presentation about synchrony in early interaction and social signal processing methods: implications for clinical practice and research. The second study will be about The "PILE" research program (Programme for International Child Language) based in Necker Hospital since 2003, that focuses on the detection in the first year of life of risk indicators of later impaired verbal communication and general language. Switching from research to clinical work, we will show how ability of the parent to reflect on her state of mind and that of her infant, that is crucial to the development of affect regulation and that develops within a secure attachment relationship, may be impinged by stressful living conditions, such as in South Africa. When these psychological processes are not able to unfold, it leads to an 'acting-out', rather than a 'thinking about'. Providing a containing, therapeutic space in a primary South African health care setting has been shown to be valued by parents as well as having a positive effect on the children's development. From a primary care setting, we will then go to a a secondary one, with the presentation of a community-based model for intensive treatment of high risk infants exposed to very poor parenting.

**Speakers**

1. David Cohen  
2. Bernard Golse  
   Service de Pédopsychiatrie, Hôpital Necker- Enfants malades, 149 rue de Sèvres, 75015 Paris-France.
3. Astrid Berg  
   University of Cape Town.
4. S. Tyano  
   Tel Aviv university medical school, Israel

### SPEAKER 1

**Title:** Synchrony in early interaction and social signal processing methods: Implications for clinical practice and research

**Speaker:** David Cohen, Sylvie Viaux, Mohamed Chetouani  

**Abstract**

Objective: In the field of biology, the study of bonding has been renewed by the discovery of non-genetic transmission of behavioural traits through early mother-infant interaction and the role of stress hormones and oxytocin. However, the study of early interaction is complex. Our aim is to show how Social Signal Processing (SSP) can help in addressing some issues.

Methods: We summarized several recent works form our team using SSP and computational methods applied to early interaction and psychopathology.

Results: Data from diverse sources (e.g. experiments, home movies) show how SSP was used to address synchrony between partners (e.g. infant, child, care giver, agent) and characteristics that participates to interpersonal exchanges (e.g. motherese, emotional prosody or faces). When studying interactive patterns in a home movie study, we found that deviant autistic behaviors appear before 18 months. Parents felt the lack of interactive initiative and responsiveness of their babies and try to increasingly supply soliciting behaviors by using mother motherese [1]. Also, in an experimental studies, oxytocin shaped parental motion during father-infant interaction. The relationship between the oxytocin system and parental motion characteristics, further suggested that the cross-generation transmission of parenting in humans

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might be underlay by nuanced, infant-oriented, gestures relating to caregiver's proximity, speed, and acceleration within the dyadic context [2].

Conclusions: SSP, developmental psychology and the study of early interaction should bind together as SSP appears to be a promising tool to investigate early psychopathology.

References

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<tr>
<td>Title:</td>
<td>Program research « pile » at Necker hospital: Principles and results</td>
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Speaker
Bernard Golse and Lisa Ouss
Service de Pédopsychiatrie, Hôpital Necker- Enfants malades, 149 rue de Sèvres, 75015 Paris-France

Abstract
The "PILE" research program (Programme for International Child Language) based in Necker Hospital since 2003, focuses on the detection, in the first year of life, of risk indicators of later impaired verbal communication and general language.

The three axioms of the research “PILE” program underlying our approach and giving coherence to the clinical facts observed are:

1. There is no access to verbal language possible without access to inter-subjectivity;
2. There is no possible access to inter-subjectivity without gathering of different sensory flow from the object, hence the importance of the concept of synchrony multisensory interactions involving, as a cause or consequence, the functioning of the superior temporal sulcus;
3. There is no possibility of synchronous polysensoriality, without segmentation (intra-sensory) sensory flow from the object, so that these flows are in compatible rhythms (whether of a central segmentation, peripheral or interactive).

On the different cohorts studied, some results are emerging:

- Any curvity arms' movements in infants with West syndrome may, in the first year, allow to detect those who are most at risk of autism during the second or third year of life.
- Attachment babies of non visually impaired mothers is much more insecure than babies in the general population.
- Early hospitalization, however brief and caused by a benign pathology without any sequels, leaves behind a lasting marks in terms of attachment and style interactions.
- Language delays often observed in the oral disorders are less tied to a lack of investment in the oral area as early interactive dysfunctions caused by parental anxiety including and maternal one specially.

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<tr>
<td>Title:</td>
<td>Facilitating the parent-infant relationship - A perspective from South Africa</td>
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Speaker
Astrid Berg
University of Cape Town.

Abstract
Objectives
The facilitation of the parent-infant relationship through a reflective parenting intervention is being piloted in 5 different sites within the greater Cape Town area. The aim of this paper is to highlight the importance of the ability to mentalize in the development of the parent-child relationship.

Methods
Mentalization plays an important role in affect regulation and can only develop within a secure attachment relationship. Reflection on the possible meaning of the child's behaviour can only occur if the parent is aware of the feelings within her/himself and is able to think about the impact these have on behaviour.
Results
It is hypothesized that providing a thinking-feeling space for parents will enable them to make their children's behaviour understandable and thus more manageable.

Conclusions
For many parents and infants who have to contend with stressful living conditions, such psychological processes are not able to unfold leading to an 'acting-out', rather than a 'thinking about'. Providing a containing, therapeutic space in a primary health care setting has been shown to be valued by parents as well as having a positive effect on the children's development.

References

Session: Section Symposium SPEAKER 4 Code SSY526
Title: Reaching difficult-to reach high risk parents and infants: A community-based model for intensive treatment

Speaker
S. Tyano, M. Keren
Tel Aviv university medical school. Israel.

Abstract
Objective: The general awareness for the need of early detection of multi-risk families has grown impressively, and various early childhood programs have been put in place around the world. Most of these programs have focused on kindergarten-aged children, more than on infants (0-3 years). More than 50% of the maltreated infants in Israel are cases of neglect. In contrast to the substantial studies on preventive programs, there are very few studies comparing different types of treatment modalities for families who are already neglecting/abusing their infants. Before out-of home placement, the law requires a period of treatment trial with the biological parents. This is usually very challenging, because the target population is actually the most difficult-to-reach families, where parental psychopathology is at the basis of the abuse/the neglect, and compliance to treatment is the lowest. This in absolute discordance with the current knowledge that these multi-risk families need an intensive therapeutic approach, almost on a daily basis, and focused on behaviors, around daily caregiving tasks. We will present here the model we have put in place, in the context of a community-based Infant Mental Health Unit.

Method: An intensive care model was put in place for 25 families per year, based on the videotaped interactional guidance model, intensive reaching out, high frequency of sessions (twice a week, once dyadic/triadic, once group parent-infant).

Results: The intensive care model improves parenting in most cases to the extent that out of home placement was prevented. A videoclip will illustrate it.

Conclusion: Very poorly competent parents need a special intensive model of care in order to change their parenting patterns.
Inter-sectional symposium: From evidence-based to value-based psychiatry in oncology, palliative care and medicine

Chairperson: Fahrer, R., Department of Psychiatry at FLENI, University of Buenos Aires, Buenos Aires, Argentina

Abstract: The increase of research and clinical experience in psychiatry in medical settings, with particular regard to oncology and palliative care, has determined the need to balance evidence-based to value-based approaches to cancer patients and their families. The involvement of the Section on Psycho-Oncology & Palliative Care and the Section on Psychiatry, Medicine and Primary Care, has a specific role in understanding the way in which the WPA can help disseminate these concepts in the organization of clinical services and, in general, in treatment delivery. Representatives of the Section on Psycho-Oncology & Palliative Care and the Section on Psychiatry, Medicine & Primary Care will offer brief presentations on how data regarding the psychosocial aspects of cancer may inform and enrich the particular fields of such Sections, and therefore contribute to enhance the relationship of psychiatry and medicine at large, and oncology and palliative care as specialty areas. Some topics, such as genetics in cancer, psychiatric disorders in cancer care, neuro-oncology, and stress-reduction programs will be discussed within the framework of both evidence-based and value-based psycho-oncology and psychiatry in medicine.

Speakers:
1. Sofia D Merajver
   Breast and Ovarian Cancer Risk Evaluation Program, Department of Internal Medicine, University of Michigan, Ann Arbor, USA
2. Mutti, M.F. Fahrer, R.
   Department of Psychiatry at FLENI, University of Buenos Aires, Buenos Aires, Argentina
3. McInnis M.G.
   Department of Psychiatry, University of Michigan School of Medicine, Ann Arbor, USA
4. Baron David A
   University of Southern California, Keck School of Medicine, USA
5. Grassi, Luigi
   Institute of Psychiatry, Department of Biomedical and Specialty Surgical Sciences, University of Ferrara, Italy.

Integrated longitudinal assessment to guide risk counseling for breast and ovarian cancer in the era of personalized medicine

Speaker: S.Merajver, K. Kidwell, K. Milliron
University of Michigan Comprehensive Cancer Center, Ann Arbor, MI

Abstract: Objectives: For the last 2 decades, it has been possible to provide detailed counseling about breast and ovarian cancer risk and strategies to manage those risks in the setting of specialized clinics. This information affects individuals who are already concerned about the probability that they or close family members will develop cancer. In order to best manage women and men at increased risk for breast or other cancers, we developed a panel of questionnaires to enable longitudinal assessments in an efficient, client centered manner.

Methods: Over 15 years, the Breast and Ovarian Risk Evaluation Clinic (BOCREC) at the University of Michigan Comprehensive Cancer Center has administered a comprehensive intake questionnaire, and repeat assessments conducted by mail at 1 week, 1 month, and 1 year post-counseling to assess the impact of risk counseling on risk perception and coping with the risk status.

Results: We report the results on the impact of risk on 1300 patients evaluated at the initial visit, and 600 and 250 at 1 week and 1 year post counseling, respectively.

Conclusions: Risk perception and the emotional coping with the burden of risk knowledge evolve over time after an initial comprehensive session. Lifestyle and social factors and antecedent worries about cancer are analyzed as potential determinants of satisfaction with counseling and ability to cope with decisions made as a result of counseling. A comprehensive evaluation package that can be adapted fro
web data entry will be presented as a model to guide long-term counseling of individuals at increased risk for cancer.

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<td>Title:</td>
<td>Clinical characteristics and therapeutic difficulties of depressive disorders in neuro-oncology</td>
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<tr>
<td>Speaker</td>
<td>M.F Mutti, R. Fahrer</td>
<td>FLENI, University of Buenos Aires, Argentina</td>
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<td>Abstract</td>
<td>Study of depression in cancer patients is always a challenge. Its complexity resides in assessing mood changes in patients with constant life threats, receiving complex treatments, having to modify their structure of habitual functioning, feeling tired, experiencing pain or other symptoms. Manifestations are within a spectrum going from sadness to severe depressive disorder. However, approach of this diagnosis is essential, because untreated depression results in significant morbidity and mortality. Patients with neuro-oncological pathology have common symptoms with other cancer patients with different localization as well as their own symptoms. These are generally young patients, occupationally active, with fluctuating functioning evolution, with progressive abilities impairment, diminished autonomy and quality of life, cognitive failure, difficulties in therapeutic alliance and in communication, and therefore greater burden for family and environment. Depressive symptoms also present specific manifestations, according to the specific localization of the neurological illness. This presentation will review the general characteristics of depressive disorder in the cancer patient, specific characteristics in our population, and the prevalence and characteristics of depression in the main caregiver.</td>
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<tr>
<td>Title:</td>
<td>Managing bipolar disorder in the cancer patient</td>
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<td>Speaker</td>
<td>MG McInnis, DL Hertz, VL Ellingrod</td>
<td>University of Michigan, Ann Arbor, MI, USA</td>
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<td>Abstract</td>
<td>Objectives: Bipolar disorder represents a particular challenge for the oncology team as gyrations of mood may jeopardize every aspect of management. This presentation discusses clinical strategies for the bipolar patient and includes the mood stabilizing and antipsychotic medications, emphasizing the need for regular monitoring of clinical mood symptoms, medication levels when possible, and physical health to gauge progress. Methods: Thorough review of the mood stabilizer and antipsychotic literature in relation to bipolar disorder in the cancer patient population as well as the implications of genetic variants at genes responsible for metabolizing medications. Drug interactions and common complications elevate the cancer patient to high-risk status in chemotherapy for cancer. Results: There are few data that consider the implications of bipolar disorder and the pharmacological management of bipolar disorder in the context of a cancer diagnosis. Guidelines that combine the recommendations for cancer management and bipolar disorder are derived from extant treatment standards of both disease categories. Conclusions: The management of bipolar disorder in the cancer patient may be complicated by biological and pharmacological variability. In the medically compromised patient with cancer attention must be paid to drug interactions that affect metabolizing enzymes. The management of bipolar disorder in the cancer patient will benefit from a multi-disciplinary approach that engages care providers for both disciplines.</td>
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<tr>
<td>Title:</td>
<td>The role of novel stress reduction in early stage breast cancer outcomes</td>
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<tr>
<td>Speaker</td>
<td>DA Baron</td>
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The role of emotional stress affecting the course of disease has been well established in the medical literature. The existing field of psychoneuroimmunology has demonstrated that stress down regulates virtually every aspect of immune functioning. This effect has been linked to poorer long term outcome for morbidity and mortality. An important issue which has not been addressed is assessing stress reduction from the patients’ perspective. Objective: To determine if patient preference for stress reduction techniques has an effect on overall stress reduction.

Method: We will randomize a cohort of early stage breast cancer patients into 3 groups; one will be assigned a stress reduction program, one will have their choice of stress reduction programs, and one will be a control and offered no stress reduction program (treatment as usual). Results: Preliminary results reveal that when patients are permitted to choose a stress reduction strategy of their choice, they achieve greater overall stress reduction. Whether this has any long term clinical significance on the course of their disease, is yet to be determined. Conclusion: Patients allowed to choose a stress reduction program achieved greater stress relief than those who were assigned and those not offered any program. These findings have important clinical implications for virtually all chronic diseases, not just cancer treatment.

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<tr>
<td>Title:</td>
<td>From evidence to value-based psychiatry in oncology, palliative care and medicine. a panel discussion</td>
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<tr>
<td>Speaker</td>
<td>L. Grassi, 1 M. Riba 2</td>
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<td></td>
<td>1 University of Ferrara, Ferrara, Italy</td>
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<td></td>
<td>2 University of Michigan, Ann Arbor, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The patient-centered approach movement in medicine, including oncology and palliative care, affirms that human life should be viewed as a wholeness. The quality of an interdisciplinary way of working in medicine in terms of humanism (e.g., the holistic consideration of the patient) and science (e.g., the need for the assessment of psychosocial factors through a scientific approach), for high-quality and individualized intervention in prevention, treatment, and rehabilitation will be discussed. Methods: Analysis of the main themes emerged in the literature over the last 30 years will be summarized analyzing the debate regarding the crisis of evidence-based medicine/oncology and the advent of new paradigms as a way to combat modern biotechnological reductionism and to put the person in all his or her dimensions, at the center of the therapeutic encounter. Results: The data of a number of studies have shown the role of the psychological dimensions of cancer and psychobiological concomitants and interpersonal issues and confirm the inextricable intertwining of these dimensions within a patient-centered medicine framework. Conclusions: Psychosocial oncology and palliative care underlines the centrality of the science and compassion in a whole approach to the multidimensionality of the human being in balancing evidence-based with values-based person-centered oncology and palliative care.</td>
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<td>Title:</td>
<td><strong>Mental Health Concepts And Strategies For Social Inclusion</strong></td>
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<tr>
<td>Chairperson</td>
<td>Prof. Dr. JK Burns, Department of Psychiatry, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa.</td>
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<td>Co-Chair</td>
<td>Dr. Gabriela Cruz Ares, Universidad Nacional Autonoma de Mexico, Ciudad de México, Mexiko.</td>
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<td>Abstract</td>
<td>This section symposium of the WPA section on Public Policy and Psychiatry will inform on concepts and strategies for social inclusion in mental health. Michael Krausz (Canada) will start with the suggestion that the field of psychiatry could profit from a harm reduction perspective and will present data on the health and mental health of the most vulnerable populations. The UN-Convention on the Rights of Persons with Disabilities explicitly includes persons with psychosocial disabilities for the first time. Michaela Amering (Austria) will present examples of how strategies of the Disability Rights Movement interact with mental health systems and concepts. Stigma as a major barrier for social inclusion will be addressed by Levent Küey (Turkey). He will focus on the place of hope and empowerment among contextual and personal factors in internalized stigma. Finally, Richard Warner (USA) will present examples of the opportunities that strong service user communities offer and will discuss whether mainstreaming is always the answer.</td>
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<tr>
<td>1.</td>
<td>Prof. Dr. Michael Krausz, Institute of Mental Health at University of British Columbia, Vancouver, Canada.</td>
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<td>2.</td>
<td>Prof. Dr. Michaela Amering, Department of Psychiatry and Psychotherapy, Medical University of Vienna, Austria.</td>
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<td>3.</td>
<td>Prof. Dr. Levent Küey, Istanbul Bilgi University, Istanbul, Turkey.</td>
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<td>4.</td>
<td>Prof. Dr. Richard Warner, Colorado Recovery, Boulder, Colorado, USA, and University of Colorado, Denver, Colorado, USA.</td>
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<tr>
<td>Title:</td>
<td><strong>Fighting Social Exclusion Through A Harm Reduction Perspective</strong></td>
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| Speaker | Michael Krausz (Canada)  
Institute of Mental Health at University of British Columbia, Vancouver, Canada. | | | |
| Abstract | Objectives:  
We are only able to serve a minority of the most vulnerable in society. According to the National Comorbidity Survey (Wang 2005) only 1/3 of all patients had access to professional support. With very limited resources for mental health and addiction services the question comes up how to priorities existing resources. Do we need to pay more attention to different paradigms how to organize mental health care based on the experiences in addiction treatment (Krausz 2014)?  
Methods:  
Literature review and system analysis  

Results:  
To serve the most vulnerable clients it is critical to prevent harm and further destabilization through access to care and development of specific harm reduction strategies for mentally ill.  

Conclusions:  
It is important to reconsider treatment paradigms in Psychiatry to be able to support the most vulnerable in society better. | | | |
| References | Wang. (2005). Failure and Delay in Initial Treatment Contact After First Onset of Mental Disorders in | | | |
the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 603.


Session:  
Section Symposium  
SPEAKER 2  
Code  
SSY539

Title:  
Strategies Of The Disability Rights Movement In Mental Health

Speaker  
Michaela Amering (Austria)  
Department of Psychiatry and Psychotherapy, Medical University of Vienna, Austria

Abstract  
Context - The UN-Convention on the Rights of Persons with Disabilities explicitly includes persons with psychosocial disabilities for the first time.

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

Key messages - The unprecedented support, which the treaty has received – more than 130 ratifications in five years - gives renewed impetus to the longstanding demands of persons with disabilities and the disability movement, respectively: removal of barriers, acknowledgement, respect and enablement of autonomy, renewed efforts toward effective inclusion in all spheres of life.

The CRPD with its 50 articles covers a wide range of key areas in which effective human rights protection and promotion now necessitate revisions of existing legal, health and social care situations as well as new actions in order to fulfill the principles of the treaty. The resulting outstanding challenges and chances for persons with psychosocial disabilities and for the mental health field include the necessity of mental health laws consistent with the principles of non-discrimination and a participatory approach to psychiatric practice, research and policy making.

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

References  

Session:  
Section Symposium  
SPEAKER 3  
Code  
SSY539

Title:  
Challenges For Social Inclusion: Stigma And Internalized Stigma

Speaker  
Levent Küey (Turkey)  
Istanbul Bilgi University, Istanbul, Turkey

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

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

Objectives: This presentation aims to discuss stigma and internalized stigma which constitute major challenges for social inclusion.

Key messages: Some questions arise at this point: Which processes could help the people with mental illness to overcome self-stigma; what could be the contextual and personal factors; what could be the significance and impact of psychiatry and psychiatrists to enhance such resilience in people with mental illness and improve social inclusion. This presentation will review and discuss the possible answers to these questions.

References

Session: Section Symposium | SPEAKER 4 | Code | SSY539
---|---|---|---
Title: | The Importance Of Service User Communities. Is Mainstreaming Always The Answer? |
Speaker | Richard Warner (USA) Colorado Recovery, Boulder, Colorado, USA, and University of Colorado, Denver, Colorado, USA |
Abstract | Objective: Participants will be able to name and describe programs which illustrate the benefits of service-user mutual support.

Methods: Drawing an analogy with immigrant and ethnic minority communities, the presenter will argue that there is a value in the mutual support found in identity communities of people who have experienced mental illness and that mainstreaming is not always the best solution for these clients. Ethnic minorities have multiple successful pathways towards community. They can choose to live, work and socialize in the dominant community, they can remain in their sub-communities, or they can move back and forth, choosing some activities in each. The presenter will suggest that people with psychiatric disabilities should be allowed these same choices and that we should not assume that integration into the broader community must always be the ultimate goal.

Results: The presentation will cite successful models such as social firms and the psychosocial clubhouse model that build on the value of the mutual support available in a community of people with psychiatric disabilities. These include business incubators that help community members develop micro-businesses and a user-friendly bank to assist in capitalizing such ventures. The presenter will describe an economic development approach which points the way to enterprises that can advance the economic circumstances of the service-user community and offer members of the group work opportunities and leadership roles.

Conclusions: Service-users should be given the opportunity to appreciate the mutual support which comes from those with whom they share experiences, concerns, needs and goals, and not feel they should abandon this resource in order to integrate themselves into the broader community.

References
### OVERALL ABSTRACT

**Title:** Family and Severe Mental Disorders: a clinical and training perspective

**Chairperson** Massimo Clerici (Italy).

**Co-chairperson** Tamas Kurimay (Hungary).

**Abstract**

The Symposium focuses on the importance of an integrated approach for maximally effective treatment of severe mental disorders and on the role of family therapy and psychoeducational interventions in working toward such an approach. If, for example, family factors leading to patient’s drug refusal are not explored by the psychiatrist, dysfunctional interpersonal relationships in the patient’s current life circumstances are likely to continue or even escalate and thus threaten the entire treatment effort. The symposium highlights the evolution and the state of art of the psychosocial family approach, in order to provide added perspective on the significance of integrative treatment of severe mental disorders and training tracks deriving from different experience from the field of speakers.

Principal topics discussed will be:
- Psychoeducation and severe mental disorders: clinical and training experience in an Italian CMHC
- Family and Family psychotherapy training in the psychiatrist curricula: an european perspective
- Intercultural issues in family therapy of severe mental disorders
- The training in addictions field: an international perspective
- Training in undergraduate and postgraduate education and the role of UEMS

**Speakers**

Daniele Carretta (Italy).
Tamas Kurimay (Hungary).
Akram Wilson (United Kingdom).
Christian G. Schütz (Canada).
Marc Hermans (Belgium).

### SPEAKER 1

**Title:** PSYCHOEDUCATION AND SEVERE MENTAL DISORDERS: A CLINICAL AND TRAINING EXPERIENCE IN AN ITALIAN MENTAL HEALTH CARE TRUST

**Speaker**

D. Carretta¹, A. Ornaghi¹, A. Lax¹, G. Carrà², M. Clerici ¹,²

¹ Department of Translational Medicine and Surgery, University of Milano-Bicocca, Milano, Italy
² San Gerardo Hospital, Monza, Italy

**Abstract**

**Background**

Psychoeducational interventions for mentally disordered patients and their families have proven to be significantly effective in reducing environmental stress, as well as in improving patients' clinical outcome.

**Objectives**

To describe the clinical and training activity of a multi-professional psychoeducational programme offered to families of patients with severe mental disorders in an Italian Mental Health Care Trust.

**Methods**

Data were collected from 2011 to 2013 using anonymous questionnaires, which were specifically developed and administered to all participants. Sociodemographic and psychosocial characteristics of patients’ families were described, with a prospective evaluation for some variables.

**Results**

During the index period, more than 300 families were invited to take part in our psychoeducational programme, with a positive feedback from over 60% of total relatives. No significant socio-demographic differences were found comparing families of 18-24 years old patients with families of older ones, except...
for employment status. Full programme completion was more common among families of younger patients.

Conclusions
Although some data missing, preliminary evidences point out the relevant role of family support for the treatment of severely disturbed patients, as well as the need for further implementing integrative approaches to severe mental disorders.

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<td>FAMILY AND FAMILY PSYCHOTHERAPY TRAINING IN THE PSYCHIATRISTS' CURRICULA: A EUROPEAN PERSPECTIVE</td>
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Hiv psychiatry as paradigm for psychosomatic medicine: preventing transmission, caring with compassion, and improving adherence

Chairperson
Prof. Mary Ann Adler Cohen, The Icahn School of Medicine at Mount Sinai, New York, NY, USA.

Co-chairperson
Prof. Jordi Blanch, Hospital Clinic of Barcelona, Barcelona, Spain.

Abstract
As psychiatrists, we have a unique role in caring for patients at risk for or infected with HIV because in addition to comprehensive medical and psychiatric histories, we routinely take histories of substance use, sexual activities, relationships, and trauma, including childhood neglect and emotional, physical, and sexual abuse. We develop long-term, trusting relationships and work with individuals to change behaviors and maximize life potentials. HIV psychiatry is a paradigm for psychosomatic medicine psychiatry. AIDS is similar to other complex medical illnesses in that it is a chronic severe illness that has an impact on every organ and system including the brain and central nervous system and is also associated with other severe and complex medical illnesses such as infectious, cardiac, renal, hepatic, dermatologic, gastrointestinal, ophthalmic, neurologic, and psychiatric disorders. AIDS differs from other complex, severe illnesses in two ways that are relevant to psychiatrists:

- HIV is almost entirely preventable
- HIV and AIDS are associated with sex, drugs, and AIDS-associated stigma and discrimination - “AIDSism”

Increasing awareness of stigma, discrimination, and psychiatric factors involved with the HIV pandemic can lead to decreased transmission of HIV infection and early diagnosis and treatment. While substance use disorders are obvious modes of HIV transmission, other psychiatric disorders including schizophrenia, bipolar disorders, PTSD, and cognitive disorders can serve as subtle vectors of HIV. Unprotected sexual contact accounts for 80% of new infections. Percutaneous or intravenous infection with HIV accounts for 20% of new infections. Education about HIV can prevent transmission.

Early diagnosis of HIV can lead to appropriate medical care, more rapid onset of antiretroviral (ARV) treatment, and better outcomes. Recent research has shown that pre-exposure prophylaxis with ARV treatment can prevent transmission of HIV. Compassionate medical and psychiatric care can mitigate suffering in persons at risk for, infected with, or affected by HIV.

Speakers
Mary Ann Adler Cohen (USA).
Kenneth Ashley (USA).
Maria Ferrara (Italy).
Jordi Blanch (Spain).
Discussant:
Michelle Riba (USA).
medical illness (1). AIDS is an illness similar to the other complex and severe medical illnesses that define the subspecialty. Psychosomatic medicine, the psychiatric aspects of complex and severe medical illness, was previously called “consultation-liaison psychiatry” and became a subspecialty of psychiatry in 2003. AIDS is a paradigm because it has elements of nearly every illness described in our field. Persons with HIV and AIDS are also vulnerable to a multiplicity of other multimorbid complex and severe medical illnesses including those related and unrelated to HIV infection. HIV is almost entirely preventable. Psychiatric disorders can be vectors of HIV infection and psychiatrists can play a significant role in HIV prevention. Education about risk behaviors, psychiatric vectors, and the importance of early diagnosis and treatment can enable psychiatrists to decrease transmission of HIV and improve morbidity and mortality in persons with HIV and AIDS.

Results: The prevalence of HIV infection in persons with untreated mental illness is estimated to be from 10 to 20 times that of the general population. Blank and colleagues (2) administered HIV tests to over 1,000 patients in treatment for symptoms of depression, psychosis, or substance abuse at university-based psychiatric facilities throughout Baltimore and Philadelphia over a 20-month period. The researchers found that 51 of the patients (4.8%) receiving treatment for mental illness were infected with HIV, approximately 4 times the base rate of the general population in each city and 16 times the base rate for the general U.S. population. In addition, 13 of the 51 individuals reported they were unaware of their HIV status.

Conclusions: Psychiatrists are in a unique position to prevent the transmission of HIV infection, HIV discrimination, as well as to recommend routine testing and early diagnosis of HIV infection.

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<td>Title:</td>
<td>PRE-EXPOSURE AND POST-EXPOSURE PROPHYLAXIS AND PREVENTION OF HIV TRANSMISSION</td>
<td>Prof. Kenneth Ashley</td>
<td>Beoth Israel Medical Center, New York, NY, USA.</td>
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<td>Speaker</td>
<td>Prof. Kenneth Ashley</td>
<td>Beoth Israel Medical Center, New York, NY, USA.</td>
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<tr>
<td>Abstract</td>
<td>Objectives: At the end of this presentation, the participant should be able to: 1) Recognize the role of treatment for HIV as prevention 2) Understand recent literature supporting use of Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) 3) Understand the potential risks and benefits of initiating prophylactic treatment and 4) Identify populations at the highest risk of infection with HIV and potential interventions.</td>
<td>Methods: In recent years, HIV has been transformed from a universally terminal condition into a chronic illness managed by antiretroviral medication and medical care. In spite of advances in treatment, HIV transmission rates have proven largely steady with over 50,000 new cases in the US and over 2.7 million new cases worldwide each year. This persistently high transmission rate has reinforced the idea of preventative strategies as essential to the control and ultimate eradication of this disease. Traditional preventative strategies have focused upon behavioral modifications to decrease the risks of infection with HIV. However, there remains a subset of individuals at high risk for HIV acquisition that have not embraced traditional preventative strategies.</td>
<td>Results: Antiretroviral therapy has demonstrable value in reducing the rate of HIV transmission by a) engaging more people in treatment with subsequent reduction of viral load and decreased risk of HIV transmission, b) using the medications to reduce the likelihood of infection after a potential exposure to HIV, and c) involving prophylactic treatment to reduce the risk of infection with HIV. In this presentation we will discuss the current thoughts on &quot;treatment for prevention&quot; (TasP), postexposure prophylaxis (PEP), and preexposure chemoprophylaxis for the prevention of HIV (PrEP).</td>
<td>Conclusion:</td>
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There will be a discussion of the potential mental health implications and controversies regarding these treatment protocols. There will also be a presentation of the populations with the highest rate of HIV infections, a discussion of the risk behaviors in this population, and potential interventions in an attempt to reduce transmission of HIV.

References

Session:  
Section Symposium  
SPEAKER 3  
Code SSY549

Title:  
PSYCHIATRIC DISORDERS AND HIV

Speaker  
Prof. Maria Ferrara  
Neuroscience Educational Institute, Modena, Italy.

Abstract  
Objectives:  
At the end of this presentation the participant should be able to:  
1) Understand the prevalence of HIV in persons with SMI  
2) Recognize and manage complex psychiatric disorders in persons with HIV  
3) Understand the significant role of the psychiatrist in prevention of HIV transmission and adherence to HIV care

Methods:  
There is an inextricably linked bi-directional relationship between HIV and psychiatric disorders. The prevalence of HIV infection is persons with untreated severe mental illness (SMI) is estimated to be 10 to 20 times that of the general population (1,2) and may reach 23% in persons with SMI and substance use disorders.

Results:  
In addition, prevalence of psychiatric disorders is also higher in persons with HIV than in the general population. These include mood, anxiety, PTSD, cognitive, and substance use disorders and are highly prevalent throughout the course of HIV and AIDS at any age or stage of illness. Psychiatric disorders may be HIV-related and unrelated and may also be caused by HIV itself. Persons with SMI should be screened for HIV and persons with HIV should be evaluated for psychiatric disorders. Recognition and treatment of psychiatric disorders can mean the difference between life and death.

Conclusions:  
Psychiatric disorders are both vectors of HIV infection and barriers to adherence to HIV medical care and antiretroviral infection. Treatment of psychiatric disorders is also complicated by drug interactions and illness interactions.

References  

Session:  
Section Symposium  
SPEAKER 4  
Code SSY549

Title:  
HIV-ASSOCIATED NEUROCOGNITIVE DISORDERS

Speaker  
Prof. Jordi Blanch  
Hospital Clinic of Barcelona, Barcelona, Spain.

Abstract  
Objectives:  
At the end of this presentation the participant should be able to understand how to:
1) Diagnose and manage HIV-Associated Neurocognitive Disorders (HANDs)
2) Prevent HIV-associated dementia (HAD)
3) Learn the risk factors for HAND
4) Differentiate HAD from other forms of dementia.

Methods:
HIV has a special affinity for brain and neural tissue and may be found in the brain very early following HIV infection. One of the most important ways to mitigate the impact of HIV the brain and CNS is to diagnose HIV shortly after transmission before or at onset of acute infection. If HIV is diagnosed very early—preferably as soon as possible after infection with HIV or at onset of the first flu-like symptoms—and treated with ARVs, the brain has less of an opportunity to act as an independent reservoir for HIV-infected cells and therefore to develop HIV-associated neurocognitive disorders. Despite improvement in treatment, HIV-associated neurocognitive disorders persist in the era of potent antiretroviral therapy (1, 2).

Results:
In this presentation, we will define and describe the HIV-associated neurocognitive disorders, learn about the signs and symptoms, diagnosis, differential diagnosis, and management. We will also clarify how to differentiate HIV-associated dementias from other forms of dementia such as Alzheimer’s disease.

Conclusions:
HIV-associated dementia is the most common reversible dementia in persons who are 50 years and under. It is also a vector of HIV transmission and nonadherence to HIV medical care and antiretroviral medication.

References
### OVERALL ABSTRACT

**Title:** New trends in occupational psychiatry

**Chairperson:** Gino POZZI. Institute of Psychiatry and Psychology, School of Medicine “A. Gemelli”, Catholic University of the Sacred Heart, Rome, Italy.

**Co-chairperson:** Jacques C. METZER. Centre for Applied Psychological Research, School of Psychology, University of South Australia, Adelaide, Australia.

**Abstract**

Occupational psychiatry constitutes a major area of interest in the field of occupational medicine, and ranks high in terms of economical and social costs. The implementation of preventive and rehabilitative interventions is on the way worldwide, focussing common risk factors and widespread disorders. Yet, both the legal framework to health and safety at work and the policy of vocational rehabilitation differ from country to country, so that the practice of occupational psychiatry shares its basic principles anywhere but the models of intervention are created in peculiar ways locally. As a result, an international comparison of different experiences provides a unique opportunity to deeper theoretical understanding and improve clinical practice in this special discipline.

**Speakers**

- Tsuyoshi Akiyama (Japan).
- Liliana Guimarães (Brazil).
- Hisanori Hiro (Japan).
- Ana Maria Rossi (Brazil).
- Jong-Min Woo (Korea).

### RE-WORK PROGRAM: FORGOTTEN SUPPORT FOR NORMAL RECOVERY TO WORKPLACE

**Abstract**

**Objective**

If (occupational) psychiatrists can provide programs, which help ordinary company employees with mental illness to return to work without relapse, this will mean a support for normal recovery to workplace, a great improvement in quality of life of the person, financial merit for the company and society and anti-stigma for mental illness at workplace. This presentation will report the literature search on these programs in the world, the movement to establish Re-Work Program in Japan (RWP) and preliminary results of effectiveness of RWP.

**Methods**

Literature review was conducted with Medline. As for the movements to establish RWP in Japan, the Japanese Association of Re-work Programs (JARP) conducted a survey with 123 facilities in 2013. One Japanese study compared the continuation of work between the RWP and treatment as usual groups. Also RCT study was conducted to analyse the effectiveness of the RWP.

**Results**

Literature search has identified only 17 studies of this field: 14 studies in Netherland, 1 in Japan, 1 in Norway, and 1 in Denmark. JARP survey has confirmed that typically RWP is provided for 4 to 5 days per week and composed of around 10 kinds of programs. The Japanese study reported a longer continuation of work of the RWP group. In RCT, the RWP group tended to show a better improvement in changing the dysfunctional attitudes.

**Conclusions**
Programs to help ordinary company employees to return to work has not been provided widely in the world. According to the Netherland and Japanese studies, inclusion of occupational program may be promising for these programs. More investigations are required.

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<td>ADVANCES IN OCCUPATIONAL PSYCHIATRY IN BRAZIL: DIAGNOSIS, EDUCATION/TRAINING, AND HEALTH PROMOTION</td>
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<tr>
<td>Speaker</td>
<td>L. Guimarães</td>
<td>UCDB Mato Grosso do Sul, Brazil</td>
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<td>Abstract</td>
<td>In Brazil the performance of Occupational Psychiatry is still shy, however from the 1990s under the legislation significant advances have been made. 1. Attention to psychosocial risk factors at work has been a constant. We are training people (educating medical students, residents in Psychiatry, among others students and professional’s health workers) to do the diagnosis of psychosocial risk factors at work, to insert the variable “work” in their anamnesis, checking their possible effects on the worker’s mental health. 2. We are providing through major universities training to psychiatrists and physicians in Occupational Psychiatry, to the diagnosis of work-related mental disorders and to the prevention of psychosocial risk factors health, promotion in the workplace, as well as taking into account the issue of work-family conflict and their influences on these dimensions of the worker’s life, causing companies to take responsibility for this sector, including the aspects of the promotion is prevention at work. 3. The combat of HIV/AIDS, work stress and promoting tobacco-free work environments, public policies and government decrees have been instrumental in implementing changes in culture, in parallel with a strong advertising to the general and working population. Fighting smoking in Brazil has achieved record levels of individuals who stop smoking and the issue of prevention and treatment of HIV/AIDS has been a model for other countries in the world. The prevalence and incidence of absenteeism and presenteeism for mental disorders have been widely studied. There is a recommendation of a biopsychosocial and salutogenic approach, health promotion and preventive health, increasingly leading to more well-being and quality of life of workers 4. This has been adopted and successful in southeastern and southern, regions from Brazil, the more developed the country, while in others these changes and postures are still embryonic.</td>
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<td>Title:</td>
<td>SUPPORT FOR PROGRESS OF MENTAL HEALTH PROMOTION IN JAPANESE SMALL BUSINESSES</td>
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<td>Speaker</td>
<td>H. Hiro, A. Inoue, K. Mafune</td>
<td>University of Occupational and Environmental Health, Kitakyushu, Japan</td>
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<td>Abstract</td>
<td>Objectives The number of workers in Japan with mental distress has been increasing in the recent two decades. The “Guidelines for Maintaining and Improving Workers’ Mental Health”, which show the basic method for the appropriate and effective delivery of mental health measures at the workplace, were published by the Ministry of Health, Labour and Welfare in 2006, but the rate of execution of mental health measures is not high, especially in small businesses. We investigated the actual situation of measures taken for workers’ mental health, including employers’ awareness of problems in small businesses, in order to get some background information to develop some materials to support managers in the promotion of measures. Methods We invited 2,000 employers of small businesses with fewer than 50 employees to participate in this survey by mail. A total of 334 managers completed a self-administered questionnaire.</td>
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Results
The ratio of the employers who had not conducted any mental health measures was 87.4%. Only 9.9% had prepared some measures. The 3 highest reasons for not carrying out the measures were “cases related to mental health had not occurred” (84.4%), “I did not know what to do as mental health measures” (30.8%), and “I could not afford the money to do it” (21.8%). On the other hand, more than 20% wished to have the guidebook of mental health measures, the manual and case examples of managing workers with mental distress, the list of external expert organizations which are available for mental health measures, and self-check materials of mental health.

Conclusions
Providing support for managers of small businesses to take appropriate mental health measures should be expanded. Based on our results, we have developed 10 materials that the managers of small businesses can use for the measures. The materials should be revised through trials in the actual field.

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<td>Speaker: A.M. Rossi, International Stress Management Association, Brazil</td>
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<td>Abstract: Objectives&lt;br&gt;The purpose of the study is to compare the perceptions of men and women from the five Brazilian regions (S, SE, MW, NE and N) regarding communication and relationships at the workplace as a way of reducing the impact of occupational stress of the anxiety symptoms they experience. &lt;br&gt;&lt;br&gt;Methods&lt;br&gt;1,600 professionals from large companies in the five Brazilian regions (57.4% male; 55.6% married; 42 years average age; 21 years average working time) were randomly chosen. Participation was voluntary. To identify the dimensions of the 36 surveyed variables, a Factor Analysis was performed. Nine factors were identified: 3 of Experienced somatic anxiety (ESA); 1 of Relationships with others at work (REL); 2 of Experiences with your manager (EXM) and 3 of Thinking about your manager (THM). ANOVA and Multiple Regression Analysis were made considering the mean of the three anxiety factors as dependent variable (a factorial analysis confirmed this grouping). The remaining studied factors as independent variables. &lt;br&gt;&lt;br&gt;Results&lt;br&gt;There are no extreme situations regarding anxiety and relationships with colleagues and managers. However, averages for ESA2, ESA3, EXM2 and REL1 are striking. Women have the highest means for ESA1, ESA2, REL1, EXM1 and THM1 and lower means for ESA3 and THM2. For the different regions, SE (highest mean) and S (lowest mean) for ESA1; N (lowest mean) and the other regions for REL1; N (highest mean) and the NE (lowest mean) for THM3; MW and SE (lowest means) and the S and N (highest means) for THM2. &lt;br&gt;&lt;br&gt;Conclusions&lt;br&gt;The results indicate that relationships and communication at the workplace reduce stress/anxiety levels. Women are better able to cope with it than men do, since they see their relationships more positively which reduce stress levels. Regarding differences among regions, the regional component should be taken into account when assessing stress levels and relationships.</td>
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<td>Title: NUMBERS IN OCCUPATIONAL PSYCHIATRY: CALCULATING LOST PRODUCTIVITY FROM MENTAL HEALTH PROBLEMS AND IMPROVEMENT AFTER MANAGEMENT AMONG WORKERS</td>
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<td>Speaker: Jong-Min Woo1,2</td>
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Abstract

Objective
Mental disorders including major depressive disorder (MDD) and panic disorder (PD) influence socioeconomic burden at both the individual and organizational levels. This study estimates the lost productive time (LPT) and its resulting cost among workers with MDD and PD compared with a comparison group. It also estimates the change in productivity after 8 weeks of outpatient psychiatric treatment with pharmacotherapy.

Methods
Working patients diagnosed with MDD (n=102) and PD (n=108), along with age- and sex-matched healthy controls (n=91, n=108, respectively) were recruited. The World Health Organization’s Health and Work Performance Questionnaire and various clinical scales including Hamilton Rating Scale for Depression (HAM-D) and the Panic Disorder Severity Scale (PDSS) were utilized to measure productivity and severity of depression/panic, respectively, at baseline and at 8 weeks or 12 weeks of treatment.

Results
The LPT from absenteeism and presenteeism was significantly higher among the MDD group. Workers with MDD averaged costs due to LPT at 33.4% of their average annual salary, whereas the comparison group averaged costs of 2.5% of annual salary. After 8 weeks of treatment, absenteeism and clinical symptoms of depression were significantly reduced. PD group showed significantly higher LPT compared to the control group (103.02 vs. 47.28 h in the past 4 weeks). After 12 weeks of treatment, the PD group displayed significant clinical improvement as well as improved productivity with a marked reduction in LPT.

Conclusions
Mental health professionals should work with employers to devise a cost-effective system to provide workers with accessible quality care.

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<td><strong>Values in Clinical Psychiatric Education: A global perspective</strong></td>
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<td>Chairperson</td>
<td>Giovanni Stanghellini (Italy).</td>
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<tr>
<td>Abstract</td>
<td>Successful delivery of evidence-based healthcare requires the integration of conscientious, judicious and explicit use of the best available evidence with clinical expertise and patient values. Teaching (and assessing) values-based practice and learning is however a more challenging task. Teaching values-based practice is arguably even more crucial in Psychiatry where a collaborative therapeutic relationship underpins any (whether psychotherapeutic or psychopharmacological) clinical decision-making and treatment. At the end of this symposium delegates will 1) Be able to define evidence and values-based practice and will learn through specific examples, their integration in clinical learning 2) Be able to learn through practical examples the impact and importance of identifying one’s values on patient-care 3) Be able to apply some practical measures to introduce values-based learning in psychiatric education.</td>
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<td>Speakers</td>
<td>Bill Fulford (United Kingdom). Nisha Dogra (United Kingdom). Glacco Domenico (Italy). Dave Subodh (United Kingdom). Ashok Kumar (United Kingdom).</td>
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<tr>
<td><strong>Title:</strong></td>
<td><strong>VALUES-BASED PRACTICE AND CLINICAL LEARNING</strong></td>
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<tr>
<td>Speaker</td>
<td>Bill (KWM) Fulford Fellow of St Cross College and Member of the Philosophy Faculty, University of Oxford; Emeritus Professor of Philosophy and Mental Health, University of Warwick Medical School</td>
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<tr>
<td>Abstract</td>
<td>This presentation will outline the main elements of values-based practice and describe a variety of approaches to teaching and learning adopted across a range of clinical scenarios. Values-based practice adds an important new dimension to clinical decision making extending beyond values awareness to support balanced decision-making within frameworks of shared values. Values-based practice builds on the existing skills of clinicians and is of particular use where the values in play are complex and/or conflicting. The ten key elements of values-based practice encompass four areas of clinical skills (awareness, reasoning, knowledge and communication skills), two aspects of professional relationships (person-centred practice and multi-disciplinary teamwork), three important links with evidence-based practice (the ‘two feet principle’, the ‘squeaky wheel principle’ and the ‘science-driven principle’) and a specific form of partnership in decision making (called ‘dissensus’). Examples of training methods used in values-based practice will be described from various clinical environments including student learning, advanced practitioner training, and specialised contexts such as assessment and involuntary treatment. Resources for training will be indicated: these include training manuals, sample curricular and training standards. The importance of co-training with people who use services will be emphasised.</td>
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<tr>
<td><strong>Title:</strong></td>
<td><strong>TEACHING STUDENTS TO EVALUATE THEIR VALUES AND IMPACT ON CLINICAL CARE: THE SIMILARITIES WITH CULTURAL DIVERSITY EDUCATION</strong></td>
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**Speaker**
Professor Nisha Dogra  
Professor of psychiatry education and consultant in child and adolescent psychiatry  
Greenwood Institute for Child Health, University of Leicester

**Abstract**
In this presentation I will present a brief overview of cultural sensibility model with focus on attitudes. I will identify how this relates to teaching values and the commonality between teaching about diversity and teaching about values. The impact of this on clinical care will be discussed as will the reasons why it is relevant to medical education. Conscious awareness of bias and values is important not only because it may lead to suboptimal care towards those whom there is prejudice, but also there may be overcompensation from a sense of guilt. Clinicians need to ensure that they are mindful of their own perspectives and how these interplay with those of the patient and family (as relevant). Only if these issues are acknowledged and addressed will it be possible to devise management plans that are clinically sound and also acceptable to the individual patient and their family. Following some theoretical background, if opportunity allows will have interactive exercise with audience to demonstrate practical tips to teach about values to students.

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<tr>
<td>Title:</td>
<td>IDENTIFYING AND CONSIDERING VALUES IN CLINICAL DECISION MAKING DURING COERCIVE TREATMENTS</td>
<td>Speaker Glacco Domenico (Italy).</td>
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<tr>
<td>Title:</td>
<td>LEARNING VALUES THROUGH EXPERIENCE: CHALLENGES IN DEVELOPING THE ROLE OF THE PATIENT-TEACHER</td>
<td>Speaker Dave Subodh (United Kingdom).</td>
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<tr>
<td>Title:</td>
<td>DELIVERING EVIDENCE-BASED HEALTHCARE IN SOUTH ASIAN COUNTRIES: THE ROLE OF VALUES-BASED PSYCHIATRIC EDUCATION</td>
<td>Speaker Ashok Kumar (United Kingdom).</td>
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### Session: Section Symposium

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<td>How mass media influence mental health and behavior at the population level: different approaches</td>
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#### Code

SSY559

### Title:

**How mass media influence mental health and behavior at the population level: different approaches**

**Symposium of wpa section on mass media and mental health**

### Chairperson

Prof. INES JOSEFINA PUIG - Department of Mental Health – U.B.A., Buenos Aires, ARGENTINA

### Co-chairperson

Prof. LUIGI JANIRI – Institute of Psychiatry – Catholic University, Rome, ITALY

### Abstract

In our changing world the increasing role of mass media in influencing the populations’ mental health is well recognized. TV, newspapers, magazines, and internet with social networks could exert, in some particular environmental and family situations, an effect conditioning significant changes in people at the mind, behavior and perhaps brain development level, especially from a neuroplasticity perspective. Psychiatrists should consider different interdisciplinary contributions and express their opinion about themes such as complexity and globalization.

This is the track followed by the WPA Section on Mass Media and Mental Health over the last 2 decades. The present symposium summarizes the most important issues raised by the relationship between the use of mass media and its consequences on psychological functioning and psychopathological mechanisms.

### Speakers

Josefina Puig (Argentina).
Miguel Angel Materazzi (Argentina).
Pedro Ruggero (USA).
Giuseppe Spinetti (Italy).
Luigi Janiri (Italy).

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### Session: Section Symposium

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<td>MASS MEDIA, CHANGES IN MENTAL FUNCTIONING AND IMPULSIVE CONDITIONS</td>
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SSY559

### Title:

**MASS MEDIA, CHANGES IN MENTAL FUNCTIONING AND IMPULSIVE CONDITIONS**

### Speaker

Inés Josefina Puig¹ , Luisa De Risio² , Luigi Janiri²

¹ Department of Mental Health – U.B.A., Buenos Aires
² Institute of Psychiatry – Catholic University, Rome

### Abstract

Objectives: We aim to provide an overview on the relationship between exposure to mass media and mental health. Alongside the countless benefits arising from mindful use of new media, dysfunctional use is also a concern and the emergence of a sort of “psychopathology of everyday digital life” is undeniable, involving psychopathological features of addiction linked to new media use. These phenomena are growing both in prevalence and within the public consciousness as pathological conditions with many parallels to existing recognized disorders.

Methods: PubMed, PsycLIT and PsycINFO electronic databases were searched for any original article, review, or overview related to the relationship between mass media and mental health.

Results: Epidemiological data indicate an increase in the occurrence of impulsive and addictive behaviors, and point to their transformation into techno-mediated forms. Inappropriate mass media exposure may reduce self-control mechanisms and hinder the ability to resist engagement in instant gratification, thus favoring impulsive, addictive behaviors. Computer/video game playing was found to be related to dissociative symptoms and impulsiveness in adolescents. Mass media exposure to violent content may also have a prompting effect on impulsive behaviors, with time spent exposed to such content being an important predictor. On the other hand, good self-control characteristics seem to moderate susceptibility to mass media influences. Heavy use of the internet and videogames was also associated with increased rates of depression.

Conclusion: Contemporary society favors the expression of impulse and instant gratification, and in this context mass media play a key role. New addictive phenomena resulting from the digitalization of our
emotional world are now widespread. Online gaming, chats, social networks extend the possibilities of interchange, becoming opportunities to retreat from reality and from human relationships mediated by the body. The “medialization” of the world needs to be viewed as a psycho-ecological factor with psychosocial and psychopathogenic effects. Also, the expansion of this area of distress and the consequent increase in clinical observations raise issues concerning its management, suggesting the need for further research on media-associated distress and promotion of healthy media use.

References

Session: Section Symposium | SPEAKER 2 | Code | SSY559
---|---|---|---
Title: MASS MEDIA: THE UNIQUE THOUGHT VERSUS A CRITICAL THOUGHT
Speaker: Miguel Angel Materazzi
University of Buenos Aires, Argentina
Abstract: Assuming the complexity dimension in Psychiatry implies that theoretical issues and clinical problems cannot be regarded within a unique although special frame. Examples of such a complexity are: the multilevel assessment, the bio-psycho-social model, improvement of disability and distress added to symptom amelioration in the outcome evaluation. When psychiatric questions are addressed by mass media a relevant risk of reductionism may be devised: ideological prejudices may prevent the reader from forming an opinion of his own. By this way a “unique” thought seems to prevail on a correct critical approach to complex situations. Even by extending the reductionism attitude to other non-psychiatric questions the risk emerges that an authoritarian tendency may underlie the opinion making process. The WPA Section exploring the relationships between mass media and Psychiatry is since long time involved in proposing critical interpretative models and a use of media adequate to this purpose. The philosophical aspect of the critical reading of reality, not only in clinical and psychopathological domains, will be discussed.

Session: Section Symposium | SPEAKER 3 | Code | SSY559
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Title: MASS MEDIA AND PSYCHIATRY: AN INTIMATE RELATIONSHIP
Speaker: P. Ruggero1, R. Guglielmo2, L. Janiri2
1University of Austin, Texas
2Institute of Psychiatry, Catholic University, Rome, Italy
Abstract: Objectives: Considerable research has concluded that the media are the public’s most significant source of information about mental illness. Television is the most powerful medium for influencing public consciousness. Our goal is to explore the representation of mental illness in the mass media, especially television.
Methods: A literature review was performed.
Results: The most common depictions of mental illness in the media have involved mentally ill people who are violent and criminal. Particularly, psychosis is portrayed as an unclassifiable experience, and one that poses a threat. Some of other stereotypical depictions of people with mental illness include the following: rebellious free spirit, violent seductress, narcissistic parasite, mad scientist, sly manipulator, helpless and depressed female and comedic relief (1). Mental illness is depicted as incomprehensible, unpredictable, and unstable. Stories about people with mental health problems are rarely out of the headlines in news stories or plotlines in film and television, yet research indicates that media portrayals of mental illness are often both false and negative. At the same manner, also the role of the therapists is depicted in an exaggerated and false way. Mental health practitioners were portrayed as neurotic, unable to maintain professional boundaries, substance addicted, rigid, controlling, ineffectual, mentally ill themselves, comically inept, uncaring, self-absorbed, having ulterior motives, easily tricked and manipulated, foolish, and idiotic. Such portrayals reinforce the idea that helping others is an unworthy vocation requiring little skill or expertise (2).
Conclusions: There is a complex relationship between mass media depictions of mental illness and the public’s understanding. This link is circular: negative media images promote negative attitudes, and this feeds off an already negative public perception. The media must play a role in changing such negative perceptions towards both mental illness and therapists.

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<td>Title:</td>
<td>GLOBALIZATION AND DEVELOPMENTAL PROBLEMS</td>
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<td>Speaker</td>
<td>Giuseppe Spinetti (Italy).</td>
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<td>Title:</td>
<td>INTERNET AND THE DISSOCIATIVE PSYCHOPATHOLOGY: BEYOND ADDICTION</td>
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<td>Speaker</td>
<td>Luigi Janiri, Federico Tonioni Institute of Psychiatry, Catholic University, Rome, Italy</td>
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<td>Abstract</td>
<td>Objectives: to demonstrate that web-mediated psychopathology goes beyond Internet addictive disorders. Methods. Behavioral addictions related to the Internet use are reviewed and phenomena such as dissociation and changes in mental functioning are considered to search for possible comprehensive psychopathological models. The clinical experience at the Psychiatry Day Hospital of the University Hospital “Gemelli” of Rome is in treating adolescents and youths aged 12-30 in both individual and group settings in a specific unit. Results. There is growing evidence that Internet represents a “door” through which multiple forms of dependences are expressed, from online pathological gambling to compulsive buying, from cybersexual addiction to abuse substances that can be found in the web (1). Thus the concept of Internet addiction should be revisited and perhaps limited to core phenomena such as MUDs or information overload addictions. However the amount of time spent in staying connected and the type of relations that these patients are able to build up lead to hypothesize that a progressive and insidious clinical picture may develop via the mechanism of the emotional dissociation. This is supported by the observation that the prolonged and compulsive use of Internet induces alterations in the sense of space and time, perception, attention, memory, cognition and, obviously, mood and behavior (2). Among the most frequent psychopathological symptoms and disorders in this population: dissociative and identity disorders, paranoid ideation, social withdrawal, affective unsteadiness. Severe health, interpersonal and social consequences may derive. Conclusions. Behavioral Internet addictions are only the surface peak emerging from the underlying broader psychopathological area. An increasing mass of data indicate that a more careful observation may let clinicians recognize in the so-called Internet addicted a more profound mental disorganization.</td>
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**Title:** International issues in preventive psychiatry

**Chairperson:** Dr Nikos Christodoulou, University of Nottingham, Nottingham, UK

**Abstract**

Psychiatric thinking focused on prevention and promotion offers a "passe-partout" when dealing with complex issues in mental health. The reason for this is that the multidimensional nature of psychiatric prevention and promotion also characterises the complexity of major issues in mental health. As a matter of fact, the multifactorial determinants of mental illness and mental health identify with those targeted by psychiatric prevention and promotion. Consequently, preventive thinking offers unique opportunities beyond formulating holistic clinical diagnoses and interventions, and extends its utility to helping us conceptualise wider public health strategies in a remarkably comprehensive, problem-orientated manner. This symposium's collection of presentations exemplify this fact by presenting a series of diverse international topics where innovative preventive thinking promises to make a difference.

**Speakers**

Roy A. Kallivayalil (India).
Thirupapuliyur Venugopalan Asokan (India).
Olga Karpenko (Russia).
Mike Skelton (United Kingdom).
George Christodoulou (Greece).

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**Title:** ROLE AND LEADERSHIP OF WPA SECTION ON PREVENTIVE PSYCHIATRY IN THE WORLD

**Speaker**

Roy Abraham Kallivayalil
Professor Roy Abraham Kallivayalil. Chairman, WPA Section on Preventive Psychiatry and Professor & Head, Dept of Psychiatry, Pushpagiri Institute of Medical Sciences, Tiruvalla, Kerala, India

**Abstract**

Preventive Psychiatry has a very important leadership role to foster mental health in modern world. Unlike the west, developing countries face massive constraints - lack of facilities, inadequate manpower, poor resource allocation etc.- Hence strategies need to be different in the various parts of the world.

The establishment of large number of General Hospital Psychiatry Units in countries like India has revolutionised mental health care. Such units were in much closer proximity to the community. Patients no longer had to travel long distances to seek treatment. Preventive psychiatry is making a very positive impact here.

Looking ahead, there are no simple answers in Preventive Psychiatry. Integrating mental health in primary care is an ideal way forward. National Mental Health Programmes will make minimum mental health care available and accessible to all. The starting of District Mental Health Programme in India has been well received.

Teaching Psychiatry in undergraduate medical training, training lay counsellors and social workers, cooperation with NGOs, religious and spiritual centres, planning special programmes for children, women and the elderly, increased use of psychosocial methods in treatment and continuous monitoring and evaluation will make preventive psychiatry more relevant and meaningful.

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**Title:** ASSESSMENT AND MANAGEMENT OF VICTIMS OF SEXUAL ABUSE

**Speaker**

T.V. Asokan
Prof. Thirupapuliyur Venugopalan Asokan. Professor of Psychiatry, Government Stanley Medical
Sexual violence is a global problem. Escaping the abusive situation can often be possible only virtually in the victim’s mind, whereas the body continues to endure the suffering. In Childhood Sexual Abuse 51% experience PTSD, 80% of survivors suffer Dissociative Disorder and 44-73% are asymptomatic but given treatment.

Identification of risk factors of victimization and risk factors for developing mental health problems are essential in the prevention and therapeutic strategies. Aggression, Anxiety, Cognitive/Intellectual impairments, Conduct Disorder, Depression, Negative parent-child interactions, Neurological impairment, Poor interpersonal relationships/social skills, Self-injurious behaviour, Social/Interpersonal difficulties, Substance-related disorders, Suicidal thoughts/behaviours, Trauma-related problems/PTSD, Violent/criminal behaviour are some of the problematic reactions and behaviours of victims.

Risk assessment is done by observing and analysing the type of Sexual Abuse, Characteristics of the abuse situation, Victim’s age, Relationship between the victim and the offender, number of Victims, number of offenders, reactions and functions of the non offending parent, reaction of the offender and the presence of other family problems.

Interventions such as 1.Cognitive-Behavioral Therapy 2.Dynamic Play Therapy 3.Cognitive Processing Therapy (CPT) 4.Eye Movement Desensitization and Reprocessing (EMDR) 5.Resilient Peer Training (RPT) and Trauma-focused Play Therapy are discussed.

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<td>Title:</td>
<td>THE EDUCATION AND PREVENTION INTERSECTIONAL COLLABORATION (EPIC) PROJECT</td>
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<tr>
<td>Speaker</td>
<td>O Karpenko¹, N Christodoulou²</td>
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<td>¹Dr Olga Karpenko, Moscow Research Institute of Psychiatry, Moscow, Russia</td>
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<td>²Dr Nikos Christodoulou, University of Nottingham, Nottingham, UK</td>
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<td>Abstract</td>
<td>Objectives. Prevention could play a crucial role in psychiatry, both decreasing the incidence rate of mental disorders and reducing mental care expenses. It is widely accepted that preventive education plays a central role in the practical implementation of psychiatric prevention. In order to explore the extent to which preventive psychiatry is taught in educational institutions around the globe the WPA sections on Preventive Psychiatry and Education developed an intersectional project that can help with further development of educative program.</td>
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<td>Methods. Leading medical schools of each country received invitation to participate in the survey comprised from 12 questions. Survey started in August 2012. If preventive psychiatry was taught as a specific subject we asked to specify topics that are covered, number of hours, and presence of the subject in “hidden curriculum”. Participants were invited to share their opinion on the importance of education in preventive psychiatry and most relevant topics that should be taught.</td>
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<td>Results. Preliminary results from 29 countries were obtained. Preventive psychiatry was a part of the curriculum in only 19.3% cases, but in 53.7% it was present in the “hidden curriculum”. Leading topics were substance misuse and suicide prevention (93.9% and 84.8% respectively). About 70% of responders considered preventive psychiatry to be an important or very important curricular subject. Among advisable topics were: prevention of family abuse, stress-related disorders, detection of risk groups.</td>
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<td>Conclusions. Preventive psychiatry is considered to be an important issue although it is undertaught in medical schools. It focuses mainly on substance abuse and suicide prevention topics. Further investigation and the development of a comprehensive undergraduate curriculum for preventive psychiatry are needed.</td>
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Title: GLOBAL SUICIDE PREVENTION STRATEGIES: LESSONS FOR PSYCHIATRY

Speaker: M. Skelton  
Dr Mike Skelton, University of Nottingham and Derbyshire Healthcare Foundation NHS Trust, UK

Abstract

Objectives
To summarise evidence based strategies for reducing suicide from a review of the available literature.

Methods
The available literature on the subject of suicide prevention was reviewed, with a particular emphasis on evidence based lessons for psychiatrists.

Results
Suicide is a major global problem, with WHO data indicating approximately 1 million people die from suicide yearly; it is approximately 2% of the global disease burden. Suicide rates vary considerably by country. Within Europe there is a trend for higher risk in certain eastern European countries and the Russian Federation, whilst globally, low and middle income countries bear the largest burden. Suicide prevention requires multi-agency working, including reducing access to means of suicide and a range of public health measures. There is a clear role for psychiatry, as up to 90% of individuals may have a psychiatric disorder; furthermore attempted suicide is the most important predictor of completed suicide. Approximately a 20% reduction in the suicide rate may be achieved by prompt diagnosis and treatment of disorders presenting to psychiatry, particularly for mood disorders. There is evidence for a variety of psychiatric interventions, including inpatient treatment if appropriate, pharmacological treatment tailored to the diagnosis with safe prescribing and particular evidence for lithium prophylaxis in unipolar depression and bipolar disorder. There is evidence for CBT and education of health staff on suicide prevention.

Conclusions
Suicide is a tragic and complex problem, requiring concerted governmental multi-agency working. Psychiatrists can employ a range of interventions to reduce suicide, whilst recognising that suicide is difficult to predict and in some cases, to prevent. The wide range of national suicide rates indicates that successful suicide prevention strategies have been implemented in some countries and gives ground for optimism that best practice may be transferable to reduce suicide in other countries with high suicide rates.

Session:  
Section Symposium  
SPEAKER 5  
Code  
SSY563

Title: PSYCHIATRIC PREVENTION AND MENTAL HEALTH PROMOTION: CONCEPTUAL DIFFERENCES

Speaker: G. Christodoulou¹  
N. Christodoulou²  
¹ Professor George Christodoulou, President, World Federation for Mental Health, Athens, Greece  
² Dr Nikos Christodoulou, University of Nottingham, Nottingham, UK

Abstract
Mental Health Promotion differs from Psychiatric Prevention in two basic ways: First, Psychiatric Prevention deals with Illness while Promotion deals with Health. Second, Psychiatric Prevention is carried out mainly by psychiatrists whilst Promotion is carried out mainly by others, practically any sector of the population. What is worth underlining is that both prevention and promotion are cost/effective and since this is the language that politicians understand and respect, this argument should be put forward with emphasis, especially in periods of economic crises like the present one during which funding for mental health is severely curtailed.
### OVERALL ABSTRACT

**Title:** Complex trauma as a context trauma  

**Chairperson** Massimo Di Giannantonio (Italy).  

**Co-chairperson** Tarek Okasha (Egypt).  

**Abstract**  
Complex post-traumatic stress disorder (C-PTSD) also known as multiple interrelated post traumatic stress disorder is a psychopathological syndrome derived from protracted exposure to prolonged social and/or interpersonal trauma in the context of either captivity or entrapment (a situation lacking a viable escape route for the victim), which results in the lack or loss of control, helplessness, and deformations of identity and sense of self. C-PTSD, described in 1992 by Judith Herman, involves complex and reciprocal interactions between multiple biopsychosocial systems. Forms of trauma associated with C-PTSD may involve a history of prolonged subjection to totalitarian control including sexual abuse (especially child sexual abuse), physical abuse, emotional abuse, domestic violence or torture and repeated traumas in which there is an actual or perceived inability for the victim to escape. In this Section Symposium the different declinations of complex traumatic experiences will be described with regard to different environment and different biopsychosocial stressors. This approach will cover various psychopathological area from childhood trauma to the mental health of migrants, and from somatic symptoms to substance abuse.

**Speakers**  
Vittoria Ardino (United Kingdom).  
Luigi Janiri (Italy).  
Hans Rohlof (The Netherlands).  
Roger Schmidt (Germany).  
Giovanni Martinotti (Italy).

### SPEAKER 1

**Title:** PTSD and re-offending risk: the mediating role of worry and a negative perception of other people's support  

**Speaker** Ardino Vittoria  
PSSRU Unit, Department of Social Policy, London School of Economics and Political Science, London, UK  

**Abstract**  
**INTRODUCTION:** Studies of posttraumatic stress disorder (PTSD) are mainly focused on victims of trauma. Very few studies explored the links between PTSD symptoms and re-offending risk in perpetrators of violence.  
The aim of the presentation will be the presentation of data regarding the assessment of the effect of PTSD symptoms on re-offending risk in prisoner populations with a focus on indirect effects of worry and a negative perception of other people's support on the relationship between PTSD and re-offending risk.  
**METHODS:** 75 prisoners (25 females, mean age: 44.36 years; 50 males, mean age: 34.7 years) were assessed for exposure to child abuse and neglect, PTSD symptoms, worry, a negative perception of other people's support and re-offending risk. Mediation analyses tested the indirect effects of worry and a negative perception of other people's support on the relationship between PTSD and re-offending risk.  
**RESULTS:** 72% participants presented PTSD symptoms and 30.7% were at risk of re-offending. Mediation analyses supported the hypothesis of a mediation pathway from PTSD to worry and a negative perception of other people's support to an increased risk of re-offending.  
**CONCLUSIONS:** The results indicate that prisoners report high rates of PTSD symptoms; furthermore, they highlight an important relationship between PTSD and re-offending risk. Findings suggest that future research should test further the indirect effects of negative cognitive and emotional states on the relationship of PTSD and re-offending risk and explore more in depth the role of PTSD to assess and treat prisoners.
**Abstract**

INTRODUCTION: An inflammatory syndrome has been previously reported in different psychiatric conditions, including Schizophrenia and Bipolar Disorders. A possible relation with childhood trauma and recent traumatic experiences has been proposed and need to be investigated.

METHODS: Data regarding a sample of 24 first-episode psychosis patients and 24 healthy controls matched for age, gender, ethnicity and body mass index will be discussed.

RESULTS: Patients had significantly higher serum levels of IL-1α (effect size d=0.6, p=0.03), IL-1β (d=0.4, p=0.01), IL-8 (d=0.6, p=0.01) and TNF-α (d=0.7, p=0.05) and a trend for higher IL-6 serum levels (d=0.3, p=0.09) when compared with controls. Leukocyte m-RNA levels of IL-1α (d=0.6, p=0.04), IL-6 (d=0.7, p=0.01) and TNF-α (d=1.6, p<0.001), but not IL-1β and IL-8, were also significantly higher in patients.

DISCUSSION: A history of childhood trauma was associated with higher TNF-α serum levels (p=0.01), while more recent stressful life-events were associated with higher TNF-α mRNA levels in leukocytes (p=0.002). In conclusion, first-episode psychosis is characterised by a pro-inflammatory state supported, at least in part, by activation of leukocytes. Past and recent stressors contribute to this pro-inflammatory state.
Pathological memory formation during an alarm response may set the precondition for PTSD to occur. If true, a lack of memory formation by extended unconsciousness in the course of the traumatic experience should preclude PTSD.

**METHODS:** 46 patients from a neurological rehabilitation clinic were examined by means of questionnaires and structured clinical interviews. All patients had suffered a TBI due to an accident, but varied with respect to falling unconscious during the traumatic event.

**RESULTS:** 27% of the sub-sample who were not unconscious for an extended period but only 3% (1 of 31 patients) who were unconscious for more than 12 hours as a result of the accident were diagnosed as having current PTSD (P < .02). Furthermore, intrusive memories proved to be far more frequent in patients who had not been unconscious. This was also the case for other re-experiencing symptoms and for psychological distress and physiological reactivity to reminders of the traumatic event.

**CONCLUSION:** TBI and PTSD are not mutually exclusive. However, victims of accidents are unlikely to develop a PTSD if the impact to the head had resulted in an extended period of unconsciousness.

### Table

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<th>SPEAKER 5</th>
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<tr>
<td>Title:</td>
<td>BDNF SERUM LEVELS IN SUBJECTS DEVELOPING OR NOT POST-TRAUMATIC STRESS DISORDER AFTER TRAUMA EXPOSURE</td>
<td>Martinotti Giovanni, Brunetti Marcella, Di Giannantonio Massimo. University “G.d’Annunzio”, Chieti-pescara</td>
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<tr>
<td>Abstract</td>
<td>INTRODUCTION: Post-traumatic stress disorder (PTSD) is a syndrome resulting from exposure to a severe traumatic event that poses threatened death or injury and produces intense fear and helplessness. The neural structures implicated in PTSD development belong to the limbic system, an important region for emotional processing. Brain-derived neurotrophic factor (BDNF) is a neurotrophin that serves as survival factor for selected populations of central nervous system (CNS) neurons and plays a role in the limbic system by regulating synaptic plasticity, memory processes and behavior. Impaired BDNF production in the brain can lead to a variety of CNS dysfunctions including symptoms associated with PTSD. METHODS: To elucidate these issues, in this study we analyzed BDNF serum levels in two groups of subjects: patients with trauma exposure who developed PTSD, and subjects with trauma exposure who did not develop PTSD. RESULTS: We found that BDNF serum levels were lower in PTSD patients as compared to related control subjects. CONCLUSIONS: so far fewer studies have investigated this neurotrophin in patients with PTSD. Furthermore, given the multiple role of BDNF in various CNS disorders, it cannot be excluded that traumatic events per se may influence neurotrophin levels, without a direct association to the PTSD syndrome.Thus, these data suggest that BDNF might be involved in pathophysiology of PTSD and consequently therapeutic approaches aimed at restoring BDNF serum levels may be beneficial to this pathology.</td>
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**Title:** Philosophical and practical approaches to the management and resolution of conflicts

**Chairperson:** Prof. Solly Rataemane. Department of Psychiatry, University of Limpopo (MEDUNSA). Pretoria, South Africa. Chair WPA Section on Conflict Resolution.


**Abstract:**

The existence of conflict and the need to find effective resolutions for it on a personal, community, national and international basis remains an ongoing challenge for governments, social scientists and individual mental health care professionals. This symposium is proposed with the collaboration of three WPA Sections: the WPA Section on Conflict Management and Resolution, the WPA Section on Philosophy and Humanities in Psychiatry and the WPA Section on Religion, Spirituality and Psychiatry. Drawing on the joint purpose and thrust of all these Sections, the presentations in this symposium will focus on the philosophical, cultural and religious factors playing a role in the development of conflict, confrontation and violence on interpersonal, inter-community and international levels. The symposium will also explore possible approaches to and principles for conflict resolution relevant to the context of individual clinical consultations with patients, as well to conflict resolution on a larger scale as part of regional, national and international public mental health programs. "Our own humble experience has shown that negotiated solutions can be found even to conflict that the world has come to regard as insoluble. It has taught us that such solutions emerge when former opponents reach out to find common ground." Nelson Mandela, 1918-2003.

**Speakers:**

Bill Fulford (United Kingdom).
Peter Verhagen (The Netherlands).
Bernard Janse van Rensburg (South Africa).
Werdie van Staden (South Africa).
Discussant:
Giovanni Stanghellini (Italy).

**Session:**

**Title:** PHILosophical UNDERPinnings OF CONFLICT

**Speaker:** Bill Fulford (United Kingdom).

**Abstract:** NOT RECEIVED

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**Session:**

**Title:** CULTURAL AND RELIGIOUS CONFLICTS

**Speaker**

Peter J. Verhagen [1,2]
[1] WPA Section on Religion, Spirituality and Psychiatry, chair
[2] GGZ Centraal, Harderwijk, Netherlands

**Abstract**

Objectives

Religious violence is a complex phenomenon that is not easily understood. The causes, dynamics, and resolution of many conflicts around the world are influenced by religion. However, there is also a growing interest in how religion can be used in conflict resolution.

Methods

Literature search on causes and resolutions.
### Results

Obviously most conflicts are driven from clashes of communal identity, based on race, ethnicity and/or religious affiliation. Therefore an adequate theoretical framework is needed including the neurobiology and ethnology of aggression, insights in the cultural expressions of human violence, insight in the role of religious representations, and insight in the mechanisms whereby religion becomes an ally of violence. Religion can also play a role in the peace building process. Instead of war justifying aspects of sacred texts peaceful teachings are emphasized. Again, religious values and norms are central aspects of the cultural identity of many people involved in conflicts. Religion can bring social, moral and spiritual resources to the conflict resolution process. Spirituality can create a new sense of engagement and commitment to reconciliation and peace and to transforming relationships.

### Conclusions

Interventions in the conflict resolution process must engage the three dimensions of the so-called ‘attitudinal-change triangle’: head, heart and hand. In other words, interventions should influence the parties’ thinking, engage them in corrective emotional experiences, and show them chances for action. In an interreligious setting spiritual aspects do not only refer to head, heart and hand, but also to a connecting link between these three.

### References


### Session: Speaker 3

**Title:** SPIRITUAL DIMENSION OF CONFLICT AND CONFLICT RESOLUTION  
**Speaker:** Prof. Bernard Janse van Rensburg  
Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa.  
**Abstract:** Objective. The objective of this presentation is to explore the options that spirituality may have for the resolution of personal, interpersonal and communal conflict. Method. Comparing the distinguishing and overlapping features of the definitions of the constructs spirituality, religion and culture to explore how an added spiritual dimension to the existing bio-psycho-social approach to psychiatric practice and training may also offer solutions in conflict resolution. Results. Spirituality, as opposed to religion, can be defined as a progressive individual or collective inner capacity, consciousness or awareness. It also consists of relational aspects, or connectedness, and essentially exists as a process, representing growth, or a journey. This capacity, consciousness and connectedness provide the motivating drive for living and constitute the source from which meaning and purpose is derived. Koenig, for example, reviewed the definition of these terms in the Canadian Journal of Psychiatry, 2009; 54(5):283-291, with the aim of research measurement, assessment and comparison. He alludes to spirituality that is more difficult to define and considered to be more personal, largely free of rules, regulations and responsibility, where religion is often viewed as being divisive and associated with conflict and war. Conclusion. Care must be taken not to oscillate in perspective between the constructs of “spirituality” and “religion”, not to use these terms interchangeably, or to treat spirituality as being synonymous with religion.  
**References**  

### Session: Speaker 4

**Title:** PHILOSOPHICAL APPROACHES TO CONFLICT RESOLUTION IN PRACTICE  
**Speaker:** Prof. Werdie van Staden  
The Nelson Mandela Professor of Philosophy and Psychiatry. Department of Psychiatry, University of Pretoria, South Africa.
<table>
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<th>Abstract</th>
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<td>Objective: The objective is to give an exposition of philosophically derived ways towards conflict resolution in practice, specifically the ways of Values Based Practice (VBP). Method: The tenets of VBP are described in relation to actions that address the values underpinning conflict among people. A lack of treatment adherence serves as an example. Results: The philosophical distinction between values and the bearers of values (e.g., people) is important in understanding conflict and how it may be resolved. VBP champions this distinction by recognising and making the most of the point that an opposition of values does not preclude an apposition of the bearers of the values. Instead, it fosters an appositional attitude of partnership, through leadership and skills, by taking the differences of values seriously and accounting for them in a substantive communicative process. This approach of VBP contrasts with working towards consensus that seeks a convergence of values, a pursuit towards common ground. Notwithstanding the worth of consensus, VBP recognises the inability of consensus to account for prevailing conflicting values, and instead pursues accounting for both the uncommon ground (i.e., conflicting values) and the common ground (including the appositional attitude of partnership) in resolving conflict between people. Conclusions: As pursued by VBP, practical resolution of conflict among people may be afforded through substantive communicative processes that account for both the shared and the conflicting values.</td>
</tr>
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### OVERALL ABSTRACT

**Title:** Highlights in psychopharmacology of intellectual developmental disorders and autism spectrum disorders

**Chairperson** Marco Bertelli (Italy).

**Co-chairperson** Shoumitro Deb (United Kingdom).

**Abstract**

General Abstract: Despite frequent use, little is known about specific indications, efficacy, tolerability, and safety of antipsychotics, anxiolytics, and antidepressants in individuals with intellectual developmental disorders and autism spectrum disorders. This symposium is undertaken as an attempt to summarize the status of the art in the field, by combining literature review and clinical experience. Indications for future practice will also be considered.

**Speakers**

- Shoumitro Deb (United Kingdom)
- Marco Bertelli (Italy)
- Jarrett Barnhill (USA)
- Jane McCarthy (United Kingdom)

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### SPEAKER 1

**Title:** HIGHLIGHTS IN PSYCHOPHARMACOLOGY OF INTELLECTUAL DEVELOPMENTAL DISORDERS

**Speaker**

Deb S., Imperial College London, UK.

**Abstract**

Objective:

We have carried out a number of systematic reviews on the efficacy of different psychotropic medications for the management of problem behaviour in people with Intellectual Developmental Disorders (IDD).

Methods:

We have searched Medline, Embase, PsycInfo and Cochrane databases.

Results:

The systematic reviews have found that the highest number of randomised controlled trials (RCTs) is on new generation antipsychotics, particularly risperidone and aripiprazole. Compared with the placebo both risperidone and aripiprazole are shown to be significantly more effective in reducing problem behaviour in children and adults with IDD with and without Autism Spectrum Disorder (ASD). A number of open label longitudinal continuation studies following RCTs of risperidone have shown that the efficacy of risperidone has lasted over many months and the adverse effects were tolerable. There are also primarily cross-over RCTs on the opioid antagonist naltrexone involving children and adults with ASD and/or ID. Roughly half of the studies showed significant improvement from naltrexone, particularly in self injurious behaviour compared with the placebo. There are also a few old RCTs on the mood stabiliser lithium and one on carbamazepine that included only 10 participants. Most studies on mood stabilisers showed improvement in problem behaviour, although it was not clear whether or not they were superior to placebo. There is a small crossover RCT of an antidepressant clomipramine that recruited only 10 patients in the study.

Conclusion:

Apart from risperidone and possibly aripiprazole there is very little RCT based evidence for efficacy of psychotropic medication for the management of problem behaviour in people with IDD.

**References**

### Session: Section Symposium  

**SPEAKER 2**

**Title:** NEW AND VERY NEW GENERATION ANTIPSYCHOTICS IN INTELLECTUAL DEVELOPMENTAL DISORDERS

**Speaker**  
Marco O. Bertelli  
Scientific Director, Research and Clinical Centre (CREA) of San Sebastiano Foundation, Florence, Italy  
Chair, World Psychiatric Association Section Psychiatry of Intellectual Disability.

**Abstract**

**Purpose:** 
Antipsychotics (A) represent the most frequently prescribed drugs in people with Intellectual Developmental Disorders (IDD). After Tyrer and colleagues found no statistical difference of efficacy on challenging behaviour between placebo and A, usefulness of A in people with IDD has always been questioned.

The purpose of this paper is to provide a systematic mapping of the literature on the use of New and Very New Generation Antipsychotics (NGA and VNGA) in adults with IDD, with a special attention to the last 6 years.

**Methods:**  
The authors reviewed the international literature on the basis of the following questions: what are the most studied and used N and VNGA in people with IDD? What are the most common outcome measures? What is the level of evidence?

**Results:**  
Although pharmacological treatment is indicated by international guidelines not to be considered the first choice intervention for the management of problem behavior in IDD, around 60% of prescriptions are still for this purpose, while consistency with psychiatric diagnosis is often uncertain.

Risperidone, clozapine and olanzapine are the most common compounds in literature. Several empirical studies support the use of NGA, although some other publications are more sceptical of the quality of the evidence to date. Special attention is given to their most common side-effects, such as weight gain, dyslipidemia, hyperglycemia, and QTc prolongation.

Evidence on VNGA is lacking, but clinical experiences and the few trials conducted in the last years allow to make some distinctions within the group: some compounds have shown low metabolic effects and presents a receptor binding profile which is really suitable with the characteristics of this special population.

Current psychopharmacology tends to evaluate the usefulness of N&VNGA in terms of effectiveness rather than in terms of efficacy (on target symptoms) and safety, which is related to new patient-oriented outcome measures, like quality of life.

**References**


Abstract

The psychopharmacological treatment of children poses several potential challenges. These include:
1. The impact of brain development cognition, emotional perception and expression, and regulation (impulse control);
2. Problems with differential diagnosis brought about by the heterogeneity or non-specificity of many target behaviors and symptoms;
3. Presence of specific behavioral phenotypes as well environmental toxins, genetic, metabolic, neurological conditions that impact brain development;
4. Impact of development on drug absorption, metabolism and pharmacodynamics
5. Impact of medications of subsequent brain development

Each of these factors represents the frequently difficult to predict effects on the developing maturation and integration of neurons as well as regional interconnections between various modules or regions of specialized brain function. Challenging behaviors in childhood can represent prodromes of adult-onset mental disorders; risk factors in the development of unrelated adulthood-onset disorders, or as the result of ecological disruptions in vulnerable children. For children with SPID, their disability also impacts gene-environment interactions, clinical course and response to psychopharmacological treatment.

All too often, medications are prescribed without an adequate understanding of these complex bio-psycho-social forces. Limited understanding of the complex development of mental disorders and a paucity of evidenced based psycho-pharmacological studies in children with SPID contribute to the misuse of psychotropic medications. In addition, a lack of awareness of basic differences in pharmacokinetic and pharmacodynamics can lead to unrecognized drug-drug interactions that can adversely affect challenging behaviors, be misinterpreted as psychiatric illness and contribute to long term side effects. This presentation will explore the decision making processes for medication selection, monitoring and assessment of outcome for children with SPID.

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<td>AUTISM PSYCHO-PHARMACOLOGICAL ISSUES</td>
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</table>
| Speaker  | J. McCarthy  
King's College London, London, United Kingdom. |          |      |        |
| Abstract | Objectives:  
A review of the evidence from past ten years was undertaken on the use of medication for the management of people with autism spectrum disorders.  
Methods:  
The search included Medline, Embase, PsycInfo, Cochrane databases and national guidance.  
Results:  
The review found no evidence for treatment of the core symptoms of autism spectrum disorders Psychotropic medication used for co-morbid mental illness in people with autism spectrum disorders shows good evidence for treatment of attention deficit hyperactive disorder. There are RCTs looking at treatments that target specific behaviours such as irritability and aggression with the strongest evidence for the atypical antipsychotics such as risperidone. There is small evidence that selective serotonin reuptake inhibitors such fluoxetine reduces repetitive behaviours. There is no supporting evidence for use of antiepileptics in people with autism spectrum disorders.  
Conclusions:  
There is small evidence base of RCTs describing the efficacy of psychotropic medication in the management of specific behaviours in people with autism spectrum disorders.  |          |      |        |
### OVERALL ABSTRACT

**Title:** Effects of physical environment and stress on mood and behavior

**Chairperson:** Dr. GIUSEPPE SPINETTI - Hospital Psychiatric Department, Imperia, ITALY

**Co-chairperson:** Prof. MIGUEL ANGEL MATERAZZI – U.B.A., Buenos Aires, ARGENTINA

**Abstract**

Many mental disorders may be triggered or facilitated by environmental stimuli, which partially activate stress processes. Reactive phenomena to external or internal stressors can be complicated by immunological alterations that in turn induce pathological changes in both somatic and psychological functioning. This symposium is aimed at exploring the link between stress responses, considered at the neurochemical level, and clinical conditions determined or influenced by physical environmental variables. The effects of light on suicidal behaviors and those of seasons on affective disorders, particularly depression, are known but deserve further deepening about pathogenetic mechanisms and risk factors. Meteoropathy is a controversial syndrome characterized by increased sensitivity to climate and atmosphere elements and changes. New evidence supports the existence of a dimension, ranging from subthreshold up to clinically relevant levels, which appears to be in part stress-mediated.

**Speakers**

Norbert Müller (Germany).
Zoltan Rihmer (Hungary).
Maurizio Pompili (Italy).
Marianna Mazza (Italy).
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<tr>
<th>Session:</th>
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<th>SPEAKER 2</th>
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<td>ENVIRONMENTAL LIGHT AND SUICIDE RATES</td>
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<tr>
<td>Speaker</td>
<td>Zoltan Rihmer¹</td>
<td>¹Department of Clinical and Theoretical Mental Health, and ²Department of Psychiatry and Psychotherapy, Semmelweis University, Faculty of Medicine, Kútvölgyi út 4, 1125 Budapest.</td>
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| Abstract | Objective: To explore the relationship between environmental light and suicidal behaviour.  
Method: Review of the literature on the role of environmental light on suicide mortality and on some biological parameters, related to depression and suicide.  
Results: The seasonal variation of suicide (spring/early summer peak and winter low) is mostly the consequence of depression-related suicides, and this seasonal fluctuation is more pronounced among males, among those who use violent methods, at higher latitudes and in rural regions. HPA axis function, as reflected in the rate of abnormal dexamethasone suppression test (DST), also shows characteristic circannual variation that corresponds quite well to the seasonal variation of suicide (1). Abnormal DST is a long-term predictor of completed suicide and high serum cortisol level is accompanied by decreased central serotonergic function. The later is a strong biological correlate of some pathological behaviours, like depression, impulsivity and violent suicidal behaviour. Interestingly, some central serotonergic indices, including brain serotonin transporter binding capacity, also exhibit seasonal variation being most abnormal in the seasons where suicide mortality is the highest. We have recently found a significantly elevated risk of completed suicides among those born in spring and summer (2).  
Conclusion: The above evidences indicate that environmental light conditions play fundamental role in the seasonal incidence of suicidal behaviour and related biological background factors, like central serotonin metabolism. | |

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<td>SEASONALITY, SUICIDE AND AFFECTIVE DISORDERS</td>
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| Speaker  | M. Pompili (Italy)  
Dept. of Neurosciences, Mental Health and Sensory Organs.  
Sant'Andrea Hospital, Sapienza University of Rome, Italy | | | |
| Abstract | Seminal studies by pioneers in the study of suicide noted seasonal variations of suicides and attributed this phenomenon to a direct influence on the circuit of the brain of climate variables, in particular temperature. Classical studies point to variations with a peak in spring and early summer. Many studies have found that there is a spring peak of suicides (especially for males; a spring and autumn peak is often referred to females), but methodological difficulties often hamper analysis. In fact some authors indicated a lack of seasonal variation for suicides. Some people believe that suicide rates are high at Christmas time or during holidays when people at large are enjoying themselves, whereas lonely, troubled people may feel bad about their condition and decide to commit suicide. In truth, this assumption has not been confirmed by studies of the international literature. Affective disorders in general and bipolar disorders as well as unipolar depression may be influenced by seasonality. Some people with bipolar disorder can also have seasonal changes in their mood and experience acute episodes in a recurrent fashion at different times of the year. It has been classically described that some people with bipolar disorder are more likely to experience depressive episodes in the fall/winter and manic episodes in spring/summer. On the other hand, seasonal affective disorder (also called SAD) is a type of depression that occurs at the same time every year. Typically, seasonal affective disorder is a condition where depressions in fall and winter alternate with non depressed periods in the spring and summer. The degree to which seasonal changes afflict mood, energy, sleep, appetite, | | | |
preference, or the wish to socialize with other people has been called "seasonality." Implications for assessment, treatment and prevention of suicide are discussed during the course of this presentation.

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<td>Title:</td>
<td>IS METEOROPATHY A VALID CONSTRUCT?</td>
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<td>Speaker</td>
<td>M. Mazza, M. Di Nicola, D. Harnic, A. Bruschi, V. Catalano, L. Janiri. Catholic University of Sacred Heart, Rome, Italy.</td>
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<tr>
<td>Abstract</td>
<td>Objectives The construct of meteoropathy is still controversial. There is debate about considering meteoropathy not as a disease but as an organism’s negative reaction to weather conditions. Our group has validated a short questionnaire (METEO-Q) for the detection of meteoropathy and meteorosensitivity. Methods The METEO-Q was administered to 517 subjects (139 Bipolar Disorder type I, type II and Cyclothimic Disorder, 16 Major Depressive Disorder, 31 Anxiety Disorder, 331 Healthy Subjects). The assessment of mood, phase of disease and psychiatric symptoms was made according to Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS) and the Young Mania Rating Scale (YMRS). All patients were administered the Temperament and Character Inventory-Revised (TCI-R) to evaluate personality profile, subsequently correlated with scores derived from the questionnaire Q-METEO and with the phase of disease. Results The METEO-Q has satisfactory factorial structure and internal reliability. The accuracy of the Q-METEO, measured by the area under the ROC curve, is 0.72. The Q-METEO would be considered to be “fair” at separating bipolar patients with or without meteoropathic symptoms. Nevertheless, this test represents an accurate instrument to correctly classify those with and without meteoropathic symptoms also in the sample of healthy controls. Q-METEO total score showed a significant correlation, respectively positive with Persistence and negative with Cooperativeness, measured by TCI-R (p&lt; 0.05). Conclusions Despite the growing interest about meteoropathy and meteorosensitivity, there is a need of large, well-conducted studies on both healthy and psychiatric individuals. Detection of predisposed subjects and prevention of clear symptoms should be our future goals.</td>
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### OVERALL ABSTRACT

**Title:** Global Mental Health Priorities Conflict Management & Resolution Section Symposium

**Chairperson**
Solomon Rataemane, MD, South Africa, Saul Levin, MD, USA

**Abstract**
Objectives: Identify contemporary global mental health priorities and challenges with a focus on access & quality of care; training & education; policy and advocacy.

Methods: Individual presentations on access & quality, education & training, policy and advocacy based on a scientific literature review of the subjects complemented by projects and initiatives implemented by the presenters at national, global or local levels.

Results: Access & quality of care, mental health, psychiatric education & training as well as mental health policy and advocacy remain formidable challenges in the 21st century. There are significantly high disparities between low, middle and high income countries across all the aforementioned dimensions that significantly impact on populations’ health.

Conclusion: Collaborative WPA projects are offering new opportunities and new hopes for redressing the existing disparities and discrimination as well as offering new hope for enhancing access & quality of care, education & training and successful advocacy for nondiscriminatory health & mental health policies.

**References**
- WHO Global Mental Health Action Plan 2013-2020, WHO Geneva, Switzerland
- Sorel, E., Editor, 21st Century Global Mental Health, Jones & Bartlett Learning, Burlington, Massachusetts

**Speakers**
- Michelle Riba (USA).
- John McIntyre (USA).
- Eliot Sorel (USA).
- Discussant:
  - Paul Summergrad (USA).

### SPEAKER 1

**Title:** GLOBAL MENTAL HEALTH PRIORITIES: PERSPECTIVES ON TRAINING

**Speaker**
Michelle B. Riba, M.D., M.S.
Clinical Professor and Associate Chair for Integrated Medical and Psychiatric Services
Department of Psychiatry
University of Michigan
Mentor- Global and Health and Disparities Program
University of Michigan Medical School
Secretary for Scientific Publications, WPA
Past President, APA, AADPRT, AAP

**Abstract**
Objectives: There is a great need to emphasize the importance of global health in psychiatric education. Education and training of our medical students and residents must be refocused on global health challenges and priorities and an increasing desire on the parts of our trainees to meet those challenges.

Methods:
- Review of the literature and provide information regarding opportunities which exist to from colleagues across different countries. Such techniques to be highlighted include: telemedicine to provide
consultations to patients and clinicians across the globe; use of curricula and teleconferencing to include
and disseminate information; use of journals in web based form, and other electronic linkages to help
educate one another about better ways to teach, inform and disseminate mental health data and
information.

Results:
Through fellowships and other organizations that support global health education for health sciences
students, opportunities exist to enhance global mental health education, a high global mental health
priority.

Conclusions:
This presentation summarizes successful programs that exist throughout the world related to global
health in psychiatric education. Opportunities and ways to collaborate are presented.

References
Belkin GS, Yusim A, Anbarasan D, Bernstein CA: Teaching “Global Mental Health.” Psychiatry
Residency Directors'Attitudes and Practices Regarding International Opportunities for Psychiatry
Residents. Academic Psychiatry 2011;35:400-403
Celletti F, Reynolds TA, Wright A, Stoertz A, Dayrit M. Educating a new generation of doctors to
Medline:22028631doi:10.1371/journal.pmed.1001108
CMCR Symposium Global Mental Health Priorities

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<td>IMPLEMENTATION OF EVIDENCE-BASED GUIDELINES AS QUALITY IMPROVEMENT INITIATIVES</td>
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<td>Speaker</td>
<td>John S. McIntyre</td>
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<tr>
<td>University of Rochester, Rochester N.Y. U.S.A.</td>
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</table>
| Abstract | **Objective:** Increase the understanding of quality improvement initiatives involving the implementation of practice guidelines, and measures derived from guidelines.  
**Methods:** Unipolar depressive disorders, schizophrenia, bipolar disorders and alcohol use disorders are among the top ten causes of disability due to health related conditions in all countries. Furthermore, considerable disparity exists as the World Health Organization has noted that almost three-quarters of the global burden of neuropsychiatric disorders occurs in low and middle income countries. Access to quality mental health treatment remains a major challenge in virtually every country. Over the past few decades research has increasingly identified evidence-based treatments of mental illnesses but the translation of this research into practice has not been robust.  
**Results:** This presentation will identify international programs to develop evidence-based clinical practice guidelines and efforts to implement these guidelines. The role of measures and the use of registers to aid in these efforts will be discussed. The past activities and future plans of the WPA Section on Quality Assurance will be reviewed.  
**Conclusions:** Implementation of evidence-based guidelines that are adapted for the local setting can be a powerful quality improvement tool.  

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<th>SPEAKER 3</th>
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<tr>
<td>Title:</td>
<td>CMCR SECTION SYMPOSIUM GLOBAL MENTAL HEALTH PRIORITIES GLOBAL MENTAL HEALTH POLICY &amp; ADVOCACY</td>
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<tr>
<td>Speaker</td>
<td>Eliot Sorel</td>
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<td>The George Washington University, Washington, DC</td>
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<tr>
<td>Abstract</td>
<td><strong>Objective:</strong> Assess the role of scientific evidence and advocacy in educating and influencing global health and mental health policy in the WHO.</td>
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Methods: Review of scientific evidence and preparation of advocacy statements presented to global health and mental health policy bodies for inclusion on their agendas, discussions, debates and decision-making processes.

Results: An advocacy case example is presented by the author and his collaborating partners. It focuses on global mental health policy decisions by the World Health Organization’s Executive Committee, the World Health Assembly and the policies adopted that led to the implementation of the Global Mental Health Action Plan 2013-2020.

Conclusions: Scientific evidence and advocacy can be effectively utilized in an integrated model to influence positively global mental health policy decisions. Lessons learned are presented.

References:

Sorel, E., 21st Century Global Mental Health, Jones & Bartlett Learning, Burlington, Massachusetts


Sorel, E. Satcher, D, Ruiz, P., Letter to the WHO Executive Committee, January 2012

Session: | Section Symposium | OVERALL ABSTRACT | Code | SSY639
---|---|---|---|---
**Title:** | **From bench to bedside: lessons from research in developmental psychopathology in infant and perinatal parent-infant interactive mental health**
Chairperson | Dr. GISELE APTER, Erasme Hospital, University Paris Diderot, FRANCE. Co-Chair: Pr. MIRI KEREN, Tel Aviv University, ISRAEL.
Abstract | In this symposium, we will focus on how our current knowledge in the latest data and research in infant and perinatal development impacts our clinical and therapeutic expertise. We will describe how infant characteristics are influenced by maternal perinatal well-being and adequate emotional organization through NBAS characteristics. Conversely, there is now ample research informing that maternal mood disorders have negative consequences on infant regulatory capacities and emotional neonatal development and mother-infant interaction. Our second talk will pursue to relate how maternal mood disorders impeach maternal regulatory capacities therefore reducing interactive emotional adaption through derailing of interaction, thus straining infant development by reducing parental scaffolding. The third research will present longitudinal data linking dysregulatory interactive patterns at three months postpartum with disorganized attachment at toddler age thus informing on how haphazard early emotional configurations pave the road to vulnerability. And our last speaker will display through video clips ways in which to modify different psychodynamically oriented therapies during the preschool years on the basis of developmentally informed research. This form of “translational” symposium is essential today as we search for manners in which to address an ever larger number of future parents, infants, toddlers and their families with appropriate therapeutic management. The presentations will insist on how to go from clinical research to informed practice, examples of pragmatic clinical techniques that implement current research knowledge. A general discussion on how to address the necessity for therapeutically driven clinical research, which is still too sparse today, will complete the symposium.

Session: | Section Symposium | SPEAKER 1 | Code | SSY639
---|---|---|---|---
**Title:** | **THE POSTPARTUM BLUES: A MARKER OF EARLY NEONATAL ORGANIZATION?**
Speaker | S. Bydlowski\(^1,2\)
2. Inserm Unité 669, Paris, Université Paris-Sud et Paris Descartes, UMR-S0669, Paris
Abstract | **Background:** Postpartum blues may promote a certain openness to emotional exchange between mother and her infant.
**Methods:** Groups of mothers were assembled according to various types of emotional expression demonstrated during the early postpartum. Links between mothers’ groups and newborns’ neuropsychomotor characteristics were assessed.
21 mother-infant dyads were included at maternity wards. A semi-structured interview was established to identify symptoms of blues and classify mothers into clinical groups: ordinary and emotionally mixed postpartum blues (OB); sad, intense and lasting blues; or without blues. Newborns were examined using the NBAS.
**Results:** Cluster analysis revealed a two-class structure, where 78% of women with OB were found to belong to the same class, with higher median score on newborn “hand-to-mouth activity” which correlated to self-quieting activity, heightened regulation of awake states, decreased need for adult support, better defensive movements, greater attentiveness and diminished irritability.
**Conclusions:** The acquired faculties demonstrated by newborns whose mothers experience OB reflect a
distinct skillset of neuropsychomotor maturity.

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<td>Title:</td>
<td>PERINATAL MATERNAL MOOD DISORDER: CAN IT IMPEACH THE MOTHERHOOD CONSTELLATION?</td>
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<td>Speaker</td>
<td>M. Keren, Tel Aviv University, Israel.</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives:</strong> To explore how maternal mood disorders impact the development of parenthood and therefore early mother-infant interaction and relationship. <strong>Methods:</strong> extensive longitudinal clinical and video data of case studies linking clinical hands-on research to developmental psychopathology studies <strong>Results:</strong> motherhood constellation influences reciprocally mother-infant relationships <strong>Conclusions:</strong> parent-infant constellations should be included in clinical evaluation and treatment when addressing maternal mood disorders during the peripartum.</td>
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<tr>
<td>Title:</td>
<td>INTERACTIVE COREGULATION: IS IT PROTECTIVE AT TODDLER AGE?</td>
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<td>Speaker</td>
<td>F. Medjkane, M-C. Genet, E. Devouche, V.Garez, M.Valente, P. Minjollet, S. Domingez, M.Gratier, G.Apter, EPS Erasme, Research in perinatal Psychopathology, Antony, France, University Paris Diderot, University Paris Descartes, CHRU Lille, Hôpital Antoine Béclère, University Paris Ouest Nanterre</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives:</strong> To follow longitudinally through toddlerhood, infants of mothers afflicted with Borderline Personality Disorder, in order to examine Attachment status links to early parent-infant interactive configurations. <strong>Methods:</strong> Microanalysis of mother-infant interaction using the Still Face Paradigm at 3 months old and analysis of interaction during the Strange Situation Procedure at 13 months old. Both were coded blind to maternal status. Control group with no disorders was compared to Borderline group <strong>Results:</strong> Infant’s regulatory efforts are visible through dysregulated behaviors. Mothers show difficulties at the heart of a troubled sharing of intersubjectivity to help the infant to regulate its emotions. <strong>Conclusions:</strong> These results suggest, in accordance with the literature, that children of mothers with BPD are at risk of emotional dysregulation and Disorganized Attachment which are in turn risk factors for BPD.</td>
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<td>Title:</td>
<td>DEVELOPMENTAL RESEARCH INFORMS PSYCHOTHERAPEUTIC TREATMENT: A VIDEO ILLUSTRATION</td>
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<td>Speaker</td>
<td>A. Harrison, Harvard, The Cambridge Health Alliance, Boston, USA.</td>
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<td>Abstract</td>
<td><strong>Objectives:</strong> Developmental research informs us on how infant development needs to be integrated in therapeutic processes. The aim of this presentation is to identify regulatory capacities, distancing and</td>
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sensitivity in order to include them in analysis of psychopathology and of the therapeutic techniques required to address them.

**Methods:**
Videos of on-going multiple psychotherapeutic sessions were analyzed. Subjective and objective measures of the dyadic psychotherapeutic setting were made and will be described. Objective scenario-based measures of change during treatment such as enhancement of competencies of interactive play between mother and child will be presented.

**Results:**
Modification of different psychodynamically oriented therapies during the preschool years on the basis of developmentally informed research, specifically research on infant and maternal regulatory interactive capacities needs to be discussed and implemented.

**Conclusions**
The need to scaffold developing regulatory capacities, for example, in the recognition of protest and distancing in self-regulation, and the sensitivity to different sensory stimuli, must be included in analysis of psychopathology and incorporated into therapeutic techniques required to address them. How to implement these new data into medium and long-term trials is the next research step to explore.
### Disaster and mental health

**Abstract**

South East Asia is vulnerable for natural disaster due to its geographical location as well as manmade disaster due to political scenario. Floods, droughts, cyclones, earthquakes and landslides have been recurrent phenomena and terrorism and assaults from political unrest also novel entity in this arena. In India In the decade 1990-2000, an average of about 4344 people lost their lives and about 30 million people were affected by disasters every year. The integration of mental health service in disaster management plan has changed the impact of disaster. Sri Lanka also faced both natural disaster like cyclone and Tsunami and also internal war against and mitigate the psychiatric consequences with an coordinated management plan. Indonesia having Tsunami and volcano eruption and own plan of management including the community to disaster preparedness. Japan has great recovery from multiple disaster; In 1995 the great Hanshin Awaji Earthquake killed more than 5,500 people immediately and made more than 350,000 people homeless. On the view from a psychiatrist the aftermath of this disaster will be described. Bangladesh is one of the disaster prone developing countries. The key concern of Bangladesh is readiness and prompts national response to disaster, which is one of the important and integrated parts of the disaster management system. The whole nation turn to the rescue, this may be a role model for other. The immediate response and innovative rescue service after any disaster can contribute to the mental health service after disaster and these will made the disaster preparedness easier.

**Speakers**

- Manickam Thirunavukarasu (India)
- Harischandra Gambheera (Sri Lanka)
- Naotaka Shinfuku (Japan)
- Waziul Alam Chowdhury (Bangladesh)

### DISASTER AND MENTAL HEALTH: ISSUES AND CONCERNS

**Speaker**

M Thirunavukarasu  
Professor of Psychiatry, SRM University, Kattankulathur, Tamil Nadu, India

**Abstract**

India has been traditionally vulnerable to natural disasters on account of its unique geo-climatic conditions. Floods, droughts, cyclones, earthquakes and landslides have been recurrent phenomena. About 60% of the landmass is prone to earthquakes of various intensities; over 40 million hectares is prone to floods; about 8% of the total area is prone to cyclones and 68% of the area is susceptible to drought.

In the decade 1990-2000, an average of about 4344 people lost their lives and about 30 million people were affected by disasters every year. The loss in terms of private, community and public assets has been astronomical.

At the global level, there has been considerable concern over natural disasters. Even as substantial scientific and material progress is made, the loss of lives and property due to disasters has not decreased. In fact, the human toll and economic losses have mounted. It was in this background that the United Nations General Assembly, in 1989, declared the decade 1990-2000 as the International Decade for Natural Disaster Reduction with the objective to reduce loss of lives and property.

The super cyclone in Orissa in October, 1999 and the Bhuj earthquake in Gujarat in January, 2001 underscored the need to adopt a multi dimensional endeavour involving diverse scientific, engineering, financial and social processes. In 2013 the cyclone “Phailin” hit the Odhisa coast. But the causalities were only 43.

The impact of Disaster management has changed the outcome. This will be discussed with the positive and negatives of the disaster management.
Symposium

Title: DISASTER IN SRI LANKA: CONSEQUENCES AND MANAGEMENT FROM MENTAL HEALTH PERSPECTIVE

Speaker Prof. Harischandra Gambheera
NIMH, Sri Lanka

Abstract
Sri Lanka is a small island in the Indian Ocean off the southern coast of the Indian subcontinent with a land area of 65,610 square kilometres. It is a densely populated country with approximately 20 million people. Sri Lanka is a culturally diverse country and is a home to many ethnic groups namely Sinhalese, Sri Lankan Tamils, Indian Tamils, Burghers, Moors, etc.

Two provinces of the country, North and Eastern were in the dark, under the influence of 30 years long ethnic conflict which completely ended in August 2009. The adverse consequences of long drawn war were not only limited to the North and East of the country but it changed the psychiatric epidemiology and hindered the progressive development of entire country. Conflicts and wars have significant effect on epidemiology of Psychiatric disorders. The trauma, loss of loved ones, loss of livelihood and refugee state resultant of wars and conflicts increase the psychiatric morbidity. Many researchers all over the world have found a drastic increase of Post-Traumatic Stress Disorder (PTSD), depression, somatization, substance use disorders. The war that prevailed over thirty years in north and east of Sri Lanka would have major impact on epidemiology of psychiatric disorders of the entire country and it would have hindered the development of already compromised psychiatric services with a greater impact on those war affected areas.

Sri Lanka is also a land that is frequently affected by natural disasters such as floods droughts affecting lives and livelihoods of its people. The tsunami in December 2004 that washed away more than two thirds of Sri Lankan shores, killing more than 35000 people had a major impact on psychiatric morbidity so much so that the prevalence of PTSD, depression and other psychiatric disorders were higher even after 2 years. However, the intervention of WHO and other relief agencies in this disaster was helpful not only in the Tsunami but also in producing a long lasting effect on developing community psychiatric services.

Session: Section Symposium
SPEAKER 3

Title: RECOVERY FROM DISASTERS - PERSONAL EXPERIENCES

Speaker Naotaka Shinfuku, M.D., Ph.D.
Emeritus Professor: Kobe University School of Medicine. Japan.
Immediate Past President Asian Federation of Psychiatric Associations (AFPA)

Abstract
Background: In the early morning of January 17, 1995, the Kobe city (1.5 million inhabitants) and surrounding urban areas were devastated by the Great Hanshin Awaji Earthquake. This Earthquake killed more than 5,500 people immediately and made more than 350,000 people homeless. The event was tragic. But we Japanese have learned many lessons through this experience.

Methods: I personally experienced the Earthquake on spot at that time. I have also witnessed the recovery process in the Kobe area over 15 years. As psychiatrist, I have also been observing the changes of psychiatric problems of the Earthquake victims over the time.

Results: Peoples in Kobe experienced various physical and psychological problems after the disaster. These problems changed over the time. The first symptoms of the victims were panic attacks, which were gradually replaced with depressive symptoms, alcohol-related problems, and so-called “solitary death.” Those psychiatric problems quickly became social problems in Japan after one year. The recovery process was accompanied with the efforts of Kobe peoples to transfer their experiences to the victims of similar disasters in Asia and the world.

Conclusion: Hanshin Awaji Earthquake was tragic. But, the lessons learned in Kobe is being shared by mental health experts in Asia and in other developing countries. This transfer of experiences has constituted a continuous process in Japanese recovery from the Great Hanshin Awaji Earthquake. One could say that sharing is the source of our recovery from the disaster.

In 2011, March, Japan experienced another East Japan Disaster. The disaster was caused by an earthquake, Tsunami and Nuclear plant damage. Japanese peoples are working together to overcome the
**East Japan Disaster. I will present my view and my experience for the recovery of the disasters.**

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<td>Title:</td>
<td>IMMEDIATE NATIONAL RESPONSE TO DISASTER: BANGLADESH PERSPECTIVE</td>
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<tr>
<td>Speaker</td>
<td>Md. Waziul Alam Chowdhury¹, Helal Uddin Ahmed¹, Mohammad Tariqul Alam¹, Md. Faruq Alam, MG Rabbani¹</td>
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<td>¹ National Institute of Mental Health, Dhaka, Bangladesh.</td>
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<tr>
<td>Abstract</td>
<td>History of Bangladesh is replete with both manmade disasters and natural disasters. The independence of this nation came through an arms struggle and had to incur a sudden demise of 3 million people, 250 thousand raped women and massacres of different other nature. Nobody even could think that a human being who had lost their dearest one, lost their chastity and treated with indignity need mental health support, intensive psychiatric care and treatment. The same thing happened with the case with natural disasters. According to one record during last 100 years, there had been 75 severe cyclones and floods in Bangladesh. On the other hand as many as 1200 kilometer of river banks are under active erosion in every year. Droughts, alarming a rate of deforestation and ecological degradation are always there. On 24 April 2013, Rana Plaza, an eight-storied commercial building, collapsed in Savar, an Upazila (sub-district) in Dhaka, Bangladesh. The death toll was 1,129 and about 2,515 injured people were rescued from the building. The national responses were very effective and the immediate action has taken by government, civil society and the mental health professionals. The mental health professionals including psychiatrists, psychologists and psychiatric social worker rushed immediately to the disaster area to provide psychological first aid (PFA) to the survivors from all levels. The team members approached the victims mainly admitted in different hospitals every day. A short data form was used to gather preliminary information. In first phase, total 1609 affected populations received PFA and in the second phase, team has approached 3788 cases. Among the surviving victims the prevalence of Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Generalized Anxiety Disorder, Acute Stress Disorder and Sleep disorders were 26.3%, 20.1%, 12.8%, 11.5% and 10.8% respectively. Among the relatives 91.3% had no psychiatric diagnosis and 7.2% were suffering from Major Depressive Disorders. Sixty eight per cent (68%) of rescuers had mental disorders; among them 28.8% were suffering from PTSD and 9.1% from Acute Stress Disorder.</td>
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# OVERALL ABSTRACT

## Title:
Violence and human sexuality

### Chairperson
Chair: Prof. Antonio Palha, Professor Catedrático de Psiquiatria, Jubilado, da FMUP, Cordenador do Mestrado de Gerontologia Social Aplicada – Univ. Católica de Braga, Presidente Cessante da Sociedade Portuguesa de Psiquiatria e Saúde Mental (Human Sexuality Section Co-chair).
Co-Chair: Prof. Kevan Wylie Consultant in Sexual Medicine, NHS, Sheffield, Honorary Professor, Hallam University, Honorary Reader,University of Sheffield, UK, WAS President.

### Abstract
Violence and sex have an intertwined tricky relation that could flip the wings of seduction and fly an intimate partner relation to the sky of harmony and agreement versus an extreme of jeopardy and lack of safety when infecting certain cultures with sexual harassment and sexual aggressive crimes. Tackling this issue in Egypt with Prof. Abdel Azim across many nations cross continental with Prof. Hernandez before we ride an exploration journey with prof. Simonelli observing intimate partner violence and its impact on their relationship, then re-visiting PTSD arising from sexual violence with Dr. Navarro; before we end this session with a different perspective applying Art in assessment of gender violence with children with Dr. Moreno.

Chairs and presenters are looking to stir a conversation in relation to this topic with audience, one that could inspire further researches in this domain very much in demand with growing evidence about correlate between sex and violence from different perspectives and with disparity in perception and intensity from one place to another in the world.

### Speakers
- Said Abdel Azim (Egypt).
- Ruben Hernandez-Serrano (Venezuela).
- Felipe Navarro Cremades (Spain).
- Chiara Simonelli (Italy).
- Dolores Moreno (USA).

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# SPEAKER 1

## Title:
SEXUAL VIOLENCE AND CULTURE

### Speaker
Prof. Said Abdel Azim

### Abstract
Intracultural and intercultural behaviors are affected to a degree by learning behaviors. With increasing globalization, industrialization and the spread of global media, very few societies and cultures have been isolated. Sadomasochism as a paraphilia and a form of sexual violence can be lower in societies where sex act is seen mainly procreative. Morbid jealousy is related to a sense of fear that the partner is having affairs and there is an imminent threat of loss of relationship. This may be a product of the culture and vary according to social organizations, economic, political and legal systems and patterns of kinship. Some studies found that where men have minimal authority over women, adultery of wives was less likely to be punished. Feminist theory of violence against women and results of UN studies indicated that the educational and occupational status of women in a country is related to the prevalence of sexual violence against women so in countries where the status of women is low, prevalence of sexual violence against women tends to be higher. In turn in countries where the status of women is high, sexual violence against women is lower. UN study 2006 suggested that at least one in every three women around the world has experienced sexual violence at one time.

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<td>VIOLENCE AND SEX</td>
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<td>Speaker</td>
<td>F. Navarro-Cremades 1, R. Hernández Serrano 2, A. Palazón Brú 1, D. Marhuenda Amorós 1, A. Navarro Sánchez, F. Navarro Sánchez, JV. Gil Guillén 1, JM de la Fuente 1</td>
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<td></td>
<td>1 UMH, Campus de San Juan de Alicante Spain</td>
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<td>2 WAS, WPA, AISM, FLASSES, UTES, UCV, SVSM, Caracas, Venezuela</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives</strong></td>
<td>To present selected main issues about violence and sex and related relevant factors</td>
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<td></td>
<td><strong>Methods</strong></td>
<td>Syncretic methodology including bibliographic analytic search and synthetic clinical experience of some leaders in this area</td>
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<td><strong>Conclusions</strong></td>
<td>What to do now? Education as priority: values, freedom. Peace of mind; voluntary simplicity. Sexuality education. Effective laws. Social development: homes, jobs, schools, parks, recreation, shelters, time control, planning. Basic services: electricity, water,…</td>
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<td>Title:</td>
<td>INTIMATE PARTNER VIOLENCE: AN EXPLORATORY STUDY ON THE RELATIONSHIP BETWEEN ALEXITHYMIA, DEPRESSION, ATTACHMENT STYLES, AND COPING STRATEGIES OF VICTIMS THE COMPLETE TITLE SHOULD BE CAPITALIZED</td>
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<tr>
<td>Speaker</td>
<td>C. Simonelli 1, I. Petruccelli 2, G. Craparo 2</td>
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<td></td>
<td>1. Sapienza University, Rome, Italy</td>
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<td>2. Kore University, Enna, Italy</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives</strong></td>
<td>This exploratory study investigates the relationship between alexithymia, adult attachment styles, depression, and coping strategies in a group of female victims of IPV.</td>
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<td><strong>Methods</strong></td>
<td>Participants are 80 female victims of IPV with an age range from 18 years to 54 years (mean = 31.62; standard deviation = 9.81). The control group included 80 women with no history of IPV with an age range from 19 years to 37 years (mean = 25.05; standard deviation = 3.67). Multivariate analyses of variance were used to examine the hypothesized group differences in alexithymia, depression, coping, and attachment style. We administered the following self-report questionnaires: 1. 20-Item-Toronto Alexithymia Scale; 2. Coping Orientation Problems Exposed; 3. Beck Depression Inventory-II; 4. Attachment Style Questionnaire.</td>
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### Results

Frequencies of TAS-20 scores showed that IPV subjects were classified as “borderline” and “alexithymic” more frequently as well as for depression scores. Also Social Support correlated significantly and positively with the dimension Preoccupation with Relationships on the ASQ. Problem solving, which was lower in the IPV group, was positively and significantly correlated with Confidence and negatively correlated with Need for Approval. The IPV group reported higher scores on “Discomfort with Closeness” and “Preoccupation with Relationships,” two of dimensions related to insecure attachment. Finally, comparisons between mean scores obtained by the two groups on the five dimensions of COPE-NVI revealed significant differences for the Social Support and Problem Solving dimensions.

### Conclusions

Results emphasize the prevalence of an insecure attachment style and alexithymic and depressive traits. The presence of alexithymic traits in the IPV group can be considered as linked to the traumatic experiences. In comparison to the control group, alexithymia, depressive symptoms, and an insecure attachment style were negatively correlated with the ability to cope with stress for women in the IPV group. Victims of IPV had also more difficulty with problem solving.

### Session: Section Symposium

**Title:** PTSD AND SEXUAL VIOLENCE

**Speaker**

F. Navarro-Cremades 1, R. Hernández-Serrano 2, J. Rodríguez-Marín 1, V. Gil-Guillén 1, F. Bianco-Colmenares 3, F. Navarro-Sánchez 4, P. Vinci 1, P. Gargiulo 1, A. Rellini 5, JM de la Fuente 1.

1 UMH Miguel Hernández University, San Juan, Alicante, Spain.

2 UCV Universidad Central de Venezuela, Caracas, Venezuela.

3 WAMS/AMSM World Association of Medical Sexology, Caracas, Venezuela.

4 UNED, Madrid, Spain (graduate student)

5 University of Vermont (USA)

**Abstract**

1. **Objectives.**
   To analyze PTSD (Posttraumatic Stress Disorder) in the main classifications including DSM 5, ICD 10 and DMS III.

2. **Methods.**
   Comparative and hermeneutical analysis of the PTSD in the main reference classifications and related publications.

3. **Results.**
   PTSD in the classifications: DSM 5. PTSD is included in DSM-5 chapter on Trauma- and Stressor-Related Disorders. The diagnostic criteria include exposure to traumatic events as sexual violence. ICD 10. PTSD is classified in the chapter Neurotic, stress-related and somatoform disorders, and may develop after an exposition to traumatic events, vg. sexual assault. DMS/MDS III. Diagnostic Manual in Sexology III Edition (SMD III), a specific sexological Diagnostic Manual. The chapter C11 Post traumatic Sexual Stress (PTSS) include three subtypes: 1 Sexual Abuse, 2 Rape and 3 Early or Late Traumatic Sexual Experience. Each subtype is specified according to the following factors: Generalities, concept, epidemiology, clinic, supplementary examinations, differential diagnosis and bibliography.

4. **Conclusions.**
   Forms and contexts of sexual violence, eg.: rape (within marriage or dating relationships; by strangers; gang rape; systematic rape during armed conflict); sexual harassment; sexual abuse of mentally or physically disabled people; sexual abuse of children; forced marriage or cohabitation; forced abortion; violent acts against the sexual integrity of women; forced prostitution and sexual trafficking; forced sexual initiation; sexual violence against sex workers. Sexual violence is related to PTSD/PTSS and other consequences, eg.: unwanted pregnancy and gynecological complications, sexually transmitted diseases, injuries and homicides, other mental health and behavioral problems including suicidal behavior, social stigma and ostracization.

5. **References.**

<table>
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<th>Session:</th>
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<th>SPEAKER 5</th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>GENDER VIOLENCE THROUGH THE CHILDREN'S EYES</td>
<td>Dolores Garcia-Moreno, MD Medicine &amp; Art Institute, New York, USA</td>
<td>Abstract:</td>
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**Aim:**
To present drawings from children who either witnessed gender violence or are concerned about this serious problem in different contexts.

**Material and Methods:**
1-Children Drawings: House-tree-family (HTF) and Wish-For Change (WFC) where given to children from Elda, Spain (2001), urban India (2008) and urban and rural Mexico (2009-2010). These innovative assessment techniques can be applied to groups in public schools, clinics and individual programs delivering child & adolescent’s mental health services.

**Results:**
Children’s reflect in their drawings their having witnessed gender violence or their fears under various cultural circumstances. Children identify their parents’ needs, or those of their communities and society. They find solutions to this chronic social problem and healing surviving witnessing gender violence in Spain, India and Mexico.

**Conclusions:**
There is a need worldwide for tools to evaluate and treat children that have or are experiencing trauma. Training Mental Health professionals in how to use drawings and interviews could lead to identify quickly and easily children at risk, the social issues that need to be addressed to improve their lives and healing the scars of trauma and the main areas of distress.
### OVERALL ABSTRACT

**Title:** **Human sexuality diversity: update**

**Chairperson**
Chair: Prof. Said Abdel Azim, Emeritus Professor of Psychiatry Cairo University Hospital, Psychiatry department, Egypt, Egyptian Society on Sexuality Health and Medicine ESSHM President, Section on Human Sexuality.
Co-chair: Prof. Ruben Hernandez, MD, WAS, WPA, FLASSES, AISM, SVSM, UTES, UCV, Venezuela.Venezuela (Human Sexuality Section immediate past chair).

**Abstract**
A number of issues will be considered in this symposium highlighting updates on re-visiting past crucial events in history, travelling in time and starting with an era from the past shedding light on the impact of Salazar dictatorship in Portugal especially on women and if such gender aggression was used in political and social context; such adversities will be exposed by prof. Palha before shifting to the issue of the hour which is “why does passion wane?” and addressing Infidelity within heterosexual couples that is becoming relatively common. Is there actually a “monogamy gap”? Does such monogamy gap fail to fulfil a lifetime of sexual desires? How relevant is this with bisexual people and gay and lesbian women, also a review will be offered by Dr. Wylie on the above raised questions and on what are available clinical interventions and its acceptability by patients. Talking sexual health update cannot pass without checking with medications and Prof. Montejo is keen to discuss the impact of psychotropic medications on sex and particularly love!
Last but not least, the preliminary results of WPA Human Sexuality Section, Egyptian Society of Sexual Health and Medicine ESSHM and European Federation of Sexology EFS collaborative research examining the attitude of sexologists towards sex and if practicing their profession had an influence on it, will be shared with audience with an open invitation to interested human sexuality researchers and practitioners to join the study that will continue after this conference.

**Speakers**
- Antonio Palha (Portugal).
- Kevan Wylie (United Kingdom).
- Angel Luis Montejo (Spain).
- Giulio de Felice (Italy).
- Radwa Said Abdelazim Elfeqi (Egypt).

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### SPEAKER 1

**Title:** **THE SEXUALITY IN SALAZAR DICTATORSHIP TIME**

**Speaker**
Prof. Antonio Palha, Professor Catedrático de Psiquiatria, Jubilado, da FMUP, Cordenador do Mestrado de Gerontologia Social Aplicada – Univ. Católica de Braga, Presidente Cessante da Sociedade Portuguesa de Psiquiatria e Saúde Mental (Human Sexuality Section Co-chair).

**Abstract**
The author analyses aspects of legislative, social and cultural nature which characterize the fascist period in Portugal, particularly in the decades 30, 40 and 50. The total dependence of girl and woman respectively on father and husband’s authority is evidenced. The virtues of that dependence, exalting the values of conservative femininity according to both catholic religious patterns and political ideals imprinted in legislation, are widely shown through texts, quotations and iconographic symbols.

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### SPEAKER 2

**Title:** **CHANGES IN LIBIDO - A SEXUAL DRIVE OR SEXUAL DESIRE DISORDER?**

**Speaker**
Kevan Wylie MD FRCP FRCPsych FRCOG FECSM.
Consultant in Sexual Medicine, Sheffield, UK & President World Association for Sexual Health (WAS).

**Abstract**
Sexual desire, libido and interest do not always follow through into activity and this may cause
individual or couple distress leading to diagnosis of a desire or sexual interest disorder. Yet it is
sometimes unclear if actual disorder exists. Gender differences of sexual desire exist and the
nomenclature changes in DSM-5 help the clinician to consider some of the potential influencing and
discriminating factors. The role of contraception, life cycle change and the menopause are considered
further. Neurophysiological changes will be considered before reviewing the medical and
endocrinological factors that may also influence variation of sexual libido.

A number of issues will be considered including why does passion wane? Infidelity within heterosexual
couples is relatively common. Humans are pulled in two different directions by contradictory impulses.
Anderson coins the term "the monogamy gap" suggesting that monogamy is an irrational ideal because it
fails to fulfil a lifetime of sexual desires and he argues that cheating therefore becomes the rational
response to an irrational situation. Issues for bisexual people and gay and lesbian women are explored
further.

The impact of pheromones influencing sexual behaviour is considered as are themes of disgust and
avoidance. Sexual pleasure is discussed and how this can influence sexual desire. A review is offered of
available clinical interventions and acceptability by patients.

### SPEAKER 3: SEXUAL DYSFUNCTION AFTER PSYCHOTROPIC TREATMENT: ¿GOOD BYE TO LOVE?

**Title:** SEXUAL DYSFUNCTION AFTER PSYCHOTROPIC TREATMENT: ¿GOOD BYE TO LOVE?

**Speaker:** Prof. Angel Montejo, Professor of Psychiatry and Medical Psychology at the University of Salamanca, Spain. Coordinator of the Research Unit of the National Institute of Mental Health in Salamanca, Director of Research of the Sanidad de Castilla y León (SACYL) Society of Psychiatry, and Chairman of the Spanish Association of Sexuality and Mental Health.

**Abstract:** Sexual dysfunction (SD) appears in approximately 40%–70% of patients taking both serotonin
antidepressants SSRIs and SNRIs. A moderate-to-severe decrease of sexual interest and delayed
orgasm/ejaculation are the most frequent adverse effects. Mirtazapine, bupropion, and agomelatine are
associated with a much lower incidence of SD. Sexual discomfort may have a significant negative impact
on treatment compliance and quality of life including love and interpersonal relationships. Sexual
dysfunction secondary to SSRI therapy can be managed through a number of approaches. Dose
adjustments may be helpful, but might increase the risk of depressive relapse. Switching to an alternative
antidepressant (i.e., mirtazapine, bupropion or agomelatine) may present another option to enable a
normalisation of sexual function in patients who previously received SSRIs.

Treatment of severe mental illness (bipolar disorder and schizophrenia) is usually initiated in the acute
phase and must be maintained in the long term to provide continued symptom control and enable
recovery. Patients with schizophrenia consider the most important adverse effects of antipsychotics to be
extrapyramidal symptoms, weight gain, impairment of sexual function, and sedation. Many patients may
consider drug-induced impairment of sexual function highly important mainly after hyper-prolactinaemic
drugs: haloperidol, risperidone, paliperidone and amisulpride leading to drop-outs (36%). Fortunately
ariprazole, quetiapine, ziprasidone and olanzapine are not related to sexual dysfunction and should be
first election in these patients.

Given that patients may experience poorly tolerated side effects, it is therefore important to manage any
treatment-emergent sexual side effects adequately in order to facilitate compliance and achieve the best
possible outcomes.

### SPEAKER 4: ATTITUDE OF SEXOLOGISTS TOWARDS SEX!

**Title:** ATTITUDE OF SEXOLOGISTS TOWARDS SEX!

**Speaker:** Giulio de Felice, BSc, MSc in Clinical Psychology.
"Sapienza" University of Rome Department of Dynamic and Clinical Psychology Italy
Dr. Radwa Said Abdelazim Elfeqi, M.sc, MD, PhD (candidate) Human Sexuality Section Secretary –
Psychiatry Consultant and Expressive Art Therapist/Dance Movement Therapist at Cairo University
Hospital and Cairo Cancer Institute in Egypt - Lesley University Cambridge Expressive Art therapy
<table>
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<th>Abstract</th>
<th>Doctoral Program- (Candidate).</th>
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### OVERALL ABSTRACT

**Title:** Finding addictive objects in the environment: focus on behavioural addictions

**Chairperson:** Luigi Janiri (Italy).
**Co-Chair:** Christian G. Schütz (Canada).

**Abstract**

Gambling Disorder (GD) is currently conceptualized as a non-substance-related disorder and has been included in the DSM-5 diagnostic category of ‘Substance-related and Addictive Disorders’. Although GD is the most thoroughly studied among behavioral addictions (BAs), several behaviors produce short-term reward that may trigger persistent behavioral patterns despite adverse consequences. Diagnostic criteria have been proposed for compulsive buying, Internet addiction, sexual addiction and physical exercise addiction. BAs diagnostic criteria are actually based on the existing criteria for substance use disorders (e.g., persistent and maladaptive engagement in the behavior, excessive time spent and diminished control over the behavior, tolerance and withdrawal phenomena) and they are positively contributing to this intriguing research area.

Though controversial, the concept of BA has scientific and clinical heuristic value. Essential features of non-substance or BAs are a failure to resist an impulse, drive or temptation to perform actions which can be harmful to oneself and/or others, an increasing sense of tension or excitement before acting, a sense of pleasure and gratification or relief when performing an action or shortly after. GD and other BAs share neurobiological and phenomenological similarities with substance use disorders, in terms of natural history, genetic overlapping, craving phenomena, impulsivity, compulsivity and personality dimensions. Furthermore, growing evidence suggests the involvement of multiple neurotransmitter systems (e.g., serotonergic, dopaminergic, noradrenergic, opioidergic, glutamatergic) in the pathophysiology of drug addiction, as well as in BAs.

**Speakers**
- Giovanni Martinotti (Italy).
- David Baron (USA).
- Marco Di Nicola (Italy).
- Yasser Khazaal (Switzerland).

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### SPEAKER 1

**Title:** IMPULSIVITY AND NATURAL REWARDS IN GAMBLING DISORDER

**Speaker**

Martinotti G.1, Pettorruso M.2, De Risio L.2, Bruschi A.2, Di Nicola M.2, Di Gianantonio M.1, Janiri L.2, Conte G.2
1 Department of Neuroscience and Imaging, Institute of Psychiatry, "G. d'Annunzio" University of Chieti-Pescara - Chieti, Italy
2 Institute of Psychiatry and Clinical Psychology, Catholic University Medical School - Rome, Italy

**Abstract**

Gambling disorder is a behavioral addiction characterized by persistent and maladaptive gambling behavior, whereby individuals engage in frequent and repeated episodes of gambling despite serious adverse consequences. Gambling disorder affects 0.2–5.3% of adults worldwide; the devastating consequences of this behavioral disturbance often entail severe damage to the lives of patients and their families.

The essential feature of behavioral addictions is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others. Individuals with behavioral addictions and those with substance use disorders both score high on self-report measures of impulsivity and sensation-seeking and generally low on measures of harm avoidance. However, individuals with some behavioral addictions, such as internet addiction or pathological gambling, may also report high levels of harm avoidance.

Research suggests that there are several similarities between neuroplasticity induced by natural and drug rewards and that, depending on the reward, repeated exposure to natural rewards might induce neuroplasticity that either promotes or counteracts addictive behavior. Neural circuits implicated in drug...
conditioning, craving and relapse overlap extensively with those involved in natural reward and reinforcement like food. Exposure to drug-related cues in human addicts results in drug craving and localized activation of central circuits that are known to mediate cue-induced reinstatement of drug-seeking behavior in animal models of relapse. Similar regional activation patterns occur in humans in response to cues associated with foods. A model for gambling disorder (incorporating anhedonia and impulsivity levels) is discussed in the context of the pathophysiology of addictive behaviors. The impairment of hedonic capacity, possibly resulting from an underlying neuropsychological dysfunction, might facilitate loss of control over reward-related behavior, thus favoring the shift towards predominantly habit-based compulsive behaviors.

Session: | Section Symposium | SPEAKER 2 | Code | SSY704
---|---|---|---|---
Title: | SPORTS AND EXERCISE ADDICTION
---|---|---|---|---
Speaker | Baron D. Chief of Psychiatry, Keck Hospital of USC, Director, Global Center for Exercise, Psychiatry and Sport at USC, Keck School of Medicine at USC.
---|---|---|---|---
Abstract | Addiction is most commonly associated with drugs of abuse. The concept has been expanded to include food, sex and gambling in recent years. Sports and exercise addiction is rarely discussed apart from Eating Disordered patients who may over-exercise in order to lose weight. Addiction is increasingly being understood as a core behavioral dysregulation that involves reward pathways in the brain. Exercise can play a role in treating symptoms of anxiety and depression, and is an important component of a healthy lifestyle. However, exercise can become out of control in some genetically predisposed individuals, putting the person at risk for endocrine and orthopedic injury. In this presentation we will review the extant data on exercise addiction, including diagnostic and treatment strategies.

Session: | Section Symposium | SPEAKER 3 | Code | SSY704
---|---|---|---|---
Title: | BEHAVIORAL ADDICTIONS IN ADOLESCENCE: ENVIRONMENTAL RISK FACTORS
---|---|---|---|---
Speaker | Di Nicola M., Chiappini S., Grandinetti P., De Vita O., Pettoruso M., Conte G., Janiri L. Institute of Psychiatry and Clinical Psychology, Catholic University Medical School - Rome, Italy.
---|---|---|---|---
Abstract | **Objectives.** During adolescence, when the reward pathways in the brain are continuing to develop, they are readily influenced by external experiences and stimuli, including exposure to addictive behaviors. Moreover, adolescents’ impulsivity, novelty seeking, and vulnerability contribute to an initial decision to begin pleasurable behaviors rewarding enough to repeat them. The present study aims to assess the prevalence of behavioral addictions in an adolescent population and to identify possible environmental risk factors.  
**Methods.** Five hundred high school Italian students were assessed in order to evaluate the prevalence of conducts referable to behavioral addictions including pathological gambling, Internet addiction, compulsive physical exercise, and eating disorders. The South Oaks Gambling Screen - Revised Adolescent (SOGS-RA), the Compulsive Buying Scale (CBS), the Internet Addiction Disorder test (IAD) and the Exercise Addiction Inventory - Short Form (EAI) were employed. A semi-structured interview was used to investigate family relationships, the social, economic and housing.  
**Results.** 5.8% reported problematic/pathological gambling behavior, 9.6% showed a compulsive buying behavior. 74.1% of the sample used Internet daily, the majority showing difficulties to manage time on web. With regard to eating behaviors, 22.8% of students reported some problems in alimentary conducts. The presence of addictive behaviors was associated with family/social problems and less satisfaction with actual living situation.  
**Conclusions.** Adolescents are at high risk of developing conduct of addiction, both to substances and behaviors, and environmental risk factors may contribute significantly. The problematic use of both Internet and gambling is a widespread phenomena among teenagers. Considering adolescent psychological and biological vulnerability to develop addictions, pathological behaviors should be early detected. Procedures and instruments should be predisposed with the aim to develop and implement effective prevention programs.
<table>
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<th>Title:</th>
<th>SELF SELECTION IN ONLINE VIDEO GAME RESEARCH</th>
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</table>
| Speaker | Khazaal Y.  
University of Geneva, Department of Psychiatry, Addiction Medicine, Clinical Pharmacology and Psychiatry, Geneva, Switzerland |
| Abstract | **Objectives:** To test the representativeness of a self-selected sample of online gamers. The study compared the characteristics of two samples of self-selected avatars (i.e., players’ virtual characters) with a randomly selected sample of avatars. All avatars belonged to individuals playing World of Warcraft (WoW).  

**Methods:** Avatars were compared on the basis of their percentage of achievements in the game. Two self-selected samples were compared with a randomly selected sample of avatars.  

**Results:** The analyses included 1240 avatars (762 from the self-selected samples and 478 from the random sample). The two self-selected samples of avatars had higher scores on most of the assessed variables (percentage of achievements), reflecting more commitment in the game in the self-selected samples in comparison to the random sample.  

**Conclusions:** Avatar comparison suggested that, at least in online game research, self-selected samples comprise players who are highly involved in the game. Accordingly, investigators should be cautious when interpreting findings resulting from online surveys in reference to a defined population. |
# OVERALL ABSTRACT

## Title:

**Aesthetic strategies and psychotherapeutic simulation of authenticity**

**Art and Psychiatry Symposium**

## Chairperson

Klaus Spiess, Hans-Otto Thomashoff.

## Abstract

Part-artist’s talk, Part-art performance, and partwise psychotherapy, this symposium will explore together with Ann Liv Young, one of the most important artistic performers in the US, the speakers and the audience what psychiatrists can learn from an artists’ interactive live practising.

Young uses elements of psychotherapy for her audience, which are less linked to health issues as to cultural reflections on simulated authenticity.

She creates in her performances a stylized figure of a queer drag therapist, who reflects on the ambivalence of acting psychotherapy. The assumed realness of her psychotherapeutic relation to the audience becomes theatrical. Thereby, she subverts the perception of authenticity: Thus casting doubt on the spectators own belief for the ongoing process she is involved in. This approach becomes important not only as aesthetic strategy, but as a critique on simulated authenticity in stagings of politics, gender, and media.

Young’s mimicry is a display for mechanisms also used by psychiatrists. The artist and the audience, much like the psychiatrist and the patient deal with the ambiguity between the realness of staging, and the theatricality of authenticity. Getting into intimate relations as well as interrupting them can be perceived both as aesthetic and as psychiatric strategies.

Young will engage the audience in a personal conversation which will begin with simple small-talk and then delve into more personal experiences. Thereby she will demonstrate the performance of herself and the performance of her alter ego in its difference to psychotherapy.

## Speakers

- Ann Liv Young (USA).
- Jon Refsdal Moe (Norway).
- Lucie Strecker (Germany).
- Klaus Spiess (Austria).

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# SPEAKER 1

## Title:

**ANN LIV YOUNG: LIVE ART PERFORMANCE**

## Speaker

**Ann Liv Young**

Freelance Artist, Jersey City, New Jersey, USA

## Abstract

Ann Liv Young has introduced a fictional figure ‘Sherry’ into her last work, to which she refers as Sherapy: Ann Liv Young describes the development of Sherapy: ‘A performance is an active exchange between different agents. The stage and the therapist’s office are children of the same mother. I’m interested in exploring the relationship between a work of art and the viewer of the work. We have many assumptions and customs connected to how performers and audiences should behave. By relying on these outdated structures, we abdicate questions of agency and responsibility. I believe art should serve to challenge people and help them grow, rather than entertain, coddle, and decorate mansions. My work challenges people to engage with the world around them and accept their personal agency and the social responsibility that comes with that. Sherry is a character who is a performative therapist, created as a tool to explore and explode the performer/audience dichotomy. Sherry engages directly with her audience, whether they are a crowd of hundreds or a couple seeking relationship advice. Her directness is incisive, quickly bringing out the genuine problems and experiences of those she engages with. I have used Sherry in many contexts and guises. She has been a character on stage playing the character of...**
Cinderella, she has given public lectures and demonstrations, she has offered individual and couples therapy in churches, galleries, performance venues, and her own Sherry Truck, a combination coffee truck, sculptural boutique, and mobile therapists office. Sherapy uses the stagecraft of theatre to enhance the healing of therapy and vice versa.

**SPEAKER 2**

**Title:** ‘I GIVE PEOPLE A HEART ATTACK’ – JOY, TRANSGRESSION AND ENCOUNTER IN THE PERFORMANCES OF ANN LIV YOUNG

**Speaker:** Jon Refsdal Moe, Theatre Studies, University of Oslo and Black Box Theatre, Oslo, Norway.

**Abstract**

The objective of this paper is to contextualize Ann Liv Young’s Sherapy sessions theoretically and artistically in order to give the listeners a broader understanding of her work, and of similar para-theatrical phenomena within avant-garde performance from 1960 until today. I will show examples from some of Young’s theatrical works, and discuss them in relation to artists as such as Jerzy Grotowski, The Living Theater, Cindy Sherman and Karen Finley.

I will discuss Young’s work in relation to some key issues in performance theory, especially to the problem of representation vs. presence as formulated in works such as Auslander (1997) and of citation, iterability and performativity as discussed by Derrida, Butler and others. I will also touch upon the concept of transgression, as formulated e.g. in Wolfreys (2008). A main question here will be to what extent Young’s works address the problem of representation vs. presence, and whether they are able to overcome this problem.

I will aim at showing how Young’s works through their dual use of character, representation and theatricality, combined with the transgressive and anti-spectacular strategies of performance art and postmodern dance can be said to straddle the problem of representation vs. presence as formulated in performance theory, and thus how they may be understood as a new take on the avant-garde’s historical ambition of unifying art and life.

In conclusion, and in addition to the conclusions mentioned above I will briefly discuss whether the concept of “joy” may be a productive parameter for discussion of works such as Ann Liv Young’s, and whether the production and experience of joy can be isolated and defined as an aesthetic strategy.


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**SPEAKER 3**

**Title:** THE SWINDLE AND THE PSYCHOTHERAPIST

**Speaker:** Lucie Strecker, University of the Arts, Berlin, Germany.

**Abstract**

Much like how the psychotherapist and the patient deal with the ambiguity between the realness of staging, and the theatricality of authenticity this lecture seeks to investigate the nature of the relation between performance art and psychotherapy by considering the philosophic and culturally theoretical investigations on the term “swindle”. The German word “Schwindel” defines by its double meaning both: a psychosomatic sensation of vertigo, and the creation of an illusion. The French philosopher and sociologist Roger Caillois enfolds this double meaning by introducing the ancient Greek term: Iinx which also includes facets of illusiveness, intoxication, vertigo, falsehood, lust, fear, fainting, and swirling. It thereby describes swindle, or here Iinx , as an experience of transition. I hypothesize this transitional realm as constitutive for aesthetic experience and psychotherapeutic development. The deliberate intermingling of Iinx within artistic practices provides in both fields an experience that leads to awareness. For both the performer and the therapist, and for the audience and the patient, the ambiguous sphere of Iinx – the confrontation of reality and illusion – can function as a prism through which the roles of a therapist and a patient can be redefined.

I will discuss the issue of swindle, psychotherapy and performance art by referring to theories of play, as well as to cultural theories on the history of swindle. I will bring those concepts in touch with
performance theories that elaborate the theme of illusion versus reality. This lecture is additionally a documentary of a performative self-experiment, of interviews with Austrian and German therapists and with the performance artist Ann Liv Young. Performances and psychotherapies that evoke *Illinx* reveal hidden aspects of the patient-therapist-relation. Thereby also stereotypes of transference and countertransference are questioned. The artistic approach towards the therapist-patient-relation simultaneously presents institutional critique on both the psychotherapeutic and the performative fields.

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<tr>
<td>Title:</td>
<td><strong>MIMICRY AS AN AESTHETIC AND PSYCHOTHERAPEUTIC STRATEGY</strong></td>
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<tr>
<td>Speaker</td>
<td>Klaus Spiess, Medical University Vienna, Austria</td>
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<tr>
<td>Abstract</td>
<td>I am reflecting on Ann Liv Young’s work in referring to simulated authenticity in both theatrical and psychotherapeutic settings. I locate theories on authenticity in biological mimicry principles, under which living organisms react to the gaze of a counterpart by incorporating an ‘eyespot’ into their appearance. Mimicry subverts the perception of authenticity: the eyespot frightens as an eye, although it is not an eye. Similarly Ann Liv Young offers a high ambiguity between the theatricality of authenticity and the realness of her staging she introduces. Common theories locate the motivation for “mimicritic” adaptations as lying with the inherent advantages in mimicking an observer. In contrast, both surrealist philosopher Roger Caillois and cultural theorist Walter Benjamin reflected on mimicritic authenticity beyond any darwinistic advantages. Both described mimicry as being a medial process of perception, where one (observing) person becomes similar to the observed (person), but not the same. Thereby the sense of self becomes a distracting vestige. Due to simultaneously being similar and being distorted, from being disfigured due to similarity, a paradox evolves which irritates the spectators sense of simultaneously perceiving and being perceived, of being authentic and being a representation. Beside Ann Liv Young artists such as Cindy Sherman, Sophie Calle, and Fake Men have introduced this process into their respective milieus as a performative procedure. At the climax of the disfigurement in their work a delusion has been exposed. Delusion is used by artists as well as by psychotherapists as a strategy. Each has created a set in which their audience primarily is tempted by their desire to become similar. Both overaffirm similarity, which leads to a disfigurement of spectators’ self-perception which they then subvert by reversing roles. Ann Liv Young uses temptation, desire, similarity, exposure and disillusionment by reversing their roles, thereby specifically linking her art to psychotherapy.</td>
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### OVERALL ABSTRACT

**Title:**
Beside usual concepts of psychiatric rehabilitation we have learned in the last years that appropriate services as well as the patients’ social network are essential for avoiding societal exclusion. Physical and mental disorders frequently co-occur. A study among disc surgery patients show that both aspects of health must be considered for successful rehabilitation. Routine data from Switzerland is used as a basis for planning rehabilitation services for persons suffering from psychiatric illness. Despite we know that family caregivers play an important role for the integration of persons with severe mental illness, for a long time patients’ fathers were not considered. Recent data show that fathers spend a similar amount of time as mothers caring for the patient. Another study analyses if caregivers of first contact schizophrenia patients have needs differing from those with previous contact to psychiatric services. This symposium will report a broad range of research data which can help to avoid social exclusion of persons with mental disorders.

### Speakers
- Fabian Friedrich (Austria).
- Ulrich Junghan (Switzerland).
- Manuel Mücke (Germany).
- Johannes Wancata (Austria).

### SPEAKER 1

**Title:** PROBLEMS AND NEEDS AMONG RELATIVES OF SCHIZOPHRENIA PATIENTS DURING THE FIRST CONTACT WITH PSYCHIATRIC SERVICES

**Speaker:**
F. Friedrich, A. Unger, M. Fellinger, S. Suessenbacher, G. Saumer, J. Wancata

**Abstract**

**Objectives:** Relatives of persons with schizophrenia have an essential role in informal caregiving. The aim of the present study was to investigate the problems and needs for interventions among caregiving relatives of schizophrenia patients who were for the first time in contact with psychiatric services. Caregivers of patients with their first contact were compared to those who had been in psychiatric services before.

**Methods:** 93 family caregivers of patients with schizophrenia whose duration of illness was shorter than two years were included. Carers were investigated by means of the the “Carer’s Needs Assessment for Schizophrenia” (CNA-S). Further, the “Positive and Negative Syndrome Scale” (PANSS) was used to investigate the patients symptoms. Further, socio-demographic data of patients and caregivers were collected.

**Results:** The most frequent problems caregivers of first contact patients with schizophrenia reported were insufficient information on mental illness and concerns about the patient’s future. Further, individual psychoeducation was needed significantly more often among caregivers of first contact patients than among those having been in contact with psychiatric services before.

**Conclusions:** Caregiving relatives being in contact with psychiatric services for the first time need some specific interventions significantly more often than later. Thus, it is clinically important to consider if a patient has its first contact with psychiatric services or not.

### SPEAKER 2

**Title:** WHAT CAN WE LEARN FROM LONGTERM UTILIZATION PATTERNS OF INPATIENT PSYCHIATRIC UNITS AS TO THE CONCEPTION OF REHABILITATION WORK IN MENTAL HEALTH CARE?
Abstract

Objectives: Length of stay in inpatient treatment (LOS) and readmission rates (RR) are common indicators used to develop psychiatric services. However, their usefulness is limited from a systemic point of view.

Methods: Data from the mandatory Swiss hospital survey were used to identify prototypical utilization patterns for inpatient psychiatric treatment over time (36 months) by so called latent class analysis and determinants of these patterns were assessed.

Results: Looking at the overall utilization data for psychiatric inpatient treatment in Switzerland different characteristic patterns of use emerged. These patterns were related to characteristics of the underlying service system (e.g. variety of services, social background of service population).

Conclusions: Data of individual LOS and RR can be used to derive meaningful utilization patterns and their dynamics over time. If combined with information as to the characteristics of the underlying service system these data seem to be helpful for a further development and integration of treatment and rehabilitation services.

Session: Section Symposium SPEAKER 3 Code SSY711

Title: PSYCHIATRIC COMORBIDITY IN PATIENTS UNDERGOING HERNIATED DISC SURGERY


1. University of Leipzig, Leipzig, Germany,
2. University Medical Center Hamburg-Eppendorf, Hamburg, Germany,
3. Klinikum St. Georg gGmbH, Leipzig, Germany,
4. University of Leipzig, Leipzig, Germany,
5. Berufsgenossenschaftliche Kliniken Bergmannstrost, Halle (Saale), Germany,
6. Center for Public Mental Health, Gösing am Wagram, Austria,
7. University of Cagliari, Cagliari, Italy

Abstract

Objectives: Objectives of this study are to examine prevalence rates of affective, anxiety and substance related disorders (categorical approach) and longitudinal depression and anxiety rates (dimensional approach) and associated determinants in disc surgery patients compared to the general population.

Methods: The longitudinal observational study refers to 305 consecutive disc surgery patients (18-55 years). Face-to-face interviews (T0) were conducted during hospital stay after disc surgery. Follow-up interviews were carried out 3 months (T1) and 9 months (T2) after disc surgery by telephone. Psychiatric comorbidity was assessed with the Composite International Diagnostic Interview (CIDI-DIA-X), depression and anxiety by means of the Hospital Anxiety and Depression Scale (HADS).

Results: Categorical approach. Disc surgery patients suffer more often from affective disorders and illicit substance abuse than the general population. Significant associations were found between psychiatric comorbidity and gender, as well as pain intensity. Dimensional approach. Depression and anxiety decreases significantly during nine months after surgery. Depression rates vary between 23.6% (T0), 9.6% (T1) and 13.1% (T2). Anxiety rates range between 23.7% (T0), 10.9% (T1) and 11.1% (T2), being significantly higher at all three assessment points compared to the general population. Risk factors for anxiety or depression at the time of the surgery are e.g. age, gender and pain intensity. Significant time interactions were found for e.g. physical health status and vocational dissatisfaction.

Conclusions: Compared to the general population patients undergoing disc surgeries show a higher risk for mental disorders. Assistance by mental health professionals during hospital and rehabilitation treatment may reduce poor postoperative outcome.

Session: Section Symposium SPEAKER 4 Code SSY711

Title: MOTHERS AND FATHERS OF SCHIZOPHRENIA PATIENTS SUFFER FROM RELEVANT BURDEN

Speaker: J. Wancata 1, M. Freidl 1, F. Friedrich 1, M. Fellinger 1, S. Suessenbacher 1, G. Saumer 1
Medical University of Vienna, Division of Social Psychiatry, Vienna, Austria

<table>
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<th>Abstract</th>
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| **Objectives:** The purpose of this study was to investigate caregiving and its consequences among fathers and mothers of the same patients suffering from schizophrenia. Since no earlier studies compared these questions among the mothers and fathers of the same patients, we intended to analyse these questions.  
**Methods:** 101 patients and their mothers and their fathers were investigated using the „Involvement Evaluation Questionnaire“, the „Beck Depression Inventory“, the CAGE, and the “Family Problem Questionnaire”.  
**Results:** The mean number of days fathers lived together with the patients was not different from that of the mothers, but the average duration (hours per week) of contact with the patient was significantly higher for mothers than for fathers. Among 40% of the sample, fathers and mothers spend an equal amount of time caring for the patient. The mothers’ objective burden was significantly higher than the fathers’ objective burden, but parents did not show differences concerning subjective burden. Using screening instruments, mothers are more frequently depressed than fathers, and fathers show more frequently alcohol problems than mothers. The overall score of caregivers’ involvement did not differ significantly between fathers and mothers. Nevertheless, the overall number of needs for interventions was significantly higher for mothers than for fathers.  
**Conclusions:** Some differences between mothers and fathers are smaller than expected, but should be considered when planning services for family caregivers. |
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<tr>
<td>Title:</td>
<td><strong>Improving the image of psychiatry</strong></td>
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<td>Chairperson</td>
<td>Prof Heather Stuart; Prof Norman Sartorius</td>
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<td>Abstract</td>
<td>Psychiatry is subject to stigma across the world. Stigma is a big barrier to quality of life of patients, more than the illness itself; it is a major impediment to mental health reform and development. In this symposium we will explore the various angles through which stigma can affect psychiatry and provide examples of how to tackle it and improve the image of psychiatry. WPA section on Stigma and Mental Health developed a multi-country survey on the Image of Psychiatry amongst medical educators. We will present the results from Russia where we found that medical educators from big cities exhibit less stigma beliefs and those with 10-25 teaching years’ experience exhibit more. The French Federation of Psychiatric Trainees (AFFEP) through a national trainee survey (several medical specialties) looked into their image of psychiatrists and prejudices. French trainees believe that psychiatrists are not doctors, they are &quot;shirkers&quot; and psychiatry is contagious. The European Federation of Psychiatric Trainees (EFPT) recognising the stigma attached to psychiatry, created a dedicated working group. We will also hear from other activities such as establishing trainee associations, the exchange programme and trainee-led research as means to reduce stigma and promote a positive image of psychiatry internationally. In developing countries, stigma is also prominent and chaining is a major sign. In Bangladesh, integration of mental health in primary care and use of mass media has contributed to reduction in stigma.</td>
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<tr>
<td>Speakers</td>
<td>Maria Parpara (Russia). Livia De Picker (Belgium). Deborah Sebbane (France). Helal Uddin Ahmed (Bangladesh).</td>
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<tr>
<td>Title:</td>
<td><strong>IMAGES OF PSYCHIATRY AND PSYCHIATRISTS BY MEDICAL EDUCATORS IN RUSSIA</strong></td>
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<td>Speaker</td>
<td>M. Parpara(^1), M. Orlova(^1), M. Denisenko(^2), D. Smirnova(^3), D. Tukhvatullina(^4)</td>
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\(^1\)Moscow Research Institute of Psychiatry Moscow, Russia  
\(^2\)Nizhny Novgorod State Mental Hospital Nr.1, Nizhny Novgorod, Russia  
\(^3\)Samara State Medical University, Samara, Russia  
\(^4\)Mental Health Research Center of Russian Academy of Medical Sciences, Moscow, Russia |
| Abstract | **Introduction**  
The survey was conducted as a part of the scientific activities of the World Psychiatric Association’s Stigma and Mental Health Scientific Section. The study was based on 23 academic teaching centers from 15 countries, including Russia. In 1995-2001 the stigma company against psychiatry was carried out in Russian mass media. Russian Society of Psychiatrists provides antistigma direction but still even medical educators hold stigma beliefs.  
**Objectives**  
To evaluate stigma beliefs of medial educators depending on their career stage, speciality and educational center size.  
**Methods**  
317 medical educators from Moscow, Nizhny Novgorod, Samara and Ufa were examined using 37-item self-administered survey. Responders were non-psychiatric educators. They were divided into 3 groups
according to the length of teaching experience (0-10 years of teaching, 10-25 years and 25 or more years as medical educators). To adjust for the stratified sampling design, results were weighted to the site-specific population proportions from which the samples were drawn.

**Results**
176 completed surveys were returned (response rate 55%). Stigma index for Russia was 11.8, 95% confidence interval 11.1-12.5. There was a tendency in "10-25" group of educators to hold more stigmatizing views on psychiatry.

**Conclusions**
Medical educators from Russia still have stigma beliefs. Educators with 10-25 years of teaching experience seem to have more stigma concerns.

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<td>Title:</td>
<td>WHAT CAN TRAINEES DO? THE EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES EXAMPLE</td>
<td>M. Casanova Dias 1,2, L. De Picker 2,3</td>
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<tr>
<td>Speaker</td>
<td>1 Camden and Islington NHS Foundation Trust, London, United Kingdom</td>
<td>2 European Federation of Psychiatric Trainees</td>
<td>3 University of Antwerp, Antwerp, Belgium</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives</strong></td>
<td>We aim to show what trainees can do to improve the image of psychiatry.</td>
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<td><strong>Methods</strong></td>
<td>The European Federation of Psychiatric Trainees (EFPT), recognising the stigma attached to psychiatry, created a dedicated working group. Other trainees’ activities such as reinforcing national trainee associations; exchange programmes and trainee-led research are means to improve the image of the psychiatric profession.</td>
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<td><strong>Results</strong></td>
<td>Recruitment of medical students and junior doctors into psychiatry is an important issue in many European countries. This issue is closely linked to the image of the psychiatric profession. As psychiatric trainees come into direct contact with medical students, EFPT believes that trainees should be involved in actions that can improve the image of the psychiatric profession and wants to provide a platform for the exchange of ideas and successful initiatives, in collaboration with patients and carers. Trainee associations are essential to promote and develop activities that are tailored to national needs. The annual award of excellence given by EFPT aims to stimulate and disseminate such local initiatives. The working group on recruitment and promoting a positive image of psychiatry created a guidance document integrating European strategies and initiatives to encourage medical students’ interest in psychiatry, and a video tackling prejudice about our profession. Psychiatry is the only medical specialty to have a federation of trainee associations in Europe, through which successful bottom up activities can be developed, such as trainee-led research and exchange experiences, encouraging the sharing of good practices and enhancing trainees’ professional identity.</td>
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<td><strong>Conclusions</strong></td>
<td>The image of psychiatry can impact on those who choose to practice it. Thus, its improvement can increase the number of motivated and good quality trainees and therefore good patient care. Activities led by trainees can have a powerful impact on psychiatry as a specialty but also on how we are perceived by colleagues.</td>
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<tr>
<td>Title:</td>
<td>WHAT DO OTHER TRAINEES THINK OF PSYCHIATRISTS? : RESULTS OF A FRENCH NATIONAL SURVEY</td>
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Objectives
The stigma attached to psychiatry concerns patients but also psychiatrists. Facing it, the specialty is thus becoming less and less attractive, contributing unfortunately to maintain a vicious cycle. Considering the importance of this issue to improve the image of psychiatry, the AFFEP (French National Association of Psychiatric Trainees) aims to fight actively against the stigma. We conducted a national survey to show prejudices on psychiatric trainees and to strongly break them down.

Methods
The AFFEP conducted a national survey distributed to 1299 trainees, including 760 psychiatric trainees, 253 in general practice, 124 anaesthetists, 60 neurologic trainees and 45 orthopaedic surgeons. For all these medical areas, the method consisted in an anonymous questionary sent by email to all French residents enrolled on their respective national mailing lists. The survey is divided in three parts: one about prejudices from the other specialities towards psychiatric trainees, a second which deals with the comparison of school records, and sociodemographic profiles between psychiatrists and their colleagues; the third part treats the professional identity of psychiatrists and the positive aspects of being a psychiatrist.

Results
All results confirm the negative image of psychiatry by the other specialities: 60 percent think psychiatrists are odd trainees with previous history, a little less than half considers they are not doctors anymore and nearly forty percent describe them as lazy persons. But all results also enable to greatly defeat these views: comparisons of personal history cases don’t show any difference between the specialities; moreover, the survey highlights many positive aspects of being and becoming a psychiatrist.

Conclusions
This national survey demonstrates that prejudices on psychiatric trainees are significantly wrong. Also, these results allow to communicate the great satisfaction of trainees in becoming psychiatrists and thus contributing to improve the image of our rich speciality.
can be quite sufficiently addressed through advocacy education. The new generation psychiatrists are taking the pioneering role and getting involved with advocacy organizations and mass-media to raise people’s consciousness. The present government of Bangladesh, led by Sheikh Hasina with her ‘Vision 2021’ is engaged in reshaping the country’s health map. A comprehensive program has been chalked-out for stigma reduction and treatment and rehabilitation of mental health patients. National Mental Health Act is nearing to be finalized and e-mental health is being ready to be launched through primary health care. The above mentioned infrastructure will be utilized for stigma reduction campaign and certainly make the mental health service as the most cost effective one.
Title: Towards a consensus document for integrative assessment in psychiatry

Chairperson: Juan E. Mezzich and Marco O. Bertelli

Abstract: Intersection symposium. In recent years the person-centred approach is increasingly raising interest among many psychiatrists, both for clinical care and research. As part of this, efforts are being made to develop integrative assessment procedures, which combine nomothetic (standardized, quantitative) with idiographic (qualitative, narrative) approaches. The symposium offers some examples of integrative assessment in different areas of psychiatry. Updates on the development of the Person-centered Integrative Diagnosis model and guide are also provided.

Speakers: Juan E. Mezzich (USA), Marco Bertelli (Italy), Peter Verhagen (The Netherlands), Daniele Carretta (Italy), Luigi Janiri (Italy).

Title: UPDATE ON PERSON CENTERED DIAGNOSIS (PID) GUIDES

Speaker: Prof. Juan Mezzich
Mount Sinai Sch of Med, New York, USA

Abstract: The Person-centered Integrative Diagnostic (PID) Model was published in the Canadian J Psychiatry in 2010 [1]. Since then, a number of activities have taken place on the further development and validation of the model [2] and the preparation of practical guides. In 2012, the Latin American Guide for Psychiatric Diagnosis (GLADP-VR), incorporating a culturally-informed person-centered approach using ICD diagnostic codes, was published by the Latin American Psychiatric Association (APAL) [3] for its official use by mental health professionals in Latin America. It is now being implemented and various aspects of its reliability and validity are being assessed. More recently, a practical person-centered diagnosis guide for use in general medicine, is being prepared with the participation, among others, of representatives of the current PID workgroup and experts in pediatrics, geriatrics and family medicine from the International College of Person Centered Medicine.

References:
Abstract
Objective: to evaluate the usefulness of an integrative (qualitative and quantitative, subjective and objective) approach to the psychiatric assessment in people with Intellectual Developmental Disorders (IDD) and low functioning Autism Spectrum Disorders (ASD).
Methods: systematic mapping of the literature and review of personal clinical records.
Results: although studies expressively aimed at evaluating the usefulness of an integrative approach for the psychiatric assessment in people with IDD/ASD are lacking, the literature includes many indications supporting this approach. These persons may have poor verbal expression abilities, may be inclined to acquiescence and, for certain peculiarities in the experiential range, may show deviations from the norm according to the attribution of meaning to communicative contents. In addition some individuals have difficulties in introspection capacity, in defining one’s own life experiences and in communicating states of uneasiness or suffering. Thus the participatory paradigm seems to be more established in qualitative approaches with specific facilitation and support tools to be created soon.
Also sources of information other than the individual himself may be limited, heterogeneous and contradictory. Family members are often in difficulty in finding answers aimed at detecting the presence of further mental functioning disorders. First-line support personnel do not have appropriate tools for discriminating the observed behaviors and relating them to a possible pathological meaning. A frequent problem is the diagnostic overshadowing between between psychiatric symptoms and behavioral alterations or expressive ways that could be both typical for IDD in general or for certain phenotypes in particular.
Also for therapy outcome, self-assessment can be challenging or impossible for most persons with severe IDD/ASD and there is some agreement on that it could be integrated with proxy-assessments.
Conclusions: IDD and ASD seem to represent areas of psychiatry in which the use of an integrative approach is particularly useful to the assessment.
### Abstract

**Objectives:** to explore the possibility of an ecological approach to the integrative assessment in psychiatry, this innovative clinical instrument is analyzed in its constitutive elements.

**Methods:** the Person-centered Integrative Diagnosis (PID) model is defined by three keys: broad informational domains, covering both ill health and positive health along three levels: health status, experience of health, and contributors to health; pluralistic descriptive procedures (categories, dimensions and narratives); and evaluative partnerships among clinicians, patients, and families (1). An eco-psychiatric approach has been developing towards two directions: to include into mental health environment, considered as the physical world surrounding the individual, and to extend the study object to context (“relationship circle” or “entourage”), considered as the human (social and relational) world (2). The PID model is reviewed through the framework of ecology in its widest meaning.

**Results:** Coincident points between PID and ecological approach in psychiatric diagnosing are recognized: contributors to health may be identified as factors of vulnerability or resilience and include epigenetic mechanisms, family dynamics, interpersonal events, cultural situations, social and group experiences, substances and other addictive objects. The holistic concept of mental health, which is at the basis of eco-psychiatry, is also prescribed by the person-centered psychiatry and the biopsychosocial model. From this perspective the most suitable clinical method is narrative, the privileged tool of hermeneutics. Evaluative partnerships represent precisely the relationship circle in the context meaning of ecology.

**Conclusions:** the ecological approach can be applied to integrative assessment in psychiatry, accounting for the comprehensive influences exerted by the external world, in both physical and psychosocial dimensions.

**References:**

### INTEGRATIVE ASSESSMENT IN ADDICTION PSYCHIATRY

**Speaker:** D. Carretta, F. Bartoli, M. Clerici

**Department:** Department of Translational Medicine and Surgery, University of Milano-Bicocca, Milano, Italy

**San Gerardo Hospital, Monza, Italy**

### Abstract

**Introduction**
Modern psychiatry needs a holistic approach to diagnosis, which takes into account not only psychopathological symptoms, but also physical disorders, substance use and other behavioral disorders, as well as their impact on patients’ disability and socio-economical condition.

**Objective**
A systematic review of the literature has been performed with the aim of assessing if and how DSM-5 criteria changed the epidemiology of SUDs respect to DSM-IV.

**Methods**
The electronic databases PubMed, PsycInfo and Scopus were searched, without language restrictions. Data from relevant studies were collected about prevalence rates of SUDs and other addictive disorders, according to DSM-IV and DSM-5 criteria.

**Results**
Several studies seem to show an increase in the prevalence of SUDs and other addictive disorders.

**Conclusions**
DSM-5 diagnostic criteria seem to raise prevalence rates of SUDs and addictive behaviors if compared with DSM-IV. Most of the increase seem due to high sensitivity for “diagnostic orphans”. Further
research is needed to confirm such results, as well as to develop adequate assessment tools for DSM-5 criteria.

References
Abstracts

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<td>Title:</td>
<td>The four psychologies of psychodynamic theory and psychotherapy: Drive theory, ego psychology, object relations theory and self-psychology</td>
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<tr>
<td>Chairperson</td>
<td>Allan Tasman, University of Louisville, Louisville, USA</td>
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<tr>
<td>Abstract</td>
<td>In this workshops sponsored by the Psychotherapy Section we will discuss clinical aspects of four major psychodynamic theories, namely Drive Theory, Ego Psychology Object Relations Theory and Self-Psychology. Each psychology represents a different aspect of the individual. They complement and influence each other and together they form a more complete representation of the person. Drive Theory; addresses struggles with lasting urges or drives, formed in early bodily and family experiences. These urges are expressed as actions, conscious and unconscious fantasies. Many of these urges are experienced as unacceptable and dangerous thus psychic life organized around conflict and its resolution which cause; anxiety, guilt, shame, inhibitions and symptom formation. Ego Psychology; is an outgrowth of drive theory and tied in via concept of defense against drive. Ego strengths or capabilities for adaptation, reality testing, defense, and others will be discussed. These capabilities help create adaptive compromises between inner world of urges, affects, fantasies and, outer world reality demands. Object Relations Theory; explores the importance of the early relationships between the child and &quot;parent&quot;, and the long-term consequences of those relationships. Object relations with primary objects as experienced by the child form images carried around as conscious, or unconscious memories, in which Individual enacts one, more, or all the roles. New relations and experiences are assimilated as the old dramas and not experienced in their own right. This repetition propelled by attachment, mastery or both. Self-Psychology; studies ongoing subjective states around issues of differentiation of self from others, separateness, boundaries, wholeness versus fragmentation. Continuity/discontinuity, esteem. Mirroring &amp; ideal forming functions served by parent for child and other issues are discussed. The presentation will coalesce with a clinical example.</td>
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| Speakers | 1. Daniel Nahum  
University of Kentucky, Lexington, USA |
| Discussant | 1. Allan Tasman  
University of Louisville, Louisville, USA |
### Session: | Section Workshop | OVERALL ABSTRACT | Code | SWS206
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### Title:

#### HPA AXIS and suicidal behaviour

**Chairperson**
Alex Roy, VA Medical Centre, East Orange, USA

**Abstract**

**Background:** Childhood trauma is associated with hypothalamic-pituitary-adrenal (HPA) axis dysregulation. Both factors increase risk for suicidal behavior. Corticotropin releasing hormone (CRH) is a key regulator of the HPA axis through the CRHR1 receptor. The actions of CRH are moderated by a high-affinity binding protein (CRHBP). We hypothesized that CRHBP and CRHR1 variation and the interaction with childhood trauma might influence suicidal behavior. Moreover, there might be an additive effect with FKBP5, another HPA axis gene previously associated with suicidal behavior in this dataset.

**Methods:** African Americans: 398 patients with substance dependence (90% men, 120 suicide attempters) and 432 non-substance dependent individuals (40% men, 21 suicide attempters). Cross-sectional study with DSM-IV lifetime diagnoses (SCID). Haplotype-tagging SNPs were genotyped across CRHBP (8), CRHR1 (9) and for completeness, CRH (4) and CRHR2 (11). FKBP5 genotypes were available. The Childhood Trauma Questionnaire (CTQ) was administered. Of the 830 genotyped participants, a total of 474 (112 suicide attempters) completed the CTQ.

**Results:** Three distal CRHBP SNPs rs7728378, rs10474485, and rs1500 showed a significant interaction with CTQ score to predict suicide attempt. There was an additive effect with FKBP5: in the group exposed to high trauma, the prevalence of suicide attempt was 0.49 in carriers of the FKBP5 rs3800373 major homozygote, 0.40 in carriers of the CRHBP rs7728378 major homozygote and 0.58 in carriers of both major homozygotes. There were significant main effects for one CRHBP and one CRHR1 SNP, both unique to African ancestry.

**Discussion:** CRHBP may predispose, independently and additively, to suicidal behavior in individuals who have experienced childhood trauma.

**Speakers**
1. Alec Roy
   VA Medical Centre, East Orange, USA
2. Jussi Jokinen
   Department Of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
3. Ghanshyam Pandey
   University Of Illinois At Chicago, Chicago, USA
4. Marcus Sokolowski
   Karolinska Institute (KI), National Centre For Suicide Research And Prevention O, Stockholm, Sweden

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### Session: | Section Workshop | SPEAKER 1 | Code | SWS206
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### Title:

#### Clinical studies of HPA AXIS and suicidal behaviour

**Speaker**
Jokinen J, Nordström P
Department Of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

**Abstract**

**Objectives:** Several studies have implicated the hypothalamic-pituitary-adrenal axis (HPA axis) in the pathogenic processes in major depressive disorder (MDD). Sustained dysregulation of HPA function in depression is associated with poorer course and worse outcome after discharge with higher suicide risk. A meta-analysis concluded that non-suppressors in the dexamethasone test (DST) have more than 4.5-fold increased risk of suicide compared with suppressors. This presentation summarizes the evidence linking HPA axis hyperactivity to a heightened risk for suicide.

**Methods:** DST data from a cohort of 382 mood disorder inpatients with and without suicide attempt was analyzed in relation to subsequent death by suicide. All patients were followed up for cause of death in Swedish Cause of Death Register. The mean follow-up time was 18 years. Optimal threshold of DST in suicide prediction was analyzed using receiver operating characteristics ROC. We performed post-hoc analyses for young adults (30 years or younger) and elderly patients (65 years or older) separately.
Results: During the follow-up, 36 suicides (9.4%) occurred. DST non-suppression was a biologic predictor of suicide in mood disorder inpatients with index suicide attempt yielding a risk ratio of 2.8. The optimal threshold for DST non-suppressor status in suicide prediction was different for males and females. In the elderly mood disorder inpatients (65 years or older) with suicide attempt with an age adjusted threshold, the DST test had a positive predictive value of 71%. In young adults, DST non-suppression was associated with suicide attempt.

Conclusions: For the clinician there is emerging evidence that biological testing can supplement clinical judgement in predicting the outcome and the risk of suicidal behaviour. Support was lent to reintroduction of the DST as a complementary measurement of biological vulnerability in clinical high-risk groups.

Session:  
Section Workshop:  
SPEAKER 2  
Code: SWS206  
Title: Region-specific alterations of hypothalamic-pituitary-adrenal (HPA) axis genes in the postmortem brain of suicide victims  
Speaker: Ghanshyam Pandey  
University Of Illinois At Chicago, Chicago, USA  
Abstract: Objectives: Abnormalities of hypothalamic-pituitary-adrenal (HPA) axis in depression and suicide are among the most consistent findings in biological psychiatry. However, the specific molecular mechanism associated with HPA axis abnormality in the brain of depressed or suicidal subjects is not clear. We examined if alterations in protein and mRNA expression of corticotropin releasing factor (CRF) and glucocorticoid receptors (GR) are associated with teenage suicide and have therefore determined the protein and gene expression of CRF, CRF receptors (CRF-R1), GR and mineralocorticoid receptors (MR) in the prefrontal cortex (PFC), hippocampus and amygdala of teenage suicide victims and teenage normal control subjects.

Methods: Psychological autopsy was performed. Protein expression of GR, MR, CRF, and CRF-R1 was determined using Western blot and gene expression (mRNA) was determined using real-time RT-polymerase chain reaction (qPCR) technique in postmortem brain of 24 suicide victims and 24 normal control subjects.

Results: We observed that the protein and gene expression of the CRF was significantly increased and CRF-R1 significantly decreased in the PFC (Brodmann area 9) and in amygdala, but not in the hippocampus, of teenage suicide victims compared with normal control subjects. We also observed a significant decrease in the protein and mRNA expression of GR in the PFC and amygdala, but not in the hippocampus, of teenage suicide victims compared with control subjects.

Conclusions: These results thus indicate that suicidal behavior is associated with increased CRF and decreased GR in certain specific areas of the brain of suicide victims compared with controls.

References: Supported by NIMH RO1 MH 048153 and NIMH RO1 MH098554

Session:  
Section Workshop:  
SPEAKER 3  
Code: SWS206  
Title: Gene-environment interactions between HPA AXIS genes and life events in suicide attempters  
Speaker: Sokolowski M, Wasserman D, Wasserman J  
Karolinska Institute (KI), National Centre For Suicide Research And Prevention O, Stockholm, Sweden  
Abstract: The causes of why certain people engage in suicidal behavior (SB) involve both environmental and genetic factors, and interactions in-between. We have previously reported that stress-vulnerability in SA may in part be explained by polymorphisms in genes which regulate the neuroendocrine hypothalamic-pituitary-adrenal (HPA) axis stress-response, by studying the corticotrophin releasing hormone receptor 1 (CRHR1) candidate gene, a major and systemic stress-modulator of the HPA axis, as well as other HPA-related genes (AVPR1B, GRIN2B, HTRA2A). Here we have extend those analyses to the context of genome-wide associations and gene-environment (GxE) interactions, using as previously a family-based sample (n=660 trios) with the main outcome of severe lifetime suicide attempt (SA) in the offspring. We use an implementation of a novel statistical method which is sensitive for aggregation of SNP-associations across a wider range of p-values (i.e. “small SNP effects”) to access gene-wide
significances. The results shed new lights on the role of stress-genetics in the context of the apparently complex and polygenetic contributions in the stress diathesis model of SB.
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<tr>
<td>Title: How dynamic psychiatry can contribute to the approximation of schizophrenia and other severe disorders</td>
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Chairperson: Daniel Nahum, University of Kentucky, Lexington, Kentucky, USA

Co-chairperson: Hans Otto Thomashoff, Art and Psychiatry Chair, Vienna, Austria

Abstract: The first speaker deals with both clinical pictures as archaic Ego-diseases and considers their structural, differential-diagnostic aspects and the therapeutic treatment according to Günther Ammon's "concept of human structure". Treatment of Schizophrenia and Borderline diseases are understood as identity therapy by integrating a socio-energetic and group dynamically structured therapeutic field, activating the healthy personality functions in the sense of retrieving ego-development.

Against the background of the currently discussed literature the second speaker's concern is to demonstrate on a case study how both, traumatisation as well as attachment experience, are passed on through transgenerational transmission that may contribute to the formation of Borderline diseases.

The third speaker presents a survey of the schools of learning in the field of modern psychosomatic medicine. The presentations deals with the causes of specific psychosomatic illnesses like circulation ailments, stomach/intestinal disorders, asthmatic bronchitis, eating/sleeping/sexual disorders and so on are presented. With psychosomatic medicine a special personality type is sought or for a trigger situation. One delves into the childhood case history and the biography, into the characteristic drives and the character problems for the individual disease.


Speakers: 1. Prof Maria Ammon  
German Academy for Psychoanalysis  
2. Prof. Michel Botbol  
University of Western Brittany, Chief of the department of Child and Adolescent Psychiatry, University Hospital Brest, France  
3. Dr Bast, Sieglinde,  
Psychiatrist, Neurologist and Psychotherapist, Head of Medical Psychotherapeutic Training at Berlin LFI of DAP, Berlin

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<th>Session: Session Workshop</th>
<th>SPEAKER 1</th>
<th>Code</th>
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<tr>
<td>Title: Schizophrenia and borderline disease as structural disease and psychoanalytical indoor treatment</td>
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Speaker: Prof Maria Ammon  
German Academy for Psychoanalysis

Abstract: The author deals with both clinical pictures as archaic Ego-diseases and considers their structural, differential-diagnostic aspects and the therapeutic treatment. According to Günter Ammon’s “concept of human structure” (developed in 1976) these personality disturbances are regarded as a border disease, namely the Borderline disease, being an identity disturbance in the personality’s central realm, with its attached human structures. The patients’ behaviour may often display diverse symptoms as well as good functioning. The importance of the missing power of integration is depicted. The deficiencies of schizophrenic patients show as well in the central as also in the behavioural Ego-realm. Most important for the therapeutic treatment is that the symptomatology does not predominate, but that the psychic suffering and the person’s whole personality, with its ill and healthy parts are integrated into the therapy. Both diseases’ therapy is understood as identity-therapy, for out-patients and in-patients in an integrating, socio-energetic and group dynamically structured therapeutic field, thus enabling the activating of the healthy personality functions and a growing of the undeveloped or destructively developed personality functions in the sense of retrieving Ego-development. An individual personality profile of the personality functions is made up for each patient and serves as the basis for his or her individual treatment.
Session: Workshop | **SPEAKER 2** | Code | SWS258
---|---|---|---
Title: | Is there a space for psychoanalysis in the treatment of schizophrenia
Speaker | Prof. Michel Botbol | University of Western Brittany, Chief of the department of Child and Adolescent Psychiatry, University Hospital Brest, France, Co-Chair of the Psychoanalysis in Psychiatry WPA Section
Abstract | Starting with the idea that, when we limit it to its classical and “folk” definition, psychoanalysis has a very small if not nil space is the approach of patient with schizophrenia, this paper will consider the perspectives in which psychoanalytic references can be useful if not crucial in the psychiatric treatments of these patients. Psychoanalysis is indeed much more than the specific type of psychotherapy based on the specific setting proposed by S Freud: as stated by Freud himself and developed by many of his followers, it is also a method to investigate the mental processes and a set of theories built on this method. This point view will account for the observation that, in spite of the current controversies around the psychoanalytic model, many psychiatrists in several countries around the world still consider useful psychoanalysis, in its extended definition, to contribute to the treatment of patients with schizophrenia,.. Even if none of these psychiatrists still see this contribution as an etiologic approach of this psychiatric condition, they consider indeed that psychoanalysis remains 1) a theory for the schizophrenic processes, 2) a tool to analyze these processes and the part played by the patient physician relations in these processes, and 3) an inspiration for psychotherapeutic techniques derived from the psychoanalytic model, techniques very often proposed to many of these patients in a person centered perspective and under various names (psychotherapies, cognitive remediation, psychosocial rehabilitation, health education , recovery etc…). This paper will give examples to support these views

Session: Workshop | **SPEAKER 3** | Code | SWS258
---|---|---|---
Title: | Psychosomatic or the loss of the human being and modern psychosomatic medicine crisis
Speaker | Dr Bast, Sieglinde, Psychiatrist, Neurologist and Psychotherapist, Head of Medical Psychotherapeutic Training at Berlin LFI of DAP, Berlin
Abstract | The author presents a survey of the schools of learning in the field of modern psychosomatic medicine. The special psychosomatic field with the causes of specific psychosomatic illnesses like headaches, circulation ailments, stomach/intestinal disorders, asthmatic bronchitis, eating disorders, sleeping disorders, sexual disorders, rheumatism, diabetes mellitus and skin diseases are presented. With psychosomatic medicine in particular, a special personality type is sought or for a particular trigger situation. One delves into the childhood case history and the biography, into the characteristic drives and the character problems for the individual disease.

References

Boss, Prof. Dr. med. M. (1954): Einführung in die psychosomatische Medizin, Stuttgart, Bern: Hans-Huber-Verlag
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Abstract

Objectives: This intersectional symposium is organized by the WPA Section on Transcultural Psychiatry and on Religion, Spirituality and Psychiatry. The symposium is made up of three parts. The central theme is 'Constructs of meaning and (religious) transformation'. This theme is subdivided in two subthemes: a) What is it to feel good in this world? This subtheme is concerned with well-being and health. The second subtheme is called b) Healing Practices' and is concerned with mental health and religious/spiritual healing practices. In this second part of the symposium the second subtheme is paramount. One of the major interests of both sections is religious and spiritual meaning making and healing practices in relation to situations of crisis, stress and disease and in the aftermath of trauma when personal or population well-being is at stake and coping activities and skills are enhanced. The contributions in the first part focus on meaning making.

Methods: Clinical experience, empirical research and programme evaluation will be critically reviewed.

Results: Healing practices turn out to show positive psychological effects in a wide range of psychosocial problems and mental disorders.

Conclusions: The studies presented fill in an important gap in our knowledge of meaning-making and (religious) transformation.

Speakers

1. Simon Dein M.D. Ph.D.
   Honorary Professor University of Durham, UK; Visiting Professor in Psychology of Religion, Glendwr University, Wales, UK., WPA Section on Religion, Spirituality and Psychiatry, and WPA Section on Transcultural Psychiatry.
2. Douwe H. van der Heide M.D.  D.T.M.H. M.P.H
   GGZ Centraal Mental Health Care, Harderwijk, The Netherlands
3. Peter J. Verhagen M.D.
   WPA Section on Religion, Spirituality and Psychiatry, chair, GGZ Centraal Mental Health Care, Harderwijk, The Netherlands

Session: Session Workshop OVERALL ABSTRACT Code SWS309
Title: Constructs of meaning and (religious) transformation. Part II
Chairperson Hans Rohlof M.D. Ph.D., WPA Section on Transcultural Psychiatry, chair, Centrum ‘45, Oegstgeest, the Netherlands
Co-chairperson Peter J. Verhagen M.D., WPA Section on Religion, Spirituality and Psychiatry, chair, GGZ Centraal Mental Health Care, Harderwijk, The Netherlands
Abstract

Objectives: The use of prayer among women with early stage breast cancer in the UK: A qualitative study
Speaker Simon Dein M.D. Ph.D. 1,2
   1Honorary Professor University of Durham, UK; Visiting Professor in Psychology of Religion, Glendwr University, Wales, UK.
   2WPA Section on Religion, Spirituality and Psychiatry, and WPA Section on Transcultural Psychiatry.
Abstract

Objectives: There is little known about the prayer requests of individuals suffering with cancer. The objectives of this study were to examine how 40 women with non–metastatic breast cancer used prayer cope with their diagnosis and the effects of prayer on their perceived psychological wellbeing.

Methods: Semi structured interviews among Jewish and Christian women (Catholics/Anglicans) aged between 18 - 80 years of age. Women were asked about their use of prayer, the focus of their prayer requests and the psychological benefits of prayer. Interviews were audio taped and transcribed and analysed for themes

Results: Women used prayer to cope with their illnesses rather than to ask for cure. The reasons for this will be discussed in relation to notions of God’s omnipotence in post modernity.
Conclusions: Prayer is a prevalent coping strategy among women with early breast cancer. It has positive psychological effects.

References

Session: Section Workshop | SPEAKER 2 | Code | SWS309
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Title: | Co-operation with traditional healers: Prospects and pitfalls
Speaker: | Douwe H. van der Heide M.D. D.T.M.H. M.P.H. GGZ Centraal Mental Health Care, Harderwijk, The Netherlands
Abstract: | Objectives: Create awareness of the practical aspects of co-operation with local healers in the rural areas of Low & Middle Income Countries.
Methods: As an example a mental health project in a district hospital in Zimbabwe is presented; Western epidemiologic data of this project are compared to similar data in that district based on indigenous nosology; various types of cooperation with local healers are discussed.
Results: the audience has become aware of the positive and negative aspects of co-operation with local healers.
Conclusions: Co-operation with local healers may enhance the impact of mental health projects, but only if cultural and religious differences are handled properly.

Session: Section Workshop | SPEAKER 3 | Code | SWS309
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Title: | What is meant by religious transformation compared to transformation in psychotherapy?
Speaker: | Peter J. Verhagen M.D. 1,2
1WPA Section on Religion, Spirituality and Psychiatry, chair
2GGZ Centraal Mental Health Care, Harderwijk, The Netherlands
Abstract: | Objectives: Religious healing is not just a non-Western phenomenon. On the contrary in Western industrialized and post-modern societies patients from different religious background have experience with healing rituals. What are the differences between religious healing practices and psychotherapy? What might be differences between corrective emotional experiences and core spiritual experiences?
Methods: literature research.
Results: First of all the main differences is the redefinition of the meaning of one’s illness. In connection with that the group context and a collective framework play an important role. In the third place healing occurs within a ritual framework with strong emotionality. Psychotherapy as a process is quite a different endeavour, although religious healing make take place as part of a spiritual journey of transformation.
Conclusions: In psychotherapy corrective emotional experiences play a central role in the change process. However, there is still much controversy on definition, context and factors that facilitate such experiences. Core spiritual experiences depend on a different element. They are evoked by a distinct event and appraisal of that event, which results in integration with one’s ‘higher self’ (or in theistic terms of conscious contact with God) and healing.
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
### OVERALL ABSTRACT

**Title:** Providing mental health services in rural communities: challenges and solutions

**Chairperson:** Anshuman Pant (Australia).

**Abstract**

Globally, the burden of mental health problems is increasing, with great and growing gaps between need and availability of appropriate services. There is a shortage of mental health providers in rural areas. In the United States (Gale & Lambert, 2006) this has placed the burden on primary care physicians to diagnose and treat the majority of mental health cases. This may also result in more use of pharmacological treatments in the rural population by primary care physicians (Ziller, Anderson & Coburn, 2010). Lack of access to health professionals is a challenge in Asia, Africa and remote places in Australia. Some projects in Australia in providing mental health service access to rural communities show positive results (Morley et al 2007).

This workshop will address the particular challenges of providing mental health services in rural and remote communities across different continents. The focus is on solutions that support health professionals and communities that are disadvantaged because of lack of access to traditional specialist service. An outline of how a training and treatment tool (Sharma et al 2004, 2007) can help in detecting and managing mental health services in rural communities will be discussed by Dr Sharma. Dr Pant shall highlight how Primary Mental Health Teams (PMHT) can capacity build Primary Care providers including community based nurses, counsellors, youth workers and guidance officers in their management of patients of all ages by increasing their skills and knowledge base in the identification, assessment and treatment of people who may be experiencing high prevalence mental disorders such as, but not limited to, anxiety and depression. Dr Pant would outline activity of a Rural PMHT covering a catchment area of 26,000 square kilometres in South West Victoria, Australia.

**Learning points:** highlight the mental health needs of rural communities around the world. And suggest the ways to address them.

**References**


**Speakers**

Vimal Kumar Sharma (United Kingdom).

Anshuman Pant (Australia).

Prakash Behere (India).

David Ndeitei (Kenya).

Tristram Duncan (Australia).

Neeraj Gill (Australia).
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<td>Speaker</td>
<td>Prof Prakash Behere, Director Research &amp; Development (R &amp; D) Professor &amp; Head; Department of Psychiatry, Jawaharlal Nehru Medical College (JNMC) [Datta Meghe Institute of Medical Sciences (Deemed University) Sawangi (Meghe), Wardha.</td>
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<td>Abstract</td>
<td>Providing mental health services in rural communities: challenges and solutions. Prof Behere would provide Indian perspective and highlight his work on farmer suicides in a country where 200,000 farmers have committed suicide between 1995-2006 with a rate of 16,000 suicides/year (NCRB).</td>
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<td>David Ndetei (Kenya).</td>
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<td>Title:</td>
<td>EMERGENCY PSYCHIATRY IN RURAL AND REMOTE AUSTRALIA- GOVERNANCE, LIAISON AND TECHNOLOGY</td>
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<td>Speaker</td>
<td>Dr. Neeraj Gill MBBS, MD, FRANZCP Director of Clinical Services Division of Mental Health, Alcohol and Other Drugs Darling Downs Hospital and Health Service Associate Professor of Rural Psychiatry, University of Queensland, Australia. Dr Tristram Duncan, BMed, BN DCH, FRANZCP Consultant Psychiatrist and Unit Director, Mental Health Rural Outreach Service, Orange, NSW, Australia.</td>
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<td>Abstract</td>
<td>Background Emergency mental health service provision in rural and remote Australia faces multiple challenges, e.g. limited availability of services and workforce to deal with psychiatric emergencies locally, poor access to specialist mental health advice and frequent need to transport patients over long distances, often with</td>
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limited availability of police and ambulance services. Various mental health services all over Australia have developed innovative models of service provision, to deal with these challenges.

Objectives
This talk aims at highlighting the innovations in rural and remote emergency psychiatry in Australia. The Clinical Governance framework as well as use of tele-psychiatry to improve clinical services in emergency setting in various rural/remote areas will be discussed. The challenges faced and lessons learned will be shared.

Methods
A review of relevant literature will be presented to contextualise the challenges and contemporary innovations in rural/remote emergency psychiatry. Qualitative as well as quantitative data shall be presented and the presenters shall draw on their own experience to highlight various strategies to improve emergency mental health care.

Findings and Conclusions
Improved inter-service collaboration and communication through robust clinical governance as well as use of tele-health facilities can improve patient care in rural and remote emergency settings. The specific strategies used by rural and remote mental health services in different states of Australia will be discussed.
Title: **Current trends in human sexuality**

Chairperson: Prof. Michaela Amering (Medical University, Vienna)

Co-chairperson: Prof. Harischandra Gambheera (Colombo, Sri Lanka)

Abstract: This is an Inter Sectional Symposium organized under the leadership of WPA Section on Preventive Psychiatry (Chair: Prof. Roy Kallivayalil) in collaboration with the WPA Section on Human Sexuality (Chair: Prof. Said Abdel Azim) and the WPA Section on Public Policy and Psychiatry (Chair: Prof. Michaela Amering).

Human sexuality is a matter of relevance at all times. But there are vast differences in public perception and attitudes in traditional societies like India and South Asia as compared with the western world. Legal provisions also differ in several countries. For example, homosexuality is considered a crime in some countries. Religious teachings also differ markedly in various societies and beliefs. Matters on sexuality are not generally discussed in some societies, whereas open discussion and personal freedom are the hallmark in some other. There has also been several instances of intolerance on sexual matters, in various parts of the world. The attitude towards LGBT, child sexual abuse are important concerns in present day world. Preventive aspects of sexuality should be a matter of priority. They have attracted considerable attention, especially in the middle and low income countries due to the increasing incidence of many sexually transmitted diseases, HIV etc. All these and related issues will be discussed in this Workshop.

Speakers:

1. **Prof. Roy Kallivayalil**  
   Pushpagiri Institute of Medical Sciences, Thiruvalla, India
2. **Prof. TSS Rao**  
   JSS Medical University, Mysore, India
3. **Prof. Consuelo Cagande**  
   Cooper Medical School of Rowan University, NJ, USA
4. **Prof. Rama Rao Gogineni**  
   Associate Professor, Cooper Medical School or Rowan University, NJ USA
5. **Said Abdel Azim**  
   Emeritus Professor of Psychiatry, Cairo University

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Title: **“Current trends in human sexuality” human sexuality: Preventive aspects**

Speaker: Roy Abraham Kallivayalil  
Pushpagiri Institute of Medical Sciences, Thiruvalla, India

Abstract:

1. Objectives: To highlight the importance of preventive aspects in human sexuality and its various dimensions
2. Methods: By sharing and demonstrating the experience so far gained
3. Results: Preventive psychiatry aims at developing individual, familial, social, economical, legal, political and medical measures for health promotion, protection of specific disorders (primary prevention), early diagnosis and effective treatment (secondary prevention), disability limitation and rehabilitation (tertiary prevention). Preventive psychiatry has a paramount role in Human Sexuality and its varied forms of expression. It is known that many physical conditions have effect on sexual functioning. Very often there will be a direct relationship between the nature and the degree: of the physical problems or illness and the type of sexual problem. Despite the demonstration of several successful approaches in preventive intervention research, many continue to underestimate preventive psychiatry and skepticism prevails. This has to change. Theories of causation of sexual problems are multidimensional and involve individual, family and social environment. The constructs involved are related to human emotion, behavior, motivation etc which in themselves are very variable and relative. Secondary and tertiary prevention is largely covered in the effective treatment and rehabilitation measures and is part of usual clinical practice.
4. Conclusions: Effective primary intervention often falls outside field of psychiatrist and may be outside...
health sector altogether. Still mental health professionals have major role to play in three areas namely advocacy, information generation and supervision.

References

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<tr>
<td>Title:</td>
<td>Sexuality in South Asia- changing perception &amp; practices</td>
<td>Prof. T.S. Sathyanarayana Rao</td>
<td>JSS University, JSS Medical College, Mysore, India</td>
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<td>Abstract</td>
<td>The predominant culture in South Asia emphasizes a conservative attitude towards human sexuality. This is reflected in relation to sex, relationships, sex education, contraception etc. The myths and misconceptions galore in the community and it is the common theme in many South Asian countries. The discussion related to sex is invariably treated as a taboo subject. Sex is considered healthy only for procreation and de-emphasis of the same in relation to participative and recreational sex. Hardly worthwhile sex education is provided to people in general and adolescent in particular. Many social, political and religious issues vitiate the issue. Even medical profession is not immune to the above issues1. A fall out of this attitude has been limited regional research in the area of human sexuality particularly when culture is known to influence the expression of distress related to sexual problems2. In the recent years, urbanization and changing gender roles, with women working alongside men, has led to relationship difficulties and sexual dysfunction.3 The trend is shifting beyond human right to health, towards bodily autonomy and autonomy in relation to sexual functioning in females.4 Findings confirm significant demand (51%) for contraception, for postponing first pregnancy and practice of the same is consistently increasing depending upon the literacy rate in females and other factors.5 One of the surveys done in Gujrat, India, noted that majority (3/5th) of male students involved in first time premarital sex were young (16 to 20 years age) with inconsistent condom usage. Hence the changing sexual behavior has strong implications towards prevention of sexually transmitted infections in the conservative cultural societies of South Asia.6 The presentation will look into many bio psychosocial aspects of sexuality, the perception and practices, current research and its implication on health and well being with reference to South Asian countries.</td>
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References
This presentation will address some issues Lesbian, Gay, Bi-sexual, Transgender (LGBT) people face around the world. There will be a review of the challenges, societal stigma and perspectives of LGBT in some countries. Furthermore, health care disparity is significant in this population and there will be a review of one country’s health professionals’ attitude to LGBT. A curriculum for medical students will also be reviewed to better equip future physicians, especially psychiatrists to be more competent in delivering care to LGBT patients.

Methods

Literature search was done on pubmed for research and articles addressing this specific topic.

Results

There is a paucity of literature on this topic. Medical education in some countries are developing LGBT courses and some even making it a requirement.

Conclusions.

The Lesbian, Gay, Bisexual, Transgender (LGBT) community has been part of a growing population that mental health providers around the world need to be aware of and be competent in. They are as vulnerable for mental health issues as the general population but in some countries they are at more risk due to the negative perceptions and receptions they receive in their society. There is a need for more research on a better systematic approach to providing health care and destigmatizing negative perceptions of the LGBT.

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Session: | Section Workshop | SPEAKER 4 | Code | SWS387
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Title: | Child sexual abuse

Speaker | Prof Rama Rao Gogineni Associate Professor, Cooper Medical School or Rowan University, NJ USA

Abstract | 1. Objectives: Understand the Child Sexual Abuse-incidence, socio-cultural factors, effects and preventive and treatment


3. Results: studies provide evidence of significant associations between CSA and depression, panic disorder, alcohol abuse/dependence, drug abuse/dependence and suicide attempts, PTSD, Eating disorders, personality disorders, particularly antisocial and borderline personality disorder. There has been anecdotal and experimental evidence suggesting that CSA increases the probability of negative psychological outcomes such as poor self-esteem, lack of a sense of control or agency, difficulties with intimacy and continuing sexual difficulties.

4. Conclusions. Child Sexual Abuse is particularly damaging with effects evident over and above other forms of childhood adversity and require a comprehensive assessment, and long term treatment.

References


Gavin Andrews, Justine Corry, Tim Slade, Cathy Issakidis and Heather Swanston


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Session: | Section Workshop | SPEAKER 5 | Code | SWS387
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Title: | Human sexuality in the world: Future perspectives

Speaker | Prof Said Abdel Azim

Prof of psychiatry faculty of medicine, Cairo university Egypt)

Chair of section of human sexuality, WPA

Abstract | In the past few decades there has been a revolution in the study of sexuality. It was too long ago that most scientists believed that sex was built into the body, into human genetics, hormones and the very physiology of individuals. The new social studies of sexuality have challenged the idea that sex is natural. Feminists argued that society not nature creates gender and sexual differences. Women's sexuality like men's is not fixed by nature but shaped by social forces and circumstances as
economic, independence, social values, peers or family culture. Again the lesbian and gay movement were developed and challenged society that declared heterosexuality as natural and homosexuality as unnatural. Some activists argued that it is society that creates the idea of sexual identities and roles. Researchers highlighted the role of social forces such as gender, religion, occupation and the role of peers in shaping patterns of sexual behaviors and norms. New sexuality studies don't deny the biological aspects of sexuality, but the social forces determine which organs and orifices become sexual, which desires and acts become the bases of identities, and what social norms regulate behavior and intimacies.

| References                  | New Sexuality Studies (2011) edited by Steven Seidman, Nancy Fisher and Chet Meeks, Routledge |
Strategies For Suicide Prevention In Europe

Chairperson: Prof Dr Danuta Wasserman, Karolinska Institutet, Stockholm, Sweden
Co-chair: Dr Vladimir Carli, Karolinska Institutet, Stockholm, Sweden

Abstract: The prevention of suicide and suicidal behaviours is one of the most important public health concerns facing Europe today. In the 27 European Union countries (EU-27), more than 63,000 people commit suicide each year, which is the highest rate for completed suicide in the world, and the second most common cause of death after traffic accidents in the 15-34 age groups. In order to combat the high suicide mortality rates in Europe, several large scale EU initiatives aimed at promoting mental health and reducing suicidal behaviours among youth have been implemented. The current session converges on such initiatives and provides an overview of evidence-based strategies for preventing suicide in Europe. Results from the Saving and Empowering Young Lives in Europe (SEYLE), Suicide Prevention through Internet and Media Based Mental Health Promotion (SUPREME) and Working in Europe to Stop Truancy Among Youth (WE-STAY) projects will be presented and discussed.

Speakers:
1. D Wasserman, Karolinska Institutet, Stockholm, Sweden
2. D Cosman, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania
3. PA Saiz, University of Oviedo, Oviedo, Spain
4. G Hadlaczky, Karolinska Institutet, Stockholm, Sweden
5. V Postuvan and C Wasserman, University of Primorska, Koper, Slovenia

The Saving And Empowering Young Lives In Europe Rct: Main Results

Speaker: D Wasserman, Karolinska Institutet, Stockholm, Sweden

Abstract: Objectives: Suicidal behaviours in adolescents are a major public health problem, but evidence-based preventive programmes are sorely lacking. The Saving and Empowering Young Lives in Europe (SEYLE) study is a cluster Randomized Controlled Trial (German Clinical Trials Registry DRKS00000214) to evaluate the efficacy of school-based preventive interventions of suicidal behaviours.

Methods: The SEYLE sample consisted of 11,110 adolescent pupils, average age 14.8, recruited from 168 schools in ten European Union countries. Schools were randomly assigned to one of three interventions or a control group. The interventions were: a) Question Persuade and Refer (QPR), a gatekeeper training targeting teachers and other school personnel; b) Youth Mental Health Awareness Programme targeting pupils, and; c) Screening by professionals (ProfScreen) with referral of at-risk pupils. Main outcome measures were the number of incident cases of suicide attempt and severe suicidal ideation, including having a suicidal plan, at 3-month and 12-month follow-up.

Results: No significant differences between intervention groups and controls were observed at 3 month follow-up. At 12-month follow-up, a significant effect of the Youth Mental Health Awareness Programme, compared with controls was observed with reduction of incident suicide attempts (OR: 0.52 [0.29 - 0.94]) and severe suicidal ideations (OR: 0.53 [0.29 – 0.96]). No other significant differences
were found. No negative consequences of the interventions were observed.

Conclusions: The Youth Mental Health Awareness Programme was shown to be effective in preventing suicide attempts and severe suicidal ideation. These findings underline the benefit of introducing such a life-saving preventive intervention in schools.

References: The SEYLE project was supported through Coordination Theme 1 (Health) of the European Union Seventh Framework Programme (FP7), Grant agreement number HEALTH-F2-2009-223091.

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<td>Title:</td>
<td>Life Events And Suicidal Behaviour In Adolescents. Data From A Large Scale Multicentre Study (Seyle)</td>
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<tr>
<td>Speaker</td>
<td>D Cosman Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Adverse life events have long been incriminated to increase the risk for suicidal behaviour, an effect that might also be influenced by: age, sex, cultural background, past experiences, etc. The aim of this study is to assess the association between the number of stressful life events and suicidal behaviour in adolescents. Methods: The present study is nested in the SEYLE study and included 12,395 adolescents from 11 countries. The participants’ mean age was 14.91 (SD ± .897) and 55.2% were females. Results: Significant differences across categories of suicidal behaviour were ascertained in both boys and girls for familial life events number and social life events number, respectively. Overall, exposure to 5 or more life events in the previous 6 months conveys a risk for developing suicidal behaviour irrespective of gender. Exposure to 3 or more life events conveys a significant risk for developing suicidal behaviour – RR = 1.833 (95% CI 1.284 – 2.617), but when stratifying by sex, this effect is only registered for females: RR = 2.378 (95% CI 1.460 – 3.875). Depressive adolescent girls reported more social life events prior to the onset of the depressive episode. Conclusions: Adolescent girls appear more susceptible to stressors than adolescent boys. A risk for developing suicidal behaviour is conveyed by the exposure to 5 or more life events in the previous 6 months, irrespective of gender, and 3 or more life events, respectively, in adolescent girls.</td>
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<th>SPEAKER 3</th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>Role On Immigrant Status In Mental Health Of European Adolescents</td>
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<td>Speaker</td>
<td>PA Saiz University of Oviedo, Oviedo, Spain</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The main objective of this lecture is to ascertain the role of immigration and its impact on lifestyles, mental health and well-being in European adolescents. Methods: Baseline and follow-up data on demographics, mental health, well-being and other psychosocial information on European adolescents elucidated in this presentation was collected through the Saving and Empowering Young Lives in Europe (SEYLE) study. Results: Suicide is one of the most important causes of death in the age group 15-34 and ranks as the second cause of death after traffic accidents and other injuries in the ages 15-19. In Europe each year, approximately 13,500 young men and women aged 15-24 years die by suicide. There is sound evidence showing suicidal behaviour coincides with many underlying psychological and psychiatric conditions. Adolescence is the key age for the onset of several mental health problems and is a crucial period for the establishment of healthy lifestyles and emotional well-being. The number of immigrants to European countries has significantly increased over the past decades. The impact of the migratory process seems to</td>
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be influenced by different factors including socioeconomic condition, ethnic discrimination or acculturation. On the other hand, previous data suggest that immigration might be associated with mental health problems in young people, especially females.

Conclusions: The role of immigration and the implications on lifestyles, mental health and well-being in European adolescents will be presented and discussed during this lecture.

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<tbody>
<tr>
<td>Title:</td>
<td>Preventing Suicide Through The Internet: Results From The Supreme Project</td>
<td>G Hadlaczky</td>
<td>Karolinska Institutet, Stockholm, Sweden</td>
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</tbody>
</table>
| Speaker  | Abstract | Objectives: The Suicide Prevention through Internet and Media Based Mental Health Promotion (SUPREME) project aims to develop, implement and evaluate an Internet- and Media-based, multi-language, culturally adapted, peer facilitated Mental Health promotion and Suicide Prevention intervention programme.

Methods: Outcomes demonstrated in this presentation are based on the SUPREME study.

Results: The intervention in SUPREME comprises a highly interactive website targeted at adolescents and young adults in the age group 14-24 years, and a set of published guidelines, aimed at Media that targets young audiences, such as newspapers and magazines. The content of the website will include interactive web-based activities for Mental Health promotion and Suicide Prevention, but also youth oriented information on Mental Health issues as well as culture and region-specific information on healthcare and treatment options. The content of the website will be based on knowledge from Europe's scientific and professional communities, accessed through literature reviews and focus groups. The website design will be based on youth preferences obtained through focus groups and interviews.

Conclusions: During the symposium, the results of a web-survey regarding an analysis of websites that European users find through google when using specific mental health related keywords will be presented. Moreover, a novel internet-based solution to perform longitudinal research in the field of mental health will be presented. The objective of this method is to adhere to the highest ethical standards in maintaining privacy and at the same time to assure linkage of data to individual participants in a repeated measures design.

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<th>Session:</th>
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<tr>
<td>Title:</td>
<td>Perceptions Of A Mental Health Awareness Program Used In The Working In Europe To Stop Truancy Among Youth (We-Stay) Eu Funded Study: Qualitative Aspects</td>
<td>V Postuvan and C Wasserman</td>
<td>University of Primorska, Koper, Slovenia</td>
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</table>
| Speaker  | Abstract | Objectives: The Working in Europe to Stop Truancy Among Youth (WE-STAY) project is a randomized controlled trial (RCT) comparing the efficacy of three interventions involving professional screening aimed at reducing truancy by the early detection of mental health problems and referral to treatment; a mental health awareness program aimed at addressing truancy and mental health related problems; and a combination of both professional screening and mental health awareness programs. WE-STAY was performed among 11,186 pupils and comprises a consortium of 10 European countries: Estonia, France, Germany, Hungary, Israel, Italy, Romania, Slovenia and Spain with Sweden serving as the coordinating centre. In order to understand possibilities and hindrances in the implementation of the mental health awareness program among young people, qualitative studies can be used to provide comprehensive insights.

Methods: 32 adolescents from Estonia, Italy, Romania and Spain participated in the qualitative study. Semi-structured interviews were performed in order to gain insight of pupils’ perceptions of the mental health awareness program and evaluation questionnaires. The awareness program consisted of a mix of
cognitive learning through an educational booklet and lectures, and emotional-experiential learning through several role-play sessions. The interview included open-ended questions about the content, impressions and recollection of the awareness program, as well as an association game with words and concepts related to mental health.

Results: The students’ recollection of the awareness program differed greatly across study sites. Their remembrance did not only depend on factors such as gender, age, country or truancy; rather, the differences seemed to depend a lot on individual history and interest, as well as how the entire class participated and thought of the program. Students’ personal stories (e.g., coping with stress, skipping school, having helped a friend in need and being interested in psychological and health questions) were the most important indicators of pupils’ identification with and memories of the mental health awareness program. The role-play sessions were referred to as a “game” or “play” and students particularly enjoyed this way of learning without studying. Those who participated in the role-play sessions had a better recollection of the program content.

Conclusions: It would be beneficial for the mental health awareness program to be more flexible not only in terms of age, gender, cultural and individual adjustments, but also classroom local needs. More freedom to choose the content of the role-play sessions and allowing students to discuss and act out their own experiences using their own language would be useful in optimizing the awareness program even better.
Title: Beyond borders: Global challenges and solutions in medical migration

Chairperson: Dr Marianne Kastrup, Centre for Transcultural Psychiatry, Copenhagen, Denmark
Co-chairperson: Dr John de Figueiredo, Yale School of Medicine, USA

Abstract: The international migration of health care professionals has been recognized as a public health concern. A series of ‘push’ and ‘pull’ factors have been identified as driving forces for migration of doctors. The USA, UK, Canada and Australia are the main beneficiaries of medical migration, which has adverse consequences for health care systems in developing countries. Recently, a Global Code of Practice on the International Recruitment of Health Personnel was adopted by the World Health Assembly. Migrant doctors complain of discriminatory practices due to the lack of recognition of their professional credentials. Research evidence from different countries confirms that international medical graduates face discriminatory obstacles to exercise their rights and practice their professions in developed countries. An international strategy is required to promote sustainable health care systems worldwide. Academic and scientific partnerships must be established between developed and developing nations in order to minimize discrepancies. There is an urgent need to review policies related to the international recruitment of doctors and the recognition of foreign medical credentials in host countries.

Speakers:
1. Dr Carlos Zubaran, Conjoint Professor of Psychiatry, University of Western Sydney, Australia, School of Medicine, University of Western Sydney
2. Dr Julian M. Simpson, Research Associate, University of Manchester, United Kingdom
3. Dr Antonio Rojas Tejada, Chair Professor, Faculty of Psychology, Universidad de Almería, Spain

Title: The struggle to fit in: International medical graduates in Australia

Speaker: Dr Carlos Zubaran
University of Western Sydney, Australia

Abstract: Introduction: Worldwide there is an increase of demand for health care and skilled health care professionals. Advanced economies face a physician shortage, which has prompted a migration of health care workers at international level. There is a persisting debate between those who defend the right of doctors to migrate and those who criticize this process as an exploitative enterprise that affects health systems in poorer countries. Although the free movement of professionals is a corollary of globalization and competition for skilled labour, the process of medical migration has been compromised by cultural barriers and prejudice. Discrimination may affect international medical graduates (IMGs) in various domains, including faculty promotion; in progression to leadership roles in medical specialties; in job application procedures and at early stages of medical training. In any case, there remains limited evidence about the historical growth of medical migration as a social and political phenomenon.

Presentation Plan: In this presentation, the author will address the latest developments in regards to situation of IMGs in Australia. Emphasis will be given to the recommendations that have resulted from Parliamentary Inquiry into Registration Processes and Support for Overseas Trained Doctors. Given that most of the recommendations have not been fully implemented and that breaches of the Global Code of Practice on the International Recruitment of Health Personnel still persist, there is a need for further advancement in this arena. The role of advocacy groups at national and international levels may promote further civil engagement, collective action and political change so that these persisting inequities are rectified.
Session:  | Section Workshop | SPEAKER 2 | Code | SWS432
---|---|---|---|---
Title:  | International medical graduates and the making of a specialty: South Asian general practitioners in the UK’s national health service |  |  |  
Speaker  | Dr Julian M. Simpson\(^1\), Collaborators: G. Farooq\(^1\), A. Esmail\(^1\)  
\(^1\)The University of Manchester, Manchester, UK |  |  |  
Abstract  | Introduction:  
This paper explores the role of migrant doctors from the Indian subcontinent in the development of the specialty of general practice in the UK’s National Health Service (NHS). It questions traditional views of medical migrants as simply supplementary labour and looks at the extent to which they can be seen to have a specific and transformative impact on the provision of healthcare.  
Presentation Plan:  
The conclusions presented here are based on two separate studies. One used oral history methodology to explore the life stories of 40 South Asian doctors who worked as GPs in the NHS between the 1940s and the 1980s. The second investigated socio-economic and socio-cultural integration experiences and perspectives of overseas-trained South Asian doctors. A mixed method approach was employed that included secondary data analysis of the GP Workforce Statistics and in-depth interviews with 27 overseas-trained South Asian GPs. This work shows that migrant doctors were not only supplementing the UK GP workforce, they were taking on particular healthcare roles and in a position to exert agency. They clustered in areas of high need, and shaped their profession through the adoption of distinctive approaches to their work.  
These findings have implications beyond general practice and beyond the context of the UK in light of the international patterns of concentration of medical migrants in particular specialties, including psychiatry, as well as in less affluent localities. They point to the need for a greater appreciation of the specific function of migrant doctors in healthcare systems in the Global North. Reflecting on the nature of their contribution to the development of healthcare can enhance our understanding of the nature of healthcare provision. |  |  

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Session:  | Section Workshop | SPEAKER 3 | Code | SWS432
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Title:  | Acculturation, prejudice and discrimination: Concepts and measurement |  |  |  
Speaker  | Dr Antonio Rojas Tejada  
University of Almería, Spain |  |  |  
Abstract  | Objectives: The interest in the concepts of acculturation, prejudice and discrimination has grown in response to the increase in migration around the world, and particularly in Spain. This migratory phenomenon implies an adaptation process that includes changes both in the immigrant population and in the host population. This paper presents the conceptual framework for understanding the process of acculturation and its relation to prejudice and discrimination. The Relative Acculturation Extended Model has been used to operationalize the acculturation process and to analyse their predictions regarding prejudice and other psychosocial variables.  
Methods: The data presented come from several studies with samples of immigrants living in Spain and Spanish samples conducted by the "Psychosocial and Methodological Studies" Research Group at the University of Almeria. The measures of acculturation and prejudice have been specifically developed for theses researches. The acculturation preferences were measured on two scales asking about the participants’ acculturation preferences (natives and immigrants): home culture maintenance and host culture adoption. The Prejudiced Attitude Test was used to measure prejudice in both samples.  
Results: Results have established differences in the relations between acculturation related psychosocial variables and the options of acculturation preferred for immigrant and autochthonous. The results show that Spaniards and immigrants prefer different acculturation options depending on the area of culture considered (public or private). The results show differential prejudice levels in the majority and minority groups, based on their preferences for acculturation and in public and private areas.  
Conclusions: The prejudice levels in both groups are related to acculturation preferences by area of culture considered (public vs. private). Prejudice can be seen as an antecedent of acculturation |  |  

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## OVERALL ABSTRACT

**Title:** From symptoms to disorders in psychiatry: How psychoanalysis can help

**Chairperson:** Maria Ammon, German Academy For Psychoanalysis, Germany

**Abstract**

More than other medical disciplines, Psychiatry and Mental Health are exposed to the negative effects of disorder centered approach. Because of the many competing theories about the very nature of the psychiatric disorders, mental health classifications had to neglect key aspects of the person's mental health status, such as subjectivity and psychodynamic dimensions, in order to approach the paradigm on which are based the biomedical classifications in other medical disciplines. This perspective has allowed significant advances in neuroscience and psychiatric researches related to biological treatments. However it has felt in its endeavour to define real diseases in psychiatry living the mental health with very little tools to deal with crucial dimensions in psychiatric practice such as subjectivity and intersubjectivity or the delimitation between symptoms and disease in many clinical situation with real patients. This symposium aims to show how psychoanalytically informed psychiatry can help to deal with these crucial dimensions too often forgotten by the main stream in current psychiatry.

**Speakers**

1. Dr. Graciela Beatriz Onofrio
   APSA, AEAPG, UBA, Italiano Hospital, Buenos Aires, Argentina, Member of WPA Psychoanalysis in Psychiatry Section
2. Jalil Bennani
   Morocco
3. Dr. Ioana ATGER
   Clinique Dupré, Sceaux

## SPEAKER 1

**Title:** The relationships between memory and the symptom’s contruction

**Speaker**

Dr Graciela Beatriz Onofrio
APSA, AEAPG, UBA, Italiano Hospital, Buenos Aires, Argentina, Member of WPA Psychoanalysis in Psychiatry Section

**Abstract**

Memory, central point in the Neuroscience, is the principal goal in Psychoanalysis. Evidence based Medicine brings objective studies to diagnosis in Medicine. It does not work always in Psychiatry. The construction of the symptom’s psychopathology works with emotional memory and with the concept of re-signification. We propose, from a text of Jorge Luis Borges, argentine writer, "Funes the Memorioso", a possible way of analysis of memory in the construction of life from the perspective of personal projects and the work of repression as the main task in the organization of the Ego. Life is always a symptomatological construction to integrate the traumatic passed situations.

1. Objectives: discussion and interchange the topics with the attending audience.
2. Method: exposition and discussion

**References**

- Borges J L, “Funes el Memorioso”, Argentina, 1944
- Freud S (1898), Sobre el mecanismo psíquico de la desmemoria, Amorrortu Ed, Arg, 1989
- Kandel E, En busca de la memoria, Katz Ed, Buenos Aires, Arg, 2013

## SPEAKER 2

**Title:** When a disorder is a symptom

**Speaker**

Jalil Bennani
Morocco

Abstract

With new clinical and changes related to post-modernity, mental disorders are increasing. New categories are constantly appearing in psychiatric classifications of the DSM. The juxtaposition of categories leads to comorbid diagnoses and their multiplication increases the field of pathology. Can we simply add mental disorders to classify and treat without reference to the history of the subjects? However, these disorders are themselves symptoms that are part of a structure. Refer to psychopathology allows to recognize the psychodynamic of conflicts, the structural component, the economy of psychic processes. Psychoanalysis takes center role here. It shows the importance of symptomatic and syndromic process. It gives meaning to the symptoms by linking them to the underlying structure.

Session: Section Workshop  SPEAKER 3

Title: Is there such a thing as family symptoms?

Speaker  Dr. Ioana ATGER
Clinique Dupré, Sceaux

Abstract

Child or adolescent personality, anxiety, or mood disorders impair their family, school and social functioning. In the same time, as we meet families of these patients in institutional settings it appears that family functioning impairs the adolescent’s functioning. Family treatment uses the concept of “identified patient” in order to talk about a phenomenon of scapegoating in which the patient becomes the symptom of the family. Classical psychoanalytical therapy often refers to the family functioning as taking part into determining the patient’s problems. Working in an institutional setting expose the institution to repeating family functioning. Thus, we are obliged to create a third psychodynamic model in which we take into account the “actual family” and the institution as taking part of the enlarged psychic space of the patient. A parallel comprehension of family and institutional problems that the adolescent’s care program gives rise to, helps explain and treat his problems in a different way and find common solutions. It appears to us that in a successful therapeutic process we must accept to use the family’s resources, shared fantasies between family and institution and take into account the risks due to the process of change in relationships between patient, family and caregivers.
Title: How psychoanalysis can contribute to psychiatric education

Chairperson: Prof Michel Botbol, Prof of Child and Adolescent Psychiatry, University of Western Brittany

Co-chairperson: Dr Thomasof, Hans Otto, Austria

Abstract: Psychiatric education cannot focus only on the knowledge about disorders albeit its importance. For clinical purposes it has also to train psychiatrists to deal with the patient's subjective experiences, his values and his personal characteristics, to build up an alliance crucial to understand the patient's situation and to organize his treatment accordingly. This symposium will discuss how psychoanalysis can contribute to this task by improving the empathetic capacity of the mental health professional. We will show how and to what extent this contribution can reduce the risk of burn out in the professionals, increase the recognition of the patient's need, facilitate the relation with the carers and finally strengthen the patients professional relation in the various setting of the psychiatric cares.

Speakers:
1. Pr. Allan Tasman
   University of Louisville, Louisville, USA
2. Pr. Dusica Lecic-Tosevski
   Institute Of Mental Health, Belgrade, Serbia

Discussant: Pr. Philippe Rey-Bellet, Switzerland

Session: Section Workshop
OVERALL ABSTRACT
Code: SWS461

Title: Contribution of psychoanalysis to pharmacotherapy education and training

Speaker: Pr. Allan Tasman
University of Louisville, Louisville, USA

Abstract: Emerging evidence suggests that adherence to medication prescriptions is strongly influenced by the context of the doctor-patient relationship which exists during pharmacologic treatment. This appears to be true for all psychiatric disorders, especially schizophrenia, where the symptoms of the illness present special difficulties in maintaining the therapeutic alliance. A positive relationship appears to have a beneficial effect on response to medication through a number of factors, including improved compliance and the opportunity to discuss side effects and target symptoms. For example, even when the primary therapeutic intervention is psychopharmacologic, the psychiatrist must be aware of a number of factors within the process of treatment, including transference and countertransference reactions and be skilled and knowledgeable about the use of psychotherapeutic techniques to both foster the therapeutic alliance and also address psychological impediments to treatment progress. Specific attributions regarding the psychiatrist’s motivation in prescribing medication, as well as meanings attributed to the medication itself, are important variables. Further, there is increasing evidence that integrated pharmacotherapy, psychosocial, and psychotherapeutic treatments produce the optimum outcomes, especially in severe illnesses such as schizophrenia. In recent years, collaborative treatment, in which psychotherapy and medications are prescribed by two different clinicians, has emerged as a major approach to treatment. Economic factors and managed care delivery systems have been a significant influence in this regard. When two clinicians are simultaneously involved, process and relationship issues are much more complex. Attention to a variety of components of these triangular therapeutic relationships will maximize treatment effectiveness.


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Code: SWS461

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<tr>
<th>Title:</th>
<th>Education and training in psychotherapy for personality disorders</th>
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</table>
| Speaker | Pr. Dusica Lecic-Tosevski  
Institute Of Mental Health, Belgrade, Serbia |
<p>| Abstract | |
| References | |</p>
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<tr>
<td>Title:</td>
<td>Spiritual and religious concepts of mental order and disorders</td>
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<td>Code</td>
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<tr>
<td>Chairperson</td>
<td>Uriel Halbreich, MD, SUNY-AB and NRC, Buffalo, New York, USA</td>
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<td>Co-chairperson</td>
<td>John Cox, University Of Keele, Glouce, United Kingdom</td>
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<tr>
<td>Abstract</td>
<td>General background From the dawn of history, faiths and religious dogmas have been causes for wars and blood shads among antagonistic believers. Recent couple of Centuries may be characterized by technologically driven communication proximities as well as Global migration waves that increased ethnic and religious diversities in locations that previously have been almost homogenous. The creation of Social Melting Pots provides for situations that may lead to nasty frictions but also for opportunities for Development of understanding and tolerance. Targeted Population The Buffalo metropolitan area in New York, the USA is undergoing a substantial demographic transformation. This process involves growing communities from South, South-East, East and West Asia who practice multiple &quot;Eastern&quot; denominations as well as diversified streams of Islam. Established Christian congregations become older and less devoted while new immigrants from Latin America establish their own congregations, rituals and social support systems in different neighborhoods. Decreased numbers, aging, fragmentation and out-migration of the more-fitted impact also the African-American churches and Jewish congregations. Methods Representatives of multiple denominations in the Buffalo Region convened together to establish the Network of Religious Communities-NRC. The inclusive hands-on experience of multi-logue, focus on spiritual common denominators and overcoming potential issues of friction and adversity, may be a model for others to be immersed in. What works and what does not, what are the obstacles and how to avoid them or overcome them-- may be practically illuminating for multiple multicultural situations.</td>
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<tr>
<td>Speakers</td>
<td>1. Jeffrey Anker University Psychiatric Practice Inc, New York, Buffalo, USA</td>
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<td>2. R.D. Alarcón Mayo Clinic College of Medicine, Rochester, MN, USA; Universidad Peruana Cayetano Heredia, Lima, Perú</td>
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<td>3. Uriel Halbreich MD, SUNY-AB and NRC, Buffalo, New York, USA</td>
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<tr>
<td>Title:</td>
<td>The bio-psycho-socio-spiritual model of mental well-being</td>
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<td>Code</td>
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<tr>
<td>Speaker</td>
<td>Jeffrey Anker, Uriel Halbreich University Psychiatric Practice Inc, New York, Buffalo, USA</td>
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<tr>
<td>Abstract</td>
<td>Background As a holistic approach to health and well-being, Angel conceptualized the bio-psycho-social model (1990) to expand the than traditional medical view of the patient as a purely physical host experiencing a toxic stressor, to appreciating the patient as a person rather than as a disease. However- with the advent of medical technology a reductionist mode has re-emerged. This may dehumanizes approach to patients by losing sight of how they are more than a sum of measurements of physical, psychological and social processes of disease. Methods Examples of the transcendent power of spirituality will be discussed, including The Hippocratic Oath, the</td>
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placebo effect, Alcoholics Anonymous, the treatment alliance and non-specific factors of any effective Medical interaction.

Discussion

Human spirituality is a quintessential ability to transcend reductionist tendencies. There are powerful ways that appreciation of spiritual nature enables betterment of clinical practice. By appreciating patients’ spiritual orientations we can gain a better understanding of the deep seeded beliefs, values and interpersonal influences that substantially affect their mental conditions. This aids in tailoring the treatment to the individual needs of the patient for a more effective treatment. Increasing consciousness about the crucial value of spirituality in providing optimal medical care should lead to utilization and refinement of tools available to evaluate patient’s spirituality; They are currently absent from routine evaluation and treatment methods. By embodying patient-doctor relationship with spiritual qualities such as compassion, honesty, trust, kindness, caring and faith we will empower our patients and ourselves to enhance the mental wellbeing of both patients and therapists.

Specific procedures to formulate a Bio-Psycho-Socio-Spiritual model will be presented.

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<th>SPEAKER 2</th>
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<tr>
<td>Title:</td>
<td>Culture, demoralization and psychotherapy</td>
<td>R.D. Alarcón</td>
<td>Mayo Clinic College of Medicine, Rochester, MN, USA; Universidad Peruana Cayetano Heredia, Lima, Perú.</td>
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<tr>
<td>Speaker</td>
<td>Objectives: There is agreement about the impact of culture on several aspects of psychotherapy. Considering demoralization as a decisive motivating factor in psychotherapeutic help-seeking, this presentation attempts to delineate the cultural, pathological and non-pathological components of demoralization, and the role of culture in its management.</td>
<td>Methods: On the basis of the substantial contributions of Jerome D. Frank’s pioneering research on psychotherapy, a literature review on the dynamic interactions of a variety of cultural ingredients in the concept and the experience of demoralization helps to equally assess their influence on different psychotherapeutic techniques and their eventual clinical results.</td>
<td>Results: For the most part, it is demonstrated that demoralization by itself is not a mental disorder although could eventually result in one on the basis of identified pathogenic and pathoplastic elements. At the same time, demoralization has powerful cultural ingredients with epistemological, hermeneutic and heuristic aspects that confirm Frank’s comprehensive approach to a “total psychotherapy”.</td>
<td>Conclusions: The management of demoralization in the psychotherapeutic process must be based on the evaluation of cultural factors that strengthen the role of hope and play an important role in the prevention of complex psychopathologies.</td>
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<tr>
<td>Title:</td>
<td>Cultivating common denominators and conversations among diversified western and eastern faiths hands-on community experience</td>
<td>Uriel Halbreich, MD, Stanford Bratton, PhD, Rabbi Alex Lazarus-Klein SUNY-AB and NRC, Buffalo, New York, USA</td>
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<tr>
<td>Speaker</td>
<td>General background</td>
<td>From the dawn of history, faiths and religious dogmas have been causes for wars and blood shads among antagonistic believers. Recent couple of Centuries may be characterized by technologically driven communication proximitities as well as Global migration waves that increased ethnic and religious diversities in locations that previously have been almost homogenous. The creation of Social Melting Pots provides for situations that may lead to nasty frictions but also for</td>
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opportunities for Development of understanding and tolerance.

Targeted Population
The Buffalo metropolitan area in New York, the USA is undergoing a substantial demographic transformation. This process involves growing communities from South, South-East, East and West Asia who practice multiple "Eastern" denominations as well as diversified streams of Islam. Established Christian congregations become older and less devoted while new immigrants from Latin America establish their own congregations, rituals and social support systems in different neighborhoods. Decreased numbers, aging, fragmentation and out-migration of the more-fitted impact also the African-American churches and Jewish congregations.

Methods
Representatives of multiple denominations in the Buffalo Region convened together to establish the Network of Religious Communities-NRC. The inclusive hands-on experience of multi-logue, focus on spiritual common denominators and overcoming potential issues of friction and adversity, may be a model for others to be immersed in. What works and what does not, what are the obstacles and how to avoid them or overcome them-- may be practically illuminating for multiple multicultural situations.
### Title: Suicide, assisted suicide and suicide prevention in the elderly

**Chairperson** Prof. Dr. Gabriela Stoppe, MentAge and University of Basel, Basel, Switzerland  
**Co-chairperson** Prof. Aartjan T.F. Beekman, Department of Psychiatry, VUMC and GGZ ingest, Amsterdam, The Netherlands

**Abstract** Suicide rates are highest in the elderly population in most countries. In addition, assisted suicide has become a health topic which has raised much attention in the public. It concerns mostly elderly people. In some countries, e.g. Switzerland and the Netherlands, politics are more "liberal" than in others. The strategies of suicide prevention in the elderly should include gerontological knowledge and the various cultural backgrounds. In the symposium speakers are presenting the situation in Switzerland, the Netherlands and Portugal. Two other presentations focus on a diagnostic research question and on the debate, whether antidepressants really exert an antisuicidal action (and whether this applies e.g. for the elderly and not for younger persons).

**Speakers** Tom Bschor (Germany). Michel Benoit (France). Aartjan T.F. Beekman (The Netherlands). Gabriela Stoppe (Switzerland). Horacio Firmino (Portugal).

### Title: Do Antidepressants Reduce Suicides or Suicide Attempts?

**Speaker** T. Bschor ¹,²  
¹ Schlosspark-Clinic, Berlin, Germany  
² University Hospital - Technical University, Dresden, Germany

**Abstract** Objectives: To investigate if the use of antidepressants reduces the number of suicides or suicide attempts. Methods: Investigating effects of antidepressants on suicidality means the investigation of a medication effect. High-standard methods are established to investigate medication effects. They include to concentrate on robust and patient relevant outcome parameters if possible, and to rely on randomized controlled trials (RCTs) and metaanalyses of RCTs if available. Therefore, metaanalyses of RCTs comparing rates of suicides and suicide attempts of patients treated with antidepressant with patients treated with placebo, were considered. Results: Six well published metaanalyses of RCTs were found. The smallest metaanalysis included nearly 20,000 patients, and the most comprehensive metaanalysis included nearly 90,000 patients. None of the six metaanalyses showed a reduction of suicides or suicide attempts in patients receiving antidepressants compared to those receiving placebo. The largest metaanalysis even found significant more suicides and suicide attempts under SSRI than under placebo. Conclusions: Antidepressants are likely useful for the treatment of depressive syndromes. However, they do not reduce the rates of suicides or suicide attempts. To prevent suicides and suicide attempts other strategies should be applied. They include an empathic, high frequent contact with the patient, psychotherapeutic approaches, and hospitalization if necessary. For affective disorders, lithium is the only drug with a preventive effect on suicides and suicide attempts.

### Title: When the Failure to Thrive Syndrome in Old People May Be a Suicidal Crisis

**Speaker**
### M. Benoit
1. University Psychiatry Department, Nice, France

**Abstract**

Acute health decline in the elderly may be represented in the « failure to thrive » syndrome. It manifests with significant weight loss, decreased appetite, poor nutrition, and inactivity, often accompanied by dehydration and impaired immune function. If not accurately treated, decline accelerates and one-year mortality rates are up to 50%. Therefore recognition of the risk factors of this potentially lethal syndrome is to be enhanced. It has been demonstrated that the association of four factors can contribute: impaired physical function, malnutrition, cognitive impairment, and depression. Beyond depression, psychological dimensions have not been entirely explored, and many features are those found in suicidal crisis: refuse to communicate, to get out of bed or to eat. In the context of a severe physical deterioration, they can represent the manifestation of a desire to die, as the natural evolution tends to demonstrate. Paradoxically, depressive symptoms are less expressed, and patient’s attitudes are sometimes interpreted as a willing for a medical-assisted suicide, by resignation. It is nonetheless demonstrated that an active and confident care attitude can reverse the spontaneous evolution of “failure to thrive”. We will discuss the pros and cons for the depressive and passive suicide hypothesis of this frequent syndrome in the old-old people.

### Session: Workshop 3
**Code** SWS565

**Title:** SUICIDE AND SUICIDE PREVENTION AMONG OLDER PEOPLE IN THE NETHERLANDS

**Speaker:** Aartjan T.F. Beekman (The Netherlands).

**Abstract**

NOT RECEIVED

### Session: Workshop 4
**Code** SWS565

**Title:** SUICIDE, ASSISTED SUICIDE AND SUICIDE PREVENTION STRATEGIES IN SWITZERLAND

**Speaker:** G. Stoppe
1. MentAge, Basel, Switzerland

**Abstract**

Objectives: Switzerland has one of the highest suicide rates in Europe. It also has a liberal policy regarding assisted suicide with mainly one organisation (EXIT) providing support for those seeking this method. Official numbers show, that assisted suicide is mainly given to the elderly.

Methods: With a working group from Swiss Public Health (SPH) we organized a process starting with a roundtable discussion, followed by a position paper and meanwhile two events.

Results: The roundtable discussion brought together stakeholders from police, medical associations, nurses, media and other groups. Most of them had not been aware of the size of the problem of elderly suicide. New ideas for strategies for prevention were identified. The position paper summarized the major points of discussion and is meanwhile cited and supported by major interest groups in the country. With the forums we continue the multi-level-discussion.

Conclusions: This approach has not yet shown measurable results considering the numbers of suicides and assisted suicides. However, it might serve as preparation of a nationwide strategy, accompanied by an ongoing evaluation.

### Session: Workshop 5
**Code** SWS565

**Title:** SUICIDE IN PORTUGAL: FACTS AND THE NEW PROGRAM OF PREVENTION OF SUICIDE IN PORTUGAL

**Speaker:** H. Firmino, J. Andrade, V. Nogueira
1. Coimbra University Hospital Center, Department of Psychiatry, Coimbra, Portugal

**Abstract**

At Portugal the elderly population has been growing and at the same time marked changes have taken place, both in the society in general and in the conditions and circumstances for elderly in particular.
So, it’s important the psychiatric services can adopted active prevent attitudes to reduce the actual increase rate of attempted suicides. At this presentation will first to present the actual situation at Portugal (compared the number of suicides with what happens with the younger groups); secondly we will also present the new program adopted by the Health minister to prevent suicide at Portugal, particularly what is considered to the elderly people.
### OVERALL ABSTRACT

#### WHERE THERE IS LIGHT, I SEE THE SHADOW

**Chairperson:** Ruth Brand Flu (United Kingdom).

**Abstract:** Autism is more than a social and communication disorder. It is a condition which can be explained by numerous neurocognitive aberrations such as processing of background information, filtering of stimulation and retrieval or inhibition of information which slow down the thinking processes. These neurocognitive neurocognitive deficits are often embedded in mood and behaviour sequellae and can therefore remain unnoticed. The neurocognitive psychopathology can easily get misconstrued to psychiatric symptomatology. This poses a risk of mismanagement. This session will discuss the qualitative differences in misconstrued comorbidity, such as ADHD, obsessions and depression, differential interventions and medication management.

**Speakers:**
- Anna Lamikanra (USA).
- Omar Kareem (United Kingdom).
- Ruth Brand Flu (United Kingdom).

### SPEAKER 1

#### ACROSS THE OCEANS

**Speaker:** Dr Anna Lamikanra, Blazing Trails UK

**Cultural and subcultural variations in autism in a multicultural world. The need of differential services.**

**Abstract:** There has not been a great deal of research on the cultural variation of autism spectrum disorders. There is a general view that the core features such as the quality of eye contact tend to be similar all over the world, but variations in other features will be difficult to attribute to autism due to environmental variations. It has already been established that people with an autism spectrum disorder’s development gets influenced by peer group and in particular siblings, trauma and education. Services can and have to differ in different nations due to cultural needs, politics i.e. priorities of governments and resources. It is however a universal phenomenon that many developing to wealthy nations tend to struggle with resources or at least a safe and sound service delivery. Overemphasis on multiprofessional diagnostic tools can usurp resources and delay (for years) or compromise treatments. This presentation will highlight a few examples of under-resourced and over resourced issues in autism service delivery in different countries with models of sublime integrative initiative or practices.

### SPEAKER 2

#### BEAUTY AND THE BEAST

**Speaker:** L. Kareem Uk, Nigeria

**Forensic and Autism services UK.**

**Abstract:** Mellowing and transforming behaviours in autism spectrum disorders.

**Aim:** To improve skills of behaviour assessments and interventions in autism with complex behavior.

Autism spectrum disorders can present with serious behaviour difficulties resulting in forensic behaviours. It is unfortunate that the most serious behavioural cases tend to be picked up too late whereby the discourse of incidents tends to be missing. This talk will deal with the specific behaviours of concern in early childhood, how they can be dealt with and how forensic complications can get resolved by intensive behaviour and remedial orientated management.
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<th>Section Workshop</th>
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<td>Title:</td>
<td>BEHIND THE CLINIC WALLS</td>
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<td>Speaker</td>
<td>Dr Ruth Brand Flu Amazoniclapha Uk</td>
<td>Diagnostic and treatment pragmatics</td>
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<td>Abstract</td>
<td>Aim: To enhance clinical skills by using the whole physical environment for assessment and treatment. In this era of economic dismay and the rise of the incidence of autism spectrum disorders it is unethical and not sufficient to allow for long and extensive cost usurping diagnostics and treatment models. In the Western world super specialist structured assessment can usurp unnecessary resources whilst risks of false positive and negatives are not always obliterated. There is always a problem of non-compliance of in particular the person with the most extreme form of autism and the developmental history can be missing due to absence of historical information such as occurs in looked after children or because of inarticulate informants e.g. due to their own developmental problems. This presentation is an exemplar how any setting including the clinic room can be used for natural and test observations essential for the assessments of autism and related conditions or for a soft neurological examination. Examples are the use of doors, items that can be used for a sensory assessment and how the assessor can be a further instrument in the examination by the use for animated language, conversational style, linguistic adjustments and visual aids. This will be a tutorial with numerous pragmatic clinical example of the diagnostic process and amalgamated therapeutic interventions.</td>
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### Session: OVERALL ABSTRACT

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<td>N international overview on postgraduate training in psychiatry</td>
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**Chairperson**: Prof Dr David Baron, University of Southern California, Los Angeles, USA, Co-chair: Assoc Prof Dr Adriana Mihai, University of Medicine and Pharmacy Tg Mures, Romania.

**Abstract**

The objective of this session is to present an international overview on postgraduate training in Psychiatry. Members of the WPA Section on Education will discuss the current state of offers and offer options to establish enhanced training in psychiatric research. The role of developing research fellowships will be addressed. Specific emphasis will be placed on establishing a fellowship program when existing funding is limited. Information about the demands and opportunities of postgraduate training in research in Central Eastern Europe will follow. Then the challenges of psychiatric training in post-Soviet States will be discussed with an overall review about the changes and developments in the post-Soviet States during the last 20 years in the newly founded 15 states. Finally, they way of overcoming difficulties during postgraduate training in psychiatry will be presented. The model of international collaboration of trainees in obtaining international experience will be provided. At the end of the session, it is expected to gather and exchange information about different approaches and implementations of the participants as well, so as to process and disseminate the collected information among the members of the Section on Education.

**Speakers**

- David Baron (USA).
- Adriana Mihai (Romania).
- Nikita Bezborodovs (Latvia).
- Maria Orlova (Russia).

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### OVERALL ABSTRACT

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<tr>
<td>THE NEED FOR RESEARCH FELLOWSHIPS IN PSYCHIATRIC TRAINING PROGRAMS: A GLOBAL PERSPECTIVE</td>
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**Speaker**

D. Baron 1, B Coskun2
1. University of Southern California, Los Angeles, USA
2 University Medical School, Kocaeli, Turkey

**Abstract**

Objectives: The need for well-trained psychiatrists exists in every country in the world regardless of income status. As mental health delivery models have evolved, the need to adapt postgraduate training strategies is high. Undergraduate medical education in psychiatry varies significantly, as does the perception of psychiatry and psychiatrists. In addition, the available pool of well-trained psychiatric educators may not be sufficient. The presentation will provide an overview of existing models of postgraduate training in psychiatry from selected regions of the world. Current training challenges will be highlighted, along with opportunities for the WPA to contribute to improving the current situation.

Methods: The existing training model for postgraduate training in psychiatry will be presented, comparing and contrasting training goals and objectives and specific strategic plans, from a representative number of regions in the world. Assessing competencies and criteria for promotion will also be presented. This information will be obtained from members of the Section on Education of the WPA and available information on the web.

Results: There is great disparity in postgraduate training in psychiatry worldwide. Many Countries do not have a standardized assessment of core competency (Board Exam) or standard curricular requirements to ensure exposure to all aspects of the specialty. The quality of care provided by new graduates is difficult to assess in many regions.

Conclusions: An enhanced exposure to sub specialty fields and different practice settings is needed. WPA can play a key role in assisting programs with limited resources in developing a more effective training program. Programs around the world need to have a greater emphasis on training residents how to effectively work in an integrated care delivery model.

**References:**

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[www.wpamadrid2014.com](http://www.wpamadrid2014.com)
### Session: Section Workshop  
**SPEAKER 2**  
**Title:** THE POSTGRADUATE TRAINING IN RESEARCH IN PSYCHIATRY DEMANDS AND OPPORTUNITIES IN CENTRAL EAST EUROPE  
**Speaker:** A. Mihai  
1 University of Medicine and Pharmacy Tg Mures, Romania  
**Abstract**  
Objective: The postgraduate training in research in psychiatry vary from country to country in Europe. The innovative ways of engaging trainees in psychiatry in research team seems to increase the interest in speciality. The purpose of this study is to evaluate the demands and opportunities in research training in Central and East Europe.  
Methods: A questionnaire with 20 items concerning the research training was done and distributed by email or direct contact to key persons in academic teaching in postgraduate training in Romania, Moldavia, Albania, Bulgaria, Serbia, Croatia and Hungary. The same questionnaire was distributed to postgraduate trainees from mentioned countries.  
Results: The response rate was 65% from teaching staff and 80% from trainees. A qualitative analysis was done. The high variance from one university centre to other in the same countries was underline. At the item of interest in research training both trainees and staff sustain the need in training. The courses, workshops and seminars organized in the training center are the first step. Learning practical skills like how to do a poster, a presentation, an article, a CV or a research project is very appreciated between young psychiatrists. The motivation seems to be higher level of available opportunities through EU research funds which sustain international collaboration. The international research summer schools experience and collaboration with western countries which offer expertise both for trainers and trainees were presented.  
Conclusions: this study could increase awareness of each country from Central and East European countries on weak and strengths and could a base of improvement of postgraduate training in research.  

### Session: Section Workshop  
**SPEAKER 3**  
**Title:** CHALLENGES OF PSYCHIATRIC TRAINING IN POST-SOVIET STATES  
**Speaker:** N. Bezborodovs  
1Children’s Clinical University Hospital, Riga, Latvia  
**Abstract**  
The Union of Soviet Socialist Republics (USSR) has dominated the political map of Eastern Europe and Asia for 70 years. The highly centralized structure of this vast country left no space for variation not only in the social and political life of its citizens, but also in the field of psychiatric science and practice. The organization and contents of psychiatric training, the textbooks used, and the clinical practices conveyed, were identical across 22 million square kilometres and eleven time zones.  
After the Soviet empire collapsed more then 20 years ago, the 15 former member states have diverged to their own paths of development, both in terms of the organization of psychiatric care, and in terms of the structure and contents of psychiatric training.  
What are the main challenges psychiatric trainees in the former Soviet republics face nowadays? How do they differ, and how are they alike across all of these countries? Do we still bear the heritage of the Soviet psychiatric system, or is it now a question for the historians? How much is “enough”, when it comes to the duration of training?  
These are some of the questions that the author of this presentation will address based on his own experience, experiences of his early career colleagues from the post-Soviet states, and the information...
gathered over the years by the European Federation of Psychiatric Trainees.

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<tr>
<td>Title:</td>
<td>WHO NEEDS INTERNATIONAL EXPERIENCE IN PSYCHIATRY?</td>
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<td>Speaker</td>
<td>M. Orlova, Rusia.</td>
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## The reduction of coercion in psychiatry

**Chairperson:** Prof. Dr. Michaela Amering, Dept. of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria  
**Co-Chair:** Prof. Richard Warner, Colorado Recovery, University of Colorado, Boulder, Colorado, USA

**Abstract**  
Abstract: Psychiatry has an unusual dual mission in medicine – healing people with mental illness while protecting our patients and others from the results of irrational and dangerous acts. Success with the first mission requires that we minimize the coercion that accompanies the second. Many people with mental illness remember the coercive elements of their treatment as being the worst aspect of their psychiatric disorder. This Section Workshop will grapple with the issue of coercion over a wide range – from the individual, clinical level to the global.

The first presentation will discuss the methods used to achieve the dramatic reduction in the use of restraints that has been achieved in the US over the past decade and a half. Non-coercive, alternative community-based settings for the treatment of acutely disturbed mentally ill people will also be described. There will be a presentation on the WHO Toolkit in monitoring healthcare services governance and how it addresses the issue of coercion. The final presentation will review the UN special report on the risk of torture in healthcare settings. The report proposes legislation to protect psychiatric patients against the risks of abuse that can arise from discrimination, restrictions and coercion in healthcare institutions.

**Presentation 1. Reduction of coercion in US inpatient settings in response to federal policy changes.**  
Prof. Richard Warner, Colorado Recovery, University of Colorado, Boulder, Colorado, USA.

**Presentation 2. Human rights in psychosocial rehabilitation: the state of the art.**  
Dr. Ricardo Guinea, Hospital de Dia Madrid, Madrid, Spain.

**Presentation 3. Commentary on the Report by the UN Special Rapporteur on the Risk of Torture in Health Care Settings.**  
Dr. Federico Allodi, MD, Consent and Capacity Board of Ontario, Ministry of Health, Ontario, Canada.

**Speakers**  
Richard Warner (USA).  
Ricardo Guinea (Spain).  
Federico Allodi (Canada).

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## REDUCTION OF COERCION IN US INPATIENT SETTINGS IN RESPONSE TO FEDERAL POLICY CHANGES

**Speaker**  
Prof. Richard Warner  
Colorado Recovery, University of Colorado, Boulder, Colorado, USA.

**Abstract**  
Objectives:  
To demonstrate how coercion in inpatient units can be dramatically reduced with sufficient incentives and collaboration between administrators at every staffing level.

Methods:  
In 1999, in response to pressure from mental health advocates, the US Centers for Medicare and Medicaid Services issued new regulations governing the use of restraints and seclusion in US hospitals. The new regulations included a requirement that psychiatrists ordering the use of restraints or seclusion must conduct a face-to-face evaluation of the patient within one hour of issuing the order.

Results:  
The regulations had two major effects. Firstly, many psychiatrists who had been doing occasional inpatient work quit this practice and were replaced by a new workforce of dedicated inpatient psychiatrists. The second effect was a dramatic reduction in the use of restraints and seclusion in US hospitals.
hospitals.

Conclusions:
With the right incentives and collaboration between every level of the hospital structure, the use of coercion in psychiatric hospitals can be dramatically reduced.

References:

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| **Objectives:**  
To evaluate the implications of the report by the United Nations Special Rapporteur on Torture.  

**Methods:**  
A recent report by the UN Special Rapporteur on Torture has caused much concern among medical and psychiatric organizations and individual psychiatrists worldwide. It proposes the enactment and implementation of mental health legislation in countries where it does not exist or needs to be reviewed or updated to protect the rights of patients in health care settings against the risks of abuses which could amount to ill treatment and even torture. This presentation reviews the salient points of the UN Report and the legislation it proposes and analyzes it in terms of the existing relevant international legislation and the concerns expressed by medical organizations and individual psychiatrists. The concerns focus on the risks inherent in applying an expanded definition of torture to the work of psychiatrists working in health care settings under conditions of inadequate resources in which satisfactory treatment is not attainable.  

**Conclusions:**  
The Special Rapporteur’s Report concludes that on the whole the legislation proposed will indeed protect psychiatric patients against the risks of abuse, given the circumstances of stigma, discrimination and the potential for coerciveness and the restrictive nature of health care institutions. The presenter recommends consultation with and integration of representative psychiatrists at provincial, national and international levels in the implementation of the new or updated legislation and in training of staff, as well as the allocation of adequate resources for this purpose.  

**References:**  

**Title:** Issues in perinatal mental health today: is there a war on women’s reproductive issues and rights?

**Chairperson**
Dr. GISELE APTER, Erasme Hospital, University Paris Diderot, FRANCE.
Pr. CAROL NADELSON, Harvard University, Boston, USA.

**Abstract**
Progress has been made in the last decades that is regularly damaged, thus undermining women’s reproductive rights and by consequence both women’s and (future) mothers’ health and mental health through the constant distortion or dismissal of scientific data in addition to sociological and cultural bias. In this workshop, we will first describe the current perinatal mental health issues faced specifically by women in low-income countries. Knowing that exposure to trauma is commonly linked to negative mental health and that women (as children) are more likely to be victims of trauma and abuse we will analyze data on women who have been sexually assaulted, across the world and have to deal with beliefs that tend to blame the victim. Women’s reproductive rights, specifically free access to safe abortion are under attack under the false pretense that women will be at risk of an “abortion trauma syndrome” which does not exist in any textbook or study. A general comprehensive discussion will complete our presentations from three different continents.

**Speakers**
- Helen Herrman (Australia).
- Gail E. Robinson (Canada).

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**Title:** PREVENTING VIOLENCE, PROMOTING RESILIENCE AND THE MENTAL HEALTH OF WOMEN

**Speaker**
Helen Herrman ¹, Kristin Moeller-Saxone ¹, Elise Davis ², Natalia Diaz-Granados ³,⁴, Donna Stewar ⁴,⁵

**Affiliations**
¹The University of Melbourne and Orygen Youth Health Research Centre, Melbourne, Victoria, Australia
²The University of Melbourne, Melbourne, Victoria, Australia
³McMaster University, Hamilton, Ontario, Canada
⁴University Health Network, Toronto, Ontario, Canada
⁵University of Toronto, Ontario, Canada

**Abstract**
**Objectives:** To review the factors contributing to resilience and evidence about effective means to promote resilience in women with experience of violence. The violence experienced by women and girls in everyday life is one of the main risk factors for mental disorders worldwide. Resilience is described by the PreVAiL network <www.prevailresearch.ca> as ‘A dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain or regain their mental health despite exposure to adversity’.

**Methods:** A narrative review of literature and a systematic review of studies on the effectiveness of interventions to promote resilience in those with experience of interpersonal violence and child maltreatment.

**Results:** Twenty studies of complex and simple interventions in community, welfare, employment, prison, and substance abuse and mental illness service settings were identified for review. Several studies emphasise the value of people with this history participating in design, conduct and reporting of the studies.

**Conclusions:** Better evidence is needed on how to promote resilience with clinical and public health interventions among women affected by violence. Obtaining this evidence is critical alongside work towards preventing the violence. This presentation will consider the need for practical collaborations between health and non-health sectors in low-income and high-income countries to reduce women’s exposure to adversity, improve resilience and promote mental health and psychosocial wellbeing.
### Session:

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<th>Title:</th>
<th>THE WAR AGAINST WOMEN: RAPE</th>
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| Speaker | G.E. Robinson  
University of Toronto, Toronto, Canada. |
| Abstract | **Objectives:** To demonstrate how current attitudes towards rape exacerbate the negative psychological consequences for the victim.  
**Methods:** review of articles and newspaper reports  
**Results:** Rape has now been acknowledged as a war crime. These victims not only experience the horror of being assaulted but often have to deal with shame, guilt and social isolation in their own communities. However, even outside of conflict zones, the attitudes to rape victims may exacerbate the negative psychological consequences. We seem to be in a culture of blame the victim. Examples of this can be found recently in the UK, USA and Canada. Myths about rape are common. Many people believe: nice women don’t get raped; women “ask” to be raped by their dress or actions; most rapes are committed by strangers on the street at night; women make many false rape reports; and, if women don’t report right away, are not hysterical or have not been injured, they have not really been raped. All of these beliefs are untrue. In fact, the majority of women do not report to the police. Reasons for not reporting include: shame; guilt; fear of the assailant returning; fear of not being believed; or fear of the whole court process.  
**Conclusions:** The psychological effects of the rape will depend on the individual, her past experiences, time of life, coping styles and positive or negative reactions of others. Victims of rape may experience chronic PTSD, alteration of their life course, depression, shame and guilt, and sexual difficulties. Therapists must be able to offer support without taking over control. However, victims may have a positive outcome if they shift from shame and guilt to anger, restore their sense of control and refuse to remain a victim.  
**References:** Franiuk R, Seefelt JL, Vandello JA. Prevalence of Rape Myths in Headlines and Their Effects on Attitudes Toward Rape. Sex Roles 58(11-12); 790-801  
Teaching how to teach in psychiatry

Chairperson: Chair: Bulent Coskun, Kocaeli University – Turkey
Co-Chair: Julian Beezhold _ UK

Abstract: The objective of this session is to give various perspectives on teaching methodologies and discuss essential factors in implementation.

In this session, we will first present some innovative methods about teaching psychiatry with different examples from different parts of the world: Germany, India, Turkey, Qatar, Thailand, Tunisia. Examples include “how to teach by playing games”, “can films teach us psychiatry” and “teaching by visiting community settings”. Members of the Section on Education in Psychiatry who are co-authors on this part of the presentation contributed by providing brief examples of various innovative methods they have used in their teaching around the world. It is hoped that views will be exchanged with the audience regarding different approaches for teaching.

This will be followed by a discussion on training the modern psychiatrist with a focus on the educational needs of early career psychiatrists.

We will then focus on e-learning, with the challenging question: “will e-learning change psychiatric education?”. We will then end with a crucial dimension, “teaching professionalism in Medicine”, by providing an overall look at different teaching modalities and ways of implementation.

Speakers: Franziska Baessler (Germany).
Andrea Fiorillo (Italy).
Oliver Andlauer (France).
Nikos Christodoulou (United Kingdom).

INNOVATIVE TECHNIQUES IN TEACHING PSYCHIATRY

Speaker: F. Baessler¹, B. Coskun², G. Kalra³, Z. Kronfol⁴, O. Andlauer⁵,⁶, S. Ouanes⁷ P. Udomratn⁸
¹. LVR Clinics, University of Duesseldorf, Duesseldorf, Germany
². Psychiatry Department of Kocaeli University, Kocaeli, Turkey
³. Northern Area Mental Health Services, Melbourne, Australia
⁴. Weill Cornell Medical College in Qatar, Doha, Qatar
⁵. Greater Manchester West Mental Health NHS Foundation Trust, Manchester, United Kingdom
⁶. University of Franche-Comte, Besancon, France
⁷. Razi University Hospital, Manouba, Tunisia
⁸. Prince of Songkla University, Songkhla, Thailand

Abstract: Objectives
In this session we will present innovative techniques in teaching psychiatry that fascinate learners for learning and teachers for teaching from all continents.

Methods
WPA developed a template for education in psychiatry from contributions of the corresponding task force.¹ This includes experiential groups, historiographic therapy, psychodrama, stimulated chart recall, objective structured clinical examination, learning portfolio, and 360⁰ evaluation.

A series of studies suggest positive effects of educational games. We will show you the state-of-the-art of educational games and “How to teach by playing games”.
Innovative techniques in France and England include problem-based learning approaches, providing medical students with an iPad (so they can access online lectures, take notes, link with others their online logbook, or access online clinical cases discussed during problem-based learning sessions). Other methods are video clips, documentaries or TV serials to explain psychiatric concepts or symptoms.
**Results**

In clinical years it has been successful to use recorded interviews and video-taping of the live interviews or role playing activities and to review the recorded material with students on symptoms and interview techniques. The use of movies prepared with pre-planned pauses at points that can be the focus of discussions has been used in Australia called psychiatry movie clubs. This resulted in a collection of usable films sorted by psychiatric topics we will present you. To benefit from the knowledge in another part of the world videoconferencing is used consisting of a so-called "professor's round" where a group of students sit in a room in Asia and present a case by videoconference to a professor sitting in America.

**Conclusions**

Positive effects on performance using innovative teaching methods is known. Unfortunately, most academic staff is not familiar with them and consequently cannot use them. We will give you the inspiration to enrich your repertoire in creative and innovative learning methods.

**References:**


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<th>Session:</th>
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<tr>
<td>Title:</td>
<td>TRAINING THE MODERN PSYCHIATRIST: EDUCATIONAL NEEDS OF EARLY CAREER PSYCHIATRISTS WORLDWIDE</td>
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<tr>
<td>Speaker</td>
<td>A Fiorillo 1, J Beezhold1, A. Mihai3, Y Bahlara2</td>
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<td>1.</td>
<td>Department of Psychiatry, University of Naples SUN, Italy</td>
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<td>2.</td>
<td>Emergency Psychiatry at Norfolk &amp; Suffolk NHS Foundation Trust Norwich UK</td>
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<td>3.</td>
<td>University of Medicine and Pharmacy Tg Mures, Romania.</td>
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<td>4.</td>
<td>National Drug Dependence Treatment Centre (NDDTC), Department of Psychiatry, WHO Collaborating Centre on Substance Abuse, All India Institute of Medical Sciences (AIIMS) New Delhi, INDIA</td>
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<tr>
<td>Abstract</td>
<td>In the past 20 years there has been a growing concern that psychiatry as a profession is in crisis and that there is a shortage of psychiatrists worldwide. Attempts to counterbalance this trend have been on the agenda of several international psychiatric associations, such as World Psychiatric Association (WPA). During these years, we identified several unmet needs on training and post-graduate education, and we tried to address these needs by proposing several actions, including the organization of scientific events, the production of books and scientific papers, and the preparation of educational modules. The areas with the most significant educational needs and gaps include psychopathology, forensic psychiatry, leadership and research skills, and comorbidities of mental disorders. Other important unmet needs include the decreased confidence about the bases of psychiatry, the promotion of the public image of psychiatry, the feeling of loneliness and burn-out of many colleagues, and the reduced number of medical doctors entering psychiatry. In this Symposium speakers will bring evidence, based on their own experience, that psychiatry is still alive, growing and developing and will certainly survive the current “crisis”, and will propose practical strategies to survive and succeed as psychiatrists today.</td>
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<tr>
<td>Title:</td>
<td>TEACHING HOW TO E-TEACH: WILL E-LEARNING CHANGE PSYCHIATRIC EDUCATION?</td>
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Abstract

Objectives: Evidence of e-learning application to postgraduate training and professional development is currently limited but growing. We aim to present the advances and limits of e-learning, in order to develop the most useful e-learning courses.

Methods: We reviewed published trials and systematic reviews focusing on e-learning in the field of medical education.

Results: E-learning offers a solution to the challenges of increasing medical knowledge, decreasing time available and decentralisation of medical care. It can therefore be personalised according to learning style and working life commitments. Compared to more traditional learning methods, there is evidence that e-learning is cost effective and achieves higher learner satisfaction, content utilization, knowledge retention, motivation and engagement. On the other hand, the importance of “real life” clinical interaction should not be forgotten. E-learning implies losing human interaction with lecturer or patient, and the potential for positive role-modelling. All of these factors are considered important in adult learning, and even more so in psychiatry. Moreover, several studies have emphasized the problem of dishonesty, where medical students may report reduced attendance at online lectures. Security is a key issue, with programs to detect plagiarism becoming standard and rigorous efforts made to verify the identity of the candidate. Finally potential cost savings will need to be offset against the costs of technology and expertise needed in developing robust e-learning systems.

Conclusions: E-learning developments have the potential to revolutionise medical and postgraduate education. It can be increasingly individualised (adaptive learning), it can enhance interactions (collaborative learning) and it can alter the role of the teacher (from disseminator to facilitator and assessor). As professionals our role can be to engage with this process, focus on quality and evidence, and ensure learners achieve the most effective earning possible, to the ultimate benefit of our patients.
### OVERALL ABSTRACT

**Title:** Novel techniques in couple and sex therapy: dance/movement therapy and mindfulness

**Chairperson:** Dr. Radwa Said Abdelazim Elféqi, M.sc, MD, PhD (candidate )Human Sexuality Section Secretary – Psychiatry Consultant and Expressive Art Therapist/Dance Movement Therapist at Cairo University Hospital and Cairo Cancer Institute in Egypt - Lesley University Cambridge Expressive Art therapy Doctoral Program- (Candidate).

**Abstract**

Many sexual discord issues stem from lack of interest, lack of desire and even more commonly in research over the past ten years lack of intimacy.

Temporality, synchrony, therapeutic use of touch, grounding techniques and other constructs mediating dance movement therapy DMT revealed very promising results in private practice couple therapy sessions along the course of three years treatment of 10 couples without medication and with 2 years follow up.

Mindfullness marriage to expressive/creative art therapy has been proposed more frequently in published research. Its mind body nature harmoniously ties it to DMT and from moderator observation found to intensify sense of self in the here and now, lessens body image related anxieties, and sense of the partner all of which motor desire and foster intimacy mounting to deeper and more intense sexual experience.

Workshop will introduce concept of expressive/creative arts therapies in psychiatry with focus on Dance Movement therapy and particularly focusing on couple/dyadic format experimenting within the group of attendees some of the techniques practiced in the couple therapy sessions. Experiential will start with a warm up and will end by de-rolling. Cultural limitations of any and all participants will be respected. It will be useful for participants to wear comfortable clothes during workshop and bring a shawl or jacket as body temperature may drop during relaxation techniques.
### OVERALL ABSTRACT

**Title:** What has been lost and what could be gained: neurodevelopmental disorders in the DSM-5 and in the ICD-11

**Chairperson:**
- **Chairman:** Marco Bertelli
  Research and Clinical Centre (CREA) of San Sebastiano Foundation, Florence, Italy
- **Co-chairman:** Michel Botbol
  University of western Brittany, France

**Abstract**

**Speakers**
- Michael Botbol (France).
- Bennett Leventhal (USA).
- Kerim Munir (USA).
- Marco Bertelli (Italy).

### SPEAKER 1

**Title:** NEW CLASSIFICATION OF NEURODEVELOPMENTAL DISORDERS: MAIN ISSUES FOR CLINICAL PRACTICES

**Speaker**
- Michel Botbol
  University of western Brittany

### SPEAKER 2

**Title:** AUTISM SPECTRUM DISORDERS: DIAGNOSTIC ISSUES

**Speaker**
- Bennett Leventhal
  Department of Child and Adolescent Psychiatry, New York University, Langone Medical Center, and the NYU Child Study Center

### SPEAKER 3

**Title:** INCONSISTENCIES IN THE CLASSIFICATION OF NEURODEVELOPMENTAL AND OTHER DISORDERS IN INFANCY, CHILDHOOD, AND ADOLESCENCE IN THE DSM-5

**Speaker**
- Kerim Munir
  Developmental Medicine Center, The Children’s Hospital, Boston, MA
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<tr>
<td>Title:</td>
<td>DSM-5 DIAGNOSTIC ISSUES FOR DEVELOPMENTAL DISORDERS IN ADULTHOOD: IMPLICATIONS FOR THE ICD-11</td>
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| Speaker | Marco O. Bertelli  
Research and Clinical Centre (CREA) of San Sebastiano Foundation, Florence, Italy |
| Abstract |
**Session:** Regular Workshop  
**OVERALL ABSTRACT**  
**Code** WS037

**Title:** Cognitive behaviour therapy for psychosis: What do we know about its effectiveness and impact on the brain?

**Chairperson**  
Tilo Kircher, Psychiatry and Psychotherapy, Marburg, Germany

**Abstract**  
CBT for schizophrenia has shown its effectiveness in a multitude of clinical trials and meta-analyses. It has been included as therapy of choice besides antipsychotic medication and social rehabilitation in many national treatment guidelines. However, many questions remain about its effectiveness in particular subsamples, about the mediating effects and its effect on brain plasticity. In this symposium, an overview will be given on novel research in particular target patient populations such as outpatients and people with ultra high risk for psychosis. The effectiveness and mediators of a CBT will be reviewed. Further, brain changes due to CBT will be addressed. The presentations will include an overview of the current clinical implementations and latest research on CBT in psychosis.

**Speakers**
1. Tilo Kircher  
   Psychiatry and Psychotherapy, Marburg, Germany
2. David Fowler  
   Sussex University, Brighton, United Kingdom
3. Philippa Garety  
   King’s College London, United Kingdom
4. Mark van der Gaag  
   VU University and EMGO Institute of Health and Care Research, Amsterdam, Netherlands

**Session:** Regular Workshop  
**SPEAKER 1**  
**Code** WS037

**Title:** How does CBT effect the brain of patients of schizophrenia: A multicenter FMRI study

**Speaker**  
T. Kircher¹, S. Klingberg², H. Walter³, G. Winterer⁴, B. Müller⁵, J. Herrlich⁶, G. Wiedemann⁷, K. Vogeley⁸, A. Wittorf², A. Krug¹
¹ Psychiatry and Psychotherapy, Marburg, Germany
² Psychiatry and Psychotherapy, Tübingen, Germany
³ Psychiatry and Psychotherapy, Berlin, Germany
⁴ Center for Genomics, Cologne, Germany
⁵ Psychiatry and Psychotherapy, Essen, Germany
⁶ Psychiatry and Psychotherapy, Frankfurt, Germany
⁷ Psychiatry and Psychotherapy, Fulda, Germany
⁸ Psychiatry and Psychotherapy, Cologne, Germany

**Abstract**  
Objectives
Cognitive behavioural therapy (CBT) is an important treatment in conjunction with psychopharmacotherapy in schizophrenia. However, there is only very little research on the effects of therapeutic interventions on brain function. The neural correlates of a manual-based CBT intervention for patients with predominant positive symptoms were investigated.

Methods
In this multicenter trial, patients as well as healthy controls completed two tasks during 3 Tesla fMRI scanning before and after nine months of CBT. The tasks were designed to test subjects’ attributional style and decision making processes which are hypothesized to predict the development of delusions in patients.

Results
Analyses before and after nine months of CBT suggest that initial differences in brain activation before therapy in pts. Vs. controls exist in task-related areas such as prefrontal and temporal cortices. After therapy, these differences are ameliorated and patients exhibit additional activations in newly recruited networks.
Conclusions
These results support the feasibility of fMRI multicenter trials and shed light into the mechanisms relating psychotherapy to brain function in Schizophrenia.

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<tr>
<td>Title:</td>
<td>Detection and early intervention of social disability in early psychosis and at risk mental states: The Prodigy and Supereden3 trials</td>
<td>D. Fowler¹, J. Hodgekins², P. French³ and the SUPEREDEN3 and PRODIGY teams</td>
<td>¹. Sussex University, Brighton, United Kingdom ². University of East Anglia, London, United Kingdom ³. Greater Manchester West NHS Mental Health Foundation Trust, Manchester, United Kingdom</td>
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<td>Speaker</td>
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<tr>
<td>Abstract</td>
<td>Objectives Early intervention services have made a step change in the outcome of young people with first psychotic episodes. The clearest improvements are in the area of improving social outcomes. However, further improvements are needed in both detection and prevention of social disability in the early stages of severe mental illness, and in intervening to target residual social disability once it has emerged. Methods In the SUPEREDEN3 trial we are undertaking a definitive trial of a further development of this approach, recruiting participants who still show severe social disability despite receiving early intervention services. We have recruited 150 cases to this trial. In the PRODIGY trial we detect high-risk cases focussing primarily on young people who are showing lifestyle patterns of extreme low activity and who have at risk mental state or associated severe mental illness symptoms. To date we have recruited over 100 participants to this UK multicentre trial. Results In this paper will describe the nature of the client group and presentations to these two trials which highlight the range of syndromes which contribute to persisting and delayed social recovery. These include persistent psychosis particularly paranoia and voices, negative symptoms and depression, and social anxiety. Conclusions New forms of intervention are needed to address social disability in early psychosis and youth mental health. The form of cognitive behaviour therapy used in these study incorporates multisystemic and assertive case management techniques as well as CBT and highlights the importance of specifically targeting these problems which unless addressed may result in personal and health economic burden across the life course. Our work in this multicentre trial in the UK will provide an evidence base for a second step intervention for those in early intervention services who are still showing delayed social recovery problems at one year after inception.</td>
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<tr>
<td>Title:</td>
<td>The effects of the thinking well programme: A novel brief reasoning intervention for paranoid delusions</td>
<td>P. Garety¹, H. Waller¹, R. Emsley², S. Jolley¹, E. Kuipers¹, P. Bebbington¹, G. Dunn², D. Fowler³, A. Hardy¹, D. Freeman⁵</td>
<td>¹. King’s College London, United Kingdom ². University of Manchester, Manchester, United Kingdom ³. University College London, United Kingdom ⁴. University of Sussex, Brighton, United Kingdom ⁵. University of Oxford, Oxford, United Kingdom</td>
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<td>Speaker</td>
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<tr>
<td>Abstract</td>
<td>Objectives Given the evidence that reasoning biases contribute to delusional persistence and change, several research groups have made systematic efforts to modify them. The current studies test the hypothesis that</td>
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targeting reasoning biases results in change in delusions.

Methods
Study 1. One hundred and one participants with current delusions and schizophrenia-spectrum psychosis were randomly allocated to a brief, individually delivered, computerised reasoning training intervention or to a control condition involving computer-based activities of similar duration. The primary hypotheses tested were that the reasoning training intervention, would improve i) data gathering and belief flexibility and ii) delusional thinking, specifically paranoia. We then tested whether the changes in paranoia were mediated by changes in data gathering and flexibility, and whether working memory and negative symptoms moderated any intervention effects.

Study 2. 27 participants with current delusions, were randomised 2:1 to a six session Thinking Well intervention (combining the computer-based reasoning training with individualised CBT)) or treatment as usual (TAU), in a pilot feasibility RCT.

Results
Study 1. On an intention-to-treat analysis, there were significant improvements in state paranoia and reasoning in the experimental compared to the control condition. There was evidence that changes in reasoning mediated changes in paranoia. Working memory and negative symptoms significantly moderated the effects of the intervention on reasoning.

Study 2. The intervention was highly acceptable and feasible. There were beneficial effects (Cohen’s D) ranging between 0.6 and 1.3, on the primary outcomes of paranoia and reasoning.

Conclusions
Study 1 provides proof-of-concept evidence that reasoning is a promising intermediary target in interventions to ameliorate delusions. The studies together demonstrate the feasibility, acceptability and evidence of effectiveness of a reasoning intervention in improving both reasoning processes and paranoia, and thus support the value of evaluating the Thinking Well approach as a therapeutic intervention in a larger-scale RCT.

Session: Regular Workshop
Code: WS037

Title: The effects of cognitive behavioural therapy in persons with ultra high risk for developing psychosis: The Dutch edie trial

Speaker: M. van der Gaag
VU University and EMGO Institute of Health and Care Research, Amsterdam, Netherlands
Parnassia Psychiatric Institute, The Hague, Netherlands

Abstract
Objectives
Patients with an ultrahigh risk UHR for developing psychosis benefited from cognitive behavioural therapy (CBT) in some small trials. The aim of this study was to replicate the findings that a transition to psychosis can be prevented or postponed by CBT in patients with an UHR is routine psychiatric care.

Methods
201 help-seeking patients with UHR status were randomised in two groups. Both were treated for the disorder they were seeking help for. The experimental group had an addition CBT for UHR (CBTuhr) targeting normalisation of extraordinary experiences such perceptual aberrations and salience and preventing delusional interpretations of these experiences. The treatment stage was 6 months and 12, 18-months follow-up was conducted assessing transition rates and health and societal costs. Also a 48-month follow-up was done.

Results
CBTuhr could reduce the transitions to psychosis with 52% in 18 months. The Number Needed to Treat (NNT) for preventing a transition to psychosis was 9. The NNT to accomplish remission of subclinical psychotic symptoms was 7. The intervention was cost-effective demonstrating health gain for lower costs. The 48-month follow-up showed a risk reduction of 43%, which was no longer statistically significant, but still large.

Conclusions
CBTuhr is efficacious and costs-effective in reducing transition to psychosis.
Session: Regular Workshop
Title: Neurological examination in less than one minute and reading ECG in less than two minutes

Chairperson
Dr Marjan Ghazirad, MD, MRCPsych, Member of Royal College of Psychiatrists, London, UK; Psychiatry Specialist Registrar, Southern Health NHS Foundation Trust, Medical Education Fellow, Oxford Deanery, Academic Tutor, Department of Psychiatry, University of Oxford, UK

Abstract
Cardio-toxic effects of some psychotropic drugs and the interface between neurology and psychiatry is well established. This course has been designed to refresh and refine the skills needed to rapidly interpret ECGs and to conduct quick screening neurological examinations in psychiatrists’ day to day practice. Colleagues will then be in a better position to consider whether further specialist opinion is required.

Speakers
1. Dr Farshad Shaddel MD, MRCPsych
   Member of Royal College of Psychiatrists, London, UK; Psychiatry Specialist Registrar, Southern Health NHS Foundation Trust, Medical Education Fellow, Oxford Deanery, Honorary Clinical Lecturer, Department of Psychiatry, University of Oxford, Member of Approval Panel, NHS South of England, UK
   Dr Marjan Ghazirad, MD, MRCPsych
   Member of Royal College of Psychiatrists, London, UK; Psychiatry Specialist Registrar, Southern Health NHS Foundation Trust, Medical Education Fellow, Oxford Deanery, Academic Tutor, Department of Psychiatry, University of Oxford, UK

2. Dr Marjan Ghazirad, MD, MRCPsych
   Member of Royal College of Psychiatrists, London, UK; Psychiatry Specialist Registrar, Southern Health NHS Foundation Trust, Medical Education Fellow, Oxford Deanery, Academic Tutor, Department of Psychiatry, University of Oxford, UK
   Dr Farshad Shaddel MD, MRCPsych
   Member of Royal College of Psychiatrists, London, UK; Psychiatry Specialist Registrar, Southern Health NHS Foundation Trust, Medical Education Fellow, Oxford Deanery, Honorary Clinical Lecturer, Department of Psychiatry, University of Oxford, Member of Approval Panel, NHS South of England

Session: Regular Workshop
Title: Neurological examination in less than one minute for psychiatrists

Speaker
F. Shaddel, M. Ghazirad
Royal College of Psychiatrists, London, UK

Abstract
Objectives:
To enable psychiatrists to do a neurological screening examination; in a structured way in less than one minute to answer this question: “Does the patient have any concerning neurological symptoms which need further assessment or referral to a neurologist?”

Methods:
Expertise of an experienced neurologist was combined with review of available literature and resources on quick neurological screening examinations. The practicality of conducting those tests by a psychiatrist in an outpatient setting was examined. A prompt card was produced as an end-point product.

Results:
We identified three observations/examinations and seven simple bedside tests which screen most relevant neurological problems in psychiatry. The common pitfalls and specific considerations are discussed.

Conclusions:
It is possible for a psychiatrist to screen most relevant neurological problems in a psychiatry outpatient setting in less than a minute by using the proposed checklist. Proper expert advice should be sought if there is any doubt.
Title: Reading ECG strip in less than two minutes for psychiatrists

Speaker: M. Ghazirad, F. Shaddel
Royal College of Psychiatrists, London, UK

Abstract
Objectives:
To enable psychiatrists to read an ECG strip in a structured way in less than two minutes to answer these two questions: “Can psychotropic medication be prescribed safely?” and “Does the patient need a referral to a cardiologist for further assessment?”

Methods:
Recommended check list by an expert organisation was combined with review of available literature and resources on quick ECG interpretation; to develop a set of relevant prompting questions for psychiatrists. A prompt card was produced as an end-point product, with a unique feature of visual calculators to improve the practicality of using the check list in a psychiatric outpatient clinic.

Results:
We identified seven prompting questions which screen most relevant ECG abnormalities in psychiatry. Four visual calculators were developed, to aid the psychiatrist to decide quickly if the heart rate, QT interval, PR interval and QRS interval are abnormal in a busy outpatient setting. The common pitfalls and specific considerations are discussed.

Conclusions:
It is possible for a psychiatrist to screen most relevant ECG abnormalities in a psychiatry outpatient setting in less than two minutes; using the proposed checklist and visual calculators. The prompt card is only an aid tool. Proper expert advice should be sought if there is any doubt.

References
2. Introduction to ECG interpretation, Frank G. Yanowitz, MD, University of Utah School of Medicine, 2012
Major controversies in bipolar disorders

Chairperson
Dr Gustavo Vázquez. University of Palermo, Buenos Aires, Argentina.

Abstract
Bipolar disorders are highly heterogeneous in their clinical presentations, longitudinal morbidity, disability, mortality risk, and response to treatment. During the latest years a large, complex and sometimes contradictory body of data has appeared regarding the neurobiological bases and therapeutic recommendations for these severe and chronic conditions. While there is quite extensive evidence base for the use of monotherapy in mania, bipolar depression and maintenance, in actual clinical practice the use of combination of two or more drugs is much more common, and up to 70% of patients with bipolar disorder receive several drugs to treat their condition. A major reason for this gap between theory and practice is clinical trial design. Most randomized controlled trials are designed to fulfill the regulatory requests for approval of the indication, and monotherapy is mandatory in that regard. There is some evidence, though, supporting combination as being more effective than monotherapy especially when an antipsychotic is combined with lithium or valproate in acute mania and in maintenance and, at some point, for antidepressant combination with mood stabilizers or second generation antipsychotics. It has been stated that at least one third of the patients does not respond to current pharmacological treatments, so innovative therapeutic strategies are needed. Nutritional and anti-inflammatory compounds have been proposed as potential alternatives for patients with bipolar disorders refractory to traditional pharmacological treatments.

Speakers
1. Dr Leonardo Tondo
   International Consortium for Bipolar Disorder Research, McLean Hospital, Belmont; Harvard Medical School, Boston, MA; Lucio Bini Mood Disorder Centers, Rome and Cagliari, Italy.
2. Dr Flavio Kapczinski
   University of Rio Grande do Sul, Brazil and University of Texas Health, Texas, US.
3. Dr Jorge M. Tamayo
   Department of Psychiatry, CES University, Medellin, Colombia; Research Group on Emotion, Cognition, and Behavior (ECCO), Department of Psychology, Universidad Pontificia Bolivariana, Medellin, Colombia.
4. Dr Vicent Balanzá-Martínez
   Psychiatry Service, University Hospital Doctor Peset, FISABIO, Valencia; University of Valencia Medical School, CIBERSAM, Valencia, Spain; 3 Psychiatry Service, Hospital Francesc de Borja, Gandia, Valencia, Spain.

Sequence course on bipolar disorders

Speaker
L. Tondo1,2,3, RJ. Baldessarini1,2
1International Consortium for Bipolar Disorder Research,
2McLean Hospital, Belmont; Harvard Medical School, Boston, MA;
3Lucio Bini Mood Disorder Centers, Rome and Cagliari, Italy;

Abstract
Objectives: Inferior response to lithium treatment has been reported in bipolar disorder (BD) patients with mania or hypomania following episodes of major depression (DMI) versus preceding depression (MDI), with intervening euthymic periods. However, additional characteristics of BD course-patterns require further assessment.
Methods: We reviewed computerized clinical records and life-charts of 855 DSM-IV-TR BD-I or -II patients assessed and followed at mood-disorder centers in Cagliari or Rome to characterize their predominant course-sequences.
Results: Morbidity over an average of 9.5 cycles in 18 years was characterized for sequencing of illness-episodes and euthymic intervals. Prevalent sequences included: major depression–hypomania (15.0%), mania–major depression (14.6%), major depression–mania (11.6%), and rapid-cycling (9.6%). Among subjects grouped by course-sequences (based on mania, mixed-states, or hypomania and major or minor depression), depression-before-[hypo]mania (DMI) cases were more likely to be women, diagnosed BD-II, have first-episodes of depressive or anxiety disorder, spend more time-ill in depression, and benefit
less with long-term mood-stabilizing treatments than with the opposite pattern (MDI). MDI patients were more likely to have substance-abuse and receive long-term mood-stabilizer treatments. Meta-analysis of 5 previous reports plus present findings found inferior treatment-response in DMI vs. MDI cases at a pooled risk-difference of 29% [CI: 18%–40]% (p<0.0001).

Limitations: Some data were retrospective and subject to recall bias, and treatment was clinical (non-randomized).

Conclusions: The DMI course was strongly associated with first-episode depression or anxiety, excess depressive morbidity, and inferior treatment response, especially for depression.

References

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Session: Regular Workshop
Title: Staging model in bipolar disorder
Speaker: F. Kapczinski
University of Rio Grande do Sul, Brazil and University of Texas Health, Texas, US.

Abstract
More frequent episodes, refractoriness to treatment and volumetric as well as cognitive changes have been reposted among late-stage bipolar disorder. These changes have been described under the concept of neuroprogression. The pathways of neuroprogression have been suggested to be related to immune activation. Accordingly, comorbid psychopathology that frequently occur within bipolar patients such as childhood trauma and abuse of stimulants may cause immune activation. In this presentation we discuss whether immune activation may be a new target to prevent illness progression among bipolar patients.

References

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Session: Regular Workshop
Title: Therapy of no-type I bipolar spectrum disorders
Speaker: J. M. Tamayo
Department of Psychiatry, CES University, Medellín, Colombia; Research Group on Emotion, Cognition, and Behavior (ECCO), Department of Psychology, Universidad Pontificia Bolivariana, Medellín, Colombia

Abstract
No-Type I Bipolar spectrum disorders (NBP-I) are common, recurrent, and disabling. However, they are under-diagnosed and misdiagnosed in clinical practice. An early and accurate NBP-I diagnosis is crucial for the proper management of patients with hypomania (especially if that does not meet the stringent criteria of DSM-5).

However, the therapeutic evidence is preliminary and the studies are methodologically limited, having observational or retrospective designs and small samples. Quetiapine is effective in hypomanic and depressive episodes and prevention of depressive relapses. Lithium and fluoxetine (alone or combined with mood stabilizers) have shown efficacy in delaying depressive recurrences. Divalproex is effective in hypomania and depression. Other pharmacological interventions for NBP-I need to be more evaluated (lamotrigine, venlafaxine, risperidone, Electro-convulsive therapy, modafinil, pramipexole, topiramate or N-acetyl-cysteine). Additionally, some forms of psychotherapy may be useful for these patients.
In conclusion, there is a paucity of sound evidence to guide clinicians in treating NBP-I patients. Although progress has been made, more quality research is needed to delineate effective treatment strategies.

References


Session: Regular Workshop | SPEAKER 4 | Code | WS117

Title: Nutritional interventions for mood disorders – Ready for primetime?

Speaker

V. Balanzá-Martínez1,2, M. Lacruz Silvestre3, A. Tatay Manteiga1, R. Tabarés-Seisdedos2

1 Psychiatry Service, University Hospital Doctor Peset, FISABIO, Valencia
2 University of Valencia Medical School, CIBERSAM, Valencia, Spain
3 Psychiatry Service, Hospital Francesc de Borja, Gandia, Valencia, Spain

Abstract

Introduction: Recurrent mood disorders are associated with significant disability, social dysfunction and increased morbidity. The neuroprogressive pathways of mood disorders seem to involve the combination of increased levels of oxidative stress and immune-inflammatory biomarkers, as well as reduced neurotrophic factors. Available medications fail to address many important needs of patients with mood disorders and may be associated with burdensome side effects. There is growing interest in nutritional supplements worldwide, and recent research has focused on the role of nutrition as a risk factor and amenable target in the management of depression.

Methods: Overview the potential preventative and therapeutic role of diet and nutritional supplements to improve clinical outcomes in mood disorders.

Results: The Mediterranean diet has been associated with a lower risk of depression in recent prospective studies. Certain nutrients, such as Omega-3 fatty acids or olive oil, seem to be predictors of subsequent depressive symptoms. However, most of the evidence is based on observational data. At the molecular level, dietary fish oil and supplements of Omega-3 fatty acids have anti-inflammatory, antioxidant, and anti-apoptotic effects, and enhance neurogenesis and mitochondrial function. These actions might explain their beneficial effects at the clinical level in mood disorders. Moreover, certain nutrients with antioxidant properties may also improve the physical health of these patients.

Conclusions: Diet is a lifestyle factor amenable to intervention. The evidence for the preventative and therapeutic role of nutrition in mood disorders is promising, but not conclusive. Future studies of nutritional intervention should assess the effects of diet and nutrients on biomarkers of neuroprogression in tandem with clinical rating scales.
Title: Social and cultural aspects of suicide

Chairperson: Dr. Driss Moussaoui; University of Casablanca; Casablanca, Morocco

Co-chairperson: Dr. Tom K.J. Craig; King’s College London; London, UK

Abstract: Suicide is seen across cultures and across time periods, but the call to address suicide is of particular importance nowadays. Despite advances in the treatment of mental illnesses, understanding of biological risk factors, and a public health emphasis on prevention, the global rate of suicide has only grown in the last half-century. This unfortunate lack in progress in reducing and preventing suicide may be related to the many risk factors for suicide that are social in origin. Some of these issues include religion and spirituality, social isolation, employment and economic conditions, media reporting of suicide, and regulatory policies (e.g. access to lethal means of suicide such as firearms and pesticides).

In this symposium, we propose to examine suicide, suicidal behaviors, and suicidal thoughts around the globe. We will focus on social and cultural factors as a window into better understanding suicide. We will examine the particularities and unique factors in suicide across several regions of the globe, including South Asia, Eastern Europe, Northern Africa, and North America. In addition, we will explore perceptions of family members of suicide attempters and stigma related to suicide. Special populations, such as military personnel and young adults, will also be considered. Opportunities for suicide prevention that address social risk factors will be discussed.

Speakers:
1. Dr. Alan R. Teo
   Portland VA Medical Center and Oregon Health & Science University, Portland, Oregon, USA
2. Dr. Magdalena M. Dumitru
   Saint Nicholas Psychiatric Hospital, Roman, Romania
3. Dr. Laili Hasmi
   Psychiatric University Center Ibn Rushd, Casablanca, Morocco

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Session: Regular Workshop
Title: Suicide risk and prevention in military veterans in the United States
Speaker: A.R. Teo1,2 S.B. Andrea1,2
1. Portland VA Medical Center, Portland, Oregon, USA
2. Oregon Health & Science University, Portland, Oregon, USA
Abstract: Objectives: Concerns over suicide among military veterans has been an issue of major public and policy concern in the United States. The reasons for suicide risk and means to reduce risk in this population have been under active investigation and implementation, particularly by the Veterans Health Administration (VHA), which is the largest integrated health care system in the United States. The aim of this presentation is to review recent trends in suicide risk among military veterans and suicide prevention interventions by the VHA in the United States.
Methods: A literature review consisting of an electronic database search of PubMed and manual search for articles related to suicide in military personnel and veterans was conducted.
Results: In recent years annual VHA rates of completed suicide have ranged from approximately 34 to 40 suicides per 100,000 person-years, rates significantly higher than the general US population. Many VHA patients have well-known risk factors for suicide including older age, male gender, multiple medical and psychiatric co-morbidities, and access to firearms. Among veterans in primary care, white race, lack of a disability, anxiety disorder, functional decline, and endorsement of suicidal ideation are associated with great odds of completed suicide. Among recent veterans from the conflicts in Iraq and Afghanistan, military culture, difficult deployment experiences, and post-deployment adjustment challenges are associated with experiences with suicidal ideation. VHA suicide prevention initiatives have included extensive staff hiring, development of research centers and data-sharing agreements focused on suicide, a national telephone crisis line, routine suicide risk assessment and screening, and suicide safety plans.
Conclusions: Military veterans in the U.S. receiving care in the VHA have a variety of risk factors for suicide and continue to be at elevated suicide risk despite implementation of numerous suicide prevention interventions.
### Title: Characteristics of suicide in Romania

**Speaker:** M.M. Dumitru, Aurel Papari

1. “Saint Nicholas” Psychiatric Hospital, Roman, Romania
2. “Andrei Saguna” University, Constanta, Romania

**Abstract:** Objectives. Although suicide is a public health problem whose magnitude is increasing, national studies do not cover this problem. Poverty, unemployment, work and family problems, alcoholism, drug addiction, mental illness, all do their best and win the battle of life. An epidemiological study in the field, in our territory, is interesting from an operational perspective. The main objective of this presentation is to describe the socio-demographic characteristics of people who committed suicide in Iasi County, Romania.

Methods. Was performed a retrospective study based on data provided by the local Institute of Legal Medicine. Were analysed suicide events occurring between 2007-2013 in Iasi County, focusing on age, sex, seasonality, marital condition, occupation status and religion.

Results. The males: females ratio was 4.3, the mean age was 45 years, range from 13 to 56 years. Suicide is more common in men than women in age groups under 65 years, but after this age difference between sexes reduces. The suicide had a statistical significant predominance in rural area. Retired people were predominate, followed by unemployed and without an occupation. There is a highly statistically significant correlation (p <0.001) between the absence of a stable occupation and the number of cases of suicide. Suicide was predominant in married subjects, (r = 0.891, p <0.001). There is a statistically significant association between the choice of hanging as a method of suicide in male patients compared to women (p <0.05). Female distribution of methods of suicide are more uniform, but still the hanging is predominant.

Conclusion. This study offers a comprehensive understanding of the risk factors of the people who committed suicide in Iasi County over 8 years period. In this region suicide is more common in men from rural area, retired or unemployed, married, and hanging is the predominant method of suicide.

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### Title: Perceived stigma in families of suicide attempters

**Speaker:** L. Hasmi, Z. Moustaghfir

1. Psychiatric University Center Ibn Rushd, Casablanca, Morocco
2. University Hassan II, Casablanca, Morocco

**Abstract:** Objectives: Families play an important role in the care provided to mentally ill patients. Poor help-seeking attitudes and behaviors, by the family of the patient who attempted to suicide, can result in distressed patient not following through an appropriate suicidal prevention care system. One component of poor help seeking behavior is a perceived stigma against mentally ill patients. In this presentation we aim to show the results of a pilot study which investigated the attitudes of relatives of suicide attempters (RSA) toward the later, and compared their attitudes with relatives of non-mentally ill patients (controls).

Methods: Participants were divided in two groups. The RSA group included family members of patients who attempted to suicide, hospitalized in the university hospital of Ibn Rushd during the period from March to May 2013. The control group consisted of family members of inpatients admitted for a physical illness after exclusion of a mental disease using the MINI DSMIV. They were asked to fill out questionnaires exploring the attitudes toward suicide attempters using the validated Arabic version of the stigma-devaluation scale.

Results: The first group of RSA was composed of 11 participants versus 14 in the group of controls. A multiple regression was conducted with Group and Duration of mental illness (DMI) as predictor variables and with total stigma score as the outcome variable. The model produced an R square of 0.40, which was statistically significant, \( F(2, 22) = 7.51, p < .01 \). Group was predicted the total stigma score (B = -7.51, t = -3.25, p = p<.05) after controlling for the DMI.

Conclusions: Having a patient who attempted to suicide in the close family predicted a greater perception...
of mental illness stigma and devaluation. This should be recognized and took into account during the project of prevention of the recurrence of suicidal behavior.
Session: Regular Workshop

OVERALL ABSTRACT

Title: Culturally competent play therapy with the Mexican-American child and family

Chairperson and Speaker
R. Robles
University of California, Davis, California, United States

Abstract
Participants will learn about what is play therapy, be able to identify two reasons to use culturally appropriate assessment tools with the Mexican-American child and family and learn how to use traditional Mexican board games such as La Lotería, Sierpientes y Escaleras and the first bilingual and bicultural psychotherapy game called Lotto Story/Historia de la Lotería developed by the presenter for assessment and treatment purposes. Clinical cases will be presented to illustrate the use of the games. La Lotería, Sierpientes y Escaleras and Lotto Story/Historia de la Lotería games were used to conduct the evaluation and guide treatment. Their use also allowed the clinician to establish rapport, create a connection with the family, minimize anxiety and achieve goals. The use of these tools helped the children express their inner lives and experiences. Furthermore, these games similar to "The Talking, Feeling and Doing Game," helped the clinician assess the emotional intelligence of the children in treatment. It is important to note the interventions were developed to meet the needs of the Mexican-American child and family. When clinicians do not use culturally sensitive tools their use can be problematic cross-culturally, such as when working with the Mexican-American child. Play therapy work is challenging for both the family and the professional. Using culturally sensitive interventions is important can minimize the difficulties. In closing, an uninformed clinician could unintentionally hinder the establishment of a good relationship if they do not take in account appropriate interventions with the Mexican-American child and family.
### OVERALL ABSTRACT

**Title:** Implementation of mindfulness in primary care settings

**Chairperson:** Prof Dr Ausiàs Cebolla. Department of Basic and Clinical Psychology and Psychobiology, Universitat Jaume I, Castellón, Spain

**Abstract**

One of the main challenges of all types of therapies, including mindfulness-based interventions (MBIs), is the translation of studies on effectiveness developed in controlled conditions to routine clinical practice within national health systems. It has now been more than three decades since MBIs were proposed to improve symptoms of chronic pain, anxiety and depression among patients or general population, and exponential evidence-based data have been building a scientific foundation for the use of these interventions in healthcare. In this session, we provide a state-of-the-art approach on the implementation of MBIs in Primary Care and healthcare systems based on theoretical and empirical data currently available. In addition, we discuss innovative approaches based on “complex interventions”, “stepped-care” and “low intensity-high volume” concepts that may prove fruitful in the evolution and implementation of MBIs in national healthcare systems, especially in Primary Care.

**Speakers**

1. J Garcia-Campayo  
   University of Zaragoza, Zaragoza, Spain  
2. M Demarzo  
   Federal University of Sao Paulo, Sao Paulo, Brazil

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### SPEAKER 1

**Title:** Efficacy of mindfulness-based interventions in primary care: a meta-analytic review

**Speaker**

J Garcia-Campayo ¹, J Montero-Marin¹ and M Demarzo²  
¹. University of Zaragoza, Zaragoza, Spain  
². Federal University of Sao Paulo, Sao Paulo, Brazil

**Abstract**

Objectives. Mindfulness-based interventions (MBIs) positive effects in diverse clinical and non-clinical populations have been reported. Primary Care (PC) is a key healthcare setting, and an effective MBI designed for PC could benefit countless people worldwide. Although meta-analysis about MBI has become popular, little is known about their efficacy in PC. Our objective was to conduct a meta-analysis of MBIs addressing PC patients.

Methods. Systematic review based on empirical data (randomized-controlled trial – RCT - only) currently available in main scientific databases (Medline, Cochrane, and Psychinfo), using the main searching terms “primary care” and “mindfulness”.

Results. Six RCT were eventually included. Overall effect size estimates suggest that MBI was large effective for improving health outcomes (Hedges’s g = -1.41 – 95%CI= -2.60 / -0.24) in the overall sample, although heterogeneity was high (I² = 97.11), probably due to the diversity of outcomes. This effect size were robust and unrelated to publication bias.

Conclusions. Although the number of RCT applying MBIs in PC is still limited, our results suggest that MBIs are a promising intervention for PC patients, and future research protocols addressing MBI implementation in PC are in great need.

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### SPEAKER 2

**Title:** Implementation of mindfulness-based therapies in primary care: Barriers and agenda for future studies

**Speaker**

M Demarzo ¹, A Cebolla ² and J Garcia-Campayo³  
¹. Federal University of Sao Paulo, Sao Paulo, Brazil  
². Universitat Jaume I, Castellón, Spain  
³. University of Zaragoza, Zaragoza, Spain
Abstract

Objectives. Mindfulness-based interventions (MBIs) were developed more than three decades ago; however, there are challenges in countries across the world with integrating MBIs in ways that enable equitable access. Even in the United Kingdom, where mindfulness has a higher level of implementation, there is variable accessibility. The objective of this paper is to analyse strategies and barriers for implementation of mindfulness in health services, especially in primary care settings.

Methods. Narrative review of the available literature and theoretical analysis on the subject based on innovative topics in the healthcare research and implementation fields.

Results. This paper summarises the main difficulties of implementing mindfulness in healthcare systems based on current knowledge and reviews of several relevant aspects, such as the “complex intervention” approach. Training of professionals, cost-effectiveness of interventions and to address specific needs of the population seem to be relevant topics in this subject. We include some recommendations for successful implementation of mindfulness in healthcare systems using innovative models based on “stepped-care” and “low-intensity high-volume” concepts, and discuss usefulness of new technologies in this field.

Conclusions. We discuss innovative approaches based on “complex interventions”, “To understand barriers to implementation, it is necessary to be aware that MBIs are “complex interventions,” which may require specific and innovative approaches to study and implement them in an effective and accessible way.
Title: Eating disorders: The interface between psychiatry and medicine

Chairperson: Dr Shailesh Nadkarni, Vice President, National Research Corporation Canada, ON, Canada

Abstract:

Opening remarks by Chair - Overview and prevalence in Canada

Statistics on prevalence are useful in initiating discussion on eating disorders, and in encouraging people to help work toward the healing, health and well-being of everyone affected by an eating problem. According to a 2002 survey, 1.5% of Canadian women aged 15–24 years had an eating disorder. The prevalence of anorexia and bulimia is estimated to be 0.3% and 1.0% among adolescent and young women respectively. Prevalence rates of anorexia and bulimia appear to increase during the transition from adolescence to young adulthood. Anorexia nervosa has the highest mortality rate of any psychiatric illness – it is estimated that 10% of individuals with AN will die within 10 years of the onset of the disorder.

Concluding remarks by Chair - Bridging the Transition through System Design

The eating disorders have notable psychiatric and medical comorbidities and sequelae. Anorexia nervosa has the highest mortality of all psychiatric conditions; this is a result of both physical ill health and suicide. Eating disorders are now commonly managed within mental health services, with the addition of medical/pediatric services for those with high medical risk. Treatment may need to be divided between services near the family and those at the place of higher education. Simultaneously patients may move from adolescent to adult services and away from parental involvement in treatment. Tiers of intensity/skills core competencies within different specialists and organisational structures and links between them have to be negotiated for efficient treatment.

References:


Speakers:

1. Dr Pallavi Nadkarni
   Assistant Professor of Psychiatry, Queen’s University & Kingston General Hospital, 76 Stuart Street, Kingston ON, Canada
2. Dr M. Nadeem Mazhar
   Assistant Professor Psychiatry, Queen’s University & Hotel Dieu Hospital, 166 Brock Street, Kingston ON, Canada

Title: Eating disorders: A management dilemma

Speaker: Dr Pallavi Nadkarni
   Assistant Professor of Psychiatry, Queen’s University & Kingston General Hospital, Kingston ON, Canada

Abstract:

Objectives:
1) To demonstrate the impact of eating disorders on mental & physical health
2) To highlight the importance of collaborative care in managing these disorders

Eating disorders are mental health conditions involving preoccupation with body weight and eating. One in 100 adolescent girls develops anorexia nervosa, and five in 100 develop bulimia nervosa. 6% of patients with anorexia nervosa & 2% with bulimia nervosa die per decade (Sullivan, 2002). 10 to 50% go undetected in primary care as they evade their symptoms. Amenorrhea, polycystic ovarian syndrome or uncontrolled diabetes may mask an eating disorder. Females in the reproductive group can present with...
complicated pregnancies, small for gestational age babies and higher rates of post-partum depression. Family physicians play an immense role in screening the disorder and in monitoring physical complications arising from it. The SCOFF screening questionnaire can aid early referral to eating disorder programmes. Affective and anxiety disorders are common comorbidities. Lacey’s multi-impulsive bulimia nervosa places a large demand on the psychiatry services (Lacey, 1993). Most guidelines recommend not using medications for mild depression and anxiety and relying on CBT based approaches. As per Canadian guidelines, bupropion is contraindicated in active bingeing and purging. A holistic care package that addresses mental and physical health is advisable to improve outcome. This session will also highlight salient differences between the DSM IV and 5 diagnostic categories.

References
building) in the patient and family therapy. The presentation will focus on the outpatient treatment in adolescents with eating disorders at Hotel Dieu Hospital affiliated with Queen’s University in Kingston, Ontario, Canada. In addition the following will be discussed: prevalence of eating disorders in adolescents, scope of the problem, DSM-V diagnostic criteria of eating disorders, and risk factors.

|---|---|
**Title:** Depression in the medically ill: A diagnostic enigma

**Chairperson:** Dr Shailesh Nadkarni, Vice President, National Research Corporation Canada, 7100 Woodbine Avenue Suite 411, Markham ON, Canada

**Abstract**
Depression is the leading cause of disability and the fourth leading contributor to the global burden of disease. In Canada, the 1-year prevalence of major depressive disorder was approximately 6% in Canadians 18 and older. A large prospective Canadian study reported an increased risk of developing depression in people with chronic diseases compared with those without such diseases. Contrary to other developed countries where adolescent suicide rates have declined in the last decade, the rate in Canada has remained unchanged. Suicide is the second leading cause of death in Canadian adolescents and poses a serious public. A review of literature shows variations from a national perspective. After adjustment for age, sex and household income, the Maritimes had a lower rate of depression and British Columbia had a higher rate of suicidality relative to Ontario. Youth from low-income households had a higher risk of suicidality. Future research should examine differences that exist in mental health services provision and access. This will aid in the development of national, regional and local strategies to address the issue of depression and suicidality in Canadian adolescents.

**References**
- Screening and Management of Depression for Adults with Chronic Diseases: An Evidence-Based Analysis. Ontario Health Technology Assessment Series; Vol. 13: No. 8, pp. 1–45. September 2013

**Speakers**
1. Dr Pallavi Nadkarni
   Assistant Professor of Psychiatry, Queen’s University & Kingston General Hospital, 76 Stuart Street, Kingston ON, Canada
2. Dr Gbolahan Odejayi
   PGY3 in Psychiatry, Queen’s University & Kingston General Hospital, 76 Stuart Street, Kingston ON, Canada

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**Session:** Regular Workshop

**Title:** Depression in the medically ill: A diagnostic enigma

**Speaker:** Dr Pallavi Nadkarni
Assistant Professor of Psychiatry, Queen’s University & Kingston General Hospital, 76 Stuart Street, Kingston ON, Canada

**Abstract**
Objectives:
To demonstrate the relationship between depression and medical illness
To summarise nuances in prescribing for the medically ill

The psychosocial and medical burden of depression is increasing. By 2020 depression will be a leading cause of disability only second to cardiovascular illness. Depression is seen in 5 to 10% of patients presenting to primary care. When medical conditions co-exist this number increases to 60%. The link between depression and a medical condition is bi-directional. Depression can lower the motivation and result in unhealthy life styles thereby increasing the health costs. Undiagnosed depressed patients with a medical condition can result in more attendance to emergency departments. Patients with cardiovascular, endocrine and neurological diagnoses are at risk of developing depression. A direct biological cause (cytokines), medications with depressogenic side effect or a psychological reaction may contribute to depression in the medically ill. The single most predictive risk factor however is a previous history of a depressive episode (Mac Hale, 2002)

Diagnosing depression in these patients is a diagnostic dilemma owing to overlap of somatic symptoms such as sleep and appetite disturbances & fatigue. Various authors have suggested overcoming this by substituting, excluding or modifying few symptoms. Drug interactions are significant in the presence of
medical illnesses. SSRIs are generally safer than the rest.

References

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<tr>
<th>Session:</th>
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<th>SPEAKER 2</th>
<th>Code</th>
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</table>
| Title:   | Complex case vignettes: Are we depressed? | Dr Gbolahan Odejayi  
PGY3 in Psychiatry, Queen’s University & Kingston General Hospital, 76 Stuart Street, Kingston ON, Canada | Objective: |
| Abstract | To analyse diagnosing a depressive episode in the medically ill patient |

As a continuum to the first talk, challenges in diagnosing depression will be discussed with the help of the following clinical vignettes:

1. “Cancer Man” - A 78 year old married man with cancer and multiple medical conditions was referred for management of his ‘third depressive episode’. He had somatic symptoms, leg pain, gait disturbances, blood in stools and low haemoglobin. He complained of tiredness and boredom but no anhedonia. The onset of his symptoms coincided with advent of his cancer. He was unable to carry out his activities of daily living and his wife suffered from carer stress. He had been tried on more than two antidepressants with no avail. On assessment he was eventually diagnosed to have depression secondary to general medical condition. Management included addressing his underlying medical and social issues.

2. “Renal Lady”- A 57 year old lady with renal failure on dialysis thrice weekly presented with anxiety symptoms and suicidal thoughts. She had depression three years ago after having acute renal failure. Her medical history included sleep apnoea, sciatica, diabetes mellitus, gout and melanoma. She had raised PTH and normal calcium levels. Family history revealed depression in her father. Her acute suicidal thoughts were not related to her medical condition. Instead they stemmed from guilt over unresolved conflict with her mother and mother in law. Despite her medical illness she was diagnosed with an independent major depressive episode and treated with an SSRI and counselling (CBT + psychotherapy).
Transition from child to adult mental health care: Barriers and opportunities

Norbert Skokauskas, Section of Child and Adolescent Psychiatry, World Psychiatric Association (WPA), Trondheim, Norway

Transition to adulthood is the period of onset of all the potentially serious mental disorders that disable or kill in adult life. Three quarters of adult mental disorders have an onset before the age of 25 years; 50% before the age of 16. However very few young people with mental disorders access services or receive appropriate care. At international level, mental health services follow a paediatric-adult split, with distinct Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS), and a transition cut off ranging from 16-21 years. There are profound conceptual, clinical, and ideological differences between CAMHS and AMHS, which create impediments to continuity of care for young people, especially those who make a transition from one system to another. Transition is critically important, given the recognized importance of early interventions and the age of onset of most mental disorders; yet it is poorly researched. Only one study in Europe (the TRACK study) has carefully evaluated the characteristics and outcomes of such transitions. The purpose and objectives of the symposium are:

1) To present the current state of transition from CAMHS to AMHS, and the unmet needs of young people who fall through the current transitional pathway in different countries;
2) To suggest the development of integrated models of care and functioning of CAMHS and AMHS, with a specific focus on strategies and procedures to improve transitional care from CAMHS to AMHS; and
3) To propose a research agenda for the field.

Speakers
1. Simon Davidson, MBBCh, FRCPC
   University of Ottawa, Ottawa, Ontario, Canada
2. Giovanni de Girolamo
   Saint John of God Clinical Research Centre, Brescia, Italy
3. Say How Ong
   Deputy Chief & Consultant, Department of Child & Adolescent Psychiatry & Child Guidance Clinic, Institute of Mental Health, Singapore.
4. Swaran Singh
   Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Warwick, United Kingdom.
Results
Globally, different mental health service delivery models have been attempted for this population. These will be discussed. However, it is the strong contention of this author that any and all models will only be successful if they authentically engage young people and their parents from the outset.

Conclusions
It is not surprising that this population and their service needs is receiving such a heightened profile. Successful mental health services for this population will allow improved morbidity for individuals, their families, the workforce and societal fabric in general.

References
2) Carver, Cappelli, Davidson, Caldwell, Belair, Vloet, Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults, prepared for the Mental Health Commission of Canada

Session: Regular Workshop
Title: Age of onset of mental disorders: A meta-analysis and implications for mental health services
Speaker: G. de Girolamo, Saint John of God Clinical Research Centre, Brescia (Italy)
Abstract
Objectives
The purpose of this meta-analysis is to review the literature on the Age Of Onset (AOO) of three different mental disorders: schizophrenia, bipolar disorder and borderline personality disorder.

Methods
We carried out a systematic literature search through MEDLINE and a subsequent meta-analysis for bipolar disorder and borderline personality disorder. We used the search strings("age of onset" OR "age at onset" OR onset) AND "bipolar disorder", and 
("age of onset" OR "age at onset" OR onset) AND borderline. The sample includes 2,632 studies for bipolar disorder and 795 studies for borderline personality disorder meeting inclusion criteria. Subject samples characteristics considered were ethnicity, gender, mean age, mean age of onset, age of onset (mean, SD , median), age at first contact with mental health services (mean, SD , median). In addition, we reviewed two recent meta-analysis on the AOO of schizophrenia

Results
AOO of schizophrenia, bipolar disorder and borderline personality disorder is in the late teens -young adulthood. These results have strong implications in terms of planning and delivery of mental health services. Moreover, identification of effective treatment should be targeted to people with a recent AOO, to understand whether timely and effective interventions can modify the long-term course and outcome of disorders. Also the transition from child/adolescent to adult mental health services should be better studied and more appropriate services should be set up.

Conclusions
Current data indicate that the majority of mental disorders has their onset during adolescence and young adulthood. Services should take in account this finding, which has been long neglected.

Session: Regular Workshop
Title: Bridging the gap in mental health management of children and youth in the community
Speaker: S.H. Ong
Institute of Mental Health, Singapore
Abstract
Objectives: The organization of pediatric mental health care has historically been structured within hospitals and specialized outpatient clinics. Without close communication and collaborations with schools and social agencies in the community, the care of young patients risks being suboptimal. Child
and adolescent psychiatry must go beyond delivery of care in hospital and tertiary clinic settings. This paper intends to elucidate the best ways to bridge the gap in mental health management of this vulnerable population in the community in Singapore.

Methods: A review of existing pediatric mental health care programs within the community was conducted. Programs run by private or commercial operators, and those operated by non-mental health trained staff were excluded.

Results: One example of a community-based program is REACH (Response, Early Intervention and Evaluation in Community Mental Health). Comprising multi-disciplinary teams of allied staff trained in mental health, the program is accessible to all public and special education schools. Started in 2009 under the National Mental Health Blueprint, REACH consists of four teams working directly with schools from all four zones of the country. Another important focus is the engagement and training of non-medical personnel from voluntary welfare organizations and general practitioners to work directly with youths who have dropped out from schools prematurely and are at-risk for mental illness due to their social adversities and familial circumstances. With early detection and effective triaging, youths with potential mental health problems could be identified early and referred to the appropriate helping agencies or psychiatric clinics.

Conclusions: Partnership with community agencies, general practitioners and schools signify the health ministry’s attempt in right-siting of mental health care. Community programs and services remain a huge area for development with benefits that could reduce psychiatric morbidity and improve quality of life in at-risk and hard-to-reach youth populations.

References

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<th>SPEAKER 4</th>
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<td>Journey from child to adult mental health services in UK: A view from the bridge</td>
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<td>Speaker</td>
<td>Swaran Singh</td>
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<td>Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Warwick, United Kingdom</td>
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<td>Abstract</td>
<td>Background: The interface between child and adult mental health services has long been considered an impediment to continuity of care. However little is known about the nature or magnitude of any care gap the outcomes and experiences of those who reach the transition boundary for child services. Aims: TRACK was a multisite, mixed-methods study that explored the process, outcome and experience of transition from Child and Adolescent Mental Health Services (CAMHS) to adult (AMHS) care in six healthcare Trusts in London and West Midlands, UK. Methods: We mapped existing transition protocols, tracked transition pathways and outcomes of all users who crossed transition boundary in the preceding year, conducted qualitative analysis of clinicians’ managers’ and voluntary sector perspective on transition with in-depth interviews with a sub-sample of service-users, carers and their clinicians. Results: There were 14 active protocols in the study areas which differed on practical aspects. Transition boundary varied from 16 – 21 years. Three-quarters had no provision for ensuring continuity of care for cases not accepted by AMHS. Of the 154 cases who crossed the transition boundary, 90 made a transition to AMHS and 64 were either not referred or not accepted by AMHS. Less than 4% of those accepted by AMHS experienced an optimal transition. Those with a severe and enduring mental illness, a hospital admission and on medication were most likely to make a transition. Those with neurodevelopmental disorders, emotional disorder or emerging personality disorder were most likely to fall through the gap. A fifth of cases accepted by AMHS were discharged without being seen. Following transition to AMHS, most users stayed engaged and reported improvement in their mental health. Conclusions: The journey from CAMHS to adult mental health care is fraught with barriers and pitfalls. The ideological, clinical and service provision differences between the two are amplified during the transition process, which is inadequately planned, leads to many users falling between services, and is poorly experienced by carers and carers. Since late adolescence is the maximum risk period for the emergence of serious psychiatric morbidity, this weakness in the pathway where it should be most robust</td>
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must be a priority for service commissioners, providers and policy makers.

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Title: **Improvisation for the clinician: Using strategies from improvisational theater and the arts to enhance clinical training and practice**

Chairperson: Sarah Gupta, MD. California Pacific Medical Center. San Francisco, California, USA

Abstract:

**Objectives**
- Understand the basic structure of improvisational theater and how it compares to psychodynamic psychotherapy, especially as relates to the formation of a strong therapeutic alliance.
- Understand how first-hand experience of improvisation and the arts can lead to the development of improved insight and attention.
- Understand how applied arts can improve interpersonal and clinical skills, both in training and in clinical practice.

Using practical examples and recent research, participants will be exposed to the basic structure of improvisational theater and its relevance to the practicing psychiatrist or psychotherapist. A brief presentation will be made on the basic practices of improvisational theater, with special attention paid to how certain lessons learned from applied improvisation can strengthen diagnostic abilities, facilitate insight, improve attention, and deepen the therapeutic alliance. The program will continue with a discussion of neurocognition and improvisation, with an investigation into the potential role of improvisation and the arts in development of clinical abilities. Participants will be exposed to current experimental projects in medical training, as well as to the myriad ways in which the medical and scientific community is already using applied improvisation and the arts as valuable elements of training and practice. A facilitated discussion will conclude the workshop.

Speakers:

1. Moira McKinnon Linam, MD
   California Pacific Medical Center. San Francisco, California, USA
2. Jeanne St. Pierre, MD
   California Pacific Medical Center. San Francisco, California, USA
# Session: Regular Workshop | OVERALL ABSTRACT | Code | WS215

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<th>Title:</th>
<th>How do we recognize and treat adult autism spectrum disorder in psychiatric settings?</th>
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<tr>
<td>Chairperson</td>
<td>Dr. Susanne Bejerot, Karolinska Institutet, Stockholm, Sweden.</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Autism spectrum disorder (ASD) includes Asperger syndrome and autism. The core symptoms are poor social and mentalising skills, circumscribed interests, adherence to routines and sensory-motor symptoms. Today a growing number of adults with intelligence within the normal range are diagnosed with ASD and it is reported to be more common than schizophrenia. Although individuals with ASD may have been psychiatric patients since childhood, the underlying ASD diagnosis often goes unrecognized in adults with normal intelligence. Most instruments for assessment of ASD are constructed for children, thus methods for identifying ASD among adult psychiatric patients are lacking. Many are suffering from loneliness, social exclusion and a range of other psychiatric conditions such as anxiety, depression, obsessive-compulsive disorders, hoarding, sleep disorders, anorexia nervosa and gender dysphoria. Many will fulfill diagnostic criteria for personality disorders. Methods: In this workshop we will discuss useful clinical signs in ASD. We will present bedside medicine methods that can be used in the diagnostic process and give a brief review on possible treatments.</td>
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<td>Speakers</td>
<td>Jonna Eriksson (Sweden).</td>
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<td>Irina Manouilenko (Sweden).</td>
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<td>Mats Humble (Sweden).</td>
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# Session: Regular Workshop | SPEAKER 1 | Code | WS215

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<tr>
<th>Title:</th>
<th>GENDER NONCONFORMITY IN AUTISM SPECTRUM DISORDER</th>
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<tr>
<td>Speaker</td>
<td>Jonna Eriksson, Karolinska Institutet, Stockholm, Sweden</td>
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# Session: Regular Workshop | SPEAKER 2 | Code | WS215

| Title: | MINOR PHYSICAL ANOMALIES, NEUROLOGICAL SOFT SIGNS AND MOTOR SKILLS IN AUTISM SPECTRUM DISORDER |

www.wpamadrid2014.com - 292 -
### Abstract

**Objectives**

Minor Physical Anomalies (MPAs) are subtle morphological abnormalities of the craniofacial region and limbs, without any significant impact to the individual. They are assumed to represent markers of deviant morphogenesis during the first two months of pregnancy and to have ectodermal embryonic origins in common with the developing brain. MPAs are markers for aberrant development and suggested to be used as markers of risk for certain psychiatric disorders such as schizophrenia, bipolar disorder, ADHD and Tourette syndrome. Excessive MPAs have been found in children with autism when compared to neurotypically developing children. Impairment of motor control, including neurological soft signs (i.e. subtle impairments of sensory integration, motor coordination and difficulties in sequencing complex motor tasks) are common in ASD. Clumsiness seems to be a negative prognostic factor as it has been associated with being bullied. It is assumed that there is a relationship between motor dysfunction and the core impairments in ASD leading to the conclusion that motor dysfunction precedes the symptoms of linguistic and social problems.

**Methods**

In this workshop we will discuss the modified Waldrop scale for assessment of MPAs and the Neurological Evaluation Scale (NES) is clinically administered instrument developed for the systematic evaluation of the presence and severity of neurological soft signs. In addition we will discuss relationships between MPAs, neurological soft signs, gross motor skills, autistic traits and severity of symptoms and overall functioning as well as differences in relation to other psychiatric disorders.

**References**


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<tr>
<td>Title:</td>
<td><strong>Abuse, torture after police arrests. psychosocial impact</strong></td>
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<td>Chairperson:</td>
<td>İñaki Markez, Psiquiatra. Zubiok, Instituto Vasco de Psicoterapia, Bilbao, Spain</td>
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<td>Abstract:</td>
<td>This communication shows the psychosocial impact of torture methods in a sample of 45 persons that have been under incommunicado detention in Spain and alleged ill-treatment or torture in the period 1980-2012. Presents the main results of an investigation in which scales were used to measure post-traumatic stress disorder, depression and changes in the identity and vision of the human being and the world after the torture.</td>
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| Speakers: | 1. Pau Perez-Sales  
Hospital La Paz, Madrid, Spain  
2. Miguel Navarro Lashayas  
Doctor en Psicología Social por la Universidad de Comillas de Madrid. Miembro de la junta directiva de la sección de derechos humanos de la Asociación Española de Neuropsiquiatría (AEN), Madrid. Miembro de SOS Racismo-Bizkaia y de Ekimen Elkartea, Spain |
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<th>Session: Regular Workshop</th>
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<tr>
<td>Title:</td>
<td><strong>Focusing on consciousness states in psychotic patients groups</strong></td>
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<td>Chairperson</td>
<td>Adolfo García de Sola, Servicio Andaluz De Salud, Dos Hermanas, Sevilla, Spain</td>
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| Abstract                | **OBJECTIVES**<br>The purpose of this workshop is to show the work carried out with psychotic patients groups using techniques that affect the state of consciousness. The experience has being in development in a Mental Health Center belonging to the National Health System of Spain.**<br><br>**METHODS**<br>Methods that seek to alter the state of consciousness with a therapeutic purpose have a long and extensive history and approaches have been very different. The field that covers actions on the state of consciousness is vast and the techniques employed are numerous and flexible. Some key and practical recommendations are considered. We explain as well some lines that help to open the way through other different states of consciousness than ordinary. In this approach, the concept of ‘dissotiation’ is fundamental for the understanding and management of consciousness states as a healthy instrument.**<br><br>**RESULTS**<br>Positive results were found within the groups: opening to the expression of personal experiences beyond the pathological ones; an interest on the experience of the others; spontaneity and fluency in the discourse; a notable decrease in stereotypical and pathological behaviors during the sessions. Out of the sessions, an improvement in the general state of the person and particularly in the verbal expression.**<br><br>**CONCLUSIONS**<br>Results suggest the interest of these procedures, encouraging further research and pointing out to the potential of the work on states of consciousness in the treatment of psychosis.**<br><br>**References**<br>Babic D, Babic R. Complementary and alternative medicine in the treatment of schizophrenia. Psychiatr Danub. 2009 Sep;21(3):376-81.**<br><br>**Speakers**<br>1. Adolfo García de Sola<br>Servicio Andaluz De Salud, Dos Hermanas, Sevilla, Spain<br>2. Lucia Fernandez<br>Spain<br>3. Zayda Bosch<br>Spain
Session: Regular Workshop  |  OVERALL ABSTRACT  |  Code  |  WS221
---|---|---|---
Title:  |  Relationship between animal abuse and violence, important factors for the diagnosis, approach and management of psychopathy  |  |  
Chairperson  |  Dr. Gabriela Cruz Ares, Universidad Autonoma De Queretaro, Queretaro, Mexico  |  |  
Abstract  |  BackgroundThe interest in the study of psychopathy is determined by its ability to predict criminal and violent behavior in reincident offenders. From the analysis of the characteristics of the construct with adult offenders, has recently grown the interest, by studying the phenomenon in young people because the analysis of the characteristics of psychopathy in young offenders may be helpful in preventing recidivism and allow interventions in the initial moments of their criminal career. At this point it is very important to highlight the prevalence of animal abuse in people with psychopathic personality disorder. If we can understand the behavior and characteristics of a psychopath better, we will have better chances in giving an adequate management and we will be able to develop tools for preventing the damage and cost of this disorder. Objectives Provide useful elements for the prevention and management of psychopathy. Improving detection and treatment of behaviors that give guidelines to the development of criminals and aggressors. Method We conducted an extensive review of several studies from different countries where the relationship between animal abuse, violence and psychopathy was studied in order to have a consensus on the results and proposed treatments that have had positive results. Results Not yet available, will be presented at the meeting.  |  |  
Speakers  |  1. Dr. López Munguía Fernando  
Universidad Nacional Autónoma de Mexico, Mexico City, Mexico  
2. Dr. Gabriela Cruz Ares  
Universidad Autonoma De Queretaro, Queretaro, Mexico  
3. DR. Martins de Barros Daniel  
Instituto de Psiquiatria, HC, Faculdade de Medicina, University of Sao Paulo, Sao Paulo, Brazil  |  |  

Session: Regular Workshop  |  SPEAKER 1  |  Code  |  WS221
---|---|---|---
Title:  |  Clinical analysis of psychopathy  |  |  
Speaker  |  Dr. López Munguía Fernando  
Universidad Nacional Autónoma de Mexico, Mexico City, Mexico  |  |  
Abstract  |  Background  
There is currently an intense debate about the nature and measurement of psychopathy, the oldest and most recognized personality disorder, yet it is one of the most ambiguous terms in which generally and improperly are included most of the subjects with criminal or antisocial behavior (Arrief & Rotman, 1984).  
Objectives  
To make clear some definitions to avoid this confusion in the use of the term which is largely due to the ambiguity that existed in their evaluation and diagnosis, and its integration in the various disciplines that use it, Psychiatry, Psychology and Criminology. The latest proposal on its structural nature is described as a multifaceted construct consisting of at least four dimensions, which reflect changes interpersonal, affective, lifestyle, and antisocial anomalies (Hare & Neumann, 2005, 2006).  
Method  
To make a presentation that explains Through a Clinical Analysis that here is a high association between psychopathy and violence, because many of the features that are important for the inhibition of violent and antisocial behavior (empathy, ability to establish deep bonds, fear of punishment and guilt) are
seriously depleted in psychopaths. They can start antisocial activities at early age, continuing these activities along their lifes. Around 35 to 40 years old, their crime rate would tend to decrease (Hare, 2004) but without reducing the level of violence.

Results

We found that homicidal behavior is usually associated with psychopathic personality, for years this issue has generated controversy. Belloch, Sandin and Ramos (1997) argue that despite the path that the study of psychopathy and the emergence of different attempts to explain its etiology and nature there is still no comprehensive theory about the disorder. Furthermore, these authors indicate that there is a discrepancy among various clinical descriptions of psychopathy and how to operationalize the disorder, without being clear about the distinction between this term and antisocial personality disorder, pointing that the antisocial personality disorder is defined solely by behavioral criteria, while psychopathy involves not only observable behavior, but also emotional, relational and characterological features.

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<td>Improving detection and treatment of behaviors that give guidelines to the development of criminals and aggressors.</td>
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<td>Results</td>
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<td>Conclusions</td>
<td>Following Awaited results</td>
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<td>Title:</td>
<td>The realationship between moral judgment and psychopathy in young offenders</td>
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<tr>
<td>Speaker</td>
<td>D. Barros ^1,2, G. B Castellana ^1,2, A.M.Dias ^3, M.F.F.Achá ^1, A. P Serafim ^1,2, G. Busatto ^1,2</td>
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<td>1. Center for Interdisciplinary Research on Applied Neurosciences (NAPNA), University of São Paulo</td>
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<td>2. Psychiatry Department, Medicine School, University of São Paulo</td>
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<td>3. Federal University of Sao Paulo</td>
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<tr>
<td>Abstract</td>
<td>Introduction</td>
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<td>There is an ongoing debate whether psychopaths are morally competent, knowing right from wrong or not. This could imply in responsibility and even the ethics of incarcerating or treating them. The study of incarcerated offenders allow one to control for variables that may confound the relationship between psychopathy and moral judgment, such as environmental influences, criminal experience, drug use and IQ. The investigation of juvenile offenders has additional advantages, as they form a homogeneous sample regarding age.</td>
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<td>Methods</td>
<td>Thirty incarcerated young offenders were evaluated regarding: a) the degree of psychopathy according with scores on the scale PCL-R, split between factor 1 (interpersonal relationships and coldness) and factor 2 (criminal lifestyle, antisocial behaviors), b) level of moral judgment level as assessed with the Socio-moral Objective Measure-Short Form (SROM-SF)</td>
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<td>Results</td>
<td>No difference was found between the sample of young offenders and the levels expected for their age, in studies with general population. No significant relationship was found between moral maturity and level of psychopathy (Spearman test, p&gt;0.05).</td>
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| Conclusion | We found that in this sample psychopathy level did not show any significant relationship with moral judgment. We hypothesize that other variables, such social factors and economic pressures, must be much more relevant in young delinquency than right-wrong discernment problem or psychopathy, indicating that this should not be the main focus when they are detained.
**OVERALL ABSTRACT**

**Title:**  
Panorama of Latin American psychiatry: present and future in three dimensions

**Chairperson**  
Edgard Belfort, Venezuelan Central University, Caracas, Venezuela

**Co-chairperson**  
Silvia L. Gaviria  
Head of the department of psychiatry, University CES. Medellin, Colombia

**Abstract**  
To talk about mental health and its different aspects in Latin America is a challenge, given the lack of information and the social determinants in the different regions and countries. Latin America, called the mestizo subcontinent, is as rich as heterogeneous. Its history, cultural diversity and ethnicity enrich psychiatry when studying its evolution and trajectory. Psychiatry has been developing dynamically and with great momentum in some countries, which is reflected in the solidity of its professionals, the research groups, and the serious and innovative work among the members of scientific associations. However, we cannot say this development has been homogeneous; the gap among countries and even inside the same is quite large. The majority of the Latin American population lives in urban areas where also most psychiatrists practice. The difficulty to access mental health services is a serious problem in the subcontinent, many persons are out of the attention programs, and the possibility to access specialized psychiatric consultation is even more remote.

It is fascinating to try to understand this paradox, to face old paradigms and to state in a critical and positive manner a better future panorama in the development of the Latin American psychiatry.

The participants in this symposium will review the present state of the Latin American psychiatry emphasizing three aspects: Institutional Psychiatry, Research, and the Teaching of Psychiatry.

**Speakers**

1. Edgard Belfort  
   Venezuelan Central University, Caracas, Venezuela
2. Silvia L. Gaviria  
   Head of the department of psychiatry, University CES. Medellin, Colombia
3. Renato Alarcon  
   Universidad Peruana Cayetano Heredia, San Isidro, Lima, Peru

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**Session: Regular Workshop**

**Title:**  
Organization, running and future of the institutional psychiatry

**Speaker**  
Edgard Belfort  
Venezuelan Central University, Caracas, Venezuela

**Abstract**  
**Objective:**

Present an overview of psychiatric institutions in Latin America, linked to the needs and realities of the Latin American context, vision, mission, private funding initiatives, structure and modes of care, scheduled performance and future prospects.

**Methods:**

To present as an example from the Bolivarian region and Latin America two hospital’s experiences, as well as the review of the existing literature in the area.

**Results:**

Assess opportunities and improvements.

**Conclusions:**

Psychiatric institutions require a review of its organizational, financial structure and in particular its review of medical care, diagnosis and treatment, more suitable to patient satisfaction and needs.

**References**

Belfort E. “Situación Actual de la Psiquiatría en Latinoamérica”. En Vallejo J y Leal C. Tratado de
**Session:** Regular Workshop  | **SPEAKER 2**  | **Code**  | WS222
---|---|---|---
**Title:**  The teaching of psychiatry: Where we are and where we are going?  
**Speaker**  Silvia L. Gaviria  
Head of the department of psychiatry, University CES. Medellin. Colombia  
**Abstract**  
Objective: to know the current situation of the teaching of psychiatry in the medical context in Latin America.  
Results: the situation of Latin American psychiatry is undergoing a period of change, with dissimilar conditions among different countries as well as within them. In the last two decades have been an increased interest in mental health during the different governments and in turn increased demand for services. Unfortunately, the demand is not met due to the shortage of psychiatrists and the unequal distribution of them between rural and urban geographic areas. In turn, most psychiatrists are located in large cities. They have grown specialization programs in psychiatry. Some schools started from the initiative of the first psychiatrists who were trained abroad, particularly in the U.S., Spain and France, with a fairly strong psychodynamic orientation training. Today, training is more holistic, some schools are more geared to the neurobiological disciplines.  
The curricula of many programs of specialization in psychiatry, have limited human resources in more specialized areas, such as child, forensic, liaison psychiatry, and also suffer from training in different aspects of psychotherapy.  
It has made significant progress with the programs of cooperation with European and American universities, particularly in research, internships for overseas institutions and organization of academic events in which, with the cooperation of various scientific associations.  
Public universities offer programs with more teachers, and have a higher research budget. University teaching is not well paid in our region, which influences the quality of education and support provided to residents.  
Conclusions: the teaching of psychiatry in Latin America is going through a period of change in which the progress of science, poverty and lack of resources interact. depending on the social, political and cultural scenario of human resource training institution  
**References**  
Gaviria, Silvia L.. Departamento de psiquiatria. Universidad CES: una perspectiva femenina en la transición del siglo XX-XXI. En: Asociacin Colombiana de psiquiatria: 50 AÑOS.2010

**Session:** Regular Workshop  | **SPEAKER 3**  | **Code**  | WS222
---|---|---|---
**Title:** Problems and possibilities of Research in Latin American Psychiatry  
**Speaker**  Renato Alarcon  
Universidad Peruana Cayetano Heredia, San Isidro, Lima, Peru  
**Abstract**  
Objectives. To examine and comment on the main areas of current psychiatric research in Latin America, analyzing aspects such as topics, methodology, quality, level of publication, financial resources and global impact. Particular attention will be paid to sponsorship, support to and from research agencies, incentives to researchers and future prospects.
Methods. Extensive review of the literature, particularly centered on Latin American journals listed in publication data sources such as PubMed, Scielo and IM. Whenever possible, quantification of existing information and ranking of topics and areas will be presented.

Results. A list of preferred areas of research and comparisons with research trends in other regions of the world will be shown and appropriately discussed.

Conclusions. Latin American psychiatric research seems to be mostly focused on clinical, social and epidemiological areas, with less emphasis on basic science and laboratory aspects, except that of pharmacological trials sponsored by the pharmaceutical industry. Support from public and private sources will require redirecting efforts in terms of research agendas, openness and collaborative (national and international initiatives.

References

### OVERALL ABSTRACT

**Title:** Three current issues on women’s mental health

**Chairperson:** Silvia L. Gaviria. Chief Department of Psychiatry. Universidad CES. Medellín, Colombia.

**Co-chairperson:** Professor, Marta B. Rondón. Universidad Peruana Cayetano Heredia. Lima. Peru

**Abstract**

Women and men face many health problems, but the differences among them are of such magnitude that women’s health deserves special attention. Women generally live longer than men due to biological advantages and behavior however, during their vital cycle they are exposed to psychosocial conditions making them more vulnerable to become ill such as interfamily violence and sexual abuse and stressful conditions associated with their reproductive cycle which not only impact on women’s mental health but have serious implications in the development of their children and in their family dynamics. In this symposium we will deal with three main subjects of great interest, currency and relevance in order to approach women in the clinical-psychiatric scenario. They were selected taking into account their high prevalence and the need for greater knowledge of the scientific evidence. In the same manner, the need to develop assertive approaches allowing to opportunely detect, intervene and know how to accompany the patients in any of the situations, be them of psychosocial adversity during the perinatal stage, sexual abuse and interfamily violence, and cancer survival. These subjects will be presented by Psychiatrists with experience and dedicated to them in their clinical practice and their academic activity.

**Speakers**

1. M.B. Rondón
   Universidad Peruana Cayetano Heredia e Inppares, Lima, Perú
2. María Rueda
   University of Miami. Miller School of Medicine
3. Marina Diaz-Marsa
   Professor Universidad Complutense de Madrid. Madrid. Spain.

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### SPEAKER 1

**Title:** Responding to intimate partner violence and sexual violence against women in Latin America and the Caribbean

**Speaker:** M.B. Rondón

**Universidad Peruana Cayetano Heredia e Inppares, Lima, Perú**

**Abstract**

Objectives To describe norms and services for the response to the challenge posed by high rates if intimate partner and sexual violence (IPV and SV) in Latin America and the Caribbean (LAC)

Methods A review of Redalycs, Lilacs and Medline in search for pertinent publications Results: IPV and SV are very common in LAC. It is estimated that 1/3 to ½ women will be affected by IPV during their lifetime, while up to ¼ of women declare that their first sexual act was not consensual. The Convention of Belen Do Pará and the CEDAW have provided a blueprint for legislative response since the 1990’s; however, the role of the health sector has not been so clear-cut until later. Twenty nine countries have legislation against violence among family members, or, in some cases, specifically against women. Only nine countries explicitly include the health sector involvement in their legislation. However, most countries have norms in the health sector for the attention of women affected and the corresponding services. The services provided are scarce and do not respond well to generally accepted standards of care for SV and IOV survivors.

Conclusions: The health sector is not responding well to the needs of women affected by IPV and SV in LAC.

**References**


Session: Regular Workshop | SPEAKER 2 | Code | WS223
---|---|---|---
Title: Surviving cancer: Family and emotional aspects
Speaker: Maria Rueda
University of Miami. Miller School of Medicine
Abstract: Objectives:
1. At the end of this presentation attendees will be able to recognize the effects of cancer on the family
2. Describe the role of spouses as caregivers of cancer patients
3. Describe the differences of caregiving between genders
Methods:
This symposium will describe how families are directly impacted by cancer. Topics will include the challenges that families experience when taking care of a family member with cancer. In addition, the role of the spouse and differences between genders will be presented.
Results: Families form the first line of support to the patient with cancer. They are directly impacted by cancer-related pressures and are often on their own to understand the disease and treatment, how to help the patient manage, how to correct interpret the patient’s symptoms, and how to maintain some semblance of balance between family life and life with cancer. Spouses often play a major role in providing care. Too often the responsibility for complex care resides with spouse caregivers without regard for their resources or skills to provide care. There are differences between male and female caregivers. For example, females compared to male caregivers provide more frequent tangible, medical, and symptom management.
Conclusions: A variety of different intervention programs have been developed and tested to meet family needs, but considerably more research is essential. Attending to the psychosocial needs of cancer patients and their families is an integral part of quality of cancer care.
References:
1. Lewis FM. Family-focused- oncology nursing research. Oncology Nursing forum. 2004;31 (2);288-292
2. IOM. Cancer care for the whole patient: Meeting psychosocial needs. Washington DC: National Academy of Science; 2008

Session: Regular Workshop | SPEAKER 3 | Code | WS223
---|---|---|---
Title: Depression during perimenopause: What we must not forget
Speaker: Marina Diaz-Marsa
Professor Universidad Complutense de Madrid. Madrid. Spain.
Abstract: Objectives: Ask a review of the physiological, psychosocial, and epidemiological aspects of depression during menopause.
Methods: A review of Redalycs, Lilacs and Medline in search for pertinent publications.
Results: The transition to menopause in women represents a period of risk of depression, even in women without a previous depressive history and it is estimated that the prevalence of depressive symptoms is high during this period, ranging from 24 to 41% in this age. It has been suggested that the appearance of these symptoms is independent of demographic factors, psychosocial and physical, and gonadal steroids played an important role since it seems that there is a vulnerability to depression during hormonal changes. This vulnerability would be defined by the presence of high levels of FSH and LH, and estradiol lower and the sudden and significant decrease in estrogen levels, with its effect on neurotransmitters and receptors. An update of these aspects will be made during the presentation and will also revise psychological, social factors and cultural partners, the clinical characteristics of this form of depression, its influence on the quality of life and the most appropriate therapeutic strategies for its resolution and approach
Conclusions: depression during perimenopause is an entity that occurs more often than is believed, is underdiagnosed and often confused with physical symptoms resulting from estrogen deficiency.
Cohen LS, Soares CN, Vitonis AF, Otto MW, Harlow BL. Risk for new onset of depression during the menopausal transition: the Harvard stud |


### OVERALL ABSTRACT

**Title:** Manifestations of stigma and discrimination in mental health

**Chairperson:** Professor Norman Sartorius, Association for the Improvement of Mental Health Programs, Geneva, Switzerland

**Co-chairperson:** Professor Graham Thornicroft, King’s College London, Institute of Psychiatry

**Abstract**

Users' experiences of psychiatric in-patient treatment in low and middle-income countries. N. Bezborodovs et al. The IDEA Project explores experience of people treated in a mental health setting across nations and determine how inpatient experiences can be improved. The project included 20 sites in 10 countries, and findings will be presented. 2. Stigma, discrimination and twelve months of electronically monitored medication adherence in schizophrenia. Brain C1,2, et al. The association between stigma and adherence to antipsychotics was examined in 110 outpatients with schizophrenia. Results: negative discrimination 97\%, positive discrimination 59\%, anticipated discrimination, 98\% and stigma coping 849. Stigma coping skills were associated with adherence. 3. Images of Psychiatry and Psychiatrists. Heather Stuart, Norman Sartorius, Tiina Liinamaa, and the Images Study Group. This paper reports a multi-site survey of 1,057 medical educators from 15 academic centres in Europe, and Asia. This is the first study to survey non-psychiatrist educators. The most outstanding findings were that psychiatrists were not considered to be good role models for medical students, and psychiatric patients were considered to be emotionally draining and unsuitable to be treated outside of specialized facilities or in general hospitals. 4. Antonio Lasalvia et al. This study investigates: nature/severity of experienced and anticipated discrimination, and variation in levels of reported discrimination in people with major depression. In a survey in 34 countries, most people reported discrimination in at least one life domain. Main source of perceived discrimination is the family. Developed countries displayed higher levels of anticipated discrimination than developing countries.

**Speakers**

1. Dr. Nikita Bezborodovs  
   Department of science and education, Children’s clinical university hospital, Riga, Latvia
2. Dr. Cecilia Brain  
   Institute of Neuroscience and Physiology, Department of Psychiatry and Neurochemistry, Sahlgrenska Academy, University of Gothenburg and Nå Ut-teamet, Psychosis Clinic, Sahlgrenska University Hospital, Gothenburg, Sweden
3. Professor Heather Stuart  
   Professor and Bell Canada Mental Health and Anti-stigma Research Chair, Queen’s University, Abramsky Hall, Kingston, Ontario, Canada
4. Dr. Antonio Lasalvia  
   Organization Department of Public Health and Community Medicine, Section of Psychiatry, University of Verona, Verona, Italy

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**Title:** Users’ experiences of psychiatric in-patient treatment in low and middle-income countries

**Speaker:** Dr. Nikita Bezborodovs  
Department of science and education, Children’s clinical university hospital, Riga, Latvia

**Abstract**

The IDEA Project explores experience of people treated in a mental health setting across nations and determine how inpatient experiences can be improved. The project included 20 sites in 10 countries, and findings will be presented.

**Title:** Stigma, discrimination and twelve months of electronically monitored medication adherence in

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[www.wpamadrid2014.com](http://www.wpamadrid2014.com)
**Schizophrenia**

**Speaker**
Dr. Cecilia Brain  
Institute of Neuroscience and Physiology, Department of Psychiatry and Neurochemistry, Sahlgrenska Academy, University of Gothenburg and Nå Ut-teamet, Psychosis Clinic, Sahlgrenska University Hospital, Gothenburg, Sweden

**Abstract**
The association between stigma and adherence to antipsychotics was examined in 110 outpatients with schizophrenia. Results: negative discrimination 97%, positive discrimination 59%, anticipated discrimination, 98% and stigma coping 84%. Stigma coping skills were associated with adherence.

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<th>Session:</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Images of psychiatry and psychiatrists</td>
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</table>
| Speaker  | Heather Stuart, Norman Sartorius, Tiina Liinamaa, and the Images Study Group  
Professor and Bell Canada Mental Health and Anti-stigma Research Chair, Queen’s University, Abramsky Hall, Kingston, Ontario, Canada |               |      |       |
| Abstract | This paper reports a multi-site survey of 1,057 medical educators from 15 academic centres in Europe, and Asia. This is the first study to survey non-psychiatrist educators. The most outstanding findings were that psychiatrists were not considered to be good role models for medical students, and psychiatric patients were considered to be emotionally draining and unsuitable to be treated outside of specialized facilities or in general hospitals. |               |      |       |

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<tr>
<td>Title:</td>
<td>Global pattern of discrimination reported by people with major depressive disorder</td>
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| Speaker  | Dr. Antonio Lasalvia,  
Organization Department of Public Health and Community Medicine, Section of Psychiatry, University of Verona, Verona, Italy |               |      |       |
| Abstract | This study investigates: nature/severity of experienced and anticipated discrimination, and variation in levels of reported discrimination in people with major depression. In a survey in 34 countries, most people reported discrimination in at least one life domain. Main source of perceived discrimination is the family. Developed countries displayed higher levels of anticipated discrimination than developing countries. |               |      |       |
Title: **The reemergence of psychoneuroendocrinology in the era of molecular neuroscience, genetics and imaging**

Chairperson: Amresh Shrivastava, Western. Lawson Health Research Institute, Canada

Abstract:

Though Psychiatric and neuroscience research has made revolutionary advancements, a number of challenges remain as a barrier in decoding the metrics of psychopathology which intern limits the clinical practice of personalized medicine. In last 20 years a unique direction of research has come to light which provides information about the intricate connections between various findings from the field of neuroimaging, cognition, neurochemistry, molecular biology, immunology and epigenetics. Neurohormones have clearly demonstrated their role in explaining this interrelationship and therefore a possible trajectory for development of mental disorders seem to be visible.

Main thrust of investigation which have provided newer insight in psychobiology of mental disorders comes from excellent work providing near unequivocal evidence from research in the field of stress and trauma, childhood adverse events, HPA axis, and HPT axis. There is some indication that early adverse events and abuse can cause later onset illnesses compounded by sustained influence of traumatic event.

Neuroendocrine changes modulate not only early brain maturation but also neurocognitive and neuroimaging changes seen in depression and related disorders. Further neuroendocrine are beginning to establish their role in both inflammatory and immunological theories for pathogenesis. This provides a newer hope and excitement for psychoneuroendocrine based treatments. In this symposium researchers will present evidence for possibility of such pharmacological treatments and will place an argument for a paradigm shift in therapeutics of mental disorders.

Speakers:
1. Charles B. Nemeroff, Md, Phd
   University of Miami, Miami, USA
2. Elisabeth Binder, Md, Phd
   Max Planck Institute of Psychiatry, Munich, Germany
3. Michael Bauer, Md
   Univ Dresden
4. Gustavo Tafet
   Department of Psychiatry and Neurosciences, Maimonides University Buenos Aires, Argentina

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Title: **Neurobiological consequences of child abuse**

Speaker: Charles B. Nemeroff, M.D1, Ph.D, Leonard M Miller Professor and Chairman2
1Director, Center on Aging, Department of Psychiatry and Behavioral Sciences
2School of Medicine, University of Miami, Miami, Florida, USA

Abstract:

Genetic, brain imaging and neurotransmitter studies have revealed the long-term consequences of child abuse and neglect. These changes increase vulnerability to mood and anxiety disorders in adulthood. Exposure to trauma during childhood increases the risk of certain psychiatric disorders beyond the risk associated with adult violence exposure. We have demonstrated a number of long term neurobiological consequences of child abuse and neglect including structural and functional brain imaging changes, neuroendocrine and immune alterations. In particular, alterations in the hypothalamic-pituitary-adrenal (HPA) axis, a major mediator of the stress response, contribute to the long standing effects of early life trauma. However, not all exposed individuals demonstrate altered HPA axis physiology, suggesting that genetic variations influence the psychiocratic consequences of trauma exposure. Variants in the gene encoding the CRF R1 receptor, FKBP5, PAC1 and others interact with adverse early environmental factors to predict risk for stress-related psychiatric disorders. These studies suggest molecular targets for new drug development, biological risk factors, and predictors of treatment response. In addition, the effect of abuse may extend beyond the immediate victim into subsequent generations as a consequence...
of epigenetic effects transmitted directly to offspring and/or behavioral changes in affected individuals. Recognition of the biological consequences and transgenerational impact of trauma has critical importance for both treatment research and public health policy.

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<tr>
<td>Title:</td>
<td>Genetic variants moderating the transcriptome response to stress: Implications for mood disorders</td>
<td>Janine Arloth, and Elisabeth B. Binder</td>
<td>Dept. of Translational Research in Psychiatry and Stress-related Disorders, Max-Planck Institute of Psychiatry</td>
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<tr>
<td>Abstract</td>
<td>The glucocorticoid receptor (GR) exerts its main downstream effects via its function as transcription factor. The here presented novel data investigate on a genome-wide level, whether variants that alter the immediate transcriptional response to GR activation may alter the risk to suffer from mood and anxiety disorders. Methods: We use expression quantitative trait locus (eQTL) analysis using genome-wide gene expression data from GR-stimulated gene expression in peripheral blood cells of 160 male individuals and genome-wide SNP array data to identify genetic variants that alter GR-induced mRNA induction in a cis window of +/-1Mb. We identified 2364 eQTLs in which SNPs moderate the GR-induction of gene transcription. These SNPs were highly enriched among SNPs associated with MDD, as identified in data of the mega-analysis consortium for MDD with an N of over 9000 cases and controls but also with bipolar disorder and the variants conferring cross disorders psychiatric risk (N 33,000 cases/29,000 controls). The 268 SNPs showing both an association with GR-mediate transcription and with MDD regulate 20 distinct transcripts. Pathway analysis suggests that these 20 transcripts are involved in neurite outgrowth/synaptic plasticity and ubiquitination. In mice, 64% of these 20 transcripts were also regulated following GR agonist stimulation in either hippocampus or frontal cortex. Genetic variants that moderate the first transcriptional response to stress are thus more likely to be associated with mood disorders, supporting the importance of molecular gene x environment interactions for the understanding of the pathophysiology of these disorders.</td>
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<tr>
<td>Title:</td>
<td>A new look at the hypothalamic-pituitary-thyroid system in mood disorders</td>
<td>Maximilian Pilhatsch, Michael Bauer</td>
<td>Department of Psychiatry and Psychotherapy, University Hospital Carl Gustav Carus, Technische Universität Dresden, Germany</td>
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<tr>
<td>Abstract</td>
<td>Thyroid hormones play a critical role in the metabolic activity of the adult brain, and neuropsychiatric manifestations of thyroid disease have long been recognized. However, it is only recently that methodology such as functional neuroimaging has been available to facilitate investigation of thyroid hormone metabolism. While the role of thyroid hormones in the adult brain is not yet specified, it is clear that without optimal thyroid function, mood disturbance, cognitive impairment and other psychiatric symptoms can emerge. In hypothyroidism, reduction of the behavioral complaints during thyroid hormone replacement therapy is associated with a restoration of metabolic activity in brain areas (ACC, limbic system) that are integral to the regulation of affect and cognition. Furthermore, adjunctive supraphysiologic doses of levothyroxine (L-T4) to standard treatment shows promise for treating bipolar depression, but the neurobiological substrates of clinical improvement are unclear. We previously reported that treatment with L-T4 reduced depression scores and relative activation within brain regions (assessed with PET and [F-18]fluorodeoxyglucose) implicated in the pathophysiology of affective disorders, the anterior limbic network including subgenual cingulate cortex, thalamus, amygdala, hippocampus and striatum. Here we present new supporting data of these PET imaging data from a randomized placebo-controlled study of cerebral metabolic substrates of adjunctive L-T4 treatment of depressed bipolar patients. In summary, in this presentation the intimate relationship between the hypothalamic-pituitary-thyroid system and neuropsychiatric symptoms in patients with primary thyroid</td>
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disease and primary mood disorders will be presented. Treatment implications will also be discussed.

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<tr>
<td>Title:</td>
<td>Psychoneuroendocrinological links between stress and depression: An update</td>
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<tr>
<td>Speaker</td>
<td>Gustavo Tafet</td>
<td>Department of Psychiatry and Neurosciences, Maimonides UniversityBuenos Aires, Argentina</td>
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<td>Abstract</td>
<td>The role of stress in the origin and development of depression has been extensively studied. At the psychological level, it has been demonstrated that chronic stress plays a critical role in the development of cognitive vulnerability which predisposes to develop depressive symptoms, and this has been also observed with early stressful events. Regarding the psycho-neuro-endocrinological perspective, chronic stress produces dysregulation of the HPA axis, with the resulting increase in CRF and cortisol levels, and an array of neurobiological consequences, including alterations in neurotransmitter systems, such as the serotonergic system, and neurotrophin mediated neuroplasticity. In recent years, an extensive body of research contributed to better understand the underlying mechanisms that link stress with depression. We propose an integrative approach which takes into account these contributions, and therefore to introduce possible strategies aimed at more effective strategies in the clinical practice, including both the therapeutic and the preventive, at the psychopharmacological and the psychotherapeutic levels.</td>
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Title: **Pharmacotherapy in Asia**

Chairperson: Prof (Emeritus) Naotaka Shinfuku, Kobe University, Kobe, Japan

Co-chairperson: Roy Kallivayalil, Prof Pushpagiri Institute of Medical Sciences, Tiruvalla, Kerala, India

Abstract: Objective: to review the current usage and trends in the use of pharmacological medications in the treatment of schizophrenia and depression in Asian countries. Methods: Since 2001, Asian psychiatrists have been engaged in a collaborative research project named REAP which stand for Research on Asian Prescription Pattern of Psychotropic medication. Its aim was to study prescription patterns of psychotropic drugs in different countries and areas of Asia. China, Hong Kong, Japan, Korea, Singapore and Taiwan participated in the project in 2001 and 2004. In 2008, India, Malaysia and Thailand joined the project. The results of REAP surveys were reported by more than 30 scientific papers in international journals. In 2013, REAP group of ten countries carried out a survey of the prescription of anti-depressants. Results: The availability and use of psychotropic medications used in the treatment of schizophrenia and depression differed greatly country by country in Asia. The comparison of the findings of the 2001 survey with the data of the 2013 survey shows a major changes in the pattern of psychotropic drug use across Asian countries. Conclusions: Over the decade, REAP has made a major contribution to improving the prescription of psychotropic drugs in Asia. REAP has also strengthened the research collaboration among psychiatrists in Asia.

Speakers:
1. Prof. Pichet Udomratn
   Dept. of Psychiatry, Fac. of Medicine, Prince of Songkla University, Hat Yai, Thailand
2. Prof. Min Soo Lee
   Department of Psychiatry, College of Medicine, Korea University, Seoul, Republic of Korea
3. Prof. Mian-Yoon Chong
   Chang Gung Memorial Hospital, Kaohsiung, Taiwan
4. Prof. Norman Sartorius
   President Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

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Title: Sex differences in prescribing patterns of antipsychotic drugs used in the treatment of schizophrenia in Asian countries

Speaker: Pichet Udomratn
   Prince of Songkla University, Hat Yai, Thailand

Abstract: Objective: To investigate the sex differences in prescribing patterns of antipsychotic drugs in Asian schizophrenia using the data of the Research on Asian Prescription Pattern of Psychotropic Drugs (REAP). Method: The pattern of prescription psychopharmacological medication used in the treatment of 6441 schizophrenia inpatients with the diagnosis of schizophrenia in countries in Asia in 2001-2009 were investigated. The patients' socio-demographic and clinical characteristics and the prescriptions for antipsychotic drugs were recorded using a standardized protocol and data collection procedure. Results: Multivariate analyses found the following factors to be significantly associated with the male sex: fewer prescriptions for SGAs, antipsychotic polypharmacy and depot antipsychotics, extrapyramidal side effects and tardive dyskinesia, and less weight gain. Conclusions: Sex is one of the determinants of prescription pattern of antipsychotic medication in patients with the diagnosis of schizophrenia in Asia. Guidelines governing the use of psychotropic medications for the treatment of schizophrenia should pay greater attention to gender difference.
Session: Regular Workshop  |  SPEAKER 2  | Code  | WS235
---|---|---|---
Title: Antidepressant use in Asia
Speaker: Min-Soo Lee 1,2, Eun-Soo Won 1, Yong-Gu Kim 1  
1. Department of Psychiatry, College of Medicine, Korea University, Seoul, Republic of Korea  
2. Pharmacogenomic Research Center for Psychotropic Drugs, Korea University, Seoul, Republic of Korea
Abstract: Objectives: Antidepressants are the cornerstone of depression treatment. Large number of factors must be considered in selecting the treatment best suited to the individual. This presentation will give an overview of the current use of antidepressants, guidelines and clinical evidence in choice of medicine in Asian countries.  
Methods: The comparison of data about the use of antidepressant treatment for major depressive disorder in 2004 and 2013. In 2013, REAP convened the survey on the prescription of anti-depressants in 10 countries and areas in Asia.  
Results: No remarkable differences were noted between Asian and international treatment guidelines or among those from within Asia as these are adapted from western guidelines, although there were some local variations. Importantly, a shortage of evidence-based information at a country level is the primary problem in developing guidelines appropriate for Asia. Most of the guidelines are consensus based on data from European countries and USA utilized in western guidelines. Treatment guidelines need to evolve from being consensus based to evidence based when evidence is available, taking into consideration cost/effectiveness or cost/benefit with an evidence-based approach that more accurately reflects clinical experience as well as the attributes of each antidepressant.  
Conclusions: The licensing system, cost, side effects, and local tradition have a major impact on the choice of the prescription of antidepressants. Still, evidence-based information is not playing major role. In everyday practice, physicians must tailor their treatment to the patient's clinical needs while considering associated external factors. Better tools are needed to help them reach the best possible prescribing decisions which are of maximum benefit to patients.

Session: Regular Workshop  |  SPEAKER 3  | Code  | WS235
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Title: Challenges and rewards of research on psychopharmacotherapy in Asia
Speaker: Norman Sartorius  
Association for the Improvement of Mental Health Programmes, Geneva, Switzerland
Abstract: Objective: To evaluate the international collaborative research project on psycho-pharmacotherapy in Asia (REAP).  
Methods: Repeated census reviews of prescription of psychotropic medications in 40 institutions located in 10 Asian countries  
Results: The results of the census of prescriptions gave a clear description of current practices and trends in the prescription practices in Asian countries  
Conclusions: The REAP studies done in East Asian Countries are the largest continuing investigation of practices of prescription of psychotropic medications in the world. The value of these investigations lays only not in the production of interesting data indicating temporal patterns of the use of medications but also in the effect that a study of considerable duration has on the development of collaboration between institutions and countries in the field of mental health.
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<th>Session: Regular Workshop</th>
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<tr>
<td><strong>Title:</strong> OCD &amp; Projective identification therapy cards (keys to emotional growth) - Changing negative OCD narratives to positive</td>
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<td><strong>Chairperson</strong> Eleanor Avinor, Ph.D, MSc, MA. Bnai Zion Hospital, Psychiatric Unit, Haifa, Israel</td>
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<td><strong>Co-chairperson</strong> Joanne Silman, KEG Cards (Keys to Emotional Growth), Haifa, Israel</td>
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<td><strong>Abstract</strong> Objectives: a. The therapists will be able to implement KEG Cards as a supplementary therapeutic tool to change OCD dysfunctional beliefs of the client to functional beliefs. b. The therapists will be able to elicit and to analyze relevant emotional responses in response to picture choices which are basic to the understanding of the client's OCD issues.</td>
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<td><strong>Methods:</strong> Client chooses cards that symbolize and represent the negative narratives in the following stages: 1. Choosing cards that symbolize and represent events in his/her narratives, placing them on a flat surface at appropriate distances and positions that feel comfortable to the client. The projective identification cards used are KEG Cards (Keys to Emotional Growth); these have original art work on one side and guiding questions on the other side. 2. Telling the story describing the events, feelings, thoughts and behaviors. 3. Changing it to a more positive one (removing, replacing and/or repositioning any card). 4. Telling the narrative again; the process repeats itself until the client achieves a comfortable narrative. Comfort is measured by the client using SUDs (Subjective Unit of Distress, from 1 to 10) to demonstrate the improvement and progress (before and after each narrative and each session). Dynamic underpinnings are referred to, i.e. &quot;therapist as a transition object&quot; and &quot;transference object&quot;. 1. In KEG cards therapy there is a redecision and a plan in a CBT table for relearning and practicing the relearning until it becomes automatic and internalized. There are also descriptions of CBT techniques such as tables of functioning/triggers of events/description of thought distortions/therapy notebook and exposure exercises.</td>
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<td><strong>Results:</strong> The therapist saw two different examples of the therapy process and learnt how to replicate the use of KEG cards in order to change negative narratives to positive ones.</td>
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<td><strong>Conclusions:</strong> These presentations show that tailored OCD treatment using KEG cards &amp; CBT based treatment for OCD is effective as measured by the SUDs and reported by the clients' changes in behavior.</td>
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<tr>
<td><strong>Speakers</strong> 1. Eleanor Avinor, Ph.D, MSc, MA. Bnai Zion Hospital, Psychiatric Unit, Haifa, Israel 2. Joanne Silman KEG Cards (Keys to Emotional Growth), Haifa, Israel</td>
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<tr>
<td><strong>Title:</strong> Changing negative OCD narratives to positive – The case of guy</td>
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<tr>
<td><strong>Speaker</strong> Eleanor Avinor, Ph.D, MSc, MA.</td>
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Abstract

Objectives: The therapist will be able to
• Understand the motives of Guy's negative narrative and the process he experienced while working with KEG Cards.
• Replicate the experiential therapy process using KEG Cards with a similar issue.

Methods:
• Guy talks about improving his life and what prevents him.
• After choosing a statement he would like to change in order to improve his life, he chooses cards that represent it; thus the OCD narrative is created and symbolized.
• Guy gives the narrative a SUDs (subjective unit of distress from 1 to 10).
• The negative OCD narrative is slowly transferred into a more positive narrative by exchanging cards that he feels are negative with cards that help him feel less discomfort or distress, putting the cards on a flat surface and discussing them, telling the narrative again; then giving the new narrative a SUDs and repeating the process until the SUDs goes down and the negative OCD narrative becomes more positive and "less OCD", low enough to be comfortable for him.
• The therapy discussion is tailored to Guy and is uniquely co-created between the therapist and Guy. There is also work on his core beliefs "don't be close" and "don't feel" and his driver "be perfect".

Results:
• Motivation and awareness are enhanced with de-contamination of adult ego state, together with de-confusion of adaptive child ego state.
• Less intrusive thoughts and changes in avoidance behavior by discussing the sources of the frightening thoughts and imagining the positive outcomes he would like to see in his life.

Conclusions:
Tailored OCD treatment using KEG cards, TA & CBT based treatment is effective as measured by the SUDs and reported by the client's changes in behavior.

References


Danielle succeeded in changing some of her negative OCD narratives to positive ones after only six sessions. She accepted the idea she could think about throwing the baby out the window, but it does not mean that she would do it, feeling in control of her actions. She now more comfortably babysits for her granddaughter; she improved in her control of frightening intrusive thoughts and behavior by changing her negative narratives into positive ones, discussing the sources of the frightening thoughts and imagining the positive outcomes she would like to see in her life.

Conclusions:
Tailored OCD treatment using KEG cards and CBT based treatment for OCD is effective as measured by the SUDs and reported by Dannielle's changes in thought processes and behavior.

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### Session: Regular Workshop  
**OVERALL ABSTRACT**  
**Code**: WS244

#### Title:  
**Inflammation and mitochondrial dysfunction: What we know and where to go?**

**Chairperson**: Michael Berk, Deakin University, Geelong, Victoria, Australia

**Abstract**
The field of novel drug discovery in psychiatry has been stalled for some years with medications being recycled and analogued, based on the original monoamine hypotheses. Inflammation and mitochondrial dysfunction are increasingly being shown to have major roles in psychiatric disorders. In this session, Prof Maes and Dr Andreazza will provide an overview of inflammation and mitochondrial dysfunction, particularly relevant to depression. Prof Magalhaes will provide an overview of the current findings regarding the use of N-acetyl cysteine, an amino acid targeting both inflammation and mitochondrial dysfunction. Finally, Dr Dean will provide a summary of novel anti-inflammatory treatments being considered for use in psychiatry. Together, this symposium will provide both exploration of the underlying biology and therapeutic targets for bipolar and unipolar depression into the future.

#### Speakers
1. **Michael Maes**  
   Department of Psychiatry, Chulalongkorn University, Pathumwan, Bangkok, Thailand
2. **Dr Ana Andreazza**  
   University of Toronto, Departments of Psychiatry and Pharmacology, Toronto, ON, Canada; Centre for addiction and Mental Health. Toronto, ON, Canada
3. **Prof Michael Maes**  
   National Institute for Translational Medicine, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil
4. **Olivia M. Dean**  
   Deakin University, School of Medicine, Barwon Health, P.O. Box 291, Geelong, 3220, Australia

### Session: Regular Workshop  
**SPEAKER 1**  
**Code**: WS244

#### Title:  
**Immune-inflammatory and oxidative and nitrosative stress in depression**

**Speaker**: Maes, M  
Department of Psychiatry, Chulalongkorn University, Pathumwan, Bangkok, Thailand

**Abstract**
**Objectives**  
Dr. Maes will summarize that depression is accompanied by disorders in immune-inflammatory and oxidative and nitrosative stress (IO&NS) pathways, including increased levels of pro-inflammatory cytokines (interleukin-1, IL-1 and tumor necrosis factor-\(\text{TNF}\)), lowered levels of key antioxidants, such as coenzyme Q10, zinc and glutathione, damage to fatty acids, anchorage molecules, DNA and proteins, hyper-nitrosylation, and the creation of redox-derived damage-associated-molecular patterns and oxidative specific epitopes.

**Methods**  
Dr. Maes will explain how each of these pathways may lead to mitochondrial dysfunctions, including lowered production of adenosine triphosphate and reduced activity of the electron transport chain.

**Results**  
There is accumulating evidence suggesting the importance of these factors in the pathophysiology of depression. There is great opportunity to expand our understanding and reveal new treatment opportunities.

**Conclusions**  
Immune-inflammatory and oxidative and nitrosative stress in depression is understood to be important to the pathophysiology of depression. This presentation aims to better inform researchers about this field.
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<tr>
<td>Title:</td>
<td>Oxidative stress and major psychosis</td>
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<tr>
<td>Speaker</td>
<td>Andreazza, AC(^{1,2}), L. Trevor Young(^{1,2})</td>
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<tr>
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<td>1. University of Toronto, Departments of Psychiatry and Pharmacology, Toronto, ON, Canada</td>
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<td>2. Centre for addiction and Mental Health. Toronto, ON, Canada.</td>
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<tr>
<td>Abstract</td>
<td>Objectives</td>
<td>Extensive investigation has been pursued along the past 50 years to try to identify the etiology and pathophysiology of major psychosis. However, more recently attention has been growing for the involvement of oxidative stress in bipolar disorder (BD) and schizophrenia (SCZ), with studies demonstrating increased markers of oxidative stress in the brain and peripheral blood cells of both BD and SCZ.</td>
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<td></td>
<td>Methods</td>
<td>Recent studies from our group demonstrated that patients with BD have downregulation of mitochondrial electron transport chain in post-mortem prefrontal cortex and not in hippocampus as the main source of reactive oxygen species, correlating with increased nitration to mitochondrial proteins and protein oxidation to synaptosomal proteins. Interestingly, patients with BD have increased levels of oxidation to lipids in periphery (i.e serum) and post-mortem prefrontal cortex and in fact, recent results from our group, show that markers of early lipid peroxidation (lipid hydroperoxides) have an negative relationship with white matter damage, evaluate by diffusion tension analysis</td>
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<td></td>
<td>Results</td>
<td>These findings suggests a potential crosstalk between brain and periphery findings of oxidative stress in BD and might offer a potential peripheral biomarker that represents brain alterations.</td>
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<tbody>
<tr>
<td>Title:</td>
<td>The use of n acetyl cysteine in the major psychoses: A review of clinical data</td>
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<tr>
<td>Speaker</td>
<td>Magalhaes, P</td>
<td>National Institute for Translational Medicine, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil</td>
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<tr>
<td>Abstract</td>
<td>Objectives</td>
<td>To review available clinical evidence on the use of N acetyl cysteine (NAC) on schizophrenia or bipolar disorder</td>
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<td>Methods</td>
<td>Overview of two systematic reviews of NAC for schizophrenia and bipolar disorder</td>
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<td></td>
<td>Results</td>
<td>There are high-quality randomized data available on the use of NAC for these two illnesses. Adjunctive NAC has shown efficacy in acute studies but it was not superior to placebo in a maintenance trial in bipolar disorder.</td>
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Conclusions
The use of add-on NAC in people with a major psychotic disorder shows promising efficacy with good evidence of safety. The fact that the same group has conducted the three available trials suggests further collaborative studies are needed to firmly demonstrate NAC’s efficacy in these conditions.

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<tr>
<td>Title:</td>
<td>New therapeutics targeting inflammation in psychiatry</td>
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</table>
| Speaker  | O.M. Dean, M Berk  
Deakin University, School of Medicine, Barwon Health, P.O. Box 291, Geelong, 3220, Australia |
| Abstract | Objectives  
The use of anti-inflammatory treatments in psychiatry is gaining increasing momentum. Early studies have shown benefits of anti-inflammatory treatments such as N-acetyl cysteine, minocycline, aspirin and statins in the treatment of a variety of psychiatric disorders. Moreover, as more is understood about the role of inflammation in psychiatric disorders, this allows exploration of further agents for therapeutic benefit.  
Methods  
An overview of the studies exploring novel therapies will be presented. This includes data on our recently completed trials of N-acetyl cysteine for major depression and unpublished data from our autism trial. We will also include an overview of the studies we are currently embarking on including rosvastatin, aspirin and minocycline.  
Results  
Results from the study using N-acetyl cysteine for depression are promising. Similar promise has been shown in studies using statins, aspirin and minocycline. The results of the N-acetyl cysteine trial in autism and an overview of the literature supporting the use of other anti-inflammatories will be presented. We will also provide an overview of the rationale and design of the upcoming anti-inflammatory trials.  
Conclusions  
Overall, there is a clear role of inflammation in psychiatry and there is increasing interest in targeting inflammation to provide therapeutic benefit to those with these disorders. The current presentation will provide an overview of the rationale for exploring anti-inflammatory treatments and support that with the work we and others have been conducting in novel trials for psychiatric disorders.
**Session:** Regular Workshop  | **OVERALL ABSTRACT**  | **Code**  | **WS247**  

**Title:** Multimorbidity: The challenge for medicine in the 21st Century  

**Chairperson**  Professor: Mohammed T Abou-Saleh, Professor of Psychiatry, St George’s University, London, UK  

**Co-chairperson** Dr Helen L Millar, Consultant Psychiatrist, NHS Tayside, Scotland, UK  

**Abstract**  Multimorbidity defined as the co-existence of two or more chronic conditions is one of the major challenges for medicine in the 21st century. With the fragmentation and gaps in health care systems along with the distance between academia and clinical practice, care delivery is falling short of the needs of this population.  

The concept of multimorbidity has attracted increasing interest over the past decade with the recognition of multiple burdens and associated costs. It has become evident that multimorbidity is the norm rather than the exception and occurring in an increasingly younger population particularly in areas of socioeconomic deprivation and low income countries. It is now well established that the severely mentally ill have a markedly reduced life expectancy due to predominantly multimorbidity including cardiovascular and metabolic diseases.  

The combination of a long term medical condition and a mental health problem presents specific challenges for the current single disease framework model of health care and the need to move from this traditional model of care.  

This session will demonstrate the growing experience in this field, the limitations of the present single disease model of care and the need for education of health care professionals to adopt a more co-ordinated collaborative care model for improved clinical outcomes. The evaluation for a person centered integrative diagnosis model with a broader concept of diagnosis covering both ill health and positive health will be discussed demonstrating the evidence that such approaches can improve personal, social and clinical outcomes for people living with multimorbidity.

**Speakers**  1. Dr Helen L Millar  
NHS Tayside, Scotland, UK  

2. Professor Mohammed T Abou-Saleh,  
St George’s University, London, UK  

3. Professor Ihsan M. Salloum  
University of Miami Miller School of Medicine, Miami, Florida, USA

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**Session:** Regular Workshop  | **SPEAKER 1**  | **Code**  | **WS247**  

**Title:** The burden of multimorbidity in the mentally ill population  

**Speaker**  Dr Helen L Millar  
NHS Tayside, Scotland, UK  

**Abstract**  Objectives: This presentation provides an overview of the patterns and complexities of comorbidity of mental and physical disorders with worsening outcomes for the individual in terms of quality of life, reduced life expectancy as well as the economic impact for health care systems.  

Methods: The concept and definition of multimorbidity will be reviewed highlighting the recognition of the increased burden for the individual and the additional costs for society. The presentation will demonstrate the current evidence that multimorbidity is the norm rather than the exception and is now occurring in an increasingly younger population particularly in areas of socioeconomic deprivation and low income countries. The mechanics of multimorbidity will be explored in terms of behaviour and lifestyle as well as the barriers to care leading to the severely mentally ill population having a markedly reduced life expectancy of up to 20 years due to the impact of cardiovascular and metabolic diseases such as Diabetes.  

Results: This session will demonstrate the growing experience in this field and the requirement for ‘parity of esteem’ in order to recognize the value of mental health equally with physical health in order to improve outcomes, the limitations of the present single disease model of care and the need for education of health care professionals to adopt a more co-ordinated collaborative care model for improved clinical outcomes.
Conclusions: Multimorbidity is one of the major challenges in 21st century medicine. With the increasing global burden of non-communicable diseases leading to poor clinical outcomes and reduced life expectancy there is an urgent requirement for early assessment and intervention with multidisciplinary collaborative interventions to improve prognosis and quality of life for those with mental and physical co-morbid diseases.

**Session:** Regular Workshop  **SPEAKER 2**  **Code** WS247

**Title:** Multimorbidity and mental health: international perspectives

**Speaker**
Professor Mohammed T Abou-Saleh, St George’s University, London, UK

**Abstract**
Objectives: Multimorbidity is the prime global challenge for health in the 21st century as shown in global trends for the shift from communicable to non-communicable diseases (NCD). The objective of this presentation is to highlight the global challenge of multimorbidity with particular reference to mental ill health and that there is ‘No Health Without Mental Health’ and call for international action.

Methods: International studies of the global burden of multimorbidity of medical and mental health conditions, global policy, and action will be critically reviewed for their implications for the development of effective models of care and the provision of comprehensive integrated health and social care.

Results: There has been impressive progress in knowledge, in development of global health strategies and action plans to address the challenges of multimorbidity and mental health: Lancet Series, Global Burden of Disease Survey (1990-2010); UN/WHO Action Plans for NCD and Mental Health and the work of other international organizations such as the World Federation for Mental Health and the Movement for Global Mental Health. There are many barriers to the development and implementation of effective complex interventions including insufficient research for their evaluation in primary and specialist health care settings.

Conclusions: there is need for global action and innovation and redesign of health care to meet the complex health and social care needs of people with multimorbidity including an overhaul of health education and research with the prime objective to develop person and people-centered health care systems. The WHO Strategy on People-Centered and Integrated Health Services is a good start.

**Session:** Regular Workshop  **SPEAKER 3**  **Code** WS247

**Title:** Person - centered approaches and models of care to manage multimorbidity

**Speaker**
Professor Ihsan M. Salloum
University of Miami Miller School of Medicine, Miami, Florida, USA

**Abstract**
Objectives: The objective of this presentation is to review the increasing public health significance of presenting multimorbidity and the adequacy of current models of care addressing this complex clinical presentation.

Methods: Epidemiological and clinical studies addressing the issue of comorbidity and multimorbidities and their impact on the individual, population and health care system will be pointed reviewed. The evolution and implementation of models of care addressing clinical complexity and multimorbidity along with available effectiveness of these models of care will be compared. Also emerging models of care and their potential utility to address complex multimorbid problems will be presented.

Results: Multimorbidities and chronic, non-communicative diseases along with chronic communicative diseases are emerging as a major public health concerns worldwide. Health care systems focusing on acute care and highly specialized interventions have been the predominant model of care. This model of care, while highly efficient for acute and specialized conditions may not be adequate to address the long term health needs presented by multimorbid conditions. Emerging models, such as the patient- and
| person-centered approaches to care with emphasized attention to the integration of the totality of health and on adopting a recovery model that enhances the positive aspects of health are proposed to also address multimorbid and complex clinical presentations.

Conclusions: There is a need for new models of care to adequately address emerging worldwide problems of multimorbidity with chronic diseases, which is expected to only increase with aging world population. While highly efficient and advanced acute and specialized care have presented significant advances in medical care, they are not designed to adequately address chronic, multimorbid conditions. Emerging models, with emphasis on overall health preservation, integration of care and health restoration may represent promising models for addressing multimorbidities. |
**OVERALL ABSTRACT**

**Title:** The mood disorder: The approach to a broader bipolar spectrum of mood

**Chairperson**: Giuseppe Tavormina, Psychiatric Studies Centre – Provaglio d’Iseo, Italy

**Co-chairperson**: Nicolas Zdanowicz - Université Catholique de Louvain, CHU Mont-Godinne, Psychopathology and Psychosomatic Dpt, Yvoir, Belgium

**Abstract**

Bipolar mood disorder is a serious, chronic and debilitating mental illness affecting a high percentage of the population, and which occurs in children, adolescents, adults and the elderly. Following to our new approach the depressive episode is only one phase of a broader "bipolar spectrum of mood", in which instability of the mood is the main component. This is made clear by this new classification which includes all mood disorders (with the exception of PTSD and the mismatching of stressful events), and is divided into ten diagnostic subtypes. Bipolar disorders (included subthreshold forms) are much more prevalent than previously believed and there are clear consequences to the choice of treatment for these patients. Bipolar disorder among adolescents represents a major challenge to Psychiatry. Although diagnostic tools are still being developed, numerous studies suggest that the adolescent form of bipolar disorder still remains insufficiently identified. As with individuals of mixed ages, early diagnosis is essential to improve prognosis. In Primary Care settings, it is important that General Practitioners have a high index of suspicion for identifying bipolar disorder, particularly bipolar II disorder, as proper identification of these conditions is important for appropriate choice of treatment. This presentation will overview bipolar disorder from a clinician perspective. New data on emerging assessment methodologies and treatments will be presented, and there will be discussion of the specific management requirements and unique clinical presentations seen among individuals with bipolar illness at varying life stages and in varying treatment settings.

**Speakers**

1. Giuseppe Tavormina
   Psychiatric Studies Centre – Provaglio d’Iseo, Italy
2. N. Zdanowicz
   Université Catholique de Louvain, CHU Mont-Godinne, Psychopathology and Psychosomatic Dept, Yvoir, Belgium
3. Marilisa Amorosi
   Mental Health Dept, Pescara, Italy
4. Sandro Elisei
   Division of Psychiatry, Clinical Psychology and Rehabilitation - University of Perugia, Italy

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**SPEAKER 1**

**Title:** A diagnostic-therapeutic evaluation of 30 cases reports of bipolar mixed states

**Speaker**: Giuseppe Tavormina
President of "Psychiatric Studies Center" (Cen.Stu.Psi.), Italy

**Abstract**

**OBJECTIVES** - Aim of this study is to show how to manage long time patients with serious mixed states bipolar disorders by describing 30 cases reports, and demonstrating that they can achieve a high level of recovery from the illness and improvement in the quality of life.

**METHODS** - The dysphoric component of the instable mood is present in Irritable Cyclothymia, in Mixed Disphoria and in Agitated Depression. The main symptoms present are the following: depressed mood and irritability, high internal and muscular tension, reduced ability to concentrate and mental over-activity, gastrointestinal disorders, headaches and colitis, insomnia, substance abuse, comorbidity with anxiety disorders, disorders of appetite, suicidal ideation. In this study all consecutive new patients who visited a private psychiatric outpatient during the years 2008-2009-2010 who had a diagnosis within the above mentioned mixed states sub-group, selecting (30 patients: 4 men, 26 women) those who presented with a score of less than 40 on the Global Assessment Scale (GAS). Then, they have been assessed again by administering the GAS scale after six months and after two years of treatment.

**RESULTS** - The results focused the improvement of the mood of the patients and their improving
quality of life (almost all reached a value at GAS between 60 and 80 after six months, and between 90 and 100 scores after two years). A correct maintenance therapy, assessed and chosen from case to case, based on the clinical picture should always include at least one or two mood stabilisers together with low doses of antidepressant (above all in maintenance therapy). CONCLUSIONS - Long term management of affective mixed states gives the patients a high level of recovery from bipolar symptoms and improved quality of life. The patients need frequent follow up managing and modifying their drug therapy monthly if it is necessary.

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<tr>
<td>Title:</td>
<td>Mood disorders in adolescents: Difficulties for the concepts, epidemiology and treatment.</td>
<td>N. Zdanowicz, D. Jacques, Ch. Reynaert Université Catholique de Louvain, CHU Mont-Godinne, Psychopathology and Psychosomatic Dpt, Yvoir, Belgium</td>
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<td>Abstract</td>
<td>Objectives: With the publication of DSM5, the nosology of children and adolescents’ disorders has evolved. We want to 1 / familiarize readers with the nosographic concepts of mood disorders and bipolar disorders in the; 2/ highlight the major current issues about diagnosis, prevalence, prognosis and treatment Method: A review of the literature in PubMed, PsycINFO and PsycARTICLES, Results: The evolution of the criteria between the DSMII and the DSMIVR led to a tightening of criteria for bipolar disorder. These disorders have become rare in the 2000s. Nowadays the evolution of current criteria in tends to bring the diagnostic criteria more frequent than before 1980 ! Despite differences the variability of the criteria, there is agreement regarding the poor prognosis of type I bipolar disorder, particularly when psychotic traits are observed. Conclusion: Early diagnosis and treatment are therefore a challenge. The problem is that: with too large criteria treatment is decided at the risk of over-diagnosis and stigmatization of false positives. With to strict criteria, there is a risk of later treatment and of increase of insufficiently treated false negatives. A reconciliation of these point of view may limit the above side effects. Key words : mood disorder – bipolar disorder – adolescence – nosography</td>
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evaluation, we feel it important to affirm the fundamental value of prevention, especially when it is delivered through the main educative agencies such as schools.

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<td>Title:</td>
<td>Depressive disorders and resilience</td>
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<td>Speaker</td>
<td>Sandro Elisei¹, Serena Anastasi², Norma Verdolini², Roberto Quartesan¹</td>
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<tr>
<td>Abstract</td>
<td>Objectives - There is considerable variability in the response of individuals to adverse environmental conditions, while some develop psychiatric illnesses like depression, others seem very capable of dealing with it. It is in this observation that the concepts of vulnerability and resilience are rooted.</td>
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<td>Methods - We conducted a review of the literature by inserting in PubMed the keywords resilience, vulnerability and depressive disorders.</td>
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<td>Results - Freud formerly used the so-called crystal-principle to describe the concept of vulnerability: according to this, the different psychopathologies would arise depending on the different psychological weaknesses, just like a crystal thrown to the ground shatters along its lines of cleavage intrinsic to it, albeit invisible. The term resilience has been borrowed from physics where it is used to describe the ability of a material to withstand impact without cracking. In psychology, the term resilience refers to a complex and dynamic multidimensional construct, which derives from the interaction of neurobiological, social and personal factors and indicates the ability to adaptively cope with stress and adversity, preserving a normal physical and psychological functioning. Resilience has proven to be a protective factor against the development of psychiatric disorders such as depression. Making a conceptual leap, the concepts of vulnerability and resilience can be related to the psychodynamic classification of depression postulated by Gaetano Benedetti, who distinguished four kinds of depression: the first due to the failure of the ego, the second to the perversion of the superego, the third to the inhibition of the Id and the fourth to the collapse of the ego ideal.</td>
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<td>Conclusions - It is possible to improve the resilience of depressed subjects through pharmacological and psychotherapeutic interventions.</td>
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<td>Key words: resilience, vulnerability and depressive disorders.</td>
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Title: Clinical, legal and ethical issues in the assessment and management of sex offenders

Chairperson: Prof. Antony Fernandez, McGuire Veterans Affairs Medical Center/VCU School of Medicine, Richmond, VA, USA

Abstract: In the last 25 years there has been a momentum on both sides of the Atlantic to assess dangerousness and manage sex offenders with an increased focus on public safety. This has led to longer periods of incarceration, sex offender registries and treatments to chemically castrate or permanently incarcerate them. Serious concerns have been identified when sex offenders are being labeled as mentally ill and are detained under mental health legislation. While more sophisticated risk assessments are being used to underscore their detention, the accuracy of these instruments are frequently being called into question. Furthermore, the use of psychotropic and antiandrogen medication to treat men with sexual deviations and dangerous sex offenders has existed for more than half a century. The role that these medications play, how they are administered and whether they are actually effective in the long run, evokes serious ethical concerns. Dr. Julian Gojer will be addressing the ethical concerns about treatment, compliance and forced treatment. In particular, he will address how legal mechanisms are being used to enforce treatment and whether psychiatrists are becoming tools of the state in an unethical process? Dr, Pratap will be reviewing the reliability and validity of currently used risk assessment measures used to detain sex offenders after they have served their time and will question the ethical aspects of such assessments and the role that psychiatrists play in supporting, colluding with and perpetuating possible unethical processes.

Speakers:
1. Assoc. Prof. Pratap Narayan
   University of California, San Francisco, USA
2. Asst. Prof. Julian Gojer
   University of Toronto, Toronto, Canada

Title: Clinical and legal issues relevant to forensic assessments of sex offenders

Speaker: Assoc. Prof. Pratap Narayan
University of California, San Francisco, USA

Abstract: Objectives: The forensic assessment of Sex Offenders is a complex issue encompassing legislative, political and legal elements in addition to psychiatric evaluation. Courts and politicians in different jurisdictions have evolved different laws to specifically address the involuntary commitment process. Methods. Review of statutes, relevant case law and psychiatric research from the United States.

Results and Conclusion. While criminal sentencing guidelines prescribe finite sentences, involuntary commitment laws appear to offer legislators the option of indefinite incarceration. Unfortunately, the field of Mental Health is caught between a rock and a hard place. Consequently, the current status of Sex Offender laws raises considerable ethical and clinical dilemmas for the clinician. Should we wait for the science to catch up with the legislation?

University of Toronto, Toronto, Canada

### Abstract

**Objectives.** The assessment and treatment of Sex Offenders is a multimodal process involving biological, psychological, social and legal mechanisms. The use of psychotherapy and or pharmacotherapy is complex and may involve forced treatment, consent issues, and imposition of coercive legal mechanisms to bring about control of men with sexual deviations and dangerous sex offenders. How these issue intersect will be explored.

**Methods.** Review of current psychiatric literature, legislation and case law and selected cases.

**Results.** Research has its limitation in evaluating the role of Psychotherapy and Counseling in sex offenders. While pharmacotherapy is effective, medication side effects and low compliance are significant concerns in managing sex offenders in the community. The legal mechanisms are coercive call into question the ethical underpinnings of offering such treatments in exchange for liberty and freedom.

**Conclusions.** The balancing of clinical and legal measures requires a closer look at the ethical dilemmas that clinicians face and how they interact with law makers.

### References

### OVERALL ABSTRACT

**Title:** Global Mental Health  
*Organized by the World Association of Cultural Psychiatry (WACP)*

**Chairperson:** Kamaldeep Bhui, Barts & The London, Queen Mary University of London, London, United Kingdom

**Abstract**

This symposium considers the place of cultural psychiatry, and cultural variations in distress and care systems, in the context of global mental health policies and movements. The tension between universal policies, and local adaptations of services, and the possibility of task shifting moving into high income countries will be debated around four presentations that give examples of specific conditions and contexts in which these tensions are evident. The four papers include examples from Mexico, Italy, UK and indigenous and immigrant issues, alongside postnatal depression, severe mental illnesses. We will engage the audience to consider how best to ensure local implementation of effective interventions whilst still promoting awareness and political action to remedy the lack of resources for mental illness treatments in low-income countries.

**Speakers**

1. K Bhui  
   Barts & The London, Queen Mary University of London, London, United Kingdom  
2. A Persaud  
   Careif, Barts & The London, Queen Mary University of London, London, United Kingdom  
3. S J Villasenor Bayardo  
   University of Guadalajara, Mexico  
4. M Ascoli  
   East London NHS Foundation Trust, London, United Kingdom

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### SPEAKER 1

**Title:** Social and cultural psychiatry: Global Mental Health: Cultures of care

**Speaker:** K Bhui  
Barts & The London, Queen Mary University of London, London, United Kingdom

**Abstract**

**Objective:** To consider cultural competency and the cultures of care that address ethnic inequalities in service experience and outcome.

**Methods**

This symposium reviews cultural competency approaches, including an HTA funded review of therapeutic communications (TCs) between black and minority ethnic people and psychiatric professionals, cultural consultation (CCS) models that incorporate commissioning and managers, and teams, and staff and patients. We present the Tower Hamlets CCS including pilot data on economic benefits and clinical outcomes. The tension between organisational and individual competency is understood, and interventions to improve TC.

**Results**

Amongst these culturally adapted CBT and therapy; pre therapy induction and community based ethnography and motivational interviewing offer the best evidence of benefit. Motivational and ethnographic interviewing were empowering, whilst culturally adapted interventions following stepped community engagement were acceptable and no more costly than usual care.

**Conclusions**

Community based, empowering and culturally adapted interventions are effective at improving patient outcomes.
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<td>Title:</td>
<td>Culture, post natal depression and humane care</td>
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<tr>
<td>Speaker</td>
<td>K Bhui¹, A Persaud²</td>
<td>Barts &amp; The London, Queen Mary University of London, London, United Kingdom</td>
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<td>Careif, Barts &amp; The London, Queen Mary University of London, London, United Kingdom</td>
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<td>Abstract</td>
<td>Objective: To provide a synopsis of the evidence for culture and perinatal mental health, outline the impact for policies, legislation and practices and discuss the relevance and use of current and developing clinical instruments.</td>
<td>Methods: Narrative policy scoping review</td>
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<td>Results: The lives of women, their children and their families around the important and eventful time of childbirth can be improved. Some non-western cultures have elaborate postpartum rituals that give status and importance to the new mother. Such rituals can increase self-esteem, decrease marital stress and clarify social status. These special attentions in western cultures ends quite abruptly after childbirth, with the focus of attention invariably transferred to the baby. The effects and consequences of perinatal mental illness are widespread, affecting the sufferers, their children, families and all who care for them. Their experiences vary depending on their personal circumstances, ability to access help, lifestyle, single parent status, economic position, ability to work or access to transport particularly in rural areas, race and cultural disposition, racism, communication barriers and isolation. They cite feelings of not being accepted by the indigenous majority population, racism and indifference from statutory services. Maternal mental health problems therefore pose a huge human, social and economic burden and constitute a major public health challenge.</td>
<td>Conclusion: Although the overall prevalence of mental disorders is similar in men and women, women’s mental health requires special considerations in view of women’s greater likelihood of suffering from depression and anxiety disorders and the impact of mental health problems on childbearing and childrearing</td>
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<tr>
<td>Title:</td>
<td>Mental health for indigenous immigrants in Guadalajara metropolitan area</td>
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<tr>
<td>Speaker</td>
<td>S J Villaesnor-Bayardo, M P Aceves-Pulido</td>
<td>University of Guadalajara, Mexico</td>
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<tr>
<td>Abstract</td>
<td>Objective: To characterize common cultural features and mental disorders afflicting five indigenous groups living in the Metropolitan Area of Guadalajara, Mexico</td>
<td>Methods: The research design is qualitative, using ethnographic research techniques. The sample comprises individuals from five of the ethnic groups with a larger presence in Guadalajara who have been living here for at least three years. A content analysis is conducted in order to identify common and complementary contents in the issues observed and referred to.</td>
<td>Results: A tendency to establish community liaisons, collective practices, and building of housing spaces and landscapes similar to their communities of origin has been observed. With regard to mental health we have observed, to varying degrees, mood disorders (in some cases associated with violence in the family), substance abuse, detachment from the extended family and the community of origin, segregation, and (re)configuration of identity. To a lesser degree, we also found problems associated with cultural customs and practices that lead to culture-bound syndromes.</td>
<td>Conclusion: Ethnic diversity may bring with it problems stemming from coexistence and different worldviews. Such problems require an analysis from the perspective of those who face a process of integration as a minority into the dominant culture. This research seeks to generate knowledge in order to create a model for mental health care that addresses the problems and requirements of the migrant</td>
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The indigenous population of different ethnic groups in the Metropolitan Area of Guadalajara, Mexico. The development and deployment of this model are expected to take place in the next three years.

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<tr>
<td>Title:</td>
<td>The closure of high security hospitals in Italy: Cultures of custody vs cultures of care</td>
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| Speaker  | M Ascoli  
East London NHS Foundation Trust, London, United Kingdom |
| Abstract | Objective: This paper will illustrate the closure of the remaining six high security psychiatric hospitals in Italy. These hospitals, forgotten by the 1978 reform, were left open, becoming, over the decades, increasingly obsolete. A public opinion movement for their closure started in 2008, and gained momentum in 2011 after a shocking video report on life in these institutions. A great interest by the public opinion was triggered, culminating in a law imposing the closure of the high security hospitals and their substitution with residential community facilities. As a result, the number of discharges from high security hospitals has increased over the last 4 years.  
Methods  
The Author will illustrate the processes of the hospitalisation of the “criminally insane” and the long legislative and administrative process of the closure of the high security psychiatric hospitals, to be completed in 2015. The Author will also outline the positions of different parties in the heated debate about the meaning, the process and the purposes of this last wave of deinstitutionalisation in Italy.  
Results  
The narratives, the politics, the media portraits within the social discourse on deinstitutionalisation reveal a dominant culture of care still based on the notions that “freedom is therapeutic” and that the rooting of psychiatric care in the community is an index of a country’s level of civilisation.  
Conclusions  
After more than 35 years from the Italian psychiatric reform, a culture of care still dominates the Italian scenario: a culture that, rejecting attention to risk factors and evidence based decisions, still focuses on the civil and political rights of the mentally ill citizens. |
Title: **Neuroendocrine, emotional and cognitive dysfunction related to medical residency work stress**

Chairperson: Afaf Khalil, Prof. of psychiatry, Ain Shams University, Cairo, Egypt

**Abstract**

Psychological job stress is well known to lead to symptoms of depression, anxiety and suicide. There is growing evidence that blood levels of brain-derived neurotrophic factor (BDNF) and 3-methoxy-4-hydroxyphenylglycol (MHPG), a major metabolite of noradrenaline, are related to associated personality traits as well as to depressive, suicidal and anxious states. Encountering acute physical or psychological stress, input to the higher brain centers is connected synaptically with the hypothalamus to increase the production of hypothalamic corticotrophin-releasing hormone (CRH) and vasopressin. CRH is transported by means of the hypophyseal portal system to the pituitary, where it elicits the release of adrenocorticotropic hormone (ACTH) from the anterior lobe of the pituitary gland, which finally stimulates the secretion of glucocorticoids (GCs), principally cortisol, from the adrenal glands. GCs then interact with their receptors in multiple target tissues resulting in psychological and physical reactions.

Stress affects memory in various ways. Depending on the timing of the stress exposure, stress can impair or improve (hippocampus dependent) memory processes. It has been previously suggested that these effects require simultaneous noradrenergic and glucocorticoid activity in the basolateral amygdala and that the direction of the stress effects on memory depends on whether stress is experienced within or outside the context of the learning episode.

The results of stress among medical residents can be significant. Daily challenges and perceived deficiencies in competency may result in negative consequences, including negative evaluations, poorer patient outcomes, or personal consequences.

**References**


**Speakers**

1. Prof. Magda Fahmy  
   Prof. Psychiatry, Suez Canal University, Ismailia, Egypt
2. Prof. Peter Tyrer  
   Prof. of Psychiatry, Imperial College, London, United Kingdom
3. Prof. Nahla Nagy  
   Prof. Psychiatry, Ain Shams University, Cairo, Egypt

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**Title:** Neurobiological and neuroendocrine aspects of stress

**Speaker:** Prof. Magda Fahmy  
Prof. Psychiatry, Suez Canal University, Ismailia, Egypt

**Abstract**

Professional stress is a significant and overlooked component of a medical residency. The degree of change in cortisol levels in response to stress is due to dysregulation of hypothalamic pituitary-adrenal (HPA) axis activity. Activity of the HPA axis shows a pronounced circadian rhythm, controlled by the primary endogenous pacemaker, the suprachiasmatic nucleus. ACTH and cortisol are secreted in short pulsatile episodes, concentrated in the morning hours in humans, but occurring throughout the day, even in the absence of stressors. In a 24-hour cycle, approximately 15 to 18 ACTH pulses can be identified. In people who have a normal routine of nocturnal sleep and daytime activity, cortisol levels are lowest between 10 p.m. and 4 a.m. After a quiescent period of HPA activity lasting from 2.5 to 6 hours. A variety of different primary physiological GC effects on neurons have been identified that could contribute to the overall “endangering” effect: (1) Interfering with neuronal energy metabolism (e.g., down-regulation of glucose uptake); (2) suppression of neuroprotective mechanisms (e.g., down-regulation of radical-scavenging enzymes such superoxide dismutase); and (3) exacerbation of excitotoxicity via increased synaptic glutamate concentrations and increased cytosolic calcium.
mobilization. Sustained exposure to GCs, however, seems to contribute to impairment of cognitive function and promote atrophy of brain structures such as the dendrites of pyramidal neurons in the CA3 region of the hippocampus. Maladaptive responses to stress and disturbances in the functioning of the HPA axis have been implicated in a wide variety of syndromes and illnesses, including cardiovascular illness, insulin resistance syndrome and diabetes, cognitive decline during aging, fatigue and pain syndromes, and psychiatric disorders such as depression and posttraumatic stress disorder.

References

Session: Regular Workshop  |  SPEAKER 2  |  Code  |  WS279

Title: Increased risk of emotional disturbances as a consequence to work stress

Speaker  
Prof. Peter Tyrer 
Prof. of Psychiatry, Imperial College, London, United Kingdom

Abstract
Personality traits are highly correlated with anxiety and depression with Neuroticism-related traits showing the strongest link to psychopathology. Personality differences affect the stress experience, and how people cope with stress. High neuroticism experience more stressful events and individuals while high extraversion experience both higher stressful and enjoyable events. Also Neuroticism is likely to make individuals susceptible in experiencing negative emotion and frustration, while extraversion can help them experience positive emotions. Individuals with high neuroticism use passive and inadaptable copings but individuals with high extraversion use active coping strategies and seek social support. Individuals with alexithymia tend to be anxious, over controlled, submissive, boring, ethically consistent, and socially conforming. Alexithymia is characterized by high anxiety and psychopathy is characterized by low anxiety. Burnout is a professional psychological stress-induced syndrome defined by the three dimensions: emotional exhaustion, depersonalization and low personal accomplishment. Factors associated with burnout are related to workload, insufficient personal or vacation time, feeling of being fallible as a doctor, excessive number of deaths, emotions and particularly emotional dissonance and problems related to the working environment (excessive paperwork, team communication difficulties). Several studies identified stressors among Medical residents including patient care responsibilities, patient mortality, peer competition, long hours, night shifts, sleep deprivation, resident safety, violence, and process failures.

References

Session: Regular Workshop  |  SPEAKER 3  |  Code  |  WS279

Title: Medical residency stress may contribute to increased risk of cognitive dysfunction as a result of the loss of glucocorticoid attenuation

Speaker  
Prof. Nahla Nagy  
Prof. Psychiatry, Ain Shams University, Cairo, Egypt

Abstract
The aim of this work was to study the association between work stress in medical residents, salivary Cortisol level, psychological morbidity anxiety, depression and cognitive impairment. Methods: 47 residents who works in Ain Shams University Hospitals, were divided into two groups: (patient centered specialties) including; internal medicine and surgery and (non patient centered specialties) including clinical pathology and radiology. Each resident was subjected to Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Hospital Consultants’ Job Stress & Satisfaction Questionnaire (HCJSSQ), Social Readjustment Rating Scale to exclude social stress in residents, Hamilton anxiety scale (HAM-A), Beck Depression Inventory (BDI), Wechsler memory scale. Three salivary samples were collected from each resident within 24 hours to measure the salivary Cortisol level at 9:00 am, 4:00
pm, 10:00 pm (tested by ELISA). Results: showed that 59.6% of the residents have moderate to severe depression, (55.3%) have mild to moderate anxiety symptoms with no significant changes in cognitive functioning, (61.7%) had severe work stress. The most stressful aspect to residents was having too great overall volume of work (78.7%). On examining the correlation between residents dealing with patients/not dealing with patients. There was no statistically significant correlation except for the Consultants' Job Stress and Job Satisfaction Questionnaire (overall work stress). Conclusion: medical residents showed high level of work stress significantly correlated with abnormal salivary cortisol sequence of rise.

References
Towards the betterment of mental health service: Lessons learned from Asia

Chairperson Pichet Udomratn, Professor, Prince of Songkla University

Abstract

Objectives
To review mental health services in many Asian countries, including the collaboration between mental health care providers and other sectors.

Methods
Several methods have been used depending on the type, including literature search, in-depth interview, focus group discussion, intervention program, and extraction from experiences (tacit knowledge).

Results
The elimination of physical restraints for psychiatric patients is still a major challenge in some countries. De-institutionalization of large mental hospitals has not yet been completed in Asia. Many patients still seek help from faith healers in developing countries. While there is no existing collaborative model available for mental health service providers and faith-based healers, the collaborative model between mental health care providers and primary care doctors has been established in some developed countries.

Conclusions
With better collaboration between mental health service providers and other sectors, patients can be treated in their community setting to aid recovery. Therefore, working together for the betterment of mental health service is necessary for Asian psychiatrists.

Speakers
1. Prof. Naotaka Shinfuku
   Kobe University School of Medicine, Japan
2. Dr. Cheng Lee
   Institute of Mental Health, Singapore
3. Prof. Mazhar Malik
   Rawal Institute of Health Sciences, Islamabad, Pakistan

Session: Regular Workshop
OVERALL ABSTRACT

Title: Collaboration in psychiatry and mental health services in Asia

Speaker Naotaka Shinfuku
Kobe University School of Medicine, Japan

Abstract

Objectives
In the past three decades, major changes took place in psychiatry and mental health services globally and in Asia. They are, among others, a shift from hospital-centered services to community-based services, an increase in psychiatric manpower in different categories, a development of national mental health policies, and paying more attention to the human rights of people who are mentally ill. However, the real situation differs greatly from country to country. It is well known that there is an enormous gap in health and socioeconomic conditions between developed and developing countries. The author will present major constraints faced by countries and areas in Asia with different levels of socioeconomic development.

Methods
The author previously worked as Regional Advisor for Mental Health for the World Health Organization for 13 years for East Asia, ASEAN and the South Pacific. Also, he acted as WPA Zonal Representative for East Asia from 2005 to 2011. He would like to introduce his findings from those experiences.

Results
The elimination of physical restraints of mental health patients is still a major challenge in some countries.
countries. Patients are still chained at home and at non-medical facilities in countries with scarce mental health services. On the other hand, several countries are trying hard to minimize the number of psychiatric beds. De-institutionalization of huge psychiatric hospitals built under various colonial regimes has not yet been completed in Asia.

Conclusions
It is necessary for Asian psychiatrists to work together for the betterment of mental health services in Asia.

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<tr>
<td>Title:</td>
<td>Collaboration between mental health care providers and primary care doctors in Singapore</td>
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<tr>
<td>Speaker</td>
<td>Cheng Lee</td>
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<td>Institute of Mental Health, Singapore</td>
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Abstract
Objectives
Mental health disorders are a growing public health concern, and if not intervened early, has far-reaching repercussions on the social and economic outcomes of a nation. The current system of mental health care in Singapore is largely skewed towards tertiary care, with the majority of patients suffering from mental health disorder referred to psychological medicine departments of restructured hospitals (RHS) or the Institute of Mental Health (IMH). There is also strong stigma associated with seeking mental health care in a psychiatric clinic resulting in long duration of untreated illness.

Methods
In recent years, multiple approaches have been adopted to engage primary care doctors in the management of psychiatric disorders. These include the General Practitioner Partnership Programme (GPPP), the Graduate Diploma in Mental Health (GDMH) programme and the newly launched Assessment and Shared Care Teams (ASCATS) and Community Mental Health Intervention Team (COMIT).

Results
Evidence from the above programme shows that primary care doctors are capable of managing mild to moderate psychiatric disorders if they are equipped with the necessary knowledge and skill sets (from the GDMH) and being supported through regular case conferences and co-management (via the GPPP, ASCATS and COMIT).

Conclusions
With better collaboration between mental health care providers and primary care doctors, patients can be treated in their natural (community) setting to aid recovery. Hospital can also free up their limited resources to focus on the more severely disordered patients.

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<td>Title:</td>
<td>Developing a framework for effective collaboration between mental health service providers and faith based healers in Pakistan</td>
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<td>Speaker</td>
<td>M. Malik¹, H. Qureshi², I. Rafique², N. Siddiqui³</td>
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<td>¹Rawal Institute of Health Sciences, Islamabad, Pakistan</td>
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<td>²Pakistan Medical Research Council, Islamabad, Pakistan</td>
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<td>³Bradford District Care Trust, UK</td>
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Abstract
Objectives:
• To Identify the terminology used to describe faith-based healers and faith healing practices in Pakistan
• Explore pathways to care, how commonly and why people with mental health problem seek help from faith healers.
• Describe explanatory models and treatments used by faith healers.
• To develop guidelines for effective collaboration between mental health services and faith based healers.
| Methods:  
Phase-I:  
Literature was searched from 2001 onwards till to date, as WHO published World Health Report (13 years) back on Mental Health and pathways followed by psychiatric patients. Searched databases i.e. Medline, EMBASE, Psychinfo, CINAHL, Pakmedinet, Index Islamicus and Google Scholar. Relevant Journals were also searched along with theses/dissertations from different institutions/universities.  
Phase –II:  
Will include in depth interviews and Focus Group Discussions with mental health service users, faith based healers and mental health care providers to develop guidelines for effective collaboration.  
Results:  
During review of literature, 1620 articles have been identified. These were shortlisted according to inclusion criteria and those not relevant to our culture and language were excluded leaving behind 26 relevant published studies and 08 unpublished research papers (theses/dissertations)  
Conclusions:  
Almost 50% of the psychiatric patients report to faith based healers for relief of mental health problems. This review also identify that there is no existing collaborative model available for mental health service providers and faith based healers in Pakistan. Therefore there is a dire need to develop a collaborative model in order to improve mental health services in Pakistan. |
Session: Regular Workshop | OVERALL ABSTRACT | Code | WS290
Title: **Inpatient treatment in acute wards: International trends and future perspectives**

Chairperson: Norman Sartorius, Association for the Improvement of Mental Health Programmes (AMH), 14 chemin Colladon, Geneva, Switzerland

Abstract: General Hospital Psychiatric Units (GHPUs) can be found everywhere and represent an important component of the overall network of services. Hospital care, in the often idealized context of community care, has come to represent what Paul Lelliott has called a ‘default option’: an option to be used when everything else has failed, or when nobody knows what to do. But this position is anachronistic: indeed “There is no evidence that a balanced system of mental health care can be provided without acute beds” (Thornicroft & Tansella, 2004). This symposium will present contributions from authors who have led large research projects on different aspects of GHPU care, and will propose a number of recommendations to improve the care delivered in GHPUs and to strengthen research in this area.

Speakers:
1. Dr./Prof. Tom J.K. Craig
   King’s College London, Institute of Psychiatry, London, UK
2. Dr. Giovanni de Girolamo
   St John of God Clinical Research Centre, Brescia, Italy
3. Dr./Prof Hans Salize
   Central Institute of Mental Health, Medical Faculty Mannheim / Heidelberg University, Mannheim, Germany
4. Oye Gureje
   Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria.

Session: Regular Workshop | SPEAKER 1 | Code | WS290
Title: **Shortening hospitalisation: Are triage wards effective?**

Speaker: T. Craig, E. Csipke, P. Williams L. Koesler P. McCrone T. Wykes
King’s College London, Institute of Psychiatry, London, UK

Abstract: Objectives: Efforts to shorten hospital admission have included the introduction of ‘triage’ systems. Triage wards are run by senior and experienced staff and strive to keep hospitalisation to a maximum of 7 days. Reports of these services have been encouraging, but have not been rigorously evaluated. In this study we evaluated the economic impact of a ‘triage’ system on hospital length of stay and on staff and patient experience.

Methods: The sample comprised all consecutive hospital admissions over a 12-month period to the inpatient areas of two Borough-based mental health services one of which provides a triage model of care. Data was collected on total length of stay in hospital and readmission rates and on a range of measures of patient and staff experiences.

Results: Similar numbers of patients were admitted in each system (Triage 935; comparison 899) and were similar in terms of diagnosis (60% schizophrenia spectrum or bipolar disorder), rates of involuntarily admission and number and length of previous hospitalisations. Although admissions to the triage ward were short, many of these patients were transferred to other wards in the system so average length of overall hospital stay was not reduced by the triage system and there was no significant difference in costs between systems. There was no difference in patient satisfaction or readmission rates between systems. Staff had higher burnout but also better satisfaction in the triage ward itself when compared to staff in non-triage wards in the same Borough. Staff and patient measures of satisfaction deteriorated both systems over time, mirroring system-wide pressures to reduce costs and improve efficiency.

Conclusions: when viewed across the total system of inpatient care, there is no convincing evidence that Triage contributes to a significant reduction in overall length of stay or provides any patient satisfaction or economic benefit.
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<td>Title</td>
<td>General hospital psychiatric wards: An evidence-based overview of the Italian situation</td>
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<td>Speaker</td>
<td>G. de Girolamo, V. Candini, V. Bulgari, E. Cappella San John of God Clinical Research Centre, Brescia, Italy</td>
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<td>Abstract</td>
<td>Objective: To provide a comprehensive overview of the current state of acute inpatient care in Italy, mainly based on the results of the 'PROGRES-Acute' project, and draw some lessons for other countries which have reformed mental health care. Method: The PROGRES-Acute survey was aimed at surveying the characteristics of all Italian psychiatric inpatient facilities, both public and private (Phase 1), and to assess in detail a representative sample of facilities and inpatients (Phase 2). In Phase 1 structured interviews were conducted with the chiefs of all Italian psychiatric inpatient facilities. Moreover, on May 8, 2003 a census of all inpatients was carried out to identify their main sociodemographic and clinical characteristics. Results: On October 31, 2003 in 19 regions involved in the survey (out of 21), there were 267 General Hospital Psychiatric Wards, with a total of 3,405 beds (12.7 beds on average for each facility). There were also 49 private inpatient facilities, with 3,838 beds (78.5 beds on average for each private facility). In Italy there are 0.78 beds in public GHPUs per 10,000 inhabitants, whereas the total number of acute, public and private, beds is 1.72 Conclusions: In Italy about half of inpatient beds are in private facilities; the care of patients admitted to these facilities is completely covered by the National Health Service. Hospital care, in the often idealized context of community care, has come to represent what Paul Lelliott has called a ‘default option’; but this position is anachronistic: indeed “There is no evidence that a balanced system of mental health care can be provided without acute beds” (Thornicroft &amp; Tansella, 2004). It is urgently required to plan rigorous projects of research-intervention which can shed light on many problematic facets of acute care in GHPUs, and rapidly translate into continuous quality improvement projects.</td>
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<td>Title</td>
<td>General hospital psychiatric units: Balancing idealism with realism</td>
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<td>Speaker</td>
<td>O. Gureje¹, J. Appiah-Poku², C. Othieno³ ¹University of Ibadan, Ibadan, Nigeria ²Kwame Nkrumah University of Science and Technology, Kumasi, Ghana ³University of Nairobi, Nairobi, Kenya</td>
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<td>Abstract</td>
<td>Objectives: In many low- and middle-income countries (LMIC), there is a gross shortage of human and material resources to provide adequate care for patients in need within General Hospital Psychiatric Units (GHPUs). In such settings, the attraction of providing care for patients in the community takes on an added appeal. There is a need to study what forms of care is available to patients outside of GHPUs in LMIC. Methods: The research component of the program, Partnerships for Mental Health Development in Sub-Saharan Africa (PaM-D), involves the mapping of community-based facilities for persons with severe mental disorders in selected regions of Ghana, Kenya and Nigeria. Detailed information on the distribution and profile of biomedical mental health services (including those provided in primary care settings) as well as of traditional and faith healing facilities was collected. Information includes the number of providers, their training and expertise, and their diagnostic and treatment approaches. Results: More than biomedical primary care workers, traditional and faith healers (or complementary alternative providers, CAPs) constitute the de facto sources of care to persons with severe mental health conditions in these settings. In many settings, the only available beds for acute treatment are located in the facilities of the CAPs. Treatment modalities commonly include the use of herbs, prayer, fasting and rituals. Patients are often exposed to shackling and extremely poor living conditions. Conclusions: The services available to persons in need outside of GHPUs are variable and often fall short of humane treatment. The idealism of community-based care must be set against the reality of sub-</td>
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optimal care facilities that are often available outside of GHPUs in LMIC.

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**Title:** Prevention of involuntary treatment in acute inpatient care in Germany

**Speaker**
H.J. Salize  
Central Institute of Mental Health, Medical Faculty Mannheim / Heidelberg University, Mannheim, Germany

**Abstract**
Objectives: Reducing the number and rate of involuntary placement or treatment of mentally ill is crucial for mental health care systems in general and persons concerned in particular. The issue has a very high human rights and health policy relevance. Evidence on strategies to reduce involuntary admission to psychiatric wards or hospitals is poor.

Methods: A randomized controlled study was conducted with 204 patients treated for schizophrenia or affective disorders with a high risk for involuntary placement. The intervention group received training for raising awareness for their individual risks for relapsing, received an individual crisis card listing the risks and were contacted each third week after discharge for monitoring their individual relapse or re-admission risks. In case of a threatening relapse they were advised to contact their regular psychiatrist or other mental health care service in order to prevent readmission. Patients in the control group did not receive this intervention. Major endpoints were number and average length of voluntary and involuntary psychiatric hospital readmissions during follow-up.

Results: During 12 months of follow-up the proportion of patients with at least one re-admission to psychiatric inpatient treatment was higher in the control-group (56.6 %) than in the intervention group (47.9 %). Mean length of stay was 57 vs 44 days. Differences were not statistically significant. Similarly, there was a clear but not statistically different tendency towards earlier re-admission in the control-group (“survival time”). There were hints towards significant differences when analyzing the subgroup of patients with severe psychotic symptoms at baseline, who had a higher length of (voluntary) inpatient stay during the follow-up.

Conclusions: Results suggest that the intervention may be too unspecific for the analysed patient group as a whole. Further analyses must aim to confirm the effectiveness in specific sub-groups.
Session: Regular Workshop
Title: Religious perspectives on mental health
Chairperson: Afaf Khali, Prof. of psychiatry, Ain Shams University, Cairo, Egypt.
Co-chairperson: Tarek Okasha, Prof. of psychiatry, Ain Shams University, Cairo, Egypt.
Abstract: The beginning of the 21st Century has seen a burgeoning of neuroscientific studies of religious experience and belief. Objectives: This symposium will focus on the psychology of religious groups, the neurobiology of religion and spirituality and its clinical implication in different psychiatric disorders. Methods: we reviewed exemplary sample of related research and points out some of the philosophical and theological issues raised by the neuroscience study of religion, its relation to mental illness and psychology of religion groups.
Results: showed the biological and neurophysiological mechanisms in different brain areas related to the religious experience, all the way from the level of brain structure to the search for a specific gene that codes for religiousness. The assumption that religiousness is a human capacity like language, with focal areas of brain processing (like Broca’s area) and a necessary genetic code that supports its development. There are several psychological theories explaining religious group including group identity, group affiliation, stereotyping and fundamentalism. Religious groups start to recruit their candidates and passed through gradual stages of development and changeable targets overtime moving from purely spiritual to struggle for social change that sometimes reach its target through violence.
Conclusion: Various changes that impact the nervous system modulate the experiences and expressions of religiousness. Also, religious practice colors coping and symptom formation of different psychiatric disorders as well as in different cultures and religious groups.

References

Speakers
1. Nahla Nagy
   Prof. of psychiatry, Ain Shams University, Cairo, Egypt
2. Marwa El Missiry
   Lecturer of psychiatry, Ain Shams University, Cairo, Egypt
3. Ahmed El Missiry
   Assistant Prof. of psychiatry, Ain Shams University, Cairo, Egypt

Session: Regular Workshop
Title: Psychology of religious groups
Speaker: Nahla Nagy
   Prof. of psychiatry, Ain Shams University, Cairo, Egypt
Abstract: Psychological theories explaining religious groups include group identity, group affiliation, stereotyping and fundamentalism. Specific concepts explain the Islamic case as concept of Takfir, Shahada and paradise as a reward. The Muslim Brothers religious group is a highly organized group that follows specific rules in recruiting its members. Older trained members select new comers on basis of religious affiliation, being key person in his place, more from rural origins, more from students of faculties of medicine, pharmacy and engineering. New candidates are invited to attend small groups 5-7 matched subjects for age, socioeconomic and educational level. It’s a must be same sex. The group can meet at home of one of them far away from security eyes. Early meetings focus on religious teaching with moral and ethical emphasis. During this stage, creating strong attachment bond between new and old members in the group is the main target through giving much care to personal needs (helping the new member with his studies, social problems) and detaching him gradually from his family of origin and old friends (refuse to watch TV, comment on his sister’s dressing, avoid social activities with friends). At this stage, the new member becomes more easily suggestible and accepting the group opinions and views (without the need for external validation).
to stress on merely obedience). A series of books carefully selected by the leaders are the only ones allowed for discussion among the groups to deliver specific teachings and messages that serve the group targets (religious content with goal directed explanation and taught by unqualified religious teachers). The small group represents the nucleus of one bigger cell among huge number of cells in every street, town and city. These groups present itself in its close communities in social activities (helping the poor, free medical clinics). All members are evaluated continuously during their long years of training that might reach 10-20 years.

References

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<td>Title:</td>
<td>The neurobiology of religious and spiritual experience</td>
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<td>Speaker</td>
<td>Marwa El Missiry</td>
<td>Lecturer of psychiatry, Ain Shams University, Cairo, Egypt</td>
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| Abstract          | Religious and spiritual experiences, such as meditation, prayer, and rituals, have been described in the biomedical, psychological, anthropological, and religious literature. The objective of this presentation is to describe the neurobiological basis of religious and spiritual experience. The right cerebral hemisphere includes mainly four tertiary association areas integrating neuronal activity from various other areas in the brain. These cortical regions are the inferior temporal lobe, the inferior parietal lobule, the posterior superior parietal lobule, and the prefrontal cortex. Additionally, the Limbic system “the emotional brain” that includes hypothalamus, amygdala and hippocampus plays an important role in the religious experience. The autonomic nervous system is crucial in the neurobiology of religion where the autonomic states associated with spiritual experience include mainly hyperquiescence and hyperarousal. Because emotional synthesis appears to be predominantly a function of the right hemisphere, it has been argued that changes in right hemisphere function may be the basis of mystical experience. Left hemisphere function is known to be associated with categorization and thus the absence of categories and words for the experience could suggest that the right hemisphere plays a leading role.
“An equal sense of prayer or sense of union with God or mankind was found to be associated with the activation of several brain areas, under which the left dorsal anterior cingulate cortex, the caudate and the orbitofrontal cortex. These are areas that are also implicated in the brain reward system.” |

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<td>Religion impact on the clinical presentation of psychiatric disorders in Arab countries</td>
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<td>Speaker</td>
<td>Ahmed El Missiry</td>
<td>Assistant Prof. of psychiatry, Ain Shams University, Cairo, Egypt</td>
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<td>Abstract</td>
<td>Research on religion, spirituality and mental health has been rapidly accumulating from Western countries and now increasingly from the Middle East. We review here the latest research on this topic. Religious beliefs, practices of worship, moral beliefs and values shows that involvement of religious resources into therapy is more or less effective than conventional therapies in relieving the symptoms of depression and anxiety. This presentation highlights the cultural and religious implications of psychiatric disorders in Arab countries. Men outnumber women in psychiatric referrals as reports from psychiatrists indicate that some men present to describe ailments that actually belong to their women. The statistics of male preponderance point to a cultural bias allowing more male access to the inpatient services because women should not be uncovered in front of males. The effect of religion on depressive symptoms drew attention to the characteristics of depression in</td>
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Arabic patients as they have more somatic symptoms, less experience of depressed mood, scarcity of guilt feelings and less suicide rate. Delusions of patients with psychotic depression often center on hopelessness, unworthiness, shame, and guilt and they seek help at religious figures. The religious group sessions known as “Zar” is a religious group session well structured on the assumption of rooting out evil Jinn that are inhabiting the patient's body. In conclusion psychiatry and religious can be complementary in meeting the spiritual needs of patients, develop religious coping strategies and adjustment to negative life events.

References

Koenig HG, Zaben FA, Khalifa DA
### Psychiatry at the interface with medicine

**Chairperson**: Prof. Norbert Skokauskas, Centre for Child and Youth Mental Health and Child Protection, NTNU, Trondheim, Norway  
**Co-chairperson**: Prof. Laura Viola, Centro Hospitalario Pereira Rossell, Uruguay

**Abstract**

There is increasing evidence that understanding patients' psychiatric conditions can help health care providers improve physical health. However, linking medical and psychological components of a patient's condition, and facilitating communication among patients, doctors, families, and hospital systems have emerged as one of the most challenging of psychiatric skills. This symposium aims to promote the use of evidence based clinical practice and innovative research in developing quality outcomes in psychiatry at the interface with medicine. We aim to address both clinical issues and health service delivery topics. The symposium will cover several subtopics including longitudinal outcome of ADHD, one of the most common childhood brain disorders, and somatoform disorders which are characterized by symptoms that suggest physical illness or injury (symptoms that cannot be explained fully by a general medical condition or by the direct effect of a substance). Opportunities and challenges in developing psychiatric services at the interface with medicine in North America, Europe and Asia will be also discussed. Health service delivery faces increasing public demands for access to and use of new technologies, new medications and new models of care, as well as higher expectations of quality and safe care (1). The organizers hope that this forum will serve as a platform for future collaboration to improve and to develop psychiatric services Worldwide

**References**

WHO. Modern Health Care Delivery Systems, Care Coordination and the Role of Hospitals 2012

**Speakers**

1. Dr. A. Schroepfer,  
University of Hawai’i, John A. Burns School of Medicine, Honolulu, Hawai’i, USA  
2. Patricia Ibeziako  
Psychiatry at Harvard Medical School and an Psychiatry at Children's Hospital Boston, USA  
3. S.H. Ong  
Institute of Mental Health & KK Women’s & Children's Hospital, Singapore  
4. T Frodl  
Dept. of Psychiatry, Trinity College Dublin, Dublin, Ireland, Trinity College Institute of Neuroscience, Trinity College Dublin, Ireland

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### Primary care-focused psychiatry in a multicultural, island-situated population with scarce community resources

**Speaker**: A. Guerrero, D. Alicata, A. Schroepfer  
University of Hawai’i, John A. Burns School of Medicine, Honolulu, Hawai’i, USA

**Abstract**

Objectives: 1) To review the current barriers – including geographic, cultural, and workforce-related – to behavioural healthcare access in the United States; 2) To review the process and sustainability of integrating behavioural health into primary care settings, amid the changing landscape of health care and demographics in the United States; and 3) To discuss the applications of technology, including telepsychiatry, to foster increased access and communication.  
Methods: Through collaboration with the local department of health and other community health partners, we sought to increase access to quality behavioural health care through implementation of universal screening, partnering with communities to address their unique concerns, educating and empowering providers, improving communication and referral processes with state agencies, and linking resources within the community. Telepsychiatry facilitated connections with primary care sites, including rural community health centres and nursing homes.  
Results: Together with primary care providers, we determined courses to action to address access to behavioural health services in underserved communities. Based on our experiences thus far, important elements of an effective primary care access program have included: connection with local resources;
enhanced community involvement; streamlined processes for screening, referral and follow up; education; support with telephone consultation; and provision of direct patient care. Universal screening required adjustments to workflow. Telepsychiatry helped overcome geographic barriers, and mobile phone apps were introduced to increase communication and the feasibility of screening.

Conclusions: Behavioural health integration in primary care must be collaborative, creative, flexible and sustainable to improve access to care and address community needs. Strong partnerships forged between providers, agencies, communities and families are at the core of effective integration, and innovative technology assists and augments these connections.

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<th>SPEAKER 2</th>
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<th>WS296</th>
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<tr>
<td>Title:</td>
<td>Characteristics of patients with somatoform disorders at a tertiary pediatric facility in the United States</td>
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<tr>
<td>Speaker</td>
<td>Patricia Ibeziako Psychiatry at Harvard Medical School and an Psychiatry at Children's Hospital Boston, USA</td>
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| Abstract        | **Objectives**  
This quality improvement study sought to assess quantitative data about pain prevalence as well as qualitative data about psychosocial factors, functional impairment, and resource utilization in medically hospitalized children and adolescents with somatic symptom disorders  
**Methods**  
Consecutive patients referred to the inpatient psychiatry consultation service (PCS) at a tertiary paediatric academic institution for somatic concerns were prospectively enrolled in a quality improvement initiative over a 20 month period. All PCS clinicians received specific standardized training on conducting assessments for patients and utilized a protocol for each consult. Patients and parents completed questionnaires on the medical/surgical inpatient units as part of the psychiatric evaluation. Patients’ electronic medical charts were retrospectively reviewed after the quality improvement initiative.  
**Results**  
158 (96.8%) of all patients age 8-18 diagnosed with a somatic symptom disorder endorsed at least one pain symptom. 45.1% endorsed 5-8 pain symptoms. Patients with 5-8 pain symptoms had higher rates of depression in extended family members (31.90% vs 16.70%, P=0.027) and higher rates of maternal substance abuse (7.20% vs 0%, P=0.017). They had more comorbid psychiatric diagnoses (Mean 1.14 vs 0.79, P=0.018), particularly depressive disorders (31.90% vs. 9.50%, P=0.001) and had significantly longer lengths of stay during the medical admission (Mean 5.8 vs. 3.61 days, P<0.001).  
**Conclusions**  
We found very high prevalence of pain and multisite pain in medically hospitalized paediatric patients with Somatic Symptom Disorders. Given the psychiatric and psychosocial factors associated with more pain, these patients require more mental health attention to prevent them from over-utilizing medical services. |

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<th>Session:</th>
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<th>SPEAKER 3</th>
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<tr>
<td>Title:</td>
<td>Shared experience of developing paediatric consultation liaison psychiatry in singapore</td>
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<td>Speaker</td>
<td>S.H. Ong Institute of Mental Health &amp; KK Women's &amp; Children's Hospital, Singapore</td>
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</table>
| Abstract        | **Objectives**  
The development of Pediatric Consultation Liaison Psychiatry (PCLP) has historically been limited by the organizational structure and physical location of the child and adolescent psychiatry department in Singapore. This paper explores the mental health needs of children and adolescents admitted into the country’s largest pediatric hospital, Kerbang Kerbau Women's & Children's Hospital (KKWCH), and the development of a child and adolescent mental wellness service (CAMWS) there since 2010.  
**Methods**  
A review of the PCLP caseload and psychiatric diagnoses were performed from 2010 to 2013. Common challenges and problems faced by CAMWS and patients were monitored and remedial actions taken by the PCLP team were highlighted. |
Results: CAMWS serves both inpatients and outpatients referred from other doctors within the hospital. Common diagnoses included adjustment and stress-related disorders, ADHD, depression and anxiety disorders. While there was adequate corroboration among different health professionals, some common problems faced by the PCLP team included lack of adequate knowledge and training on paediatric mental health in both nursing and medical staff, especially with regard to the management of agitated, psychiatrically unwell or suicidal patients. Process workflows and treatment algorithms for common psychiatric conditions in children and adolescents were also lacking.

Conclusions: In order to achieve the best clinical outcomes for medically ill children and adolescents, the PCLP clinician and his/her team must possess adequate understanding of medical illnesses, as well as a general knowledge of procedures, medications, hospital routines, and medical outcomes for this group of patients. They must take the initiative to engage paediatric colleagues through regular training sessions and case discussions with the medical and surgical teams. With a recognition that psychological needs often co-exist with physical symptoms or complicate clinical presentations, the PCLP team must work with and support their paediatric colleagues more effectively and collaboratively.

Session: Regular Workshop

Title: Longitudinal outcome of ADHD: clinical, neuropsychological and imaging

Speaker
T Frodl¹,², H McCarthy¹,², N Skokauskas¹,², A Mulligan³,⁴, D Mullins¹, J Kelly¹, K Johnson¹,⁵, A J Fagan¹, M Gill¹,²,⁷

¹ Dept. of Psychiatry, Trinity College Dublin, Dublin, Ireland
² Trinity College Institute of Neuroscience, Trinity College Dublin, Ireland
³ Children’s University Hospital, Dublin, Ireland
⁴ Mater Child and Adolescent Mental Health Service, Dublin, Ireland
⁵ School of Psychological Sciences, University of Melbourne, Melbourne, Victoria, Australia
⁶ Centre for Advanced Medical Imaging, St James’s Hospital, Dublin, Ireland
⁷ University of Regensburg, Regensburg, Germany
⁸ Faculty of Medicine, NTNU, Norway

Abstract
Objectives: The neuro-biological causes underlying recovery from Attention Deficit-Hyperactivity/Disorder (ADHD) are currently unknown. The present study was carried out to improve the current state of knowledge about the underlying causes of persistence and recovery of ADHD symptoms into adulthood.

Method: Adults with a diagnosis of combined-type childhood ADHD and healthy controls participated. Using resting-state functional magnetic resonance imaging, functional imaging using a reversal learning task we calculated and compared functional network characteristics relevant for ADHD groups and examined the associations of these functional changes to ADHD symptoms. Moreover, neuropsychological tests including the SART and ANT were performed.

Results: Patients with persistent ADHD showed significantly more commission errors in the random SART compared to remitted ADHD and controls. Remitted ADHD participants showed significantly increased RSFC in the dorsal attention and cognitive control networks compared to control and persistent ADHD participants (p<0.05, FWE corrected). Moreover, RSFC in the cognitive control network was significantly reduced in P-ADHD compared to control participants (p<0.05, FWE corrected). Within the reversal learning task, cognitive flexibility and its associated neural activation pattern was altered in ADHD compared to controls.

Conclusions: Increased dorsal attention and cognitive control network RSFC implies a greater capacity for top-down control for remitted ADHD relative to persistent ADHD participants. Also reduced left DLPFC RSFC is a potential site of affective dysregulation synchronous with ADHD in adulthood.
### OVERALL ABSTRACT

#### Title:
**Botulinum toxin, an emerging therapeutic for depression**

#### Chairperson
M. Axel Wollmer, M.D., Asklepios Clinic North — Ochsenzoll, Asklepios Campus Hamburg, Medical Faculty, Semmelweis University, Germany

#### Abstract
The facial feedback hypothesis, which dates back to Charles Darwin and William James in the 19th century, implies that proprioceptive afferences from facial muscles that express emotions may maintain and reinforce these emotions. A series of studies shows that, possibly by interrupting this facial feedback loop, the paralysis of the corrugator and procerus muscles in the glabella region by injection of botulinum toxin can rapidly accomplish a strong and sustained improvement in the symptoms of depression. In three talks we will present the facial feedback concept, the results of three randomized controlled trials (ClinicalTrials.gov, NCT00934687, NCT01556971, NCT01392963), and practical experience with the use of botulinum toxin in the treatment of depression with a look-out to other psychiatric disorders with prevalent negative emotions.

#### Speakers
1. Eric Finzi, M.D., Ph.D  
   Chevy Chase Cosmetic Center, Chevy Chase, Maryland, USA
2. Michelle Magid  
   Department of Psychiatry, University of Texas Southwestern at Seton Family of Hospitals, Austin, USA
3. Tillmann H.C. Kruger  
   Department of Psychiatry, Social Psychiatry and Psychotherapy, Medical School Hannover, Germany


### SPEAKER 1

#### Title:
Treatment of depression with OnabotulinumtoxinA: A randomized, double-blind, placebo controlled trial

#### Speaker
E. Finzi¹, N.E. Rosenthal²  
¹. Chevy Chase Cosmetic Center, Chevy Chase, Maryland, USA  
². Georgetown Medical School, Washington, DC, USA

#### Abstract
Objectives: Facial expressions may play a role in the pathophysiology and treatment of mood disorders. To determine the antidepressant effect of onabotulinumtoxinA (OBA) treatment of corrugator and procerus muscles in people with major depression, we conducted a double blind, randomized, placebo-controlled trial.

Methods: In an outpatient research center, 85 subjects with DSM-IV major depression were randomized to receive either OBA (29 units for females and 40 units for males) or saline injections into corrugator and procerus frown muscles (74 subjects were entered into the analysis). Subjects were rated at screening, and 3 and 6 weeks after OBA treatment. The primary outcome measure was the response rate, as defined by □ 50% decrease in score on the Montgomery-Asberg Depression Rating Scale (MADRS).

Results: Response rates at 6 weeks from the date of injection were 52% and 15% in the OBA and placebo groups, respectively (Chi-Square (1) = 11.2, p < 0.001, Fisher p < 0.001). The secondary outcome measure of remission rate (MADRS score of 10 or less) was 27% with OBA and 7% with placebo (Chi-square (1) = 5.1, p < 0.02, Fisher p < 0.03). Six weeks after a single treatment, MADRS scores of subjects were reduced on average by 47% in those given OBA, and by 21% in those given placebo (Mann-Whitney U, p < 0.0005).

Conclusions: In conclusion, a single treatment with OBA to the corrugator and procerus muscles induces a significant and sustained antidepressant effect in patients with major depression. We suggest that the brain continuously monitors the relative valence of facial expressions and that mood responds accordingly. We term this emotional proprioception, and suggest that it represents an important pathway for the brains’ evaluation of emotional states.

### SPEAKER 2

#### Title:

#### Speaker

#### Abstract
Treating depression with Botulinum Toxin: Update and meta-analysis from clinical trials

M. Magid 1, J. Reichenberg 1, E. Finzi 2, N.E. Rosenthal 3, T.H.C. Kruger 4, M.A. Wollmer 5,6
1. University of Texas Southwestern at Seton Family of Hospitals, Austin Texas, USA
2. Chevy Chase Cosmetic Center, Chevy Chase, MD 20815, USA
3. Georgetown Medical School, Washington, DC, USA
4. Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Carl-Neuberg Strasse 1, D-30625 Hanover, Germany
5. Asklepios Clinic North — Ochsenzoll, Asklepios Campus Hamburg, Medical Faculty, Semmelweis University, Germany
6. Psychiatric Clinics of the University of Basel, Switzerland

Abstract
Objectives: To evaluate the safety and efficacy of botulinum toxin in the treatment of depression.
Methods: Literature review and meta-analysis of all published randomized, double-blind, placebo-controlled trials of the treatment of depression using botulinum toxin.
Results: Three randomized trials have been published (Wollmer et al., Finzi et al., Magid et al.). In each of these trials, male and female participants with major depressive disorder (MDD) were injected with either placebo or 29-40 units of botulinum toxin into the glabellar muscles of the forehead (these muscles allow for negative facial expressions such as fear, anxiety, and anguish).
The meta-analysis was performed on the clinical results from each trial after 6 weeks of treatment. Results were as follows: botulinum toxin (n=59) vs. placebo (n=75) had a -49% vs. -19% reduction in self-rated depression scores, and a -47% vs. -16% reduction in expert-rated depression scores, respectively. Response rates for botulinum toxin vs. placebo were 53% vs. 8% on self-rated depression scores, and 54% vs. 11% on expert-rated depression scores. Remission rates for botulinum toxin vs. placebo were 42% vs. 8% on self-rated depression scores, and 31% vs. 7% on expert-rated depression scores. No severe adverse reactions were reported in the trials. Mild adverse reactions (temporary headaches, local irritation immediately after injection) were reported in 12% of the botulinum toxin group (n=7) and 8.0% of the placebo group (n=6).
Conclusions: Botulinum toxin injection in the glabellar region was associated with significant improvement in depressive symptoms in three clinical trials. Botulinum toxin may be a safe and effective intervention in the treatment of depression.

Facing affective disorders using Botulinumtoxin: Clinical experience and future perspectives

Tillmann H.C. Kruger1 & M. Axel Wollmer2,3
1. Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Carl-Neuberg Strasse 1, D-30625 Hanover, Germany
2. Asklepios Clinic North — Ochsenzoll, Asklepios Campus Hamburg, Medical Faculty, Semmelweis University, Germany
3. Psychiatric Clinics of the University of Basel, Switzerland

Abstract
Objectives: Three randomized placebo controlled clinical trials (RCTs) have demonstrated the efficacy of botulinumtoxin A (BTX) in major depressive disorders (MDD). These studies only included subjects with MDD and after a single treatment with BTX there was a follow-up of only 24 weeks or less. The objective of this talk is to report our clinical experience with BTX in patients with MDD that were treated several times and over a longer period (maintenance therapy and relapse prevention). Moreover, clinical experience with BTX in other affective disorders shall be reported.
Methods: Report of clinical experience with BTX in MDD and other affective disorders including the use of expert and self-report ratings scales.
Results: Safety and efficacy in MDD as documented in the three RCTs is equally seen in our daily clinical practice when we use BTX as an off label treatment. Moreover, there is support for a use of BTX during maintenance therapy and relapse prevention in patients with MDD. Finally, BTX also shows positive effects in other disorders in which negative emotions are highly prevalent.
Conclusions: In addition to convincing results from three RCTs our daily clinical experience with BTX in the off label treatment of MDD as maintenance therapy and relapse prevention as well as in other affective disorders is promising.
Title: Mixed or missed features in diagnosis and treatment of pediatric depression

Chairperson: Dr. Omer Aydemir, Celal Bayar University Department of Psychiatry, Manisa, Turkey

Abstract: Pediatric depression is increasingly recognized worldwide that is associated with significant morbidity. About 20% of youth develop functionally impairing depression that substantially increases the risk for suicidality and hampers their normal development. However, depression is a heterogeneous condition with various degrees of severity and different etiological mechanisms, and little is known about variables associated with its disparate treatment responses and different course trajectories. Furthermore, less than two-thirds of depressed adolescents respond to treatment interventions and still had high risk for relapses despite ongoing treatment. Recent findings have demonstrated that there is substantial co-occurrence of cognitive difficulties and manic symptoms during depression that brings up significant diagnostic and treatment implications. Furthermore, some depressed youth, especially those with family history of bipolar disorder, can develop manic episode in few years that complicates the treatment interventions. In this symposium, Dr. Neslihan Inal-Emiroglu from Turkey will review progression from depression to mania in youth and Dr. Cesar Soutullo from Spain will review safety results and risk for suicide and manic switch during antidepressant treatment. Dr. Fadi Maalouf from Lebanon will discuss the implications of neurocognitive assessment in youth with depression and Dr. Diler from the US will review diagnostic and treatment difficulties in unipolar versus bipolar depressed youth. This symposium will allow enough time to the attendees to ask questions about the topics discussed and help them improve their clinical practice in diagnosis and treatment of pediatric depression.

Speakers:
1. Dr. F Neslihan Inal-Emiroglu
   Dokuz Eylul University Medical School, Dokuz Eylul University Medical School Department of Child and Adolescent Psychiatry, Izmir, Turkey
2. Dr. Cesar Soutullo
   Child & Adolescent Psychiatry Unit, University of Navarra Clinic, Pamplona, Spain
3. Dr. Fadi Maalouf
   Child and Adolescent Psychiatry Program, Department of Psychiatry, American University of Beirut
4. Dr. Rasim Somer Diler
   University of Pittsburgh, Department of Child and Adolescent Psychiatry, Pittsburgh, USA

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Title: Emergence of mania during the longitudinal course of pediatric depression

Speaker: Dr. F Neslihan Inal-Emiroglu
Dokuz Eylul University Medical School, Dokuz Eylul University Medical School Department of Child and Adolescent Psychiatry, Izmir, Turkey

Abstract:
1. Objectives: Depression may have different clinical aspects and diagnosing difficulties in terms of comorbidity with the other psychiatric disorders. Unipolar or bipolar features should be differentiated by clinicians during childhood and adolescence period so it could not be managed appropriately.
2. Methods: We reviewed literature about emergence of mania during the longitudinal course of pediatric depression.
3. Results: Bipolar spectrum disorders in youths are characterized with subsyndromal and, less frequently, syndromic episodes with mainly depressive and mixed symptoms. In follow-up studies high rates of switching to mania were shown as an important consideration for treatment of prepubertal major depressive disorder because of concerns that antidepressants may worsen childhood mania (Geller et al. 2001). As a risk group of bipolar disorder, the index mood episode in bipolar offspring developing BD was almost always depressive. Depressive episodes tended to recur and preceded the activated episodes by several years. Some previous follow up and family studies confirm these results (Duffy et. al. 2007, Blacker et al. 1993, Geller et al. 1994). Depression severity, lower level of functioning, longer duration of depression and presence of manic symptoms predicted membership in a class with less favorable outcomes.
4. Conclusions: It has not still known the relationship between treatment resistance depression and bipolar disorders in youth yet. In this presentation, the course of depression and the risks of switching bipolar disorders will be shown according to available follow-up data.

References

in adolescents that are related to depression severity and not present in remission. Executive dysfunction in contrast to sustained attention, appears to be present in depression (unipolar and bipolar) and likely represents a marker of depression state.

4. Conclusions: Neurocognitive testing in pediatric depression has clinical implications.

References


Session: Regular Workshop | SPEAKER 4 | Code | WS304
---|---|---|---
Title: Unipolar versus bipolar depression in children and adolescents
Speaker: Dr. Rasim Somer Diler
University of Pittsburgh, Department of Child and Adolescent Psychiatry, Pittsburgh, USA
Abstract

1. Objectives: It is clinically difficult to differentiate unipolar from bipolar depression in youth. Similar to unipolar depression, bipolar disorder (BD) is mainly manifested by periods of depression; however, depression is underdiagnosed in adults and commonly undiagnosed in youth with BD.
2. Methods: We will review clinical and research data about differential diagnosis between unipolar and bipolar depression
3. Results: Compared to children with unipolar depression, children with bipolar depression were more likely to have severe depression with suicidality, anhedonia, and hopelessness, and had higher rates of comorbid conditions, lower Global Assessment of Functioning (GAF) scores, and higher rates of hospitalization and psychiatric disorders in first-degree relatives [2]. Clinical presentation of bipolar and unipolar depression may be similar; however, some studies suggested increased atypical depressive symptoms in bipolar depression such as increased appetite and sleep. Given the high rates of morbidity and mortality and chronic course of the condition, early differential diagnosis and treatment of depression youth is a key factor to stabilize mood and prevent an unrecoverable loss in psychosocial development and education
4. Conclusions. Differentiating unipolar versus bipolar depression is very critical. However, in pediatric bipolar depression, there is a lack of controlled studies of pharmacotherapy and the risk for suicide and exacerbating or inducing mania with antidepressant treatment

References

• Wozniak, J., Spencer T. 2004 The clinical characteristics of unipolar vs. bipolar major depression in ADHD youth. Journal of Affective Disorders 82 Suppl 1, s59-69.
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<tr>
<th>Title: Practical assessment of dementia patients with the new EDCON/ideal scale</th>
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<tr>
<td>Chairperson: Antonio Lobo, University of Zaragoza, Zaragoza, Spain, CIBERSAM, Madrid, Spain</td>
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<td>Abstract:</td>
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<td>Objectives: The objective of the Workshop is to present the way the EDCON/IDEAL scale was developed and tested, but mainly to initially train clinicians and researchers in the practical use of the instrument, that will be available at no cost.</td>
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<td>Methods: In a context of increasing preoccupation with the problem of dementia, the European Dementia Consensus Network (EDCON) group was formed in 2002, and led by Prof. N. Sartorius has now been renamed International Dementia Alliance (IDEAL) network. It is a multi-disciplinary group of leading European specialists aimed at building consensus among all concerned with controversial issues concerning the care for people with dementia. EDCON identified the importance of staging scales for dementia and conducted a systematic review of the literature, the conclusion being that none of 12 existing scales fulfilled stringent validity criteria. Therefore, a new, clinical staging scale for dementia has been developed and has been and/or is being tested in 13 countries throughout the world.</td>
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<td>Results: The EDCON/IDEAL scale met the following requirements: multi-dimensional; good inter-rater reliability; good face and content validity; and feasible across settings and languages. It will be easy to use by a range of professionals in different countries and languages, and hopefully could fill the gap that had been identified.</td>
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<td>Conclusions: The EDCON/IDEAL scale should facilitate clinical and non-clinical (social) management of care for dementia patients to be organized more efficiently and effectively. New validity studies are now in process.</td>
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<td>Speakers:</td>
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<td>1. R. López-Antón</td>
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<td>University of Zaragoza, Zaragoza, Spain, CIBERSAM, Madrid, Spain</td>
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<td>2. L. Agüera</td>
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<td>CIBERSAM, Madrid, Spain, Hospital Universitario Doce de Octubre, Universidad Complutense, Madrid, Spain</td>
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Session: Regular Workshop  
**OVERALL ABSTRACT**  
Code WS310

**Title:** The assessment of mental capacity to informed consent

**Chairperson:** Tirso Ventura Faci, Aragon Health Service, Zaragoza, Spain, CIBERSAM, Zaragoza, Spain

**Abstract**
In clinical practice we are required by law and medical ethics to obtain the "informed consent" from patients before starting treatment or research. The capacity assessment is part of the general theory of informed consent (IC). The concept of CI develops from the bioethical principle of “autonomy”, which requires respect the decisions of autonomous persons and protect patient without mental capacity. Mental disability is related to the deterioration in a patient having any of these skills: understanding of relevant information, appreciation their situation, reasoning of the consequences, and expression of a choice.

In recent years there has been a growing interest in developing instruments for assessing mental capacity, the MacCAT interviews developed by Appelbaum et al. are the most widely used internationally and more empirical support.

**Objectives:**
1. Highlight the important role of the psychiatrist in assessing mental capacity of patients to make decisions.
2. Introduce the main principles and criteria for the assessment of mental capacity.
3. Introduce the Spanish validation of the MacCAT -T interviews (Tool for competency assessment to treatment) and MacCAT -CR (Tool for the assessment of the capacity for clinical research).

**Methods:**
Theoretical and clinical cases exhibitions, audiovisual support, and further discussion following the method of deliberation.

**Speakers**
1. Mercedes Navio Acosta  
   Mental Health Regional Office. Madrid. Spain, Hospital 12 Octubre. Madrid. Spain
2. Ignacio Álvarez Marrodán  
   Mental Health Pamplona, Navarra, Spain
3. Beatriz Baón Pérez  
   Subdirección de Calidad. Servicio Madrileño de Salud. Madrid. Spain
4. Ernesto José Verdura Vizcaíno  
   Mental Health Arganzuela. Madrid. Fundación Jimenez Diaz. Madrid. Spain

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Session: Regular Workshop  
**SPEAKER 1**  
Code WS310

**Title:** Ethic and legal aspects in capacity

**Speaker:** Mercedes Navio Acosta  
Mental Health Regional Office. Madrid. Spain, Hospital 12 Octubre. Madrid. Spain

**Abstract**
Physicians are required by law and medical ethics to obtain the informed consent of their patients before initiating treatment, that is revised in this meeting. To choose voluntary about health is necessary appropriate information, and capacity too. It’s very important to protect patients with limited capacity and respecting the autonomy of competent patients. So it’s essential capacity evaluation process, mainly when patients reject effective treatment or accept easily uncertain one. When patients lack the competence to make a decision about treatment, substitute decision makers must be sought. In addition, since consent obtained from an incompetent patient is invalid, physicians who do not obtain a substituted decision may be subject to claims of having treated the person without informed consent. Although incompetence denotes a legal status that in principle should be determined by a court, resorting to judicial review in every case of suspected impairment of capacity would probably bring both the medical and legal systems to a halt. There are many and very useful capacity test (Roth, Alexander, Freedman, Drane, Grisso and Appelbaum) with numerous perspectives and different dimensions but clinical evaluation is irreplaceable. Our team have adapted MacCarthur Competence Assessment Tool for Treatment (MacCAT-T) in Spanish to assist clinical opinion.
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<tr>
<td>Title: Spanish validation of the MacArthur competence assessment tool for treatment interview to assess patients capacity to consent treatment</td>
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| Speaker: Ignacio Álvarez Marrodán  
Mental Health Pamplona, Navarra, Spain |
| Abstract: **Objectives:** The MacArthur Competence Assessment Tool for Treatment (MacCAT-T) gives physicians and other health professionals a practical guide to assess capacity in making decisions patients, in the context of informed consent to accept treatment. The MacCAT-T interview was developed in order to combine the process of helping patients to make informed decisions about their treatments and assess their ability to decide. There are four functional abilities which are the focus of assessments for competence to consent to treatment:  
• The ability to understand information relevant to treatment decision making.  
• The ability to appreciate the significance of that information for one’s own situation, especially concerning one’s illness and the probable consequences of one’s treatment options  
• The ability to reason with relevant information so as to engage in a logical process of weighing treatment options.  
• The ability to express a choice.  

The MacCAT-T is a semistructured interview that must be adapted to each treatment. A significant deficit in any of the four areas can lead to clinical disability or judicial review, even if the patient’s abilities in any of the other three areas are fully adequate.  

**Methods:** The study was performed on a sample of 160 subjects. Instruments: MacCAT-T, MMSE, BPRS (Brief Psychiatric Rating Scale). Procedure: Analysis of validity (validation of the MacCAT-T against the gold standard of the clinical expert), reliability and feasibility of the interview.  

**Results:** The MacCAT-T fullfills criteria of feasibility, reliability and criterion validity. Interrater reliability: CCI for understanding, appreciation, reasoning and expressing a choice>0.9. Internal consistency: Cronbach’s Alpha for understanding, appreciation and reasoning>0.75.  

**Conclusions:** The translation and adaptation of the MacCAT-T into Spanish is reliable, feasible and valid for assessing patients’ competence to make treatment decisions. |

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<th>Session: Regular Workshop</th>
<th>SPEAKER 3</th>
<th>Code</th>
<th>WS310</th>
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<tr>
<td>Title: Spanish validation of interview MacCAT-CR and screening questionarie C-5 to evaluate the mental capacity to consent to participate in research</td>
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| Speaker: Beatriz Baón Pérez  
Subdirección de Calidad. Servicio Madrileño de Salud. Madrid. Spain |
| Abstract: **Objectives:** To provide valid consent for research, potential participants must be competent, understand the essential elements of consent and make a voluntary decision. According to national and international regulations, valid informed consent requires that the decision to enroll is “taken freely” by a “person capable of giving consent.”  

**Methods:** The MacArthur Competency Assessment Tool for Clinical Research (MacCAT-CR) is the most widely adopted instrument for assessing capacity to decide participating in research projects. The Spanish version has been recently validated in psychiatric, medical and general population and also a brief questionnaire (C5) for screening. Both of them will be the issue that will be explored in the remainder of this session.  

**Results:** We will describe both tools to evaluate capacity of giving consent to research and go into detail about the main items we must take into account to evaluate it: a) To formally assess potential subjects who are at increased risk for lacking the capacity to consent (vulnerable populations); b) the level of capacity to consent required will vary by the study in question (for instance, fairly capacity should be required for nonbeneficial studies that pose substantial risks); c) to evaluate the capacity of potential... |
participants requires to appreciate that the objective of the research is generalizable knowledge, while the clinical practice is to achieve the greatest good of the patient (therapeutic error and unrealistic optimism are two types of mistakes that occurs when a research participant has false believes about participation in a clinical trial)

Conclusions: The Spanish version of the MacCAT-CR is a feasible, reliable and valid instrument for assessing capacity from people to participate in research projects, and also the brief questionnaire C5. This scales may help research and Medical Research Ethics Committees to access whether capacity to consent participate in research projects is influenced by psychiatric and medical disorders.

Session: Regular Workshop  SPEAKER 4  Code  WS310
Title: Clinical guide for assessment of patients’ capacities to consent to treatment.
Abstract  Currently, both legality and ethics, require us to obtain informed consent before beginning a treatment (or/and a research). A priori, any patient is able to make his choices about his treatment, however in certain circumstances, such capacity may be compromised, so it is necessary to carry out an adequate assessment of it. There isn’t a protocol for the assessment of competence in our country; so our working group is currently working on the development of a clinical guide that facilitate the evaluation both in primary care and in hospital patients who need to give a valid informed consent. The guide will cover different aspects such as “when patients decision making should be assessed?”, “who should perform the assessment of decision-making capacities?” and “how to make the assessment?”. Usually, is necessary an evaluation of patients´ decision making capacities in certain circumstances: abrupt changes in patients´ mental states, cognitive impairment, abnormal behavior, patients´ refusal of recommended treatment, patients´ consent to especially invasive or risky treatment, risk concern expressed by family members or close friends. An assessment of competence involves:
- a)To assess psychopathology.
- b)To assess functional abilities related to decision making: to express a choice, to understand information relevant to treatment decision making, to appreciate the significance of that information for one’s own situation, to reason with relevant information.
- c)To determine task demands.
- d)To consider consequences of patients´ decisions.
- e)To employ reassessment of functioning.

The assessment of competence allows a balance between the respect of competent patients which have the right to make profound choices about their medical care, and the protection of incompetent patients from the potential harm of the decisions they might make.
Relevance of diagnostic criteria in psychiatry: A South African perspective

Chairperson Prof. Solly Rataemane. Department of Psychiatry, University of Limpopo (MEDUNSA). Pretoria, South Africa

Co-chairperson Prof. Bernard Janse van Rensburg. Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa

Abstract Although the European International Classification of Disease (ICD) system has generally been used in South African for many years, the American Diagnostic and Statistical Manual (DSM) classification has also been adopted for decades by South African Psychiatry as common conceptual basis for the description of psychiatric conditions and making diagnoses. In practice, this dual system has therefore existed for an extended period of time, using the ICD system generally for health statistics and resource allocation in the public sector, as well as for the billing of private health care funders, while defining the scope of psychiatric disorders and motivating care options in terms of DSM criteria. A growing emphasis has been put in recent years though by critics on the limitations of the use of “Western” diagnostic systems in African communities.

South Africa has, over the years, therefore also been sharing in the periods of transition from previous editions to newer ones, e.g. in the 1990’s to DSMIV-TR and again, recently, from DSMIV-TR to DSM-5. Some local critics have, for example, identified the current period of transition as an opportunity to reconsider the need to use both systems. During 2013 the South African Society of Psychiatrists convened a task team, consisting of local academic heads and representatives from the public and private sector, to make recommendations. This symposium will address a range of issues including the implications for service provision in terms of the proposed National Health Insurance system, the postgraduate training and continuous medical education, and for research.

Speakers
1. Prof. Christopher P. Szabo.
   Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa
2. Dr. Gerhard Grobler.
   Department of Psychiatry, University of Pretoria. Pretoria, South Africa
3. Dr. M Talatala.
   Private practice Lesedi Clinic, Soweto. Johannesburg, South Africa
4. Prof. Bernard Janse van Rensburg.
   Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa.

Controversies regarding the use of DSM-5 criteria in a South African context and the implications for post graduate psychiatric training

Speaker Prof. Christopher P. Szabo.
Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa.

Abstract The publication of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 was preceded by much controversy, related as much to content as politics. Whilst a product of the American Psychiatric Association - and of direct relevance to psychiatrists in the United States of America - the DSM has, with its unique focus on Psychiatry, during the course of its various iterations established itself as a reflection of psychiatric nomenclature internationally. However, this has not been without controversy not least of all because it stands in contrast to the World Health Organization’s International Classification of Diseases (ICD) where Psychiatry constitutes one component. The ICD is currently in its 10th revision with the 11th anticipated. In South Africa both systems are used, albeit for different purposes. Academic psychiatry uses the DSM as the basis for formal teaching of undergraduate medical students and post graduate specialist trainees. Yet the ICD is required clinically for coding of psychiatric illness in the state sector and billing in the private sector. With the publication of the DSM-5
a vigorous debate ensued regarding whether it was time to consider adopting the ICD as a unitary system for Psychiatry in South Africa. The presentation will highlight issues raised as well as reflect on the decision taken with a final comment on the status of psychiatric nomenclature arising out of the publication of DSM-5.

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<tbody>
<tr>
<td>Title:</td>
<td>DSM versus ICD: A perspective from the South African Society of Psychiatrists</td>
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<td>Speaker</td>
<td>Dr. Gerhard Grobler. Department of Psychiatry, University of Pretoria. Pretoria, South Africa</td>
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<tr>
<td>Abstract</td>
<td>The DSM and ICD systems are both used in the South African Healthcare system albeit with different applications within the public and private sector. This presentation will examine the similarities and differences between the two systems in the context of the South African Healthcare system. The South African Society of Psychiatrists (SASOP) published a position statement on the use of psychiatric classification systems in South Africa and the presentation will highlight this statement given the ongoing development of both systems.</td>
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<tr>
<td>Title:</td>
<td>Diagnostic formulation, coding and remuneration in South African private psychiatric practice</td>
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<td>Speaker</td>
<td>Dr. M Talatala. Private practice Lesedi Clinic, Soweto. Johannesburg, South Africa</td>
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<tr>
<td>Abstract</td>
<td>Objectives. (1) To illustrate the current use of diagnostic systems (DSM 5 and ICD 10) in South African Private Psychiatry sector; (2) To discuss the impact of diagnostic systems on diagnostic formulation, coding and remuneration in South African Private Psychiatry Practice. Methods. Literature review on diagnostic systems and formulation was conducted. Review of relevant literature and documents of the South African Society of Psychiatrists on coding was conducted. Review of funding models by the South African Health insurance schemes was conducted. Results. Psychiatrists in South Africa are trained using the American Psychiatry Association’s Diagnostic and Statistical of Mental Disorders and they use this knowledge in the clinical practice. However, psychiatrists are required to document their diagnosis using the ICD 10 for statistical purposes. Health Insurance Schemes only fund illnesses with ICD code. The coding of disorders by psychiatrists using ICD 10 is for funding purposes and may not be a true reflection of the disorders that psychiatrists diagnose. Conclusion. The two diagnostic systems, namely DSM and ICD, are most likely to remain in use in South Africa in both private and public sector especially as South Africa moves towards a universal health system.</td>
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<tr>
<td>Title:</td>
<td>A cultural perspective on diagnostic systems and criteria in a South African context</td>
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<tr>
<td>Speaker</td>
<td>Prof. Bernard Janse van Rensburg. Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa</td>
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<tr>
<td>Abstract</td>
<td>Objective. The objective of this presentation is to review a cultural perspective to the diagnosis of psychiatric disorders in South Africa. Method. Relevant developments internationally and locally as reported in the literature were reviewed.</td>
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Results. The DSM-IV-TR formally introduced a cultural formulation to be added to the assessment of patients, as well as a glossary of culture-bound syndromes. Discussion also followed in the literature about the overlapping dimensions of culture, religion and spirituality, emphasizing the need for clear definitions of terms and a critical review of available measures for research purposes.¹ Additional discourse on the merit of including religion and spirituality in the approach to diagnostic assessment has also been reported on since the 1990’s.² More recent developments include, for example: (1) DSM-5 continuing on this track by extending its content to include the Cultural Formulation Interview (CFI) as an emerging measure; and (2) locally, the current review of the South African syllabus for postgraduate training in Psychiatry. These developments, amongst other, require specific recommendations regarding the content of a cultural perspective and extent of competency expected, in terms of practicing and training psychiatry in South Africa. Consensus is required from licencing and examination authorities, and academic institutions on what will be required in the process of assessing knowledge, clinical skills and a professional approach.

Conclusion. The importance of appropriately considering the cultural context in which psychiatric problems present and in terms of which it should be assessed can’t be emphasized too strongly when working in the multi-cultural, multi-religious and spiritually diverse South African population.

References

## OVERALL ABSTRACT

### Are language disorders a cause or a consequence of psychosis?

**Chairperson**
Dr. Fernando Colina. Hospital Universitario Rio Hortera. Valladolid, España.

**Co-chairperson**
Dr. Diego Costa. APSA (Asociación de Psiquiatras Argentinos). Centro Descartes. Buenos Aires, Argentina

**Abstract**
Los llamados trastornos del lenguaje o del pensamiento, que en otro tiempo sirvieron para la pesquisa clínica de las enfermedades mentales (Séglas, Guiraud, Clérambault, Chaslin), lamentablemente hoy en día han perdido todo su vigor. Los esfuerzos actuales en articular la lingüística poschomskiana de la mano de Nancy Andreasen, el darwinismo de Timothy Crow, o el neurologismo de Shijit Kapur, si bien han desgajado preguntas genuinas y medulares, no han tenido mayores resonancias en el corpus semiótico ni en la praxis del psicopatólogo. Hay un gran salto entre aquellos que proponen el lenguaje como un instrumento y quienes consideramos que es un medio en el que se todos estamos inmersos (Colina, 2001).

Para ilustrar los objetivos planteados, se pasará revista a autores clásicos que trataron los llamados “trastornos del lenguaje” tales como: J. Séglas, P. Guiraud, G. G. de Clérambault, J. Chaslin junto a los conceptos psicoanalíticos más actuales.

Con el análisis succinto de los aportes de los autores mencionados se intentará demostrar la actualidad que pueden tener los mismos gracias a la novedosa articulación que realiza el psicoanálisis lacaniano. El psicoanálisis puede proveernos de un modo diferente de lectura a partir de un uso diferente de los clásicos, que ya no sería la de la de una acumulación de piezas de museo, sino en ir al reencuentro de esa clínica del detalle para así acompañar al loco en sus efectos de creación.

### Speakers
1. Dr. Emilio Vaschetto
   APSA (Asociación de Psiquiatras Argentinos). Centro Descartes. Buenos Aires, Argentina
2. Dr. José María Álvarez
   Hospital Universitario Río Hortera. Valladolid, España.
3. Dr. Kepa Matilla
   Hospital Universitario Río Hortera. Valladolid, España
4. Dr. Fernando Colina
   Hospital Universitario Río Hortera. Valladolid, España

## SPEAKER 1

**Title:** Acerca de los efectos de creación

**Speaker**
E. Vaschetto
APSA (Asociación de Psiquiatras Argentinos), Buenos Aires, Argentina , Centro Descartes, Buenos Aires, Argentina

**Abstract**
El análisis de los trastornos del lenguaje es una referencia ineludible para una clínica edificada sobre la lectura detallada del signo clínico y la estética de las formas signíficantes del diálogo con el loco. Si se tiene en cuenta el vigor operatorio con el que surgieron y las confrontaciones argumentativas que atravesaron nuestros antecesores, cabalmente se puede reinventar una clínica comprometida como lo fue, con la lengua del alienado.

**References**
| Title: | ¿Los trastornos del lenguaje son causa o consecuencia de la psicosis? |
| Speaker | J. M. Álvarez  
Hospital Universitario Río Hortega, Valladolid, España |
| Abstract | Se suele considerar a los trastornos del lenguaje como una consecuencia directa de ese nuevo orden de la experiencia y de esa trama relacional centripeta introducida por la psicosis. Pese a que esta respuesta nos contente a la mayoría, no está de más desgranar algunas reflexiones relativas a las relaciones entre el lenguaje y la psicosis. Quienes conciben el lenguaje como una facultad destinada a la comunicación y sostienen que la persona dispone a voluntad de ese instrumento para entender y ser entendido situarán los trastornos del lenguaje en disfunciones cognitivas o comunicativas, mientras que para quienes el lenguaje es un medio que nos precede, nos habita y determina, esos trastornos indicarán las fallas más cruciales en la constitución misma de la subjetividad. Desde una perspectiva historiográfica y clínica, tales son los presupuestos que enmarcan las reflexiones de la presente ponencia. |

| Session: | Regular Workshop |
| Title: | De la locura o cuando el lenguaje habla solo |
| Speaker | K. Matilla  
Hospital Universitario Río Hortega, Valladolid, España |
| Abstract | La cuestión principal en la locura es el lenguaje; tanto en su concepción, como en su fenomenología. Tanto es así, que podríamos decir que la locura es un asunto de lenguaje. Trataremos de explicar esta cuestión tan compleja y tan desconocida recurriendo a los grandes clásicos de la psicopatología. |

| Session: | Regular Workshop |
| Title: | La Mentira |
| Speaker | F. Colina  
Hospital Universitario Río Hortega, Valladolid, España |
| Abstract | Las psicosis se entienden desde la perspectiva de la mentira. Si aceptamos la definición del lenguaje como lo que sirve para mentir, la locura se muestra como una sinceridad desbordante e incontrolable. Durante el desencadenamiento de la psicosis las palabras se independizan del lenguaje y el psicótico se vuelve transparente, desprovisto del disfraz necesario que le identifica. |
The choosing wisely movement; implications for American psychiatry

Chairperson: Julian Gojer, Toronto, Canada

Abstract: Scientific advances have complicated current medical practice. Although progressive, this evolution has been at enormous expense. There have been growing concerns among medical professionals about wasteful and futile medical interventions, increasing health care fraud, and significant adverse economic impact.

The Choosing Wisely movement launched in the USA in 2012 has been disseminating information regarding medically wasteful and futile interventions, as well as the significant cost-savings that can be realized with careful, judicious and diligent practice. Further details and an empirical approach to the issue will be discussed by the two presenters from the USA.

Speakers:
1. Antony Fernandez, M.D
   Virginia Commonwealth University, Richmond, Virginia, USA
2. Pratap Narayan, M.D
   Folsom, California, USA

Title: Evolution of the movement and the involvement of mainstream psychiatry

Speaker: Antony Fernandez,
Virginia Commonwealth University, Richmond, Virginia, USA.

Abstract: Objectives and Methods: In early 2012, nine specialty medical groups in USA launched the “Choosing Wisely” movement, involving approximately 350000 physicians; they identified as medically unnecessary, several widely used medical interventions, and the list has been growing. Psychiatry only became affiliated with this movement in late 2013, and postulated five recommendations related to medication-prescribing.

Results: Diagnosis in psychiatry is still largely based on clinical assessment, and identification of clinical syndromes. Most disorders still do not have reliable or sensitive pathognomonic tests, and clinicians implicitly rely on information obtained from patients. Also, there is increasing identification of malingering and the potential for psychotropic diversion, especially in certain treatment settings. In addition, recent research has identified the potential for abuse of second-generation antipsychotic agents.

Conclusions: The Choosing Wisely movement is timely, and Psychiatry must become much more involved if the field is to remain financially viable.

Title: Choosing wisely in correctional psychiatry: Preliminary evidence

Speaker: Pratap Narayan,
Folsom, California, USA

Abstract: Objectives: Antipsychotic polypharmacy result in higher dosages and more adverse effects than monotherapy without affecting clinical improvement rates (Centorrino et al, 2004). Pandurangi & Dalkilic (2008) found no empirical basis for using particular types of polypharmacy. Mindful of possible psychotropic misuse, our jail instituted a program to improve assessments, and decrease likelihood of medication diversion.
<p>| Methods: Five psychotropics were phased out of formulary in 2007; whenever needed, medications were available using non-formulary process. More comprehensive clinical evaluations (including relevant considerations of malingering), along with intensive staff education were implemented. Despite initial increase in mental health service requests, no long-term adverse outcomes resulted. In 2011, data were systematically analysed retrospectively. |
| Results: Independent variables reflecting clinical status were studied. The county realized substantial savings without compromising clinical outcomes. Relevant implications will be discussed further. |
| Conclusions: Judicious and diligent use of medications can generate significant savings without compromising clinical outcomes. |</p>
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<th>Title</th>
<th>Telepsychiatry: A diagnostic and management system for psychiatric care of patients in remote area</th>
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<td>Chairperson</td>
<td>Vijoy Varma, Park Center, Fort Wayne, Indiana, USA</td>
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<td>Abstract</td>
<td>Telepsychiatry appears to be a promising method to deliver mental health care in remote areas through the agency of primary care physicians and general health care workers who can be trained and empowered to deliver such care. This would require integration of mental health in general health services through the agency of the existing manpower. In order to train and support the primary service providers, developing software packages with codified medical knowledge as an aid to assessment, diagnosis and management will be necessary. In addition, a model of logical decision support system (for diagnosis and management) with facilities for real time as well as store forward (web based) video recording, teleconferencing, and creation of electronic medical records will be required. General psychiatrists will be called upon to optimize and expand this scope of duties of psychiatrists so as to include training and supervision of general physicians providing mental health care. In keeping with the objective of bridging the mental health gap in India, a project involving development and implementation of a model telepsychiatry application for providing mental health care in remote areas was started in joint collaboration between Department of Science and technology, Govt. of India and Postgraduate Institute of Medical Education and Research, Chandigarh. The project involves development of telepsychiatry software for diagnosis and management of common psychiatric disorders in adults and children. An automated system of diagnosis and management of commonly securing psychiatric disorders in the community has been developed and standardized through a rigorous process of reliability and validity studies and tested at three remote locations in subhimalayan regions in north India on more than one thousand patients. The system gives high sensitivity and specificity of psychiatric diagnosis (Cohen’s Kappa 0.6-0.8). Emphasis is on codifying medical knowledge; providing decision diagnosis and treatment; and eventual narrowing of mental health gap. India, a leader in global information and technology, has taken the initiative to develop telepsychiatry as a solution to reduction of mental health gap.</td>
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| Speakers                                                            | 1. Savita Malhorta  
Post Graduate Institute Of Medical Education And Research, India |
### Title: Cannabis and mental health: From laboratory research to clinical studies

**Chairperson:** Javier Fernández-Ruiz, Universidad Complutense de Madrid, Madrid, Spain

**Abstract:** Cannabis use or misuse has been related to some psychiatric disorders, after the recent publications of a high number of paper that shows a clear relationship between cannabis use and several mental disorders (psychosis, bipolar disorder, drug dependence). In this symposium we try to show which are these data and the biological mechanisms involved in these relationships.

**Speakers:**
1. L.F. Callado  
   University of the Basque Country UPV/EHU & CIBERSAM, Leioa, Spain
2. MP Viveros  
   Universidad Complutense, Madrid, Spain
3. Núñez Domínguez, LA  
   Centro Médico, Pamplona, Spain

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### Title: Involvement of the Endocannabinoid system in schizophrenia: Evidence from human brain studies

**Speaker:** L.F. Callado  
University of the Basque Country UPV/EHU & CIBERSAM, Leioa, Spain

**Abstract:**

**Objectives:** There is a growing body of evidence suggesting that alterations in the endocannabinoid system may be involved in the pathophysiology of schizophrenia. The aim of this presentation is to offer the last evidence about human brain studies reporting alterations of the endocannabinoid system in schizophrenia.

**Methods:** We will review all the data available about significant changes of the different components of the endocannabinoid system in the brain of patients with schizophrenia. The involvement of these alterations in the biological basis of schizophrenia will be also discussed.

**Results:** It has been demonstrated an opposite change in 2-arachidonoylglycerol and anandamide levels in postmortem brain of schizophrenic patients. 2-arachidonoylglycerol was increased in cerebellum, hippocampus and prefrontal cortex, whereas anandamide and other N-acylethanolamines were decreased in the same brain regions. A significant upregulation of CB1 receptors has been reported in different brain regions of schizophrenia subjects, irrespective of the treatment. In other postmortem studies, however, CB1 receptor immunodensity was found decreased in the prefrontal cortex of antipsychotic-treated subjects with schizophrenia but not in drug-free schizophrenia subjects. A PET study has reported a generalized increase in CB1 receptor density in most brain regions of schizophrenia subjects compared to controls, although the increase was significant in the pons only. Interestingly, CB1 receptor binding in the frontal lobe and middle and posterior cingulate regions significantly correlated with the ratio of the Brief Psychiatry Rating Score (BPRS) psychosis to withdrawal score.

**Conclusions:** Evidence from human brain studies supports a role of the endocannabinoid system in the genesis of schizophrenia. The reported discrepancies between postmortem studies might be related to confounding factors such as the subtype of schizophrenia or the presence of antipsychotic drugs.

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### Title: Adolescent cannabis exposure and the risk of psychiatric disorders. Insights from animal models

**Speaker:** MP Viveros  
Universidad Complutense, Madrid, Spain

**Abstract:**

**Objective:**

- There is a growing body of evidence suggesting that alterations in the endocannabinoid system may be involved in the pathophysiology of schizophrenia. The aim of this presentation is to offer the last evidence about human brain studies reporting alterations of the endocannabinoid system in schizophrenia.

**Methods:**

- We will review all the data available about significant changes of the different components of the endocannabinoid system in the brain of patients with schizophrenia. The involvement of these alterations in the biological basis of schizophrenia will be also discussed.

**Results:**

- It has been demonstrated an opposite change in 2-arachidonoylglycerol and anandamide levels in postmortem brain of schizophrenic patients. 2-arachidonoylglycerol was increased in cerebellum, hippocampus and prefrontal cortex, whereas anandamide and other N-acylethanolamines were decreased in the same brain regions. A significant upregulation of CB1 receptors has been reported in different brain regions of schizophrenia subjects, irrespective of the treatment. In other postmortem studies, however, CB1 receptor immunodensity was found decreased in the prefrontal cortex of antipsychotic-treated subjects with schizophrenia but not in drug-free schizophrenia subjects. A PET study has reported a generalized increase in CB1 receptor density in most brain regions of schizophrenia subjects compared to controls, although the increase was significant in the pons only. Interestingly, CB1 receptor binding in the frontal lobe and middle and posterior cingulate regions significantly correlated with the ratio of the Brief Psychiatry Rating Score (BPRS) psychosis to withdrawal score.

**Conclusions:**

- Evidence from human brain studies supports a role of the endocannabinoid system in the genesis of schizophrenia. The reported discrepancies between postmortem studies might be related to confounding factors such as the subtype of schizophrenia or the presence of antipsychotic drugs.
### Abstract

Objectives: The aim of this talk is to summarize and discuss the most recent scientific data obtained from animal studies that support human findings in relation to the risk of developing psychiatric disorders, including addiction to other drugs of abuse, in adolescent cannabis consumers. The talk will focus on neurobiological mechanisms with special emphasis in neurodevelopmental aspects. Sexual dimorphisms and factors of vulnerability will be also discussed.

Methods: First, a summary of human data will be presented and then diverse results obtained in animal studies will be discussed and compared to human findings. Special attention will be paid to the relevance of animal models to unravel neurobiological mechanisms, including molecular and cellular alterations, which may underlie behavioural alterations and psychiatric disorders induced by adolescent cannabinoid exposure.

Results: Chronic pubertal cannabinoid treatment in rats results in long-lasting behavioural alterations that reflect certain characteristics of schizophrenia, such as deficits in sensorimotor gating, impaired memory, reduced motivation and inappropriate and scarce social behaviour. Adolescent cannabinoid exposure also induced long term depressive-like responses, altered anxiety levels, impaired sexual behaviour and increased self administration of opioids and other drugs of abuse. Moreover altered adrenocortical activity and circulating leptin levels have been also described in adult animals that were exposed to cannabinoid in the juvenile period. Long term impact on diverse neurochemical systems, including the endocannabinoid system, as well as neuronal and glial alterations have been also described.

Conclusions: The data provide support and validity for the suitability of chronic pubertal cannabinoid administration as an animal model for psychiatric disorders associated to cannabis consumption that offers a unique opportunity to investigate the underlying neurobiological mechanisms. A fluent interaction among basic researchers, clinicians and epidemiologists, and a clear message to the society about the detrimental effects of cannabis, based in scientific evidence, are urgently needed.

### References


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### Session: Regular Workshop

**Title:** Cannabis and affective disorders  
**Speaker:** Núñez Domínguez, LA  
**Centro Médico, Pamplona, Spain**  
**Abstract**  
In the study of the relationships between cannabis use and depression, the situation has moved from a clear relationship between both according to data from the first studies, until the recent studies, that has incorporated more confounding factors, which could have an influence in this relationship (see revision of Degenhart et al., 2003). In the meta-analysis of Moore et al (2007), the conclusion was that the relationship is moderate and the effects are dose dependent. The last meta-analysis done (Lev-Ran et al, 2013) concludes that the relationship is modest and the age at onset of cannabis use has no effect. Moreover Agrawal and Linskey, (2014) hold that that relationship is very influenced by genetic factors. With reference to the relationship between cannabis use and bipolar disorder it can be observed a relationship between both factors, confirmed by more recent studies (Aas M 2013: addictive effect of cannabis, sexual abuse in children and an early age at onset in bipolar; Lagerberg et al., 2013: heavy cannabis use provokes the early appearance of bipolar disorder; Stone LM et al., 2013: more maniform symptoms in first episode). Cannabis use predict an early onset of bipolar disorder, greater number of new episodes (manic and/or depressive episodes) and worse course of the illness (Lev-Ran et al., 2013)
### Dementia: Beyond Alzheimer’s disease

**Chairperson**
Dr. Jorge Pla-Vidal, Department of Psychiatry and Medical Psychology, University of Navarra, Pamplona, Spain

**Abstract**
Alzheimer’s disease comprises the majority of demented patients. Nevertheless, there are a group of patients with dementia non-Alzheimer’s type or cognitive impairment who need our daily clinic care. At this workshop, we pretend to review different clinical situations and diagnoses, with cognitive impaired patients and to present current knowledge about them.

**Speakers**
1. Dr. Jorge E Tellez-Vargas  
   Department of Psychiatry, University El Bosque, Bogotá, Colombia
2. Dr. Bernardo Ng  
   Department of Psychiatry, University of California, La Jolla, United States of America
3. Dr. Maria Roca  
   Department of Neuropsychology, Favaloro University, Buenos Aires, Argentina
4. Dr Carlos E Rodriguez-Angarita  
   Department of Psychiatry, FUCS (Fundación Universitaria de Ciencias de la Salud), Bogotá, Colombia

### Parkinson’s disease dementia

**Speaker**
J. Tellez-Vargas  
University El Bosque, Bogota, Colombia

**Abstract**
Objectives: Review the main differential, clinical and therapeutically issues between Parkinson’s Disease Dementia (PDD) and Alzheimer’s type dementia (AD).

**Methods:**
We reviewed the main papers published in peer reviewed journals in the last ten years making focus in clinical and therapeutically aspects of PDD and AD.

**Results:**
Alzheimer’s disease (AD) is a chronic, neurodegenerative disorder, a principle manifestation of which is loss of cholinergic transmission in the central nervous system. Clinically, AD presents as progressive impairment in cognition, behavior and the patient’s ability to perform activities of daily living (ADL). A number of clinical trials have demonstrated that treatment with a cholinesterase inhibitors is associated with symptomatic improvements in cognition, behavior and the ability to perform ADL in patients with mild-to-moderate AD.

Epidemiological studies have estimated that between 24 and 31% of patients with Parkinson’s disease meet criteria for dementia.

Cholinergic system deficits are also pronounced in Parkinson’s disease and are believed to be associated with impaired cognitive function, leading to development of PDD, especially as PD-related pathology begins to involve neocortical areas.

Despite cognitive deficits in both AD and PDD being related to cholinergic deficiency, mounting evidence suggests that these dementias are clinically and biologically distinct entities. PDD is commonly associated with α-synuclein (Lewy body) pathology, while AD is associated with neuritic plaques and neurofibrillary tangles in the basal forebrain.

Although there is a clear overlap in the clinical presentation of both diseases, there are also distinct differences. PD is typically classified as a movement disorder; however, there are also non-motor features, including cognitive impairment. Research has suggested that brain cholinergic deficiencies may be greater in PDD than in mild AD.

**Conclusions:**
Differing patterns of impairment occur in AD and PDD
Title: To prescribe or not prescribe, antipsychotics in the elderly demented patient

Speaker: B Ng
University of California, La Jolla California, Unites States

Abstract: Background: antipsychotic drugs have been traditionally used for the control of behavioral symptoms associated to dementia. The United States Food and Drug Administration (FDA) published a warning in 2005, about the risk of increased mortality in elderly demented patients who take them, such that its use in this population is considered off label. It appears that clinical research of new pharmacologic options for this kind of symptoms has paused ever since. Subsequently very few reports have been published, most of them of an observational nature.

Methods: review and discussion of published evidence of FDA label use of antipsychotic drugs in this population is reviewed, as well as FDA black box warnings. Clinical evidence of tolerability of these medications on our clinical population will be presented.

Results: antipsychotic drugs continue to be prescribed for control of risky, disruptive and dangerous behaviors of elderly demented patients such as verbal or physical aggression, persistent wandering, disinhibition, and disturbing hallucinations. Evidence of recent clinical reports add to the debate of the mixed results in efficacy, safety, and tolerability; including the fact that patients with such behavioral deterioration frequently present with a frail general state of health even prior to the beginning of the antipsychotic medication.

Conclusions: antipsychotic drugs will continue to be used until better pharmacologic options become available. Clinicians that prescribe these drugs must be most cautious about monitoring and preventing adverse effects. Before prescribing, clinicians must have exhausted safer options, such as ruling out non-psychiatric caused of behavioral changes, non-pharmacologic strategies, and environmental modifications.

References:


Session: Regular Workshop | SPEAKER 3 | Code WS327

Title: Frontotemporal dementia

Speaker: M. Roca
Favaloro University, Buenos Aires, Argentina

Abstract: Frontotemporal Dementia (FTD) is a heterogeneous illness that compromise different brain regions: prefrontal, and anterior temporal lobes, but the damage is not the same for each case. FTD is one of the most prevalent dementia for young people under sixties. Some authors, focusing on genetics and molecular pathophysiology, propose to include within Pick’s disease group other illnesses as progressive supranuclear palsy and corticobasal syndrome (motor variants).

This presentation pretends to focus on the most frequent FTD variants: behavioral and primary progressive aphasia. Neuropsychological aspects will be reviewed to obtain early detection and diagnose. Research at FTD will be summarized.
Abstract

Objectives: Description of the prevalence of cognitive impairment and depression in patients with chronic kidney disease (CKD) stage 3 and 4 no requiring dialysis, over 54 years old that attends a secondary prevention program of the CKD between 2012 and 2013.

Method: A cross sectional study was conducted based in a renal health clinic program database with patients selected by simple random sampling. 308 patients were invited to participate. Cognitive impairment was assessed using NEUROPSI and modified Lawton Scale. Depression was measured with the Geriatric Depression Scale of Yesavage and MINI International Neuropsychiatric Interview.

Results: 251 patients agreed to participate. The average age was 76.3 (SD 7.9) years, of which 67% were men, 86.5% were in stage 3 kidney disease. The overall prevalence of cognitive impairment was 51% (95% CI 44.7 to 57.2) and the prevalence of major depression was 8% (95% CI 4.5 to 11.3). 4.8% (n = 12) had cognitive Impairment and depression.

Conclusions: Cognitive impairment and depression are prevalent conditions in our population over 54 years old with chronic kidney disease, with the greatest incidence of cognitive impairment.
### OVERALL ABSTRACT

**Title:** New ways to teach students in psychiatry by using modern technology

**Chairperson:** Sidse M. H. Arnfred. Mental Health Centre Ballerup, University of Copenhagen, Ballerup, Denmark.

**Abstract**

Different Universities uses different technology to teach students in mental health, some provide interactive role-plays on the internet, others video cases and e-learning, but they all gives students the opportunity to train clinical skills, before, under and after their clinical placement. This can improve the student’s skills and meet some of the difficulties students experience during their clinical placement in psychiatry.

**Speakers**

1. Dr. Brian Fitzmaurice  
   Trinity College. Dublin, Ireland
2. Solvig Ekblad  
   Licensed psychologist, PhD, Associate professor in Transcultural Psychology. LIME, Dept. of Learning, Informatics, Management and Ethics. Karolinska Institutet. Stockholm, Sweden
3. Dr Peter Devitt  
   Faculty of Medicine, University of Adelaide. Adelaide, Australia
4. Cecilie Fog-Petersen  
   Mental Health Centre Ballerup, University of Copenhagen, Ballerup, Denmark

### SPEAKER 1

**Title:** From vision (virtual interviews for students interacting online) to empower the user – Teaching key communication skills through online simulations

**Speaker**

Dr. Brian Fitzmaurice  
Trinity College. Dublin, Ireland

**Abstract**

**Background Review:** A novel set of online simulations to teach communication skills developed for local medical students were trialed in external Medical Schools. It was important to validate their usefulness within independent university settings in advance of developing communication simulations for other areas.

**Results**

A. Validity of Simulations for learning Communication Skills - 80% of students thought it a valid tool for learning communication skills, highlighting the different learning objectives and skills one needs to conduct effective interviews. Over 50% thought they could translate what they learnt online into clinical settings.

B. Perceived Usefulness of Video Based Simulations: 60% logged on at least twice, 70% logged onto teaching tool for > 30 mins, 90% wished to log on again, 40% wishing to log on > 5 times more, 70% thought that video clips were essential and could not be replaced by text/audio clips. Students wished to see scenarios developed for scenarios which might be seen less commonly on inpatient wards (e.g. Obsessive Compulsive disorder).

**Conclusions**

Online simulations are a valid, reliable and useful way to teach communication skills in medicine and other fields. Technology developed in a psychiatry department has now been adapted for commercial use in diverse fields though a university-based company.

### SPEAKER 2

**Title:**

** UPCOMING SESSIONS**

**Speaker**

Dr. Brian Fitzmaurice  
Trinity College. Dublin, Ireland

**Abstract**

**Background Review:** A novel set of online simulations to teach communication skills developed for local medical students were trialed in external Medical Schools. It was important to validate their usefulness within independent university settings in advance of developing communication simulations for other areas.

**Results**

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**Conclusions**

Online simulations are a valid, reliable and useful way to teach communication skills in medicine and other fields. Technology developed in a psychiatry department has now been adapted for commercial use in diverse fields though a university-based company.
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<tr>
<th>Title:</th>
<th>The impact on confidence of learners using virtual patient system in transcultural psychiatry</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Solvig Ekblad(^1), Uno Fors(^2), Ioannis Pantziaras(^1) (bokstavsordning?)</td>
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<td>(^1)Cultural Medicine Unit, Department of Learning, Informatics, Management and Ethics (LIME), Karolinska Institutet, Sweden</td>
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<tr>
<td>(^2)Dept. of Computer and Systems Sciences, Stockholm University, Sweden</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Virtual patients, which are proven as efficient and safe training contexts in healthcare education, has yet not been much used to teach students in psychiatry and especially in clinical care of traumatized refugee patients. This study had the aim to assess the impact of training with a virtual patient in different aspects of providing clinical care for traumatized refugee patients.</td>
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<td>Methods: Our developed educational tool based on virtual patient’s methodology is the case of “Mrs. K”, a traumatized refugee woman with symptoms of depression and PTSD. A group (N=32) of resident psychiatrists in Sweden tested the system and their confidence in various aspects of providing clinical care for this patient group and was evaluated by pre- and post-test by using a validated confidence questionnaire. Descriptive statistics were used for demographic data and were presented as the mean ± SD. Matched-pair t-test was used to estimate changes between pre- and post-test values of self-reported confidence. P-values ≤ 0.05 were considered as evidence of statistical significance.</td>
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<td>Results: The overall confidence of the residents was significantly improved and also in specific domains of clinical care. Identifying and evaluating trauma-related diagnoses and disability had the most prominent improvements.</td>
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<td>Conclusions: The refugee trauma VP-system may have an impact on physicians’ improvement of confidence in providing clinical care for traumatized refugee patients. Further studies are needed in the field of improvements from long-time research</td>
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<td>Title:</td>
<td>Online teaching, self-assessment and blended learning in psychiatry</td>
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<tr>
<td>Speaker</td>
<td>Anna Chur-Hansen, Edward Palmer, Shona Crabb, Neville deYoung, Peter Devitt</td>
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<tr>
<td>University of Adelaide, Australia</td>
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<tr>
<td>Abstract</td>
<td>Online learning is an essential component of modern medical education, including postgraduate training and continuing professional development. A challenge is how best to produce and evaluate high quality materials. We have produce a series of case studies in psychiatry (and five other disciplines) which are freely available on the internet (<a href="http://www.emedici.com">www.emedici.com</a>) and used within the Australian medical school system as part of formative learning. The material was developed with the assistance of a federal grant, which facilitated the process of selection of core content (based on the Australian Curriculum Framework for Junior Doctors), identification of content experts prepared to construct the case studies (with appropriate reimbursement) and a two-day workshop to finalise and critique the materials. All the case studies were subsequently sent out for independent peer-review. Case studies were modified based on reviewer feedback and then made publically available on eMedici. A total of 19 cases in Psychiatry have been developed to date, covering areas including depression, anxiety, assessment and management of psychosis, suicidal behaviour, post-traumatic stress disorder and eating disorders. Other cases discuss ethical issues, childhood abuse, somatoform disorders, capacity, domestic violence and cross-cultural competence. Management of the difficult patient, mental state examination and the assessment of cognitive function has been built into many of the cases, as has the importance of assessment medication interactions and the distinction between physical and psychological disorders. eMedici tracks the use of the case material and information on usage and performance can be fed back to both the users and Faculty.</td>
</tr>
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### Abstract

Objectives: As many other countries, the psychiatric specialty in Denmark is struggling with a bad reputation and difficulties in recruiting. At the Medical School, University of Copenhagen, clinical training in psychiatry encompasses 5 weeks rotation at a mental health care center a year before graduation. In this period, the students learn to carry out a mental examination, and to recognize and treat the most common disorders. To improving the students understanding of the specialty and their competence in the mental examination as well as their attitudes towards the psychiatric specialty, the students now use iPads to video film their consultations with patients during their rotation and use the video to get feedback from a doctor. The students received instruction in the necessary technicalities and the doctors participated in a workshop to learn how to give feedback based on IPAD videos of patient consultations.

Methods: In one year, 84 students have tried the new training method and 15 doctors have received training in video. To investigate how the iPads work as a learning tool, we do 6-8 group interviews with the students. Data analysis is based on the theory of situated learning and the model of cognitive apprenticeship. Quantitative methods are used to investigate the students overall attitude to the clinical training and the students’ attitude towards psychiatric specialty. This is assessed by web-based questionnaires and includes all the involved students. Change in the doctors attitude about having students and about teaching is measured by a questionnaire given the year before the intervention started and again at the end.

Results: Final results will be in october 2014
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<td>Title: <strong>Cocaine, alcohol and benzodiazepines use over agonist opioid treatment in patients with and without dual diagnosis. Clinical and therapeutic aspects</strong></td>
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<tr>
<td>Chairperson</td>
<td>Icro Maremmani (Italy).</td>
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<tr>
<td>Abstract</td>
<td>This workshop aims to clarify the impact of AOT, which focuses on cessation of opioid abuse and diminishing psychopathology to acceptable levels (stabilization), on cocaine, alcohol and benzodiazepine abuse. Cessation of illicit opioid abuse and retention in treatment are positively correlated with decrease in cocaine, alcohol and benzodiazepines abuse and the absence of the psychosocial complications associated with such abuse. Participants will be able to recognize quality, severity of cocaine, alcohol and benzodiazepines abuse during AOT and to minimize the risk of abuse of cocaine, alcohol and benzodiazepines. Participants will learn the correct way to detoxify from benzodiazepines and alcohol patients treated with AOT.</td>
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<tr>
<td>Speakers</td>
<td>Pier Paolo Pani (Italy).&lt;br&gt;Angelo G.I. Maremmani (Italy).&lt;br&gt;Matteo Pacini (Italy).</td>
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</table>
### Title

The difficult differential diagnosis and comorbidity of ADHD and specific learning disorders

### Chairperson

Sergio Aguilera (Spain)

### Abstract

The goal of this workshop is to improve child psychiatrist skills to differentiate between symptoms of ADHD and Learning Disorders, in order to perform an adequate therapeutic approach.

The two most frequent causes of school failure or academic underachievement are Attention Deficit and Hyperactivity Disorder (ADHD) and learning disorders (LD). It is often difficult to distinguish between the two disorders in some patients with academic failure. It is necessary to acquire skills to make a differential diagnosis, and also the two conditions often coexist. The percentages of comorbid ADHD with learning disorders are highly variable. A range from 25% to 50% of children with ADHD have a LD, and from 15% to 35% of children with LD have ADHD.

Underachievement despite good potential, inconsistent concentration, misspellings, or poor handwriting are some of the difficulties that can occur with either LD or ADHD. Language processing (reading and writing) disorder, dyscalculia and procedural (non-verbal) learning disorder are the most common learning disorders. The child psychiatrist should be able to suspect in children with symptoms of ADHD because the correct diagnosis of both conditions has a major impact on the treatment and prognosis of patients.

### Speakers

Azucena Diez-Suárez (Spain).
Sara Magallon (Spain).
### OVERALL ABSTRACT

**Title:** Neurobiological update in child

**Chairperson:** Prof. Javier Quintero. Hospital Universitario Infanta Leonor. Madrid. Spain

**Abstract**

This presentation aims to approach four of the most common child and adolescent psychiatric disorders—autism, anxiety, depression, and ADHD from different neuroanatomical, developmental, psychopharmacological and gender perspectives.

Specific structural abnormalities consistently found in limbic and cerebellar structures and neurocircuitry correlate with deviant emotional and attachment behavior displayed by children with Autism Spectrum Disorders. Specific structural abnormalities in the amygdala, hippocampus, septal nucleus, anterior cingulate cortex, cerebellar hemispheres and deep cerebellar nuclei correlate with behavioral abnormalities characteristic of autistic individuals and provide a heuristic model for emotional and attachment development.

Neuroanatomical abnormal circuitry and differential receptor responses provide the basis to explore the rational for psychopharmacological and behavioral treatment for a variety of anxiety disorders in children and adolescents. The role of genetics, parenting, behavioral, temperament and adverse events as predisposing or mitigating risk factors for anxiety are reviewed.

Review of the current literature on the effectiveness and safety data of the use of antidepressant in youth show different developmental, biochemical, neurobiological, pharmacokinetic, pharmacodynamic and treatment efficacy compared to adults. Research findings make psychopharmacological treatment of pediatric depression more complex and challenging and raises issues about their safety and efficacy.

Girls with ADHD constitute a less studied group than boys, in what has traditionally been considered a predominantly male psychiatric disorder. Recent research, however, has demonstrated a much higher prevalence of this disorder in females. Gender-specific presentation, risk factors, psychopathology, comorbidities, and behavioral expression in girls are of utmost importance in the detection, early diagnosis and treatment of ADHD in girls.

**Speakers**

1. Prof. Ricardo M Vela. 
2. Carol A Glod Ph.D. 
   Dean School of Graduate Studies Salem State University. Salem. Massachusetts. USA
3. Dr. Javier Correas 
   Hospital Univesitario del Henares. Coslada. Madrid. Spain
4. Mireya Nadal-Vicens 
   M.D., Ph.D. Center for Anxiety and Traumatic Stress Disorders. Massachusetts General Hospital & Harvard Univeristy Boston. USA

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### SPEAKER 1

**Title:** Neuroanatomical-behavioral correlates in autism: Neuropathology, emotions and attachment

**Speaker:** Prof. Ricardo M Vela. 

**Abstract**

This presentation aims to correlate emotion and attachment with neuropathological research findings in autism. Neuropathological postmortem studies have consistently found abnormal autistic limbic and cerebellar pathology, in the amygdala, hippocampus, septal nucleus, anterior cingulate cortex, cerebellar hemispheres and fastigial, emboliform and globose nuclei. Autistic individuals fail to activate the amygdala when required to interpret emotional facial expressions. A normal amygdala is able to discern subtle social-emotional nuances and attach emotional significance to sensory input, which appears to be deficient in persons with autism. Abnormal amygdalar processing may result in autistic individuals’...
failure to detect and avoid danger. Normal septal nuclei, together with the anterior cingulate cortex, act to promote selective attachments to other humans. Autistic children show deficient attachment behavior and early failure of person-specific bonding. The anterior cingulate cortex is involved in processing and modulating emotional nuance expression, which appears deficient in autistic individuals. It is capable of producing emotional sounds and the separation cry, in an attempt to seek comfort. The hippocampus, in concert with the medial hypothalamus and septal nuclei, prevents extremes in arousal and maintains quiet alertness and has strong interactions with the amygdala in storing emotional reactions to events and recalling personal emotional memories, which appear impaired in autism. Cerebellar abnormalities may result in disturbances in a neural network involved in emotional motivation and organization. Abnormalities in the cerebellar nuclei may play a role in the affective disturbance, abnormal language development and inappropriate social and psychological behaviors in autism. The study of psychological-neuroanatomical correlates of autism can provide further understanding of this severe, complex disorder.

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<td>Title:</td>
<td>Psychopharmacological treatment of child and adolescent depression</td>
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<tr>
<td>Speaker</td>
<td>Carol A Glod Ph.D. Dean</td>
<td>School of Graduate Studies Salem State University. Salem. Massachusetts. USA</td>
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<tr>
<td>Abstract</td>
<td>In recent years, antidepressant treatment of children and adolescents has gained increasing attention. More than ever, clinicians need up to date knowledge of the efficacy and safety of these medications in order to make informed decisions about the treatment of pediatric depression. The purpose of this session is to review the current literature on the effectiveness of antidepressants in youth, critically examine available safety data, and discuss clinical treatment of children and adolescents who suffer from depression. Despite the rapid growth of knowledge in the field of clinical psychopharmacology during the last two decades, there has been a paucity of systematic research on antidepressant treatment of child and adolescent depression. Research findings of antidepressants in adults cannot be applied directly to youth who have different developmental, biochemical, neurobiological, pharmacokinetic, and pharmacodynamic characteristics. While some medications demonstrate positive efficacy in randomized clinical trials, others have resulted in high placebo response rates, and still other agents have yet to be evaluated.</td>
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<tr>
<td>Title:</td>
<td>ADHD in girls</td>
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<tr>
<td>Speaker</td>
<td>Dr. Javier Correas</td>
<td>Hospital Univesitario del Henares. Coslada. Madrid. Spain</td>
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<tr>
<td>Abstract</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD) affects approximately 5% of children causing significant interference in their development and functioning. It is also a risk factor for the development of other psychiatric and psycho-social complications in adulthood. It is most commonly found in male, but this difference is shortened when referring to samples of adolescents and even adults. Furthermore, the ratio between boys and girls is different depending if it is clinical sample obtaining (9:1) or general population samples (3:1). In adult samples the gender ratio decreased to 2:1, suggesting that a significant percentage of women went unnoticed in childhood. Girls have less hyperactivity and less comorbidity with behaviour disorder. This causes not arising specialized consultations and is less likely to be diagnosed. This deprives them of a treatment that could improve performance and adaptation in childhood and it would decrease the risk of complications in adulthood. Most of the comorbidities that have been associated with ADHD are the same as males, as antisocial personality disorder and substance use disorders. However, growing evidence shows relationship between ADHD and psychiatric disorders more common in female as borderline personality disorder or bulimia nervosa.</td>
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<td>Title:</td>
<td>Anxiety in children – neuroanatomical underpinning and rationale for pharmacological and non-pharmacological interventions</td>
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</table>
| Speaker | Mireya Nadal-Vicens  
M.D., Ph.D. Center for Anxiety and Traumatic Stress Disorders. Massachusetts General Hospital & Harvard University Boston. USA |
| Abstract | The majority of anxiety disorders have their first presentation in childhood or adolescence. Often they are not recognized at the time, are normalized (anxiety disorders have a strong genetic component) or present with somatic illness (primarily headaches and gastrointestinal disorders). Anxiety is a leading cause of school refusal, and contributes to many of the medical presentations of preadolescent children. The lifetime prevalence of anxiety in children is close to 20% with quite low remission rates. This presentation will discuss the neuroanatomical basis for abnormal circuitry and receptor responses in a variety of anxiety disorders during childhood and adolescence and will use neuroanatomy as a platform to explore the rationale for medical treatments with a variety of pharmaceutical classes, including discussing the data suggesting the use of one class of agents over others in certain clinical presentations. In addition, the neuroanatomical basis will also be used to present and discuss non-pharmaceutical approaches and treatments for anxiety, including cognitive behavior therapy and attention bias modification. Furthermore, the role of genetics, parenting, behavioral temperament and adverse events as predisposing (or sometimes mitigating) factors will also be reviewed. Childhood presentations of anxiety are often underestimated and certainly undertreated even though children are often eager recipients of aid and interventions are often successful. |
### OVERALL ABSTRACT

**Title:** Strategies for good practices in transcultural situations: Stages of implementation

**Chairperson:** Driss Moussaoui, Ibn Rushd University, Casablanca, Morocco, Immediate Past President of the World Association of Social Psychiatry

**Co-chairperson:** Professor Dinesh Bhugra, Institute of Psychiatry King's College, London, United Kingdom

**Abstract:** Therapeutic strategies often compartmentalize approaches to care in relation to their own institutional needs. In this symposium, we call for a holistic approach to healthcare delivery in transcultural situations, that take into account concomitantly the experience of patients' trajectories, the organizational limits of the healthcare system, the institutional constraints of healthcare and social services professionals orienting patients, and finally the necessity to learn from and formalize all of this knowledge of clinical practices, from research to academic teaching.

**Speakers:**

1. Stéphanie Larchanché, Centre F. Minkowska, IRIS-EHESS, Paris, France
2. Marie Jo Bourdin, Centre F. Minkowska, Paris, France, President of the METS (European Movement of Social Workers)
3. Rachid Bennegadi, Centre F. Minkowska, Paris, France, Immediate Past chairman of the WPA-TPS
4. Silla Consol, Paris Descartes University, Paris, France

### SPEAKER 1

**Title:** The impact of social determinants on asylum trajectories

**Speaker:** Stéphanie Larchanché, Centre F. Minkowska, IRIS-EHESS, Paris, France

**Abstract:** Political and economic instability in many regions of the world continue to force individuals to seek refuge for themselves and their families in Europe. These asylum trajectories are often characterized by traumatic experiences at the onset, followed by lengthy periods of socio-economic precarity threatening individuals’ physical and mental health. Each receiving country responds to this situation of vulnerability depending on its political and ideological context. In France, asylum seekers have access to healthcare under the same conditions as residents. The challenge for healthcare and social service professionals is to refrain from resorting to a reductionist psychopathology of asylum approach, and thus not take full measure of all social determinants affecting health and suffering. The Research and Study Department at Minkowska Center here reports on its clinical observations.

### SPEAKER 2

**Title:** Description of an institutional platform specifically designed to process referrals: Mediacor, a unit for mediation, analysis and orientation

**Speaker:** Marie Jo Bourdin, Centre F. Minkowska, Paris, France, President of the METS (European Movement of Social Workers)

**Abstract:** This unit was created in 2009. Its goal is to reduce delays in responses to referrals. It provides professionals who refer their patients to Minkowska with a concrete orientation or an alternative clinical perspective. The MEDIACOR is a pluridisciplinary team (psychiatrists, psychologists, anthropologists,
social workers, unit director) that reviews the referral so as to make it more coherent, to analyze it, and to process it. The analysis is based on the clinical medical anthropology approach. This approach promotes cultural competence in healthcare and social service practices by allowing the confrontation of cultural representations and explanatory models. By training professionals to decenter and understand the principle of countertransference, this approach prevents all forms of stigmatization.

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<tr>
<td>Speaker</td>
<td>Rachid Bennegadi Centre F. Minkowska, Paris, France, Immediate Past chairman of the WPA-TPS</td>
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<tr>
<td>Abstract</td>
<td>The Minkowska Center, a medico-psycho-social institution, was created 50 years ago to offer healthcare for non French-speaking immigrants and refugees. Since then, its clinical and therapeutic practices have evolved, from offering linguistic expertise to developing cultural competence in care. From a systemic and ethical standpoint, this presentations highlights – on the basis of examples and experiences – the works of the institution’s subconscious which strength underlied all major transitions, up until the Center’s current formal positioning within the French universal healthcare framework. It thus avoided the perverse consequences of stigmatization and cultural assignment, which often unconsciously arise through the classical management of any mental healthcare institution.</td>
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<th>Session:</th>
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<th>SPEAKER 4</th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>The relevance of clinical medical anthropology in mental health professionals' training</td>
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<td>Speaker</td>
<td>Silla Consol Paris Descartes University, Paris, France</td>
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<tr>
<td>Abstract</td>
<td>Mental health professionals are quite often faced with difficulties in deciphering the complaints of foreign patients, immigrants, political refugees; they can also be involved as a liaison within a psychiatric consultation, to provide mediation in situations of relational conflicts with patients that are hospitalized or who undergo surgery and refusing a treatment or a medical examination. Using the grid of clinical medical anthropology, allows to make a difference between disease, illness and sickness, and to confront explanatory models, helping one to understand the conflicting situation, the other, and to focus on the principles of the care, rather than those of a forced cure. This approach, which is so valuable regarding immigrants, is as important for daily practice of mental health professionals with any given patient, since any encounter between a health care provider and a patient is always an intercultural encounter.</td>
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**OVERALL ABSTRACT**

**Title:** Challenges in mental health in Postsoviet countries: Armenian experience

**Chairperson:** Prof. A. Soghoyan, Yerevan State Medical University after Mkhitar Heratsi, Yerevan Armenia

**Abstract**

The aim of Symposium is to present actual problems in post soviet region during the transitional period. All countries of region are different by culture, politics and economics, but the situation in Healthcare and especially in Mental Health field have many similarities as a heritage of Soviet system: centralized Psychiatric services, high level of stigma, in some cases problems on human rights field and plus luck of finances.

On Armenian experience will presented challenges of current Mental Health system, including financial issues, and some peculiarities. Also we’ll present Mental Health development and strengthening strategy in the Republic of Armenia, some aspects of Posttraumatic Stress Disorders and Armenian Identity.

**Speakers**

1. Prof. A. Sogoyan, Yerevan State Medical University after Mkhitar Heratsi, Yerevan Armenia
2. Dr. H.R.Davtyan, Armenian Association of Social Psychiatry, Armenia
3. Prof. S. Sukiasyan, “Stress” Mental Health Centre, ARTMED Medical Rehabilitation Center, Yerevan, Armenia
4. Prof. Kh. Gasparyan, INTRA Mental Health Centre, Yerevan, Armenia

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**SPEAKER 1**

**Title:** Old structure and new approaches under the current trends of mental health services

**Speaker:** Armen Soghoyan, Department of Psychiatry, Mkhitar Heratsi Yerevan State Medical University Yerevan, Armenia

**Abstract**

Armenia inherited the Semashko model since its independence in 1991; however the healthcare system underwent tremendous changes. Soon Armenia adopted several laws in public health and healthcare. On May 25, 2004 Armenia adopted the Law on Psychiatric Care that currently regulates the field of mental health. Current mental health system mainly focuses on inpatient care and lacks integration into the primary care. Psychiatric care is mainly provided in specialized mental health hospitals and centers. Moreover, the system is highly underfunded and as a result of centralized approach the large proportion of the funding (88%) goes to mental hospitals. The system lacks outpatient care units and day care centers, especially facilities for children and adolescents.

On April 2014 The Mental Health Policy and Action Plan for the Republic of Armenia has been adopted by the Government. The Policy document has been developed within the framework of signed Memorandum of Understanding between Ministry of Health of Republic of Armenia and Open Society Foundations.

The Policy document states the necessity of providing comprehensive and accessible psychiatric and general medical, psychological, consultative assistance, care in the country. It also positions the introducing community-level intervention and control models to help patients more effectively understand facilitated intervention after hospitalization thus contributing to social integration and reduction of social isolation and also the enlargement of the community network of mental health services. The Policy indicates also the modernization of educational programs in specialized educational institutions taking into account the contemporary understandings of mental health, peculiarities of nationally adopted conceptions and the system of services delivered in line with those peculiarities and other issues concerning improvement of professional practice and responsibility.

**References**

2. Armen Soghoyan, Ani Movsisyan, Psychiatric Services in Armenia: 20 years of transition. WPA Regional Meeting, Bucharest 2013, Abstract Book
### Session: Regular Workshop  
#### SPEAKER 2

<table>
<thead>
<tr>
<th>Title:</th>
<th>100 % state funding for mental and drug addiction illnesses treatment and care: An achievement or a problem</th>
</tr>
</thead>
</table>
| Speaker | Haroutiun Davtyan  
Armenian Association of Social Psychiatry, Yerevan, Armenia |
| Abstract | State budget in Armenia covers the expenses of mental and narcomania diseases and medical care provided by the psychiatric hospitals.  
Inpatients services:  
- Yearly contractual financial allocations (global budget) to the institutions providing mental and drug addiction treatment and care services are determined by the number of certified beds for the respective institution, average number of occupied beds and cost for one patient per day.  
- Financing of the patients who had already received treatment is estimated due to the types of the departments and medical care, number of actual treatment days/number of patients, average cost for one patient one day care, but not more than the approved contractual yearly amounts (global budget). In hospitals the actual number of days/patient, subject to reimbursement (in accordance with the departments), cannot be more than the average duration of treatment certified by the Ministry of Health.  
Outpatient services  
- Yearly outpatient contractual financing for each institution is estiated in accordance with the number of people permanently inhabited in the area covered by the respective institution and the average of the yearly average cost for the respective service for one inhabitant approved by the Ministry of Health.  
- Outpatient medical care is financed due to the yearly contractual allocations on monthly proportions.  
The 100% state budgeting for mental and drug addiction illnesses treatment and care supports all layers of population to benefit from the mentioned services. However, it creates the undesirable situation when there is no professional competition between psychiatric clinics as there is no challenge of attracting patients due to high quality service. Also, the existing psychiatric hospitals suggest medicine provided within the state package whereas those are far to be the best, which also increases stigmatization. |
| References | 1. "Bulletin, 2014" by State Health Agency attached to the Ministry of Health of the Republic of Armenia  

### Session: Regular Workshop  
#### SPEAKER 3

<table>
<thead>
<tr>
<th>Title:</th>
<th>Posttraumatic stress disorder: Globalization of the problem</th>
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</thead>
</table>
| Speaker | Sukiasyan S.G., Tadevosyan M.J.  
“Stress” Mental Health Centre, ARTMED Medical Rehabilitation Center, Yerevan, Armenia |
| Abstract | The problem of trauma and posttraumatic stress disorder is an urgent problem of world psychiatry as:  
1. Development of civilization leads to global disasters, while people being helpless and powerless against natural disasters.  
2. The problem is of paramount practical importance, considering unceasing spreading of traumatic disorders among the population  
3. The absence of precise theoretical concepts defines the approaches for investigation of psychological and biological mechanisms for the development of PTSD, and the variety of pathogenetic models of development, such as biological, psychodynamic, cognitive and psychosocial models.  
4. Consecutive natural and technogenic disasters, non-trivial «sociogenic» events, accompanied by deep emotional experience, as well as changes in the ecological situation have lead to multifactoriality, |

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polygeny and multiformity of PTSD, investigation and systematization of which have become imperative of time. This study is analyzed the impact of natural, economical, moral-psycho logical factors on socio-political development of Armenian society, particular, on mental and somatic health.

The situation in the country, examined as multifactorial polygenic long term post stress, causes the following responses: somatic and mental incidence rate, demoralization of society, asocialization, depopulation, degradation. Genesis and contents of post stress disorders is analyzed. According to the researches battery of PTS in Armenia is divided into three not equal groups: posttraumatic stress disorders (and post stress disorders) among earthquake victims, ex–combatants and refugees. Certain nozologic and ontological aspects of PTSD are discussed. It is indicated that PTSD issue requires integrative approach to (due to conception incompleteness) both clinical-diagnostic and social-prophylactic pathways.

References

Session: Regular Workshop  SPEAKER 4  Code  WS351

Title: Psychotraumatic elements of Armenian identity: One hundred years of surviving

Speaker
Khachatur Gasparyan¹,², Gayane Ghazaryan¹, Lilit Mnatsakanyan¹, Marine Tozalakyan²
¹Medical Psychology department, Mkhitar Heratsi Yerevan State Medical University
²INTRA Mental Health Centre, Yerevan

Abstract
Introduction: Identity is about what makes us unique and what are the common factors? This presentation is about various aspects of Armenian Identity, particularly on the issue of psychotraumatic elements of Armenian Identity. Our focus is last 100 years of the Armenian Identity formation. Materials and Method: We examen sources of the Armenian Identity via symbols of the past history: political maps of Armenia and Armenian Churches. We used mentioned materials to illustrate Armenian Identity sources and key elements. Identity formation related to the various types such as Ego or Personal, Social, Professional, National, Cultural, Positive / negative, Minority, Race, Gender and sexual and multicultural...

Results and Conclusions: Psychotraumatic events are mostly associated and influenced by the history and most influential elements are: geographical and cultural loss, Armenian Genocide, World War II, Soviet influence, Karabagh movement, including Sumgait and Baku events, independence.

References
Title: **Aggression and violence in psychiatric settings: International trends and treatment strategies**

Chairperson: Emil Coccaro, E.C. Manning Professor and Chair, Department of Psychiatry and Behavioral Neuroscience, Biological Sciences Division, The University of Chicago, Chicago (USA)

Abstract: Aggression and violence are often found in psychiatric settings. Agitation is often associated to aggression and violence, and escalation from agitation to aggression and to interpersonal violence is often seen. Violence committed by acute psychiatric inpatients represents an important and challenging problem in clinical practice. Several studies have shown that violent incidents occur relatively frequently in psychiatric settings and are associated with specific sociodemographic and clinical variables. With regard to sociodemographic variables, young age, unmarried status, and unemployment stand out as more reliable predictors of aggressiveness, whereas gender has not consistently been found to represent an important risk factor. Sociodemographic variables, however, are less reliable predictors of violent behavior in hospital settings than they are in the general community. Recently also the neurobiology of aggression and violence has been carefully investigated. Finally, specific intervention strategies are needed to prevent and treat aggression and violence related to mental disorders. This symposium will shed light on the main issues to be found in this area.

Speakers:

1. Emil Coccaro  
   E.C. Manning Professor and Chair, Department of Psychiatry and Behavioral Neuroscience, Biological Sciences Division, The University of Chicago, Chicago (USA)
2. Seena Fazel  
   Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford (England)
3. Giovanni de Girolamo  
   Head, Unit of Epidemiological and Evaluation Psychiatry, IRCCS St John of God Clinical Research Centre, Via Pilastroni 4, Brescia (Italy)
4. Niels Mulder  
   Professor of Public Mental Health, Epidemiological and Social Psychiatric Research institute, Erasmus MC, Parnassia Psychiatric Institute, Rotterdam (Netherlands)

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Session: Regular Workshop  
Title: Neurobiology and treatment of impulsive aggression in human subjects  
Speaker: Emil F. Coccaro  
University of Chicago, USA  

Abstract: **Objective**

While “aggression” comes in many forms, one of its most important forms is impulsive aggression whereby impulsivity defines the aggressive behaviour. This presentation will review a variety of studies examining the biology and treatment of impulsive aggression and offer an overarching view of the problem for clinicians and researchers.

**Methods**

A number of complementary methods were used including neurochemistry, psychopharmacologic challenge, neuroimaging, and randomized clinical trial.

**Results**

Aggression is most consistently associated with a functional deficit in brain serotonin (5-HT) and agents that increase brain 5-HT can reduce aggressive behaviour. This view is complicated, however, by the fact that several other neurotransmitter systems work to stimulate aggression and, thus, a balance of inhibitory and facilitatory neurotransmitters likely “set the threshold” for aggressive responding in humans. In addition, social and emotional information processing factors likely affect how individuals respond to threat and/or frustration and this must be considered as well. Trials of SSRIs, which increase brain 5-HT, reduce aggression as does Cognitive Behavioral intervention, which involves cognitive...
restructuring/coping skills training that work to reduce hostile attribution and anger.  

Conclusions

Impulsive aggressive behaviour is an important problem, likely affecting 3% of the general population. While the factors associated with it are complex, we are coming to understand the various components and are now testing out empirically-based strategies to reduce the impact of these behavioural on the lives of people affected by this externalizing behaviour.

**Session:** Regular Workshop  
**SPEAKER 2**  
**Title:** Do antipsychotics and mood stabilisers reduce the risk of violence in patients with severe mental illness?  
**Speaker:** Seena Fazel  
University of Oxford, U.K.  

**Abstract**  

**Background**  
Despite clear evidence for the efficacy of antipsychotics and mood stabilisers in relapse prevention and symptom relief, their effect on some adverse outcomes, including the perpetration of violent crime, is unclear. We aimed to establish the effect of antipsychotics and mood stabilisers on the rate of violent crime committed by patients with psychiatric disorders in Sweden.

**Methods**  
We used linked Swedish national registers to study 82,647 patients who were prescribed antipsychotics or mood stabilisers, their psychiatric diagnoses, and subsequent criminal convictions in 2006–09. We did within-individual analyses to compare the rate of violent criminality during the time that patients were prescribed these medications versus the rate for the same patients while they were not receiving the drugs to adjust for all confounders that remained constant within each participant during follow-up.

**Findings**  
In 2006–09, 40,937 men and 41,710 women in Sweden were prescribed antipsychotics or mood stabilisers. Compared with periods when participants were not on medication, violent crime fell by 45% in patients receiving antipsychotics (hazard ratio [HR] 0.55, 95% CI 0.47–0.64) and by 24% in patients prescribed mood stabilisers (0.76, 0.62–0.93). However, we identified potentially important differences by diagnosis—mood stabilisers were associated with a reduced rate of violent crime only in patients with bipolar disorder. Furthermore, the addition of a mood stabiliser to an antipsychotic did not reduce further reduce rates of violent crime. Reductions in violent crime were also recorded for depot medication (HR adjusted for concomitant oral medications 0.60, 95% CI 0.39–0.92), and were typically stronger for clozapine in a range of sensitivity analyses.

**Interpretation**  
In addition to relapse prevention and psychiatric symptom relief, the benefits of antipsychotics and mood stabilisers might also include reductions in the rates of violent crime. However, the common addition of mood stabilisers to antipsychotics to reduce aggression and violence in psychiatric patients is not supported by these findings. These results further strengthen evidence of a specific anti-aggressive effect of clozapine.

**Session:** Regular Workshop  
**SPEAKER 3**  
**Title:** A systematic review and meta-analysis of violent behavior of acute psychiatric inpatients  
**Speaker**  
G. de Girolamo1, L. Iozzino1,2, C. Ferrari1  
1. IRCCS Fatebenefratelli, Brescia, Italy  
2. University of Verona, Verona, Italy  

**Abstract**  

**Objectives:** Several studies have shown that violent incidents (involving interpersonal violence) occur frequently in inpatient psychiatric units and are associated with patients’ specific socio-demographic and clinical variables. Our principal aim is to estimate the prevalence of patients admitted to acute psychiatric wards (in General Hospital and/or Mental Hospitals) who have committed at least one violent act against other persons (e.g., staff, other patients, visitors) during their hospitalization.

**METHODS:** We searched all published articles, in English, for studies reporting data on the prevalence...
of violence in psychiatric inpatients, published between January 1993 and July 2013 in three electronic databases: Pubmed, Ebsco Host and Cinahl. We took into consideration only studies conducted in the 31 high-income countries; patients had to be hospitalized in acute psychiatric wards of General and/or Psychiatric Hospitals. Violent behaviour includes: physical assault, attempted physical assault, injuries and/or death of another person (patients, staff and visitors).

RESULTS: Overall, the final number of studies fulfilling our criteria was 37. We found that 18% (95% CI 14-21%) of hospitalized patients committed at least one violent act against other people during the hospital stay. However there were marked differences in the prevalence of violent patients to country, gender, length of stay, involuntary admission, diagnosis and alcohol and/or drug abuse.

CONCLUSION: This study confirms the importance of examining in detail the strength of association between different risk factors for inpatient violence, and the extent to which these disruptive and distressing events can be predicted and prevented. Despite the best-laid plans, violent incidents do sometimes occur. In considering which methods should be used to manage a violent incident, it is important to weight risks and benefits in every particular situation.

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<th>Session: Regular Workshop</th>
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<th>WS357</th>
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Title: Clinical management of agitation in psychiatric patients

Speaker
Cornelis Mulder
Erasmus MC, Rotterdam, The Netherlands

Abstract
Objective Agitation can be defined as a non specific constellation of relatively unrelated behaviours that can be seen in a number of clinical conditions, usually presenting a fluctuation course. Psychomotor agitation is probably best described as a condition in which patients display excessive verbal and/or motor activity. We will discuss the epidemiology of agitation as well as guidelines describing different pharmacological and non-pharmacological treatment strategies. Patients’ preferences will be discussed with respect to the treatment of agitation and the results of intervention studies to handle agitation will be presented.

Methods
The results are based on a literature review.

Results
Agitation can have a different pathophysiology, depending on the specific psychiatric disorder. If left untreated agitation can lead to violent or suicidal behavior and coercion. Agitation is the main reason for admissions in schizophrenia. Agitation and its consequences (including coercion) can be prevented using risk assessment.

Conclusions
Agitation is a major clinical problem. In acute admission wards, agitation needs to be assessed regularly using risk assessment strategies. Verbal and pharmacological treatments are needed to prevent negative consequences of agitation.
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<th>OVERALL ABSTRACT</th>
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<tr>
<td>Title:</td>
<td><strong>Virtual reality cue-exposure therapy for bingeing behavior in bulimia nervosa</strong></td>
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<tr>
<td>Chairperson and speaker</td>
<td>Marta Ferrer-Garcia, PhD., &amp; Jose Gutierrez-Maldonado, PhD., Department of Personality, Assessment and Psychological Treatment., VR-PSY Lab, Universidad de Barcelona</td>
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<tr>
<td>Abstract</td>
<td>There are several approaches to the treatment of bulimia nervosa (BN), such as Cognitive-behavioral therapy (CBT), which have proved effective. However, there is a high percentage of BN patients who do not improve despite treatment and present a chronic course of the disease. Therefore, it may be useful to explore whether the incorporation of techniques based on new technologies may enhance the efficacy of current treatments. Cue exposure therapy has been reported to be an effective intervention for reducing binge eating behavior in patients with eating disorders. However, in vivo food exposure conducted in the therapist’s office presents logistical problems and lacks ecological validity. This workshop proposes the use of virtual reality (VR) as an alternative to in vivo exposure, and introduces a new cue-exposure therapy based on this technology. VR allows the simulation of real-life situations and, thus, maintains good ecological validity even when exposure is conducted in the therapist’s office: this facilitates generalization to real situations. Moreover, VR allows the therapist to control the different parameters of the situation and, thus, adapt the exposure environment to the needs of each patient at each stage of the treatment. VR also allows the inclusion of both contextual and proximal exposure cues. So the use of VR environments may solve the logistic and generalization problems related with cue-exposure therapy with response prevention of bingeing. Information about the development of the VR software and its use as an added component of CBT for BN treatment will be discussed.</td>
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## OVERALL ABSTRACT

**Title:** A proposal of novel neurobiological markers for early detection of severe mental disorder throughout the life cycle

**Chairperson:** Ortuno, Felipe. University of Navarra Clinic, Pamplona, Spain

**Abstract**

This symposium presents neurobiological findings with a potential interest as putative novel biomarkers that might have clinical value from the diagnostic and response to treatment perspectives, regarding different severe mental disorders throughout the life cycle. The first talk reviews several putative biological markers in ADHD and some possible predictors of treatment response. These include both structural and functional connectivity neuroimaging findings (both in basal ganglia/striatum and in prefrontal cortex), and genetic markers in Dopamine transporter genes, associated with the diagnosis or the response to medication. The second talk presents a new approach (the use of a chirp-modulated tone, increasing the frequency of the modulation in a linear manner) to study the auditory steady-state responses in two groups of patients with schizophrenia (drug-naive and treated with atypical antipsychotic drugs), in order to assess the differences in their responses. The third talk considers age at onset as one of the best-known paradigms for the study of late-life depression, and presents preliminary clinical research findings on DTI and PET differences between late-onset and early-onset late-life depression.

**Speakers**

1. Soutullo, Cesar.  
   University of Navarra Clinic, Pamplona, Spain
2. Molero, Patricio  
   University of Navarra Clinic, Pamplona, Spain
3. Pla, Jorge  
   University of Navarra Clinic, Pamplona, Spain

## SPEAKER 1

**Title:** Biological markers in the diagnosis and treatment response in children with ADHD

**Speaker:** C. Soutullo, A. Díez, P. de Castro, J. Marín  
University of Navarra Clinic, Pamplona, Spain

**Abstract**

**Objective:** To review the biological basis of attention and impulsivity in ADHD across the lifespan.  
**Methods:** We performed a literature search on brain mechanism on ADHD.  
**Results:** ADHD is a very frequent neurodevelopmental disorder. It’s etiology is not fully understood, but it is produced by a mostly genetic-based or sometimes environmental (perinatal) dysfunction of frontal circuits involved in the executive system. There are structural changes in children with ADHD, mostly a thinner prefrontal cortex, and also a delayed maturation, with a delayed of peak cortical thickness of about 2.5 years. There are also functional findings in mostly basal ganglia areas, and altered functional connectivity, mostly with reduced anterior-posterior connectivity, and a less efficient inhibition of default network by task-related networks. The neurotransmitters involved in attentional prefrontal networks are mainly dopamine and norepinephrine. There is also an alteration of dopaminergic systems involved in reward and impulsivity, in subcortical and cerebellar areas.  
**Conclusion:** These maturation delays, structural, functional, functional connectivity, and default network alterations in attentional and reward circuits explains ADHD symptoms: inattention, lack of organization and motor impulsivity, hyperactivity and emotional impulsiveness.

## SPEAKER 2

**Title:** Clinical value of cortical oscillatory activity in the neuroleptic response monitoring in schizophrenia

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**Session:** Regular Workshop  
**Code:** WS360  
**Volume 1. Abstracts Regular Workshops**

[www.wpamadrid2014.com](http://www.wpamadrid2014.com) - 383 -
Abstract

Background: The cognitive dysfunction and psychopathological symptoms of schizophrenia might be mediated by a disconnection syndrome both within and between different cortical areas. Changes in cortical oscillatory activity may be the functional correlate of this cortical network disconnection. Steady-state responses are an easy and consistent way to explore cortical oscillatory activity.

Methods: The use of a chirp-modulated tone (increasing the frequency of the modulation in a linear manner) allows a fast measure of the steady-state response to different modulation rates. We studied the auditory steadystate responses in two groups of patients with schizophrenia (7 drug-naive and 23 treated with atypical antipsychotic drugs), in order to assess the differences in their responses with respect to healthy subjects, and study any potential effect of medication.

Results: Drug-naive patients had reduced amplitude and inter-trial phase coherence of the response in the 30-50 Hz range, and reduced amplitude of the response in the 90-100 Hz range, when compared to controls. A shift of the frequency of maximal response from 42 to 49 Hz was also observed. In the treated patients group, the response in the 30-50 Hz range was normalized to values similar to the control group, but the reduction in amplitude in the 90-100 Hz range remained as in the drug-naive group.

Conclusion: These results suggest that gamma activity impairment in schizophrenia is a complex phenomenon that affects a wide band of frequencies and implies a shift in the frequency of preferred gamma oscillations. Treatment with atypical antipsychotic drugs can partially revert some of these alterations.

Abstract

Objectives: Depression is the most prevalent late-life psychiatric illness. Elderly patients who suffer LLD are underdiagnosed and undertreated. The onset of LLD may be the manifestation of an existing illness in previous life stages (early-onset). Or the first depressive episode may occur after the age of 50 (late-onset). We have proposed this research project in order to verify our LLD model, using the paradigm of the age of onset of the disease.

Methods: We pretend Study by DTI-MRI, white matter integrity of frontostriatal bundles in LOD patients. And identify neuronal activity dysfunction in late-onset LLD (LOLLD) patients by using 18-FDGD PET.

Results: In our sample fractional anisotropy (FA) was higher in EOD patients, then in healthy control group and lowest in LOD patients. Here we can see the significant results: The location of the differences was: frontal medial cortex and paracingulate gyrus in LOD vs. EOD; corona radiata and callosal body in EOD vs. HCG; and right cerebral white matter, frontal and temporal pole in LOD vs. HCG.

Our results revealed that PG presented a significant frontal hypometabolism when compared with HCG, and posterior cortical association areas hypometabolism when compared with CPG. However, there were no significant differences between HCG group and PCG.

Conclusions: Today, it is important to have a pathophysiological model of mental illness to improve its treatment and prevention. We have different paradigms to study LLD: one of them is the age of onset of the disease. LOD patients and EOD patients may have different mechanisms in the development of depressive illness. The damage in the cerebral white matter measured by the fractional anisotropy, and hypometabolism areas by PET, may help in contrasting between the different pathophysiological mechanisms of each patient group (LOD and EOD).
### OVERALL ABSTRACT

**Title:** Eating disorders: Tips towards strategies with the “real” patient  
**Organized by:** Eating Disorders Section of Latin American Psychiatric Association (APAL)

**Chairperson:** Dr Graciela Onofrio, Miembro de APSA y APAL, Docente de UBA y HOSPITAL ITALIANO  
Buenos Aires, Argentina

**Co-chairperson:** Dr Raquel Zamora, Centro de Atención Psiquiátrica y Psicológica con Tratamientos Actualizados –  
Montevideo. Uruguay

**Abstract:** This workshop puts forward different perspectives to approach one real case. A lonely teenager is suffering an eating disorder, with overweight as consequence, as response to a sort of unspoken abandonment. A clinic vignette will be exposed in order to discover significances and bring evidence towards singular diagnosis problems in the middle of one consultation for obesity.  
Este taller propone diferentes perspectivas para abordar un caso real. Una joven y solitaria adolescente que sufre trastornos de la conducta alimentaria como respuesta a un abandono tácito. Una viñeta clínica estará expuesta para descubrir significados y presentar elementos ante los problemas de diagnóstico singulares en el centro de una consulta por obesidad.

**Speakers**

1. Dr Graciela Onofrio  
Miembro de APSA y APAL, Docente de UBA y HOSPITAL ITALIANO  
Buenos Aires, Argentina

2. Dr Raquel Zamora  
Centro de Atención Psiquiátrica y Psicológica con Tratamientos Actualizados – Montevideo. Uruguay

3. Dr María Ester Strada,  
Miembro de APSA, APAL, SAN y SACO, Buenos Aires, Argentina

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### SPEAKER 1

**Title:** Help: A lonely teenager suffering eating disorders is in our office

**Speaker:** Dr Graciela Onofrio  
Miembro de APSA y APAL, Docente de UBA y HOSPITAL ITALIANO, Buenos Aires, Argentina

**Abstract:** Clinic vignette: A. L, an adolescent, came to the office with her parents. They chose now this new consultation to a psychiatrist specializing in eating disorders, as they were recommended by a clinician and by someone near the family. They consult for the adolescent’s overweight, suffering from many years ago A.L. and, in an indirect way, her family. This year, two medicine experts in nutrition had recommended bariatric surgery for A. L. (irreversible surgical procedure that in our country the law of TCA and Obesity regulates as an indication for patients with a Body Mass Index, BMI, of 40 or greater or patients with a BMI of 35 or greater with the metabolic syndrome or other severe clinical risks).  
Adding information: parents report that A.L. had repeated second year of high school and now attends third year with poor school performance. A. says that she does not care about school. Your mother says, "she is very lazy, with the school and with everything". She says that she wants "to be an actress in musical comedy" when finishing high school, but her parents do not support this idea. The upward curve of weight is increasing since four or five years ago as can report both A.L. like her parents.

1. Objectives: clinical discussion with the attending audience.

**References**

- Amigo S, Clínica de los fracasos del fantasma, Letra Viva Ed, Buenos Aires, Argentina, 2012  
### Session: Workshop SPEAKER 2

<table>
<thead>
<tr>
<th>Title:</th>
<th>Diagnosis problems in eating disorders</th>
</tr>
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</table>
| Speaker | Dr Raquel Zamora  
Centro de Atención Psiquiátrica y Psicológica con Tratamientos Actualizados – Montevideo. Uruguay |
| Abstract | -Discussion of the information needed for a better understanding of the clinical case.  
-Possible diagnosis according to DSM-5 (A.P.A.) classification and diagnostic markers.  
-Analysis of risk factors that trigger the illness.  
-Course of action for the treatment. |

### Session: Workshop SPEAKER 3

<table>
<thead>
<tr>
<th>Title:</th>
<th>The unspoken abandonment</th>
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| Speaker | Dr María Ester Strada  
Miembro de APSA, APAL , SAN y SACO, Buenos Aires, Argentina |
| Abstract | There is a popular saying, "It was an open secret".The so called secret and unspoken truth was revealed to A. L. when she was 14 years old. It was the second time she could be certain of her exclusion.Traces of obesity in her body strengthened her filling of inner vacuum; this slows down the development of an identifying process towards the feminine"flirty"self-image. At that crucial moment, while she was undergoing her adolescence crisis, in which one of the "mournings" is the loss of a child body and the transformation from pupa to butterfly, she was disturbed by the revelation. Of course, it is difficult to know how and when the time is right to tell the "truth" (2). What is true is that in the history of a family, considering family bonds, it would have been easier and less traumatic if, in spite of the many difficulties, there had been a real family. The existence of a secret in this story acquires particular relevance, which will be unfolded over the course of psychotherapy. |
2-Puget, Janine, Wender, Leonardo. Revista AAPPG XVI, n°1/2, 1993  
3-Freud, Sigmund, Obras Completas, Editorial Biblioteca Nueva, Madrid, 1948 |
### OVERALL ABSTRACT

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<th>Session:</th>
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<tr>
<td><strong>Title:</strong></td>
<td><strong>Cultural psychiatry teaching methods: Perspectives from Spain, Sweden and united states of America</strong></td>
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<tr>
<td>Chairperson</td>
<td>Esperanza Diaz MD, Associate Professor of Psychiatry, Yale University School of Medicine. New Haven CT., USA</td>
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<td><strong>Abstract</strong></td>
<td>Researchers have studied the link between health inequalities and its social determinants as a way to recommend interventions to improve the health of populations. Training mental health professionals to be culturally sensitive and competent is essential to develop and deliver interventions relevant to the target audiences, but there is no consensus on the teaching methods. Approaches to teaching vary according to schools, institutions, regions and countries. We infer that there are universal methods that we need to identify and compare along with effective ways to measure training outcomes. The task is not simple. Many years of promoting health equity have resulted in some improvements, but the disparities continue worldwide. There is an increasing need to educate our next generations of mental health professionals to address diversity, health policies, cultures, languages, religions and individual needs. In this workshop we will bring perspectives, experiences and teaching methods from three countries. From Stockholm, Sweden we will learn the evaluation process of a training about migration and trauma in a Center for refugees. From Barcelona, Spain we will learn about explorations of trainings in cultural psychiatry and global health. From New Haven, USA we will learn about the development of both a residency curriculum on cultural psychiatry, and a global mental health program. We will compare positive and negative influences when developing educational programs and best teaching methods. The ending discussion will focus on recommending next steps to improve education in this area and possible collaborations to advance the field.</td>
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| Speakers | 1. Sofie Bäärnhielm MD, PhD  
Director Transcultural Center, Stockholm County, Council, St Göran’s Hospital, Floor 13, Stockholm, Sweden  
2. Adil Qureshi, PhD  
Psychologist, Servei de Psiquiatria, Hospital Universitari Vall d’Hebron Universidad Autonoma  
Barcelona, Spain  
3. Carla Marienfeld MD  
Assistant Professor of Psychiatry, Yale University School of Medicine. New Haven CT., USA | | | |

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<tr>
<td><strong>Title:</strong></td>
<td>Approaching the vulnerability of refugees - Evaluation of a training about migration and trauma</td>
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</table>
| Speaker | Sofie Bäärnhielm MD  
Director Transcultural Center, Stockholm County, Council, St Göran’s Hospital, Stockholm, Sweden | | | |
| **Abstract** | Objectives: Professionals working in communities, and sites for refugee reception require knowledge about the diverse cultural expressions of distress to recognize and guide individuals in need of mental health care.  
Methods: In many European countries, migrants, asylum seekers and undocumented migrants in particular, have limited access to health services and social services. In Sweden there are disparities in health between natives and immigrants, especially refugees, parallel with increasing migration. Until recently education of health and community professionals included little training time for issues related to cultural diversity. The Transcultural Centre in Stockholm organizes trainings in culture and mental health for health and community professionals and offers tailor-made courses at workplaces according to local needs.  
Results: Sensitivity to culture in mental health services benefits effective delivery of care to the individual patient and can contribute to decreasing disparities in health. Outcome of cross-cultural mental health training given to professionals in health care and refugee reception in Stockholm was evaluated by pre- and post-training questionnaires and focus group interviews. Training resulted in participants experiencing an increased capacity for approaching the social vulnerability of newly arrived refugees | | | |
with mental distress. Conclusions: Results from this study indicate the importance of including emotional aspects of learning. Empathy may be an important road to new knowledge and skills in cross-cultural mental health care.

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<tr>
<td>Title:</td>
<td>A relational-interpretive approach to cultural competence training. An experience from Barcelona</td>
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<tr>
<td>Speaker</td>
<td>Adil Qureshi, PhD Psychologist, Servei de Psiquiatria, Hospital Universitari Vall d'Hebron Universidad Autonoma Barcelona, Spain</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Large-scale research endeavors in the area of barriers to quality mental health treatment for immigrants and ethnic minorities shows that both cultural factors as well as “racial” factors are at play. Whereas the former (cultural) are explicitly addressed in notions such as “cultural competence” and “cultural psychiatry”, the latter (“racial”) are not, and remain more complex and less palatable factors that can even generate controversy. At the same time, a principle impediment to quality care for immigrants and ethnic minorities has to do not with the patient as such but rather with the provider, and are common to both racial and cultural difference. In this presentation we will outline the model we use for training in this area and briefly present our online training program. Methods: In Barcelona we have been developing and utilizing what could be called a relational-interpretive approach to training in cultural psychiatry. We start with the idea that effective treatment is impeded both by cultural as well as racial factors. Knowledge about the ways in which culture impacts mental health and its treatment can be addressed with the 4 Xs: Experience, expression, explanation, and expectation, as well as knowledge that explicit and implicit racism negatively impacts both the treatment process as well as mental health. Results: The filters or lenses through which the clinician views, responds to, and interacts with the patients have a profound influence on the clinical counter. The greatest impediment to quality care is precisely the presence of prejudice and racial and cultural countertransference that implicitly impacts the treatment process. Conclusions: For this to be addressed clinicians need to be willing to confront their own prejudices as well as cultural filters.</td>
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<td>Title:</td>
<td>Development of cultural psychiatry teaching methods and a global mental health program</td>
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<tr>
<td>Speaker</td>
<td>Carla Marienfeld, MD Assistant Professor of Psychiatry, Yale University School of Medicine. New Haven CT., USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To describe and show evaluation of and outcomes for the development of integrated experiential education in global mental health (GMH) and the development of a cultural psychiatry curriculum. Methods: Review and discussion of the structure of both programs will be presented as well as evaluations. The GMH used a comparison of faculty and residents’ experiences for three years before and after initiation of the program and an anonymous web-based survey. The cultural curriculum combined an experiential approach with residents teaching residents and practice of the Cultural Formulation Interview (CFI) while videotaped. Educational action research guided modifications. Quantitative and qualitative pre- and post- questionnaires were obtained. Results: The implementation of GMH program fostered significant increases in the number of core didactic sessions devoted to GMH. A new elective added 60 hours of didactics per year. There was a significant increase in the number of international health experiences in the PGY2 year as well as a significant increase in the number of mentored scholarly projects completed by residents. 60% of residents recruited in 2010 reporting an interest in our GMH opportunities at Yale as a factor in their decision to come to our residency as compared to 12.5% in 2007. The Cultural Curriculum is now a permanent subject in the centralized didactics. The training increased knowledge about health disparities and cultural competence. Comparison of pre- and post-test means on comfort and likelihood of residents assessing and teaching cultural sensitivity changed significantly. Performing the role-plays and learning</td>
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the CFI were rated as powerful learning experiences.

Conclusions: Development of a GMH program significantly impacted the residency program and department, as well as recruitment to the residency. In the cultural curriculum the combination of residents teaching residents, experiential approach including videotaping, group experience, and learning the CFI questions were effective. Further studies are needed.
**OVERALL ABSTRACT**

**Title:** Neurosis Renaissance?: New clues after 30 years of the Anxiety-Collagen connection

**Chairperson** Garrabé, Jean (France) Association Mondiale de Psychiatrie. Paris (France)

**Co-chairperson** Ros, Salvador (Spain) Instituto Internacional de Neurociencias Aplicadas. Barcelona (Spain)

**Abstract** Since the first published observation of the strong association between Panic disorder and the Joint Hypermobility Syndrome 26 years ago, several lines of research have confirmed this unexpected link and have also provided new bases to understand anxiety and its disorders. Clinical and neurophysiological data reminds the never ending Neurosis concept and its nosological, albeit vestigial value; these historical and conceptual bases will be thoroughly review by Prof Jean Garrabé. Prof. Hugo Critchley covering the areas of the neurovisceral phenotype, the unexpected Collagen role, the vasculature neurofunction and also the autonomies and the brain systems involved will examine the neurobiological underpinnings of the association between Joint Laxity and Anxiety. From the field of Ethology, Prof. Jaume Fatjó will present the behavioral and biological findings obtained from studies among fearful domestic dog, which are providing new grounds (both clinical and evolutive) to understand the association between anxiety and collagen. Prof Antonio Bulbena will present a panoramic view of the collected evidence after his first clinical observation in 1988 (joint hypermobility and anxiety) and how this association may shed light to present psychiatric nosologies. There are bases to consider new models of illness, which should include both specific somatic and psychopathological conditions, unfortunately classified nowadays in separate venues.

**Speakers**

1. Garrabé, Jean
   Association Mondiale de Psychiatrie. Paris (France)
2. Critchley, Hugo
   Brighton and Sussex Medical School University of Sussex, United Kingdom
3. Fatjo, Jaume
   Department Psychiatry and Forensic Medicine. Autonomous University of Barcelona, Spain
4. Bulbena, Antonio
   Department Psychiatry and Forensic Medicine. Autonomous University of Barcelona, Spain

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**OVERALL ABSTRACT**

**Title:** Historical vision of the concept of neurosis

**Speaker** Jean Garrabé
Psychiatre honoraire des hôpitaux, Paris., Membre honoraire de l'Association Mondiale de Psychiatrie

**Abstract**

**Objectives.** To present the origins and evolution of the concept of neurosis after its appearance in the XXVIII Century, and also, to provide a historical glimpse to the present state of the psychiatric nosology.

**Method.** Through historical analysis of the literature, different lines of clinical and conceptual papers will be dealt with.

**Results.** William Cullen coined the term ‘neurosis’ in the late eighteenth century, in keeping with his concepts of pathology. He advanced the idea that a disturbance of the function of the nerves is the basis for neurosis. Later, according to Charcot and his pupil Janet, the essential difficulty in neurotic conditions was neurophysiological. For various reasons usually determined by heredity, the nervous energy of the brain was not strong enough to integrate its many functions. Some functions became dissociated and pursued an independent, autonomous course. The appearance of the “hysterical neurosis” in this particular period, was a fundamental step in the evolution of the concept. On his turn, Freud considered two major categories of neurosis according to the origins of inadequate
discharge of libido: Actual neuroses (more “physiological”) and psychoneuroses (more “psychological”). Nevertheless in the XX Century, the term and the concept of “neurosis” were removed from DSM III classification and is still kept out in the recent DSM 5. It will probably be removed too from the ICD 11.

Conclusions.
The history of the concept of neurosis might provide relevant insights to the current debates around the modern grouping of Anxiety disorders. The revival of the biological and nosological basis of this heterogeneous group of anxiety conditions (most of them already included in the old box of neurosis) requires, not only basic and clinical knowledge, but also a sound historical perspective

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<td>Title:</td>
<td>Neurobiological underpinnings of the association between joint laxity and anxiety</td>
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<tr>
<td>Speaker</td>
<td>H.D.Critchley,1,2,3, J, Eccles 1,2</td>
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<td>1. Brighton and Sussex Medical School University of Sussex, United Kingdom</td>
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<td>2. Sussex Partnership NHS Foundation Trust, United Kingdom</td>
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<td>3. Sackler Centre for Consciousness Science University of Sussex, United Kingdom</td>
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<td>Abstract</td>
<td>Objectives</td>
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<td>Neurobiological mechanisms underlie the recognized association between joint laxity and anxiety disorders. Joint hypermobility is commonly observed in a dysautonomia known as Postural Tachycardia Syndrome PoTS. Combining neuroimaging and psychophysiological studies, we are testing whether the association between anxiety and joint laxity is mediated by exaggerated autonomic reactivity interacting with central affective processes.</td>
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<tr>
<td>Methods</td>
<td>Within a research programme examining brain-body interactions in emotion, we undertook 1) a functional neuroimaging study in patients with established PoTS, with and without joint hypermobility. 2) A structural neuroimaging study in a non-clinical population, testing for associations between joint hypermobility, regional brain volumes and autonomic traits. 3) a survey of 400+ patients presenting to secondary and tertiary psychiatric clinics, examining relationship between psychiatric diagnosis with joint hypermobility and autonomic symptoms.</td>
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<td>Results</td>
<td>We found that 1) PoTS patients showed heightened autonomic reactivity and exaggerated orienting responses, characterized by cardiac acceleration linked to withdrawal of ventromedial prefrontal cortical activity. These effects were amplified in patients with joint hypermobility syndrome, who also expressed increased anxiety and panic symptoms. 2) Hypermobility in a non-clinical population was linked to increased amygdala volume, a region involved in threat processing and integration of emotional and visceral responses. Hypermobile individuals also manifest increased interoceptive sensitivity, a trait marker of anxiety vulnerability. 3) Across psychiatry outpatients, hypermobility was more frequent than in the general population across diagnoses with some noteworthy exceptions. A strong association with autonomic symptomatology requires further appraisal in relation to medication.</td>
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<td>Conclusions</td>
<td>Together our findings substantiate the notion that autonomic reactivity partially accounts for anxiety and related psychiatric symptoms in vulnerable people with joint laxity. Variant collagen within peripheral vasculature may exacerbate cardiac autonomic reactivity and impact on central autonomic control mechanisms that map and regulate interoceptive arousal. These brain systems are integral to the emotional brain.</td>
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<td>Title:</td>
<td>The domestic dog as a naturalistic model to explore biological factors of anxiety-related disorders in human beings.</td>
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<tr>
<td>Speaker</td>
<td>J. Fatjo1, J. Bowen 1,2, A. Martorell1, P. Calvo1, A. Bulbena1.</td>
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2. Royal Veterinary College, North Mymms, UK.

Abstract

Objectives
Among all mammals, the domestic dog displays some of the most sophisticated cognitive abilities, including fast mapping, social reconciliation and inequity aversion. Also, they naturally present anxiety-related disorders, like separation anxiety and specific phobias. The homologous nature of at least some of these conditions has been proved through different methodological approaches, including compared neurophysiology and neuropathology. There is a well-described benign joint laxity disorder of the connective tissue affecting a significant proportion (14%) of the general population, which shows a positive correlation with the occurrence of anxiety related disorders, including specific phobias. During the past three years we have conducted research in different groups of dogs to explore the relationship between joint laxity and anxiety-related disorders.

Methods:
In study one, a population of 1000 pet dogs was assessed to validate a scale for assessing the severity of reaction to noise events. In study two, joint mobility was compared between 15 fearful and 16 non-fearful laboratory dogs.

Results:
Results from study one suggest that a sub-population of dogs show characteristics of increased anticipation, increased physical signs of stress, delayed recovery and heightened sound sensitivity that are consistent with the concept of phobia in dogs. Results from study two found increased extensibility of the carpal joint of fearful dogs versus controls.

Conclusions: the results of our studies suggest first, that specific phobias can be consistently assessed in pet dogs and second, that a similar association between joint laxity and anxiety-related behaviour as found in human beings could exist in dogs. Further research is needed to confirm this hypothesis, which could give some insights on the biological factors and the evolutionary roots of anxiety-related disorders in humans.

Session: Regular Workshop
Title: Collagen and somatic findings in anxiety disorders: Repercussions on psychiatric nosologies
Speaker: A. Bulbena1,2, G. Pailhez1,2 N. Mallorquí2, A. Bulbena-Cabrero2,3.

1. Institute Neuropsychiatry Addictions. Hospital del Mar. Barcelona. Spain

Abstract

Objectives
To review the present state of knowledge of the unexpected clinical finding of the association between clinical anxiety and a heritable connective tissue disorder (probably Ehlers Danlos type III) and to produce an integrative model to improve the nosological status of these conditions.

Methods
All published papers relating anxiety and Joint Hypermobility Syndrome will be reviewed. Putting together these reviewed data, somatic findings and also recent neurophysiological information, we shall build an inclusive model with both somatic and psychopathological findings.

Results
Meta-analytic studies including general population and clinical and also non clinical samples, confirm the association and therefore provide very promising clinical value. The wide spectrum of the somatic and psychiatric disorders found in this association are not included in current classifications. Instead, most of them appeared scattered in different nosological places. Nevertheless, descriptions of several XIX Century neurosis contained a lot of the clinical items collected in the modern association of Anxiety and the above mentioned collagen condition. Both somatic conditions and somatic symptoms (especially somatosensory) appear together in patients suffering from today’s anxiety conditions.

Conclusions
The phenotypic status of this association has come of age, and the evidence is strong enough to achieve solid clinical grounds. New models have to include both somatic and psychopathological data, and thus
provide new pathophysiological and psychological clues to better understanding of this renewed clinical phenotype and also to open avenues for more appropriate treatments. review the present state of knowledge of the unexpected clinical finding of the association between clinical anxiety and a heritable connective tissue disorder (probably Ehlers Danlos type III) and to produce an integrative model to improve the nosological status of these conditions.
### OVERALL ABSTRACT

**Title:** Psychotherapeutic interventions of Andalucia’s (Spain) current psychiatry

**Chairperson:** Javier Hernández Osuna. Macarena Norte’s Community Unit of Mental Health. Seville. Spain

**Abstract**

The psychotherapy’s development has been productive in the past; nowadays, in the twenty-first century, represents an essential tool to optimize efficiency in any psychiatric treatment. Therefore, in this symposium we describe different types of psychotherapeutic interventions and their application in clinical practice.

**Speakers**

1. Javier Hernández Osuna  
   Macarena Norte’s Community Unit of Mental Health. Seville. Spain
2. Manuel Alvarez Romero  
   Psychosomatic Medical Center. Seville. Spain
3. Dr. María Luisa Gutiérrez López  
   Huelva’s Community Unit of Mental Health. Juan Ramón Jiménez Hospital Area. Spain
4. Manuel Guillén Benítez  
   Carmona’s Community Unit of Mental Health. Seville. Virgen Macarena Hospital Area. Spain

### SPEAKER 1

**Title:** Systemic psychotherapy at the USMC “Macarena Norte”, Seville (Spain)

**Speaker:** José Ignacio del Pino Montesinos  
Macarena Norte’s Community Unit of Mental Health. Virgen Macarena Hospital Area. Seville. Spain

**Abstract**

Objective: Evaluate the appropriateness of a familiar systemic intervention in the USMC "Macarena Norte" (Seville), a good example of community mental health unit in the urban environment of Andalousia (Spain). The pressuring healthcare circumstances and the logistical means impede the development of familiar therapy sensu stricto at this assistant level. Therefore, we opt for an integral support that includes pharmacological treatment of the disorder along with psychotherapeutical interviews - individual, group, couple or family- in order to foster the best personal adaptation and to resolve conflictive relationship situations that trigger pathologies.

Method and results: Patients with anxiety and affective disorders -the most frequent ones- were treated with weekly familiar systemic orientation sessions in group for a year and 30 were chosen randomly during the period from 2011 to 2014. From those only 13 could recover completely, from whom epistemologic data was collected through Personal Welfare Self-Assessment Scale of 0-10 points (0 being the worst and 10 the best), and the Spanish version of the Clinically Useful Depression Outcome scale. The change in the first one is 4.37 to 7.78 and 39 to 20 in the latter.

Conclusions: It is not possible to come to a conclusion due to the final size of the sample, yet the results suggest that:
1) All patients that went under revision showed a significant improvement in both scales, which initially confirms the systemic orientation's utility, both for the patient and the clinician.
2) Due to the insufficient number of patients in the final sample a comparative study with a forecast must be done in order to arrive to definite conclusions

**References**

Ortega Beviá, F. Terapia Familiar Sistémica, Universidad de Sevilla, 2001
Abstract

OBJECTIVES
Meet demographics and characteristics Personality Disorder Anankastic or perfectionism (TA / P) in Andalucía
Refine concepts applied to Psychoeducation and Psychotherapy Personality Disorder
Refine and define the TA / P
Valuing in Educational intervention TA / P

METHOD
We selected 30 patients of Psychosomatic Medical Center of Seville, between 15 and 71 years. All share diagnosis TA / P 19 men and 11 women. Pretest and posttest apply questionnaires assessing the effect obtained :
- Life Satisfaction Questionnaire
- Beck- Depression Questionnaire
- Anxiety Inventory - STAI
- SEVILLA - assessment Questionnaire traits / skills Perfeccionistas Tras initial assessment and diagnostic conclusion, combination therapy sessions Psychoeducation , Psychotherapy and Pharmacology, mainly SSRIs and anxiolytics ADT was applied.

RESULTS
Pretest and posttest results were converted to 0-10 scale assessing each of the parameters in a Continuum from complete absence (or) until full presence (10 )
We present the average of the results obtained for each parameter in the score of the 30 subjects :
STAI ( Anxiety ) BECK ( Depression) SEVILLA ( Perfectionism ) SATISFACTION VITAL
PRETEST September 8th August 4
POSTTEST June 3 June 8
As a result a clear decrease in the parameters of Anxiety, Depression and Perfectionism after surgery, the most significant in Depressive symptoms explained by the effectiveness of psychotherapeutic and psychoeducational techniques as well as antidepressants used. And simultaneously, the perception of elevation SatisfacciónVital

CONCLUSIONS
Psychotherapy plus psychoeducation are effective to treat AT / P. Add Pharmacotherapy increases effectiveness . Matter creating habits and quality of life.

References
Seville 05/30/2014
This experience was conducted on a sample with affective or neurotic disorders patients tracking for treatment at the Huelva’s Community Unit of Mental Health between 2011 to 2013. Intervention was performed on a predetermined framework with a specific focus and defined intervention criteria.

RESULTS
During the development of psychotherapy it was seen how the included patients had an increased ability to identify, express, regulate and transform the experience of the relationship between emotions and the self. At the same time they were better able to identify and manage their emotions and feelings, they obtained a more integrated and stable image of themselves, greater serenity in relationships with the significant others and they gained trust in positive future prospects.

CONCLUSIONS
The strong demand for psychotherapy as therapeutic tool requires a response to Andalucía’s Mental Health care mechanisms. We believe that the model here represented increases the effectiveness of the intervention, being psychotherapy of "here and now". It works with important links with the past and seeks a change of significance about the relationship of feelings and the self, to provide a beneficial modification of the feel, think and act, more in line with the needs imposed by reality.

References
Clinical staging in severe mental disorders: Towards stage specific treatments in psychiatry

Chairperson
Prof. Patrick McGorry, Orygen Youth Health Research Centre, 35 Poplar Rd, Parkville, 3052, Australia

Co-chairperson
Dr. Marta Rapado-Castro, Child and Adolescent Psychiatry Department, Instituto de Investigación Sanitaria Gregorio Marañón, IiSGM. Hospital General Universitario Gregorio Marañón, CIBERSAM. Madrid, Spain

Abstract
Many mental disorders follow a progressive course from early stages with vague symptoms to a chronic deteriorative state, suggesting a deleterious neuropathologic progression of damage to key brain circuits. These appear mediated by oxidative stress regulation, inflammation, decreased neurotropic growth factors, apoptosis, mitochondrial dysfunction and impaired neuroplasticity. Supporting clinical observations, neuroimaging studies have shown the existence of brain abnormalities which are apparent from the onset and progressively change over the course of the illness, including during the progression from the ultra high-risk to the first episode phase. This symposium aims to provide a comprehensive overview of those mechanisms and present evidence of staging in major psychiatric disorders. Evidence of stage specific treatments will be presented and potential neuroprotective agents will be discussed within the clinical staging framework allied to the early intervention paradigm.

Speakers
1. Prof. Michael Berk
   School of Medicine, Deakin University, Geelong, Geelong; IMPACT Strategic Research Centre (Innovation in Mental and Physical Health and Clinical Treatment).
2. A/Prof. Paul Amminger
   Department of Child & Adolescent Psychiatry, Medical University Vienna, Währinger Gürtel 18-20, A-1090 Vienna, Austria
3. Prof. Christos Pantelis
   Melbourne Neuropsychiatry Centre, Department of Psychiatry, The University of Melbourne and Melbourne Health, 161 Barry Street, Carlton South, Victoria 3053, Australia
4. Dr. Marta Rapado-Castro
   Child and Adolescent Psychiatry Department, Instituto de Investigación Sanitaria Gregorio Marañón, IiSGM. Hospital General Universitario Gregorio Marañón, CIBERSAM. Madrid, Spain

Staging and neuroprotection

Speaker
S. Dodd 1,2
1School of Medicine, Deakin University, Geelong, Australia
2Barwon Health, Geelong, Australia

Abstract
Staging models have been proposed in schizophrenia and bipolar disorder, and discussed for unipolar depression, panic disorder, substance use disorders, anorexia and bulimia nervosa. Illness staging offers a way of conceptualizing mental disorder where prevention of illness onset and neuroprogression is as important for consideration as symptom control and relapse prevention. The staging model in mental health follows similar models in physical health, commencing with stage 0, an asymptomatic stage where risk factors are present, stage 1, prodrome where symptoms are less severe than required for diagnostic thresholds, stage 2, a first episode of illness, stage 3, recurrence and stage 4, treatment resistance. Consequent from the staging model are the concepts of stage specific treatments and neuroprotection. There is evidence that some standard treatments for BD may impede the neuroprogression of the illness and some novel treatments may have neuroprotective properties. Molecular mechanisms implicated in neuroprogression include the dysregulation of neurotrophins, neurogenesis and apoptosis, neurotransmitters, inflammatory, oxidative and nitrosative stress, mitochondrial dysfunction, cortisol and the hypothalamic-pituitary-adrenal axis, and epigenetic influences.
The staging model will be presented for various psychiatric disorders, and discrepancies for supporting evidence between various disorders will be demonstrated. Strong evidence is available for schizophrenia and bipolar disorder, whereas the evidence in major depression is less clear. Putative neuroprotective agents will be discussed, focusing on their mechanisms of action, efficacy and safety. Advantages and limitations of considering stage of illness and neuroprotective strategies in clinical practice will be discussed.

Session: Regular Workshop  
**SPEAKER 2**

**Title:**  
Fatty acid markers of psychosis progression and treatment response

**Speaker**  
G. P. Amminger\(^1,\)\(^2\)
\(^1\)Department of Child & Adolescent Psychiatry, Medical University Vienna, Währinger Gürtel 18-20, A-1090 Vienna, Austria  
\(^2\)Orygen Youth Health Research Centre, 35 Poplar Rd, Parkville, 3052, Australia

**Abstract**  
Long-chain omega-3 polyunsaturated fatty acids (PUFAs) may play a role in the pathogenesis of psychotic and major affective disorders. Alterations in fatty acids include a decrease in omega-3 PUFAs and increased omega-6/omega-3 PUFA ratios in plasma, erythrocytes, adipose tissue and post mortem brain tissue. The patterns of these fatty acid alterations are not specific to psychotic or major mood disorders, but are also found in other conditions accompanied by increased oxidative stress such as Alzheimer’s disease, and during normal ageing. We have now first evidence that these alterations can be observed early in the course of a psychiatric condition. I will show that cell membrane fatty acids in individuals at ultra high–risk (UHR) for psychosis (Stage 1b) differ from healthy comparisons; show that cognitive impairment in UHR individuals correlates with cell membrane fatty acids; show that membrane fatty acids predict both transition to psychotic disorder but also response to treatment; and address if a brief period of supplementation with omega-3 PUFAs can prevent transition to psychotic disorder over the longer-term. In summary, our findings imply that membrane fatty acid abnormalities are present before the manifestation of schizophrenia, and may serve as markers to guide early interventions. As omega-3 PUFAs are potent anti-inflammatory agents, our findings also suggests that neuroinflammation could be a stage-specific phenomenon in UHR individuals that may precede the dopamine over-activity associated with a first psychotic episode.

Session: Regular Workshop  
**SPEAKER 3**

**Title:**  
Brain imaging markers of psychosis relapse. Is there evidence for a psychosis relapse signature?

**Speaker**  
C. Pantelis\(^1\), V.Cropley\(^1\), S.J. Wood\(^2\)
\(^1\)Melbourne Neuropsychiatry Centre, Department of psychiatry, University of Melbourne & Melbourne Health, Melbourne, Australia, \(^2\)School of Psychology, University of Birmingham, Edgbaston, Birmingham, UK

**Abstract**  
Schizophrenia is a debilitating illness that is often associated with progressive clinical deterioration following repeated episodes of illness. Despite the clinical evidence for clinical attrition, the nature of any associated neurobiological pathology has not been examined systematically. I will review the neurobiological imaging markers associated with psychosis onset and relapse and consider whether these may be potential state markers of acute psychosis. I will consider a number of markers of neurobiological changes associated with acute psychosis. These include dynamic changes in brain structure in the frontal and temporal regions, neurochemical alterations in dopamine and glutamate and evidence for neuroinflammation through microglial activation. We propose that with the use of repeat longitudinal assessments of brain imaging markers over the course of a psychosis relapse, the neurobiological trajectory indicative of a ‘relapse signature’ for psychosis will be identified.

Session: Regular Workshop  
**SPEAKER 4**

**Title:**  
Duration of the illness and response to treatment
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<tr>
<th>Speaker</th>
<th>M. Rapado-Castro¹, ², ³</th>
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<tbody>
<tr>
<td></td>
<td>¹ Child and Adolescent Psychiatry Department, Instituto de Investigación Sanitaria Gregorio Marañón, IISGM. Hospital General Universitario Gregorio Marañón, CIBERSAM. Madrid, Spain.</td>
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<td>² Orygen Youth Health Research Centre, 35 Poplar Rd, Parkville, 3052, Australia</td>
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<td></td>
<td>³ Melbourne Neuropsychiatry Centre, Department of psychiatry, University of Melbourne &amp; Melbourne Health, Melbourne, Australia, ²School of Psychology, University of Birmingham, Edgbaston, Birmingham, UK</td>
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<p>| Abstract | Schizophrenia is a chronic and often debilitating disorder in which stage of illness appears to influence course, outcome, prognosis and treatment response. Those people with chronic schizophrenia are characterized by non-remitting symptoms and functional decline over time suggestive of neuroprogression. Current evidence suggests roles for oxidative, neuroinflammatory, neurotrophic, apoptotic, mitochondrial and glutamatergic systems in the disorder. Conventionally higher dose medications and a combination of treatments are required to diminish consequences of long duration of the illness. While current therapies have some effectiveness, there are shortfalls in recovery. |
|          | The staging model provides a clinical framework on which particular interventions may counteract the progression of the illness at a particular point of time. This approach could potentially guide treatment and assist in predicting outcome by improving the timing of interventions according to specific markers of progression over time. |
|          | Conventional treatments of late stage illness would be reviewed and novel therapies with a benign adverse effect profile such as N-acetyl cysteine (NAC) would be presented as well as supportive evidence for its effectiveness in late stage illness. |</p>
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<tr>
<th>Session: Regular Workshop</th>
<th>OVERALL ABSTRACT</th>
<th>Code</th>
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<tr>
<td>Title: A unique national initiative for transformation of youth mental health services and its evaluation: A Canadian model and perspective</td>
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<tr>
<td>Chairperson</td>
<td>Ashok Malla, MD. Prevention and Early Intervention Program for Psychosis (PEPP), Douglas Mental Health University Institute; McGill University, Montreal, Quebec, Canada.</td>
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<tr>
<td>Abstract</td>
<td>The onset of all psychiatric disorders occurs predominantly during adolescence and young adulthood. However, it is now well recognized that services are invariably not organized to adequately meet the needs of the youth with generally poor outcomes and delayed treatment of what little is available. The growth and success of early intervention services for psychotic disorders and the accompanying research has spurred a new interest globally. There has also been accumulation of a body of knowledge regarding early determinants of trajectories of a variety of psychopathological syndromes within the context of preponderance of the onset of all psychiatric disorders in youth (12-25). Encouraged by epidemiological evidence and a philosophical shift in our understanding of onset and boundaries of psychiatric disorders many countries have initiated transformation of youth mental health services involving several stakeholders. While common values and principles are necessary to transform youth mental health services national, cultural and systemic environments are likely to determine what model of service transformation will be suitable. In this workshop, we will demonstrate how Canada has embarked on a very unique initiative to approach this problem through a joint contribution of significant resources from a philanthropic foundation and publicly funded research granting agency to create a network which will demonstrate different models of transformation of youth mental health services. Here, we will present the processes involved in setting up this partnership, its scope and objectives, and in developing the finally funded proposal for transforming youth mental health in Canada.</td>
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<tr>
<td>Speakers</td>
<td>1. James D. Hughes&lt;br&gt;Graham Boeckh Foundation, Canada&lt;br&gt;2. Srividya Iyer, Ph.D. Prevention and Early Intervention Program for Psychosis (PEPP), Douglas Mental Health University Institute; McGill University, Montreal, Quebec, Canada.</td>
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<td>Title: Tram: The funder’s perspective</td>
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<td>Speaker</td>
<td>J. Hughes&lt;br&gt;President, Graham Boeckh Foundation (GBF), Montreal, Quebec, Canada</td>
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| Abstract | Objectives: GBF is a private philanthropic foundation based in Montreal with the mission of catalysing transformative change in mental health. In 2012, it set an objective for itself to make a significant difference in the accessibility, quality and outcomes of Canada’s mental health system within five years. Methods: Based on the advice of eminent leaders in the mental health sphere in Canada and abroad to focus on youth, GBF undertook negotiations with the Canadian Heath Research Institutes (CIHR) to launch a call for a “research to practice” network in youth mental health in Canada. The $25 million Cdn Transformational Research in Adolescent Mental Health (“TRAM”) was born in October 2012. Fifty two networks, each with representatives from research, service delivery, policy, patients and families and the community sector submitted Expressions of Interest to the TRAM call. Seventeen networks were selected by an international panel to attend a Strengthening Workshop where all groups presented and discussed their proposals with the other groups. The process led to the merger of many networks. Four national networks ultimately emerged. Each submitted Letters on Intent and three were selected to go forward to the Full Proposal stage. The panel has selected a TRAM winner that was announced formally on June 13th, 2014. Results: The TRAM process appears to have played a role in galvanizing the youth mental health sector in Canada, created many new relationships across geographic, sectoral and professional lines and set the stage for a “re-set” on how services are delivered to this demographic group. Conclusions: Proactive and engaged public and private funders, including research funders, can
assist the health system to break down silos thereby advancing the interests of patients.

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<tr>
<td>Title:</td>
<td>Access: A Canadian youth mental health service transformation initiative</td>
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<tr>
<td>Speaker</td>
<td>S. Iyer(^1,2), A. Malla(^1,2) and the ACCESS youth mental health network</td>
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<td>(^1). McGill University, Montreal, Quebec, Canada</td>
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<td>(^2). Prevention and Early Intervention Program for Psychosis (PEPP), Douglas Mental Health University Institute, Montreal, Quebec, Canada</td>
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<tr>
<td>Abstract</td>
<td>Objectives: This presentation will (a) describe the creation of a network that won a major grant for its proposal to transform youth mental health services in Canada, and (b) examine the dynamics and processes involved in the network’s creation, preliminary work and transformation plan.</td>
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<td>Methods: ACCESS (Adolescent/young adult Connections to Community-driven, Early, Strengths-based and Stigma-free Services) recently became the sole network to receive funding for a five-year pan-Canadian youth mental health service transformation initiative. ACCESS emerged from the coalescence around shared values of six teams that had independently pitched ideas for youth mental health transformation during the initial expression-of-interest stage of this Canadian initiative. Spread across six provinces and one territory, ACCESS incorporates urban, rural, Aboriginal, immigrant and other high-risk population settings.</td>
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<td>Results: The processes preceding the preparation of the final proposal involved engaging and securing the active participation of all key stakeholder groups (youth, family/carers, community, service providers, researchers, policy/decision makers); achieving consensus on collectively defined core values and essential elements of youth mental health transformation; and understanding in depth the existing services and barriers at each of the 9 demonstration sites. Major challenges were posed by divergent expectations that emerged from the differing needs of various sites, stakeholder groups, constituents and geographies. Affiliating with ACCESS and assuming its ethos also required network members to manage conflicts with their existing affiliations, identities and mindsets.</td>
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<td>Conclusions: Coalescing around the common language provided by the voices of youth and families, ACCESS negotiated these tensions successfully and forged a robust base for launching a transformation. Engaging all stakeholders and changing how they communicate and collaborate may have clear positive impacts on youth mental health outcomes. These lessons are central to the development, methodology and implementation of our proposed model for transformational change in Canadian youth mental healthcare.</td>
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### OVERALL ABSTRACT

**Title:** Drug Misuse In Ethnic Minorities In Europe

**Chairperson:** Dr. Hellme Najim FRCPsych Consultant Psychiatrist Basildon University Hospital Hospital UK

**Abstract:** Not received

**Speakers**
1. Hellme Najim
2. Meryam Schouler-Ocak, Assistant Professor in the Psychiatric University Clinic of Charité at St. Hedwig Hospital Berlin, Germany
3. Peter van Loon, Head Department of Transcultural Psychiatry, Rotterdam, The Netherlands
4. Adil Qureshi, Ph.D. Servei de Psiquiatria, Hospital Universitari Vall d'H, Barcelona Spain

### SPEAKER 1

**Title:** Drug Abuse In Ethnic Minorities In The United Kingdom

**Speaker:** Hellme Najim
Mental Health Unit

**Abstract:**
Demography is changing fast all over the world in general and in Western Europe in particular due to different reason. Immigration has its own stresses and problems. These stresses are influence by the cause of the immigration, religious background, linguistic problems, dietary traditions and other relevant cultural traditions.

The last decade has witnessed a major change of populations in the large European cities because of change of regulation in the European union and the wars and unrest of different parts of the world which was reflected on the European cities.

Drug problems has been shown to be higher in some immigrant population, while it is lower in others due to cultural factors again. It is also different from one ethnic minority to the other with regards to which substance is more prevalent.

This effort is to describe the size of this problem in the United Kingdom, Its cultural characteristics compared to the endogenous population and other migrant population in Europe. It also discusses the influence of cultural factors in addressing this problem and ways of improving outcome through tackling cultural factors.

### SPEAKER 2

**Title:** Drug Addiction In Immigrants In Germany

**Speaker:** Meryam Schouler-Ocak, MD
Professor in the Psychiatric University Clinic of Charité at St. Hedwig Hospital Berlin, Germany

**Abstract:** As shown by the 2012 Microcensus, almost one-fifth (19.6%) of the German population is of immigrant origin. Due to cultural and social barriers, immigrants seldom frequent centers for information, counseling, and treatment of addictive disorders. In some studies relevant differences were found.
between the disorder concepts of ethnic German migrants from the former Soviet Union, migrants from Turkey and native Germans. The results confirmed differences in explanatory models of addictive behavior, which may contribute to misunderstandings in communication with professionals. Preventive information programs must consider these differences and use concepts that are accepted and clearly associated with addictive behavior by immigrant populations. In this talk the results of these studies will be presented and discussed.

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<tr>
<td>Title:</td>
<td>Drug Addiction In The Netherlands</td>
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<td>Speaker</td>
<td>Peter van Loon</td>
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<td>Head Department of Transcultural Psychiatry, Rotterdam, The Netherlands</td>
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<td>Abstract</td>
<td>This presentation will present and discuss literature studies concerning the nature and prevalence of addiction problems in migrants in The Netherlands. Forthwith a review of the literature overtreatment methods and the problems encountered here. The finding that there is a generally low prevalence rate compared to the non immigrant population will be discussed, however there is a discernable trend to increased levels of addiction in the young second generation group of migrants.</td>
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<tr>
<td>Title:</td>
<td>Drug Problems In Ethnic Minorities In Spain</td>
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<td>Speaker</td>
<td>Adil Qureshi</td>
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<td>Hospital Universitari Vall d'H, Barcelona Spain</td>
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<td>Abstract</td>
<td>There is some debate concerning the relationship between immigration and drug use and abuse in the immigrant population. On the one hand the acculturation stress hypothesis suggests that the stressors related to immigration result in increased drug and alcohol abuse. On the other hand, the healthy immigrant paradox notes that immigrants bring with them the drug use rates and patterns from their native country, which, in general, is far lower than that found in countries such as Spain (which has amongst the highest rates of drug use in the world), and, over time, acculturate to local drug use rates and patterns. In this presentation we will report findings from a large scale epidemiological study carried out in primary care in two regions in Spain. In short, it was found that (a) the very category of &quot;immigrant&quot; is rather heterogeneous and thus meaningless in that there is considerable variability in drug and alcohol use across immigrant groups, that (b) as an aggregate immigrants have considerably lower drug and alcohol use rates than do the native born populations, and (c) that those immigrants that do use alcohol and drugs do so much more problematically, with higher relative rates of abuse, binge drinking and dual diagnosis. The presentation will conclude with a brief outline of a cultural consultation service initiative being developed in Barcelona that provides drug treatment centers with backup and support in their work with immigrant service users.</td>
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**Psycho-developmental model of recovery - Consumer-advocate recovery oriented systems indicators and attitudes about adherence to medication in national alliance on mental illness (NAMI) consumer leaders**

**Chairperson:** James P. Scibilia MD FAAP, University of Pittsburgh Children’s Hospital, Pittsburgh PA, Assistant Clinical Professor, Factor Analytic Study of the ROSI (Recovery Oriented System Indicators) in National Alliance on Mental Illness (NAMI) Consumer Leaders

**Abstract:** Dr. Vogel-Scibilia will discuss the psycho-developmental model of recovery that uses Erikson's developmental stages published by NAMI consumer-provider leaders in Community Mental Health Journal 2009 45(6) 405-14. Dr. Peters will discuss a factor-analytic study of the Recovery-Oriented System Indicators (ROSI) with NAMI nationally active consumer-advocates and compare to previous findings. Dr. Luce will describe the findings of an adherence and medication attitudes study involving the same population of NAMI consumer-advocate leaders. Dr. Vogel-Scibilia will provide a summary of conclusions from this body of work addressing specifically the clinical impact of these findings while Dr. Scibilia will lead a discussion/question-answer session with the audience and panel.

**Speakers**

1. Joseph Peters PhD  
   Geneva College - Beaver Falls, PA, Professor of Graduate Counseling  
   Attitudes about Adherence to Medication in National Alliance on Mental Illness Consumer Leaders
2. Carol Luce PhD  
   Geneva College – Beaver Falls, PA, Professor of Graduate Counseling,  
   A Psycho-developmental Model of Recovery and Reflections on the Data Provided by NAMI Consumer Leaders
3. Suzanne Vogel-Scibilia MD DFAPA  
   University of Pittsburgh, Pittsburgh, PA, Assistant Clinical Professor

**Objective:** This presentation will evaluate the factor structure of the ROSI in this unique population and compare it to factor analyses in other populations.

**Methods:** 176 consumer leaders in the National Alliance on Mental Illness (NAMI) representing 46 of all 50 states and the District of Columbia completed a Recovery Oriented System Inventory (ROSI) about the amount of recovery-orientation and access to recovery related services in their current treatment system. The resulting factor analysis will be compared to prior ROSI research results.

**Results:** Data correlates with previous research work despite this unique, previously un-researched population – there are some disparities which will be discussed.

**Conclusion:** This data further confirms the robustness of the ROSI as an evaluative tool. Dr. Peters will further discuss how the ROSI can enhance recovery goals in mental health treatment settings.

**References**

| Title: | Attitudes about adherence to medication in national alliance on mental illness consumer leaders |
| Speaker | Carol Luce PhD  
Geneva College – Beaver Falls, PA, Professor of Graduate Counseling |
| Abstract | Objective: This presentation will evaluate consumer leaders’ attitudes towards adherence to medication and factors which complicate adherence.  
Methods: Using both Dichotomous and Likert Scales, 180 consumer leaders in the National Alliance on Mental Illness (NAMI) were questioned about their attitudes about medication efficacy, ease of adherence, ways to increase adherence and promote system access, as well as reasons they fail to adhere. The questions were designed from pilot data obtained at a Pennsylvania consumer-operated mental health clinic that focuses on recovery precepts. The demographic data relied entirely on consumer self-report and encompassed 46 of all 50 states and the District of Columbia. This population’s responses to Recovery Oriented System Indicators (ROSI) factor analysis was entirely consistent with other populations in which the ROSI was studied.  
Results: Review of the data suggests that NAMI consumer advocates have illnesses that qualify as severe and persistent and have a high rate of self-reported adherence to commonly prescribed psychotropic medication to treat these conditions. Within this highly motivated, recovery-oriented population, factors involving external barriers to medication access, cognitive issues related to the underlying illness, and difficult medication side effects were the main issues effecting adherence. Stigma and lack of insight were far less reported as effecting adherence than in other populations.  
Conclusion: Consumer leaders in NAMI have marked adherence to medication and have developed adherence strategies. On the whole, they report less concern over stigma and accept that they have a mental illness that medication helps. Despite these positive conditions for adherence including high motivation and insight, they often struggle to maintain adherence due to side effects, cognitive symptoms of the illness and external barriers to access. |

**Session:** Regular Workshop  
**SPEAKER 3**  
**Code:** WS408

### Title:
A psycho-developmental model of recovery and reflections on the data provided by NAMI consumer leaders

### Speaker
Suzanne Vogel-Scibilia MD DFAPA  
University of Pittsburgh, Pittsburgh, PA, Assistant Clinical Professor

### Abstract
Objective: Within this empowered, self-determined population of consumer advocates, one might expect to find that they would be uniformly able to access a system of care that is recovery oriented and overcome all barriers to adherence of medication.  
Methods: A psycho-developmental model of recovery will be briefly reviewed.  
Results: This data from the two prior speakers will be discussed with the context of a psycho-developmental model of recovery currently being utilized in the United States.  
Conclusion: NAMI consumer leaders have verified that recovery is possible and happening in the United States but barriers both internal and external continue to delay progress.

### References
### Session: Regular Workshop

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**Title:** Suicide and Sociocultural Background

**Chairperson:** Prof. Hidehiko Kuramoto. Teikyo-Heisei University, Graduate School of Clinical Psychology. Tokyo, Japan

**Abstract**

Suicide is a very mysterious phenomenon. We are able to and have to treat it from biological, psychological and sociological perspectives. We are all human beings always ready to feel, think and act in a way that no other animals can do, say, kill ourselves. In our session, suicide, from various aspects, such as among employees, immigrants, adolescents, and borderline personality disorders, are discussed on the sociocultural background.

**Speakers**

1. Dr. Lumie Kurabayashi et al. National Institute of Occupational Safety and Health. Kawasaki, Japan
2. Prof. Joseba Achotegui. University of Barcelona. Barcelona, Spain
3. Dr. Jose Lopez Lodas. Instituto nacional de Salud Mental “Honorio Dergado-Hideyo Noguchi”. Lima, Peru
4. Prof. Yu Abe. Meiji Gakuin University. Tokyo, Japan

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**Title:** Suicide and depression among Japanese employees

**Speaker**

L. Kurabayashi ¹, M. Tsuchiya ¹, S. Izawa ¹, T. Haratani ¹

¹National Institute of Occupational Safety and Health, Kawasaki, Japan

**Abstract**

Current situation of suicide in Japan

The suicide rate in Japan increased considerably in 1998, followed by a period of still high rate between 1999 and 2009 when the rate hit more than 25.0 per 100,000. Though the rate began to fall slightly in recent years, it is nonetheless high; 21.4 in 2013, for instance. According to the WHO statistics in 2012, suicide rate of Japan ranked among the worst ten countries in the world.

Suicide among employees in Japan

The rapid increase of the suicide rate in 1998 was mainly due to the increase of that among middle and old aged men. Chang (2009) showed the strong correlation between the suicide rate of male and the unemployment rate in Japan. The remarkable increase of both the application and approval cases of Workmen's Accident Compensation concerning suicide was observed recent years.

Suicide prevention in Japan

As prevention of suicide became one of the most serious and urgent problems in Japan in this decade, the issue was brought to the Cabinet Office from the Ministry of Health, Labour and Welfare in 2006. Nearly 90% of those who committed suicide attempts that could have severe results had been suffered from mental disorders (Kawanishi 2009). Among these disorders, the most frequent one was depression. If they were well cared and recovered from their diseases, especially depression, some of their suicides could have been prevented. In this meaning, prevention of depression seems to play an important role on suicide prevention. Since Japanese middle-aged men tend not to see doctor, especially psychiatrist, it is difficult to notice the signs and symptoms of depression among them. As one of the measures for preventing suicide, there are local attempts to let middle-aged men notice their symptoms of insomnia, which may be one of the initial symptoms of depression.

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### Session: Regular Workshop

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**Title:** Suicide risk in immigrants with the "Ulysses Syndrome"
| Speaker            | Joseba Achotegui.  
|                   | University of Barcelona |
| Abstract          | In the Ulysses Syndrome the risk of suicide is low, because these immigrants, despite suffering from the syndrome stressors (forced solitude, struggle for survival, lack of opportunities, and fear) are resilient people with strong ties to help them resist. There is increased risk of alcoholism. For millions of individuals, emigration presents stress levels of such intensity that they exceed the human capacity of adaptation; resulting in a cluster of symptoms that our research group has identified as 'The Ulysses Syndrome' |

| Session:          | Regular Workshop  |
| Title:            | Sociocultural aspects related to suicide risk factor in adolescents |
| Speaker           | Jose Lopez Lodas  
|                   | Instituto nacional de Salud Mental "Honorio Dergado-Hideyo Noguchi |
| Abstract          | In this investigation, we evaluated the sociocultural aspects related to suicide risk in adolescents in some junior high schools in the district of Independencia, Lima - Peru. The research included a sample of 15,000 adolescents belonging to three different schools, all of them from Independencia (lower middle class district). We used a semi-structured interview that asked about social and cultural aspects which were related to affirmative answer of this question: During the last two weeks: Have you had negative thoughts like it would be better if you were dead or harmed yourself? We found that 12 percent of this sample answered yes to this question: These findings provide a useful and valuable information for teachers, parents and friends who can offer an emotional support for those who are in need before being assisted by a community mental health care of the district. |

| Session:          | Regular Workshop  |
| Title:            | "Suicide and borderline personality disorders in Japan" |
| Speaker           | Yu Abe  
|                   | Meiji Gakuin University (JAPAN) |
| Abstract          | Objective: Cases of borderline personality disorders were investigated in order to see the relationship between suicidal intentions and sociocultural aspects.  
|                   | Method: 12 borderline personality disorder cases with suicidal intentions and who have had a long intensive psychotherapy were analyzed thoroughly.  
|                   | Result: Although there were several ways of suicidal intentions such as wrist cutting, overdose, drowning, and electric shock, the 3 cases who have actually consummated suicide threw themselves from a building or a bridge.  
|                   | Conclusion: There are approximately 300,000 suicides per year in Japan. Although recently, suicide of students who were being bullied, and suicide by men in their prime are becoming social issues. Japan has a "suicide culture" historically due to suicide for the family honor, and ritual suicide in order to take social responsibility by "hara-kiri" (suicide by disembowelment). However, it is considered that suicide in the cases of borderline personality disorder are done out of impulsivity or under a dissociated state, therefore there is no relationship with the culture and society of Japan. |
Title: **Neural substrates for the acute and chronic effects of cannabis in man: Implications for psychosis**

Chairperson: Dr. Rocio Martin-Santos. Department of Psychiatry and Psychology /Hospital Clinic, IDIBAPS, CIBERSAM/University of Barcelona. Barcelona, Spain

Co-chairperson: Dr. Sagnik Bhattacharyya. Psychosis Research/Institute of Psychiatry/King’s College/London, UK

Abstract: This workshop will show new data from research on neural substrates for the acute and chronic effects of cannabis in man and its implications for psychosis. Dr. Bhattacharyya from King’s College will summarize the state of art of evidence of the acute effects of the different cannabinoids in brain function. Dr. Bossong from University of Utrecht will present the results of two interesting PET studies with raclopride suggesting a limited involvement of the endocannabinoid system in regulating striatal dopamine release and its implication for psychosis. Dr. Batalla from Hospital Universitari Clinic of Barcelona will show the different role of COMT and DAT1 genetic modulation on brain structure on cannabis users and healthy controls and clinical implications.

Speakers:
1. Dr. Sagnik Bhattacharyya
   Psychosis Research/Institute of Psychiatry/King’s College/London, UK
2. Dr. Mattius Bossong.
   University Medical Center, Utrecht. The Netherlands
3. Dr. Albert Batalla
   Department of Psychiatry and Psychology, Hospital Clinic, /University of Barcelona. Barcelona, Spain

Title: **Acute effect of the different cannabinoids on brain function-examination of the state of the art**

Speaker: S. Bhattacharyya
Institute of Psychiatry, London, United Kingdom

Abstract: Objectives: Schizophrenia is one of the top ten causes of disability worldwide and its causes are unclear. Accumulating epidemiological evidence links regular use of cannabis with an increased risk for the development of schizophrenia. Cannabis is one of the most widely used illicit drugs worldwide and has a number of cognitive and symptomatic effects that are also prominent features of schizophrenia. Hence, acute pharmacological challenge with cannabis may be a useful, reversible and safe way to model in man aspects of the schizophrenia such as psychotic symptoms and understand their neural underpinnings.

Methods: A critical update of recent research in the field.

Results: Here, I will summarise the results from a series of studies in healthy human volunteers that combine pharmacological challenge with cannabinoids and neuroimaging techniques to examine the neural mechanisms underlying the symptomatic effects of cannabinoids and how the effects may vary depending on the specific cannabinoid. I will also present data that suggest how the how genetic factors moderate sensitivity to the symptomatic effects of cannabis as well as its neural underpinnings.

Conclusions: Finally, I will briefly discuss the translational potential of this work in terms of identifying individuals who have a greater sensitivity to the effects of cannabis and the development of novel non-dopaminergic treatments for the early stages of psychosis.
Title: Effects of acute administration of 9-tetrahydrocannabinol on dopamine release in the human striatum

Speaker: M. Bossong
University Medical Center Utrecht, the Netherlands

Abstract

Objectives: Accumulating epidemiological evidence indicates that cannabis use is a risk factor for the development of schizophrenia, a disorder that has consistently been related to increased striatal dopamine function. Although cannabinoid agonists such as Δ9-tetrahydrocannabinol (THC), have been shown to elevate striatal dopamine levels in animals[1], it is currently unknown if cannabis can stimulate striatal dopamine neurotransmission in humans.

Methods: First study, seven healthy males underwent two PET scans after administration of either 8 mg THC/placebo using a Volcano® vaporizer. Dopamine release in striatal subdivisions was assessed by determining changes in binding potential of the dopamine D2/D3 receptor ligand [11C]raclopride.

Second study, these PET images were re-analysed and combined with data from another PET study (N=13) that examined the effects of oral THC administration on striatal dopamine function using identical methodology[2].

Results: THC inhalation induced a relatively modest but significant reduction in [11C]raclopride binding in the limbic striatum, but not in other striatal subdivisions (-3.43%, 1.40±0.24-1.35±0.24, p=0.029). This is consistent with increased dopamine levels in this region after THC administration. This finding is confirmed by combined analysis, which showed a significant decrease in [11C]raclopride binding after THC administration in the limbic striatum by 3.65% (2.39±0.26-2.30±0.23, p=0.023). No significant differences between THC and placebo were found in other striatal subdivisions.

Conclusions: This study provides human evidence for a modest increase in striatal dopamine transmission after THC administration, suggesting a limited involvement of the endocannabinoid system in regulating striatal dopamine release, and thereby challenges the hypothesis that an increase in striatal dopamine levels after cannabis use is the primary biological mechanism underlying the associated higher risk of schizophrenia.

References

Session: Regular Workshop
Title: Epistatic influence of COMT and DAT1 gene variations on hippocampal volume in chronic cannabis users: A gene-gene-environment interaction
Speaker: A. Batalla1 and R. Martín-Santos1
1Hospital Clinic, IDIBAPS, CIBERSAM, Barcelona, Spain.

Abstract

Objectives: Cannabis use has been associated to acute and chronic mental health problems and worsened outcome of established psychiatric disorders. As not all the exposed individuals are equally affected, proneness to cannabis-induced brain impairment may rely on key factors such as age of onset, cannabis use parameters and genetic background.

Methods: Case-control fMRI study of 30 male, early-onset chronic cannabis users and 29 age-education-IC-matched non-using controls. All subjects were assessed by a structured interview (PRISM) to exclude any lifetime axis-I DSM-IV disorder. Catechol-O-methyltransferase (COMT Val158Met, rs4680) and dopamine transporter (DAT1 VNTR) genotyping were performed. MRI data was analysed by VBM and manual tracing of the hippocampus via well-validated methods.

Results: Chronic cannabis users showed morphologic brain alterations, which were differently influenced by the COMT and DAT1 genotypes depending on whether or not they had been regularly exposed to cannabis. In particular, variation in the COMT genotype affected the bilateral ventral caudate nucleus in both groups in an opposite direction. That is, more copies of the val allele led to lesser volume in chronic cannabis users and more volume in controls. The opposite pattern was also found in the left amygdala. In addition, we found that COMT and DAT1 genes interacted with each other moderating individual
differences in the hippocampus. The association between these functional genotypes and hippocampal volumes suggested a linear relationship with dopamine availability in controls, which was not observed in chronic cannabis users. Hippocampal volumes were smaller in cannabis users compared to controls, and the magnitude of volumetric reduction was associated with lifetime cannabis exposure.

Conclusion: Our findings support recent reports of neuroanatomical changes associated with cannabis use and, for the first time, reveal that these changes may be influenced by the COMT and DAT1 genotypes. Grants PNSD:PI101/2006;PI041731/2011(RMS).
**Session:** Regular Workshop  | **OVERALL ABSTRACT**  | Code | WS429  
---|---|---|---
**Title:** **Transitional services for ADHD- How to develop an effective care pathway and draw up a successful business plan**  
**Chairperson** | Dr Catherine Willis. Mersey Care NHS Trust, Liverpool, UK  
**Abstract** | Objective: The purpose of the workshop is to outline the commissioning and development of an ADHD service in response to local need.  
Method: The speakers will provide an overview of the Commissioning of the service and development of the transitional ADHD clinic. Stages in the development will be outlined and discussion will centre on the methods used to identify key stakeholders in the process and negotiation strategies. This will also include a review of an independently commissioned report on the service. There will be opportunities for attendees to obtain guidance on setting up their own services for Adult ADHD.  
Results: It is anticipated that attendees will be able to utilise the key points from the workshop and implement these locally in setting up their own services for adult ADHD.  
Conclusions: The recommendations are intended to be generalizable to settings beyond the United Kingdom where our experience lies. We believe this will positively impact on the needs of adults with ADHD in all countries.  
**Speakers** | 1. Dr Kuben Naidoo  
Mersey Care NHS Trust, Liverpool, UK  
2. Dr Suhail Rafiq  
Mersey Care NHS Trust, Liverpool, UK

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**Session:** Regular Workshop  | **SPEAKER 1**  | Code | WS429  
---|---|---|---
**Title:** Developing a business plan for an ADHD service  
**Speaker** | Dr Kuben Naidoo  
Mersey Care NHS Trust, Liverpool, UK.  
**Abstract** | Objective: To identify a need for adults with ADHD and use this to support the commissioning and development of a local ADHD service  
Method: A pilot project was established in January 2008 for service users with a known diagnosis of ADHD. The proposed service accepted referrals from CAMHS and adult services. Absence of an existing local service was confirmed and guidelines were reviewed to confirm restrictions on prescribing in adults as well as the lack of training opportunities for adult psychiatrists. Local children’s services were contacted to establish the projected number of children who would require treatment as adults. Key stakeholders were identified including the Trust Marketing and Business lead, Contracts and Planning Lead and Head of Commissioning. Links were also developed with service users and their families and the PCT pharmacist. A series of local educational talks were set up increasing awareness of the condition amongst colleagues. An independent consultancy was commissioned in 2012 to evaluate the service and present findings to PCT commissioners.  
Results: Based on the initial pilot the service was provided with £38000 per annum of funding. This covered the input of a psychiatrist and link nurse on a sessional basis. The service was capped at 41 patients. Negotiations with the PCT pharmacist resulted in the development of a shared cared agreement. Feedback from the independent report identified 380 individuals with ADHD treated by the children’s
services and 92 of these required adult services in the next 6 months. The service had responded to over 100 new referrals at this stage. With a growing waiting list, commissioners responded by increasing the funding to approximately £90000 with an agreed cap of 180 patients.

Conclusions:
Key planning and negotiation has resulted in an established service and in 2013 we appointed a part time consultant psychiatrist to the post.

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<td>Title:</td>
<td>Developing a care pathway for transitional services in ADHD</td>
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<td>Dr Suhail Rafiq</td>
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<td>Mersey Care NHS Trust, Liverpool, UK.</td>
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<td>Abstract</td>
<td>Objective: To set up a service which meets the needs of patients with ADHD who have been diagnosed by Children’s services, but require on-going input beyond their sixteenth birthday.</td>
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<td>Method: Identified sources of referral were Child &amp; Adolescent Mental Health Services (CAMHS) and Paediatric Services. Referral pathways were established with agreements that the referrer would continue to case-manage until the service user was assessed and accepted by the Transitional ADHD Service. A comprehensive assessment takes place in line with the National Institute of Clinical Excellence guidelines. The assessment includes:</td>
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<td>- Detailed history of current difficulties with a key focus on the core ADHD features</td>
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<td>- Detailed developmental history</td>
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<td>- Collateral information and evidence of developmental picture</td>
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<td>- Medical history to facilitate safe prescribing</td>
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<td>The assessment concludes with a clear diagnosis/ formulation, risk assessment and treatment plan. This is shared with the service user and General Practitioner.</td>
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<td>Results: With the recruitment of a further 6 sessions of Consultant Psychiatry time in Dec 2013, six new-patient slots are available each week. From the period Dec 2013 to May 2014 the waiting list has reduced from 120 to 63 patients. During this time an average of three extra referrals were received each week. Non-attendance has been approximately 30% for new assessments. Appointments have also been offered to adults who have not had a previous diagnosis of ADHD.</td>
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<td>Conclusions: The service has provided a specialist evidence-based intervention which helps to avoid service gaps for this particular patient group who would otherwise need to stop treatment or try to secure a private health service provider. It reduces pressures on both Children’s Services and General Adult Psychiatry. Raising the awareness of Adult ADHD and close working relationships with General Practitioners has been a key priority.</td>
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**OVERALL ABSTRACT**

**Title:** School mental health literacy to improve mental health knowledge, reduce stigma and enhance help-seeking behaviors: A successful international approach

**Chairperson:** Professor Ricardo Gusmao, Instituto de Saúde Pública da Universidade do Porto, Porto, Portugal

**Abstract**

Objectives: The evidence supporting positive impacts of school-based mental health literacy programs is limited. This symposium examines the effectiveness of the Mental Health & High School Curriculum Guide (Curriculum) as the foundation for early identification of mental disorders, referral and ongoing support for youth in schools. Four independent studies on the effectiveness the Curriculum will demonstrate the achievement of mental health literacy and the generalizability and applicability of the Curriculum in high schools in the context of the school-based integrated pathway to care model.

Methods: Participants were tested on mental health knowledge and attitudes towards mental illness before and after receiving the Curriculum in two randomized controlled trials (RCT), a cross-sectional study of high school students, and a program evaluation of high school teachers. One RCT furthered tested students’ attitudes towards help-seeking behaviors.

Results: The RCT (n=534) in Ontario showed improvement in students’ knowledge (t(262)=4.17, p=.0001; Cohen’s D [D]=0.27), attitudes (t(297)=3.15, p=.002; D=0.18) and help-seeking efficacy (t(307)=2.62, p=.009; D=0.13). A cross-sectional study of 409 students in Ontario demonstrated improvement in knowledge (t(408)=18.2, p<.001; D=0.7) and attitudes (t(233)=2.7, p=.007; D=0.18). In Nova Scotia, an evaluation of 228 teachers found improvement in knowledge (t(184)=20.0, p<.0001; D=1.85), and attitudes (t(177)=5.76, p<.0001; D=0.51). One RCT is ongoing in Brazil schools.

Conclusions: Students and teachers who received the Curriculum showed meaningful improvements in mental health knowledge, attitudes toward mental illness and help-seeking efficacy. Support for the general applicability of the Curriculum in high schools was found. Findings are consistent with the pathway to care model.

**Speakers**

1. Dr. Stan Kutcher  
   Professor, Dalhousie University, Halifax, Canada
2. Dr. Robert Milin  
   Associate Professor, University of Ottawa, IMHR, Ottawa, Canada
3. Ms. Yifeng Wei  
   (PhD Candidate), IWK Health Centre, Halifax, Canada
4. Dr. Gustavo M. Estanislau, Federal University of São Paulo, Sao Paulo, Brazil

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**Session:** Regular Workshop  
**Title:** Mental health literacy in the context of the comprehensive school-based integrated pathway to care model

**Speaker:** Stan Kutcher  
Professor, Dalhousie University, Halifax, Canada

**Abstract**

Objective: This presentation is to introduce the School-Based Integrated Pathway to Care Model and define mental health literacy as the foundational component of the model. To demonstrate how mental health literacy integration in schools can enhance access to the pathway to care for youth with mental disorders and mental health problems, using international examples.

Methods: The School-Based Integrated Pathway to Care Model that addresses mental health promotion, prevention, intervention, and continuing care guides the development and implementation of the Mental Health & High School Curriculum Guide (the Guide), the foundation of the pathway to care model. The Guide is a mental health literacy intervention for both secondary school students and teachers that...
promotes knowledge, decrease stigma and enhance help-seeking efficacy. An evaluation package has been developed to determine the effectiveness of the Guide.

Results:
The Guide has been widely disseminated across Canada and other countries, such as Brazil, Malawi, Tanzania, Nicaragua, and China. It has been extensively evaluated and thoroughly researched with strong evidence to show it substantially improves knowledge, changes attitudes towards mental illness, and enhances young people’s help seeking efficacy (p<0.0001; d=0.5-1.3).

Conclusion:
Enhancing mental health capacity by specific training interventions for teachers and identified educators in schools can significantly improve their mental health literacy and support the access of youth with mental disorders on the pathway to mental health care.

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<tr>
<td>Title: A randomized controlled trial of mental health education in high school students: impact on knowledge, attitudes and help-seeking efficacy</td>
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<td>Speaker: Rob Milin, Stephen P. Lewis, Selena Walker, Natasha Ferrill University of Ottawa, IMHR, Ottawa, Canada</td>
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| Abstract: Objective: The objective of the YMHA Study was to evaluate the effectiveness of a school-based mental health literacy intervention for youth. The impact of a manualized mental health curriculum for youth was measured across the following: mental health knowledge, attitudes toward those with a mental illness and help-seeking efficacy. Methods: This randomized controlled trial (RCT) of 25 secondary schools in the Ottawa region included 534 adolescents (mean age = 15.6). Schools were randomized into one of three arms: control (n=172), curriculum (n=200) and curriculum + follow-up eLearning (n=162). The classroom teachers who received training on the curriculum delivered and integrated the curriculum into their existing course. A research assistant administered pre and post questionnaires before and after the implementation of the curriculum. For the purpose of pre/post analysis, both curriculum groups were combined, as there was no group differences in those receiving the curriculum. Results: Within the curriculum group, there were significant increases in mental health knowledge, \( t(262) = 4.17; p = .00 \) (Cohen’s \( d = 0.27 \)), positive attitudes toward mental illness, \( t(155) = 1.13; p = .26 \) (Cohen’s \( d = 0.18 \)), and help-seeking efficacy, \( t(307) = 2.62; p = .01 \) (Cohen’s \( d = 0.13 \)). Findings indicated there were no differences from Time 1 to Time 2 in the control group across any dependent variables. When attenuating focus to only university students in the curriculum group, there were significant differences reported including a significant increase in their mental health knowledge from Time 1 (M=8.50; SD = 2.16) to Time 2 (M = 9.52; SD = 2.24), \( t(149) = 5.73; p = .00 \). Cohen’s \( d \) was 0.46, indicating a medium effect size. These students also reported a significant increase in their attitudes toward mental illness from Time 1 (M=20.74; SD = 2.47) to Time 2 (M = 21.50; SD = 2.57), \( t(172) = 3.83; p = .00 \). Cohen’s \( d \) was 0.30, indicating a medium effect size. Finally, these students reported a significant increase in their help-seeking efficacy from Time 1 (M=9.69; SD = 2.47) to Time 2 (M = 10.12; SD = 2.29), \( t(178) = 2.55; p = .01 \). Cohen’s \( d \) was 0.18, indicating a small effect size. There were no significant differences for any dependent variable when looking at students in the community college stream curriculum group, nor were there any differences in the university or community college control groups. Conclusion: To our knowledge, this is the first RCT showing the effectiveness of mental health educational curriculum for youth. The students experienced improvements in mental health knowledge, stigma reduction and increased help-seeking self-efficacy. University streamed students were favoured in this study. Further adaptations to the curriculum may be required for community college streamed students. This curriculum delivery model supports the general applicability of mental health literacy for youth in high schools, as taught by their classroom teachers.
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<td><strong>Title:</strong></td>
<td>The impact of the mental health &amp; high school curriculum guide on high school teachers: Evaluation from Nova Scotia and Ontario</td>
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<td><strong>Speaker:</strong></td>
<td>Yifeng Wei, Stan Kutcher &amp; Alan McLuckie</td>
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<td><strong>IWK Health Centre, Halifax, Canada</strong></td>
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<td><strong>Abstract</strong></td>
<td>Objectives: The evidence supporting positive impacts of school-based mental health literacy programs is limited. This presentation examines the effectiveness of the Mental Health &amp; High School Curriculum Guide (the Guide) as the foundation for mental health promotion, early identification of mental disorders, referral and ongoing support for youth in schools. A series of studies and program evaluations on the effectiveness the Guide among students and teachers will demonstrate the achievement of mental health literacy and the generalizability and applicability of the Guide in high schools in the context of the school-based integrated pathway to care model.</td>
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<td>Methods: Participants were tested on mental health knowledge and attitudes towards mental illness before and after receiving the Curriculum in a cross-sectional study of Grade 9 and 10 high school students, and a number of program evaluations of Grade 9 high school teachers in two Canadian provinces: Nova Scotia and Ontario. The questionnaires for students and teachers are similar except the teacher questionnaire adds additional items on how to teach the Curriculum.</td>
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<td>Results: A cross-sectional study of 409 students in Ontario demonstrated significant improvement in knowledge (t(408)=18.2, p&lt;.001; D=0.7) and attitudes (t(233)=2.7, p=.007; D=0.18). In Nova Scotia, an aggregated seven program evaluations of 228 Grade 9 teachers of the Healthy Living class found similar significant improvement in knowledge (t(184)=20.0, p&lt;.0001; D=1.85), and attitudes (t(177)=5.76, p&lt;.0001; D=0.51).</td>
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<td>Conclusions: Students and teachers who received the Curriculum showed meaningful improvements in mental health knowledge and attitudes toward mental illness. Support for the general applicability of the Curriculum in high schools was found. Findings are consistent with results of a recent randomized controlled trial on the Curriculum which further observed students’ improved help-seeking efficacy in addition to enhanced knowledge and attitudes.</td>
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<td><strong>Title:</strong></td>
<td>The Brazilian experience of implementing a school based mental health literacy training and its impact on teachers’ knowledge and attitudes regarding mental health</td>
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<td><strong>Speaker:</strong></td>
<td>Gustavo Estanislau &amp; Rodrigo Bressan</td>
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<td><strong>Federal University of São Paulo, Sao Paulo, Brazil</strong></td>
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<td><strong>Abstract</strong></td>
<td>Objective: In Brazil, the prevalence of mental disorders in childhood and adolescence using diagnostic interviews range from 7 to 12.7%. Despite the enormous public health problem it represents, public knowledge concerning mental health and stigma towards mental illness are not usual action points in the national public policy’s agenda. In this context, we expected that the development of an effective program to train teachers on mental health issues would be of great value. This presentation is to evaluate the acceptance and the effectiveness of a general mental health literacy training program in increasing secondary school teachers’ knowledge and adequate attitudes regarding mental health.</td>
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<td>Methods: This was a randomized, crossover designed study that was implemented to 70 public school teachers in the second semester of the 2013 academic year in the city of Sao Paulo, Brazil. The training was based on the Mental Health &amp; High School Curriculum Guide translated to Portuguese and adapted for Brazil</td>
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Results:
This project represented an important advance with respect to mental health of children and adolescents in Brazil. Its positive results in increasing knowledge and decreasing stigma towards mental illness, as well as its massive acceptance by educators promoted the possibility of a second larger scale training (600 teachers) to be implemented in the second semester of 2014.

Conclusion:
Mental Health & High School Curriculum Guide may be an optimal program for Brazilian educators and students to improve mental health knowledge and promote positive attitudes towards mental illness, and therefore increase the potential for students to seek appropriate help when needed.
**The journey of psychosis**

**Chairperson**
Dr. Casi Cabrera
Associate Professor, Department of Psychiatry,
Queen’s University, Kingston, Ontario, Canada

**Abstract**
This symposium is planned around the various stages an individual with a Psychotic illness goes through, therefore it has been named the “The Journey of Psychosis”.

When we talk about early onset of Psychosis, this is a stage in which the patient undergoes periods of brief limited intense psychotic symptoms (BLIPS), cognitive and social decline clearly noted in the drop in academic performance. In addition to other symptoms the tendency is to use illicit drugs to help deal with these symptoms as per individual description.

Traditionally the Community Mental Health Teams have adopted the stance of waiting on the fences, however in the past decade Early Intervention in Psychosis programs have sprung up with the help of funding from the governments. This was in view of the evidence that early intervention, family and client psycho-education makes a difference in the projected trajectory of the illness.

In addition, the drug agencies and specific programs are quite involved in helping individuals who are prone to be dependent on illicit drugs and/or alcohol. This is especially important in preventing relapses, acute exacerbations of a psychotic illness, in some cases precipitation or unmasking of the illness, reduction in violent outbursts, managing the risk of recidivism.

The forensic services, court support teams, along with the probation and parole officers work towards diverting these individuals depending on the level of risk in attempt to reintegrate them back in to the community. The Assertive Community or similar Teams further more take over role of rehabilitating these individuals back in the community.

**Speakers**
1. Dr. Tariq Munshi
   Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada
2. Dr. Sarosh Khalid-Khan
   Associate Professor, Department of Psychiatry, Division of Child and Adolescent psychiatry, Queen’s University, Kingston, Ontario, Canada
3. Dr. Nadeem Mazhar
   Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada
4. Dr. Tariq Hassan
   Assistant Professor, Department of Psychiatry, Division of Forensic Psychiatry, Queen’s University, Kingston, Ontario, Canada

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**Role of the assertive community team in managing patients with schizophrenia**

**Speaker**
Dr. Tariq Munshi
Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada

**Abstract**
The current scenario in managing patients with severe mental illness since the days of deinstitutionalization is managing them in the community. This translates in to coming up with alternative resources in the community to enable these individuals to adjust in the community. There are some individuals that cannot be managed by primary and secondary care services, who require tertiary care. These are characterized by aggressiveness, noncompliance with medication and dangerousness. Tertiary care may be delivered by Assertive Community Teams and/or specialized outreach teams, community residential programs, or hospital based services. Most importantly, the delivery of care must not be tied to particular settings or time frames and level of care must be delinked from model or location of care in order to create flexible, efficient, effective mental health services.

The Assertive Community Team or Intensive Management Model has been successful in promoting the recovery process in individuals with severe mental illness i.e. Schizophrenia. In the examination of the 67 ACT teams in Ontario revealed significant associations were found between ratings of recovery
oriented service provision and better outcomes in the domains of legal involvement, hospitalization days, education involvement and employment

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| Speaker  | Dr. Sarosh Khalid-Khan  
Associate Professor, Department of Psychiatry, Division of Child and Adolescent psychiatry, Queen’s University, Kingston, Ontario, Canada |           |
| Abstract | Psychotic disorders are uncommon in children although more commonly seen are transient psychotic phenomena in healthy and mildly disturbed children. Psychotic disorders in childhood are more severe than in adults and cause disruption of cognitive and social milestones and causing devastation within families. Childhood-onset schizophrenia is rare and must be distinguished form other disorders that can manifest psychotic symptoms. Relative to adults there are higher rates of early language, social and motor developmental abnormalities, due to possible impairment in early brain development. Risk factors in childhood onset schizophrenia include parental age, obstetric complications, familial schizophrenia spectrum disorders and familial neurocognitive functioning. Co-morbid disorders are very common. Studies have shown altered brain development and numerous chromosomal abnormalities have been reported in schizophrenia. This disorder is frequently resistant to treatment but nevertheless atypical antipsychotics are the mainstay of treatment. |           |

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<tr>
<td>Title:</td>
<td>Addictions management in schizophrenia</td>
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| Speaker  | Dr. Nadeem Mazhar  
Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada |           |
| Abstract | Addiction is a primary chronic neurobiological disease associated with changes with release of dopamine in brain-reward pathway. Cannabis and alcohol are the most commonly used substances in patients presenting with first episode psychosis. There are different models causality to explain association between substance use and psychosis. Cannabis use shown to be associated with earlier age of onset and could also be a causal factor for schizophrenia in some individuals. Psychopathology, family history, timing and nature of substance use needs to be considered while trying to differentiate substance induced from functional psychosis. In terms of acute risks, substance induced psychosis can be as dangerous as a primary psychotic disorder. C-morbid substance use adversely affects prognosis in patients with first episode psychosis. Early intervention in psychosis often helps reduce co-morbid substance use. Psychosocial interventions encouraged to provide psycho-education, skills training and to build up support. Pharmacological considerations favour atypical antipsychotics with demonstrated efficacy for clozapine, olanzapine and risperidone. |           |

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<th>Session:</th>
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<tr>
<td>Title:</td>
<td>Forensic services for patients with a psychotic illness</td>
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| Speaker | Dr. Tariq Hassan  
Assistant Professor, Department of Psychiatry, Division of Forensic Psychiatry, Queen’s University, Kingston, Ontario, Canada |
|---|---|
| Abstract | The journey of psychosis not only assaults the neurobiology of the individual but also their psychosocial fabric. With each subsequent relapse their support systems both internal to themselves and external thus become less and less resilient to stress. With time the risk of committing a crime or recidivism of a previous offence increases. Different age groups of people with psychosis make an entry into the forensic psychiatry system. Postpartum psychosis can lead to Infanticide, the killing of an infant less than 1 year old. A number of factors including substance misuse and lack of treatment lead to an increased risk of offending in such cases.  

Homicide followed by suicide refers to an incident in which an individual kills another person and subsequently takes his own life. Although rare, these events stir strong emotional feelings in the public. Ethical dilemmas exist between locking up the mentally ill offender to protect the public and the rehabilitation of these individuals safely back into the community. The government is proposing legislation that will make it more difficult for the mentally ill offender to be discharged from warrant in certain cases. |
### OVERALL ABSTRACT

**Title:** Psychiatry and complexity. A know-and-do approach between the natural and the social sciences

**Chairperson:** Dr. Beatriz Moyano, Cita, Favaloro University, Buenos Aires, Argentina

**Abstract:**
This workshop puts forward different perspectives from disciplines that form the basis of clinical research in Psychiatry. It is organized by the "Research in Psychiatry" Chapter of the Argentinian Psychiatrists Association (APSA).

On the one hand, Psychiatry is part of the natural sciences, and on the other, given its specific interest the ill human being, the suffering individual, it is located within the human sciences where the ailing person is not and should not be the object of knowledge but the subject of a treatment instead.

In this sense, the objective is to research and reflect upon the mental suffering adopting both, a new epistemology and also an ethical position regarding the clinical experience. Since in Psychiatry, theory and practice are inseparable, reflecting on this "knowing and doing" does not mean to think of theory as opposed to practice, but to have a critical attitude towards the principles and foundations of the psychiatric discourse and practice.

**Speakers**
1. Dr. Graciela Beatriz Onofrio  
   APSA, UBA, HOSPITAL ITALIANO, Buenos Aires, Argentina
2. Prof. Dr. María Lucrecia Rovaletti  
   UBA, CONICET, Buenos Aires, Argentina
3. Lic Mercedes Carrasco  
   CLINICAS HOSPITAL, Buenos Aires, Argentina

### SPEAKER 1

**Title:** Current problems of clinical research in psychiatry

**Speaker:** Dr. Graciela Beatriz Onofrio  
APSA, UBA, HOSPITAL ITALIANO, Buenos Aires, Argentina.

**Abstract:** Although Psychiatry may partially recognize the biological parameters, it is, however, reluctant to set aside the subjectivity of the patient and to reduce them to bodies and functions, precisely because those two fields are within its domain. Mental disorders are more than just clinical data; they involve personal, situational, social and political characteristics.

Objectives: exchange these topics with the attending audience.

**References**
Klimovsky G, Las desventuras del conocimiento científico, Una introducción a la epistemología, AZ Ed, Buenos Aires, 2005

### SPEAKER 2

**Title:** Thinking psychiatry from a new discourse of human suffering

**Speaker:** Prof. Dr. María Lucrecia Rovaletti  
UBA, CONICET, Buenos Aires, Argentina.

**Abstract:**
The objective is to research and reflect upon the mental suffering adopting both, a new epistemology and also an ethical position regarding the clinical experience. Since in Psychiatry, theory and practice are inseparable, reflecting on this "knowing and doing" does not mean to think of theory as opposed to practice, but to have a critical attitude towards the principles and foundations of the psychiatric discourse and practice.
Objectives: exchange these topics with the attending audience.

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<th>Session: Regular Workshop</th>
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<tr>
<td>Title:</td>
<td>The researcher’s social commitment. From conventional to critical epidemiology</td>
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| Speaker | Lic Mercedes Carrasco
CLINICAS HOSPITAL, Buenos Aires, Argentina |
| Abstract | About epidemiological research in 21st century Psychiatry must move away from a reductionist position of studying the risk factors towards an epidemiology that takes into account the interface between science, policy and ethics of lifestyles. |
| Objectives: exchange these topics with the attending audience. |
### OVERALL ABSTRACT

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<tr>
<td><strong>Title:</strong></td>
<td><strong>Psychotherapy education: Focus on delivering quality and humane psychiatric care</strong></td>
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<tr>
<td>Chairperson</td>
<td>Dr. Professor Priyanthy Weerasekera McMaster University, Hamilton Ontario Canada.</td>
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<td>Co-chairperson</td>
<td>Dr. Professor John Manring, Upstate Medical University, Syracuse, New York USA.</td>
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<tr>
<td>Abstract</td>
<td>In order to provide high quality, humane psychiatric care, one must incorporate the findings from the empirical psychotherapy literature into psychiatric education. Decades of research has demonstrated the effectiveness of several forms of psychotherapy for patients with psychiatric disorders. Evidence supports the use of psychodynamic, cognitive-behavioural, interpersonal, dialectical-behavioural, couple, family, group and many others in alleviating psychiatric suffering. In addition the therapeutic alliance has been found to be significant in predicting outcome not only in psychotherapy but also in pharmacological treatments. Therefore it is essential that psychiatry residents become competent in specific psychotherapies and in their ability to develop a sound therapeutic alliance with their patients. Todays shift towards competency-based education will hopefully lead to the delivery of higher quality treatment for patients, and more humane care. This interactive workshop will first review the empirical psychotherapy literature, and then focus on evidence-based teaching methods which enhance therapist competence. Attention will be paid to developing alliance building skills and competence in specific psychotherapies. Evidence-based teaching methods such as: modeling, rehearsal, feedback, coaching, and live supervision will be discussed and demonstrated through video recordings. How technology can assist in this process will also be reviewed. Assessment instruments of therapist competence will also be reviewed so these can be utilized in training programs. Time will be available for questions and discussions to assist educators in incorporating these teaching methods into their programs, so that we may deliver high quality, humane treatments to our patients.</td>
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<tr>
<td>Speakers</td>
<td>1. Dr. Professor Priyanthy Weerasekera&lt;br&gt;McMaster University, Hamilton Ontario Canada.&lt;br&gt;2. Dr. Professor John Manring&lt;br&gt;Upstate Medical University, Syracuse, New York USA.</td>
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**Title:** Childhood and adolescent-onset psychosis: Assessment and treatment considerations

**Chairperson:** Miryam Peskin, Geha Mental Health Center, Kefar Saba, Israel

**Abstract**

Children and Adolescents with psychotic symptoms may present to community mental health services with diverse clinical pictures difficult to adequately assess and manage. They can present on the background of neurodevelopmental disorders including autism spectrum disorders and learning disability, with comorbid mood or severe anxiety disorders, with serious risk behaviours, or in the context of safeguarding concerns. These children and young people are likely not to have their needs met in the community, frequently requiring hospital admission. In this workshop, we will discuss the experience from two inpatient UK units (one for children and one for adolescents) of working with these children, young people and their families both diagnostically and therapeutically also using specific case examples. The participants will be encouraged to contribute to the thinking about early-onset psychosis and share their own clinical approaches. The aim of the workshop is to stimulate discussion around the challenges arising from working with psychosis in childhood and adolescence, facilitate a better understanding of these disorders and exchange views on best clinical practice.

Learning goals:

a) Have increased awareness of how different dimensions of psychopathology and aberrant neurodevelopment contribute to the clinical presentation of children and adolescents with psychotic symptoms.

b) Have acquired a more systematic approach to assessment and management of children and adolescents with psychotic symptoms.

c) Have increased understanding of treatment approaches for early-onset psychosis including the use of clozapine in treatment resistant cases.

**Speakers**

1. Dr Marinos Kyriakopoulos
   National and Specialist Acorn Lodge Inpatient Children’s Unit, South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, King’s College London, London, United Kingdom; Icahn School of Medicine at Mount Sinai, New York, United States

2. Dr Anthony James
   Highfield Adolescent Unit, Warneford Hospital and University of Oxford, Oxford, United Kingdom

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**Title:** Management of childhood-onset psychosis: Experience from a national UK children’s unit

**Speaker**

M. Kyriakopoulos ¹,²

¹. National and Specialist Acorn Lodge Inpatient Children’s Unit, South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, King’s College London, London, United Kingdom

². Icahn School of Medicine at Mount Sinai, New York, United States

**Abstract**

Objectives

Children with psychotic symptoms may present to community mental health services with diverse clinical pictures difficult to adequately assess and manage. They frequently require hospital admission and more detailed investigations. In this presentation, the experience of working with these children and their families both diagnostically and therapeutically will be discussed.

Methods

Selective review of clinical guidelines and possible diagnostic investigations, data from clinical audits and service evaluations from a national UK children’s inpatient unit, and case examples.

Results

Children with psychosis may present on the background of neurodevelopmental disorders including autism spectrum disorders and learning disability, with comorbid mood or severe anxiety disorders, with...
serious risk behaviours, or in the context of safeguarding concerns. Autism spectrum disorders requiring inpatient care frequently present with psychotic-like symptoms. Physical assessment and monitoring of medication side effects are particularly relevant to children with psychosis. Cautious use of clozapine in childhood-onset treatment resistant schizophrenia may be beneficial.

Conclusions

Children with psychotic symptoms and schizophrenia pose unique diagnostic and therapeutic challenges. A systematic approach in their evaluation including detailed exploration of different dimensions of psychopathology, aberrant neurodevelopment and physical comorbidities and clear treatment algorithms are of paramount importance.

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<td>Title:</td>
<td>Adolescent-onset schizophrenia: Assessment and treatment aspects of specialist inpatient care</td>
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<tr>
<td>Speaker</td>
<td>A. James Highfield Adolescent Unit, Warneford Hospital and University of Oxford, Oxford, United Kingdom</td>
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<tr>
<td>Abstract</td>
<td>Objectives: In the UK adolescent onset schizophrenia is largely dealt with by early intervention psychosis teams based in the community. Nevertheless, some adolescents with psychosis require inpatient assessment and treatment. In this presentation the principles of care and treatment for these adolescents on residential basis will be described. Methods: Selective review of clinical guidelines and current literature, with illustrative case examples. Results: Adolescence with some psychosis often present in an emergency, often in distressed confused states, sometimes displaying violence or suicidal behaviour and in a few cases violence towards others with paranoid and harmful, or even homicidal thoughts. Care for these adolescents requires an experienced nursing staff and multidisciplinary team with adequate resources. Besides the mainstay of pharmacological treatment, support psycho-education, individual and family therapy are necessary. Conclusion: In patient care to these disturbed adolescents with psychosis can be a rewarding and exciting process which can complement community based early intervention psychosis service (EIS), and can lead to improved patient care and outcomes.</td>
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### OVERALL ABSTRACT

**Title:** Mental health and primary health care in post-war zones

**Chairperson:** Dr. Joost den Otter, IRCT, Copenhagen, Denmark

**Abstract**

Post-war zones constitute a complex challenge to mental health care as the by now well documented severe and long lasting impact and the wide range of problems - not limited to PTSD - requires an interdisciplinary approach and integrated measures addressing social, economical, general and mental health aspects. Interventions might have to target different vulnerable sub-groups with different focus reflecting existing, usually limited resources. In this workshop, the conflict zone in former Yugoslavia has been chosen to present recent data and an analysis of possible resources and interventions in this region as a model for the integration of mental health in primary health care. Special attention will be given to family related aspects.

**Speakers**

1. Prof. Thomas Wenzel  
   Medical University of Vienna, Vienna, Austria
2. Dr. Gabriel Diakonu  
   McGill Group for Suicide Studies, Montreal, Canada
3. Dr. Hanna Kienzler  
   King’s College London, London, United Kingdom

### SPEAKER 1

**Title:** The long way back – stories on repatriation of children to Kosovo in the aftermath of war

**Speaker**

T. Wenzel, G. Diaconu 1, 4, M. Shahini 2, 3, H. Kienzler 5

1. Medical University of Vienna, Vienna, Austria
2. McGill Group for Suicide Studies, Montreal, Canada
3. University of Pristina, Pristina, Kosovo
4. Life Memorial Hospital, Bucharest, Romania
5. King’s College London, London, United Kingdom

**Abstract**

**Objectives:** The present study, conducted for UNICEF, focused on the psychological health and impact of forced return of children and their families back from European host countries to Kosovo in the aftermath of war.

**Methods:** A cross sectional, multi-spot, nested sampling method was employed after consulting national registries on repatriated families. Parents and children were administered a set of instruments including the CBCL, GHQ-28, and THQ-48.

**Results:** A total of n = 295 subjects – 131 adult caregivers and 164 children ages 6 to 18 – were included in final analyses. The majority of respondents had been repatriated over the course of 2010 mainly from Germany, and a smaller subsample from Austria. Almost one in two (44.2%) teenagers suffered from depression, one quarter reported symptoms of hopelessness (25.5%), and one fifth (19.1%) felt life was not worth living. One in four (25.5%) reported suicidal ideation. Forty percent of girls between 6 and 14 years had major social problems; one third (33 percent) showed symptoms of clinical level depression and 35.2 percent suffered from anxiety. Every third child between 6 and 14 years of age (29%) and one out of three youth (30.4%) displayed symptoms of PTSD. While difficult to parcel out in terms of independent contribution, forceful repatriation was associated with a higher incidence of psychiatric morbidity. Forced return was associated with a 3-fold excess of anxiety (35% vs. 11.3%) and a two-fold excess of withdrawal and depressive symptoms (41.7% vs. 18.9%).

**Conclusions:** The repatriation of children of Kosovar families, together with their parents, back to their homeland associated significant psychological burden with evident after-shock after their return. Better policies need to address the specific vulnerabilities of such groups, as well as their mental health status before repatriation.

**References**


Roth, G., & Ekblad, S. (2006). A longitudinal perspective on depression and sense of coherence in a...
sample of mass-evacuated adults from Kosovo. The Journal of Nervous and Mental Disease, 194(5), 378–381. doi:10.1097/01.

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<th>Session:</th>
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<th>SPEAKER 2</th>
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<td>Title:</td>
<td>Dimensions of mental health in former combatants in the Kosovo conflict</td>
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<tr>
<td>Speaker</td>
<td>G Diaconu 1,4, M. Shahini 2, T. Wenzel 3</td>
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<td>1. McGill Group for Suicide Studies, Montreal, Canada</td>
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<td>2. University of Pristina, Pristina, Kosovo</td>
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<td>3. Medical University of Vienna (MUW), Vienna, Austria</td>
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<td></td>
<td>4. Life Memorial Hospital, Bucharest, Romania</td>
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**Abstract**

Objectives: We aimed at ascertaining the psychological status of Kosovars who had fought in the Yugoslavian war.

Methods: A cross sectional, multi-spot, nested sampling method was employed. Subjects were administered the HSCL-25, GHQ-28, THQ-48, SBQ-R, and RFL-48.

Results: A total of n = 702 subjects were included in the analyses. Mean age was 42.3 (SD = 9.1). A quarter had sustained heavy injuries (25.4%). Their overall general health was degraded in half the cases (52.1%). Depressive symptoms were documented in more than one fourth of situations (26.9%), as well as increased anxiety levels (27.1%). Post-traumatic stress disorder had a prevalence of 16%. Suicidal ideation was estimated at 20%. Overall, 7.5% were at risk for suicide. PTSD was associated with older age (p < 0.02), higher distress (p < 0.000) and more severe scores for depression (p < 0.000) and anxiety (p < 0.000). A risk for suicidal behaviour, in subjects with clinical PTSD, was associated with anxiety, insomnia (p < 0.05), social dysfunction (p < 0.05) and depressive symptoms (p < 0.000). PTSD cases with suicidality had significantly lower coping skills (p < 0.000) compared to those with PTSD alone. In a multivariate logistic regression mode both PTSD (OR = 2.3, CI95% [2.05 – 2.6], p < 0.000) and depression (OR = 2.3, CI95% [2.2 – 2.4], p < 0.000) increased the risk for suicidal behaviour. A significant interaction was identified between PTSD and depression scores which predicted suicidality (OR = 1.11, CI95% [1.05 – 1.2], p < 0.000).

Conclusions: Former combatant status was associated with an increased frequency of depression, anxiety and PTSD. A higher likelihood of suicidality was predicted by both PTSD and depression, but also their interaction.

**References**


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<td>Title:</td>
<td>Psychosocial health of deported adolescents in Kosovo</td>
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<td>Speaker</td>
<td>H. Kienzler 1, T. Wenzel 2, M. Shahini 3</td>
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<td>1. King’s College London, London, United Kingdom</td>
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<td>2. Medical University of Vienna, Vienna, Austria</td>
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<td>3. University of Prishtina, Prishtina, Kosovo</td>
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**Abstract**

Objectives: This research investigates on how adolescent returnees living in Kosovo express their emotional distress and struggles with negative living conditions and exposure to structural and direct violence in families and communities.

Methods: In-depth semi-structured interviews were conducted with 14 adolescents with deportation experiences in Kosovo. The interviews focused on topics such as living conditions, economic situations, social relationships, education and participation in communal and political affairs. The questionnaire also included a modified version of the McGill Illness Narrative Interview (MINI). The data were analyzed with Atlas.ti and thematic analysis.
Results: The deportations from western European countries to Kosovo were experienced as extremely disruptive and violent events, robbing the adolescents of a sense of security and “home”. The illness narratives show clearly that living under precarious and insecure circumstances in Kosovo has a damaging effect on the adolescents’ physical, emotional and social development. Most of the study participants listed a wide range of psychological, psychosomatic and organic symptoms that they connected to the deportation and loss, on the one hand, and ongoing social isolation, economic problems, precarious living conditions, and discrimination, on the other. Their lack of social and economic capital made accessing appropriate resources and professional help for their health and social problems extremely difficult, if not impossible.

Conclusion: Health problems and related behavior is generated partly through social practices. Having a better understanding of the ways in which forcibly repatriated youth express their distress and the influence this has on their own and community life, could help community workers and health practitioners to provide more effective care beyond the relatively narrow medical mandate.

References


### OVERALL ABSTRACT

**Title:** Stanford cue centered therapy: An evidence-based, structured and sequential treatment for traumatized children

**Chairperson:** Antonio Pelaz Antolín, Hospital Clínico Universitario San Carlos, Madrid, Spain

**Abstract**

The use of standardized assessment instruments can provide a baseline by which to measure treatment gains and to identify traumatic events. The combination of exposure and cognitive restructuring techniques enables the process of transforming traumatic memories from the sensory system to the verbal memory system, so intrusive emotional and physiological posttraumatic symptoms may also improve. The trauma narrative is used as a starting point to help identify clues in relation to a youth's current distress, arousal and avoidance. Parental psychoeducational, training and involving in treatment, results in positive effects.

**Speakers**

1. Paz Quijano  
   Fundación Alicia Koplowitz, Madrid, Spain
2. Victor Carrion  
   Stanford University Medical Center, Stanford, USA

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### SPEAKER 1

**Title:** The Stanford cue-centered therapy. A short term psychosocial treatment

**Speaker**

Paz Quijano  
Fundación Alicia Koplowitz, Madrid, España

**Abstract**

**Objectives:** Review the Stanford Cue-Centered Therapy (CCT) that has demonstrated effectiveness in reducing PTSD symptoms in youth.

**Methods:** CCT is a short term psychosocial treatment approach for children and adolescents who have been exposed to trauma. This therapy is founded upon the principle that trauma exposure can cause cognitive, emotional, physiological and behavioral symptoms, all of which interact with one another. Re-exposure to traumatic reminders (cues) can cause exacerbation of these symptoms. CCT is designed to address the four core domains impacted by trauma through a combination of empirically supported treatments and specific interventions. The therapy focuses on helping the youth develop insight into his/her own past and current patterns making a connection between them. CCT’s 15 sessions are divided into four phases. Phase 1 (Sessions 1-3) prepares the child or adolescent and the caretaker for exposure. During Phase 2 (Sessions 4-7), the youth tells the story of the trauma, a form of narrative exposure. The cues identified during this phase will become the focus for the next phase. In Phase 3 (Sessions 8-13), the therapist, the youth, and the caretaker work together to identify cues and reduce the associated negative responses. During Phase 4 (Sessions 13-15), the youth is encouraged to use all the learned skills to develop a coherent trauma narrative, to ensure that the treatment gains are sustained after therapy.

**Results:** CCT has several unique components that set it apart from standard trauma focused cognitive-behavioral therapy. The therapist works as a partner in treatment and also as a teacher.

**Conclusions:** Trauma experienced during childhood disturbs numerous aspects of development and functioning including behavior, cognition, affect, brain development and other physiological systems. If trauma is left untreated, the resulting childhood problems may persist into adolescence and adulthood. Participants may feel empowered through increased knowledge of Stanford-CCT.

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### SPEAKER 2

**Title:** The Stanford cue-centered therapy. Integrating treatment and neuroscience research

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- 429 -
| Speaker | Victor G. Carrion  
Stanford University Medical Center, Stanford, USA |
|---|---|
| Abstract | Objectives: To create a forum where clinicians and researchers in the field of trauma can interact and discuss recent advances and future directions in the field of developmental traumatology. If trauma is left untreated, the resulting childhood problems may persist into adolescence and adulthood. Most of the research on developmental trauma does not integrate treatment with current neuroscience research. This integration can facilitate the development of effective treatment approaches.  
Methods: Kolko, Eaton Hoagwood, and Springgate (2010) spotlight parameters for conducting basic efficacy and effectiveness studies. Their parameters emphasize understanding research design and implementation concerns, characteristics of all stakeholders, community engagement, training and treatment models, and site-specific reliability and data analysis. The Stanford Cue-Centered Therapy (CCT) is a short term psychosocial treatment that has demonstrated effectiveness in reducing PTSD symptoms. CCT is designed to address the four core domains impacted by trauma through a combination of empirically supported treatments and CCT-specific interventions. We will discuss how CCT addresses the issues that limit community-based research. A case example, attached, will be presented. In addition, advances in developmental trauma neuroscience during the past 15 years will be discussed, as well as any potential benefits of integrating putative markers of pediatric PTSD into treatment outcome research.  
Results: Participants may feel empowered through increased knowledge of research design and implementation issues and strategies. The specific brain areas and physiological responses to stress will be elaborated and described to facilitate an in-depth understanding of how to target treatments to positively influence behavior, cognition, affect, physiology and brain development.  
Conclusions: our workshop will address the current clinical and research gaps in the field and devise strategies to overcome the challenges of conducting efficacy trials by incorporating neuroscience outcomes in community trials of treatment interventions. |
Suicidal and nonsuicidal self-injury across psychiatric treatment settings: An update

Chairperson
Dr. Carolyn Brenner, University of Washington, Harborview Medical Center, Seattle, WA, USA

Abstract
Suicidal and nonsuicidal self-injury have a high prevalence and are commonly managed in all psychiatric settings. DSM-5 now recognizes suicidal behavior disorder and nonsuicidal self-injury as conditions for further study with criteria set by expert consensus. Self-injury is defined as the intentional destruction of body tissue. This behavior includes many forms of suicidal acts and nonsuicidal self-injury. Each of these complex behaviors has its own affective state, motivation, associated psychiatric disorders, risk factors, and treatment needs. Forms of self-injury include cutting, burning, ingesting pills and objects, and severe forms such as cutting off one’s limbs or shooting oneself. Self-injury is one of the most common chief complaints for psychiatric emergency room visits and because it is highly associated with increased suicide risk, many patients are admitted to an acute inpatient unit (1). More severe injuries require admission to a medical unit with psychiatric consultation. After a patient is stabilized, outpatient care aims to address long term issues of chronic self-harm and additional risk of suicide. This symposium summarizes the current research with regards to diagnostic and treatment issues (2). Suicidal behavior and nonsuicidal self-injury are complex, multi-determined behaviors (3) and patients can present in a variety of treatment settings. The authors will address treatment challenges across psychiatric services: emergency, consultation-liaison, acute inpatient, and chronic outpatient care settings.

Educational Objectives
1) Discuss demographics, clinical, psychological and neurobiological findings associated with suicidal behavior and nonsuicidal self injury
2) Describe the evaluation, risk assessment and treatment approaches for self-injury across psychiatric services: emergency, consultation-liaison, acute inpatient, and chronic care settings.

References

Speakers
1. Dr. Jagoda Pasic
   University of Washington, Harborview Medical Center, Seattle, WA, USA
2. Dr. Susan Bentley
   University of Washington, Harborview Medical Center, Seattle, WA, USA
3. Dr. Heidi Combs
   University of Washington, Harborview Medical Center, Seattle, WA, USA
4. Dr. Carolyn Brenner
   University of Washington, Harborview Medical Center, Seattle, WA, USA
attempt within one year (3). A recent study found that approximately 10% of ED visits for self-harm were followed by repeat self-harm visits and 14% by inpatient psychiatric admissions within 30 days of the initial ED visit (4). In this presentation, the author will review the literature on the 1) assessment of patients who present to the ED with self-injury of varying degree (from cutting to severe injury such as self-amputation) and 2) interventions aimed at reducing self-injury and increasing the motivation for follow-up with outpatient services.

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<tr>
<td>Title:</td>
<td>The role of psychiatric consultation-liaison service in patients with self-injury</td>
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<td>Speaker</td>
<td>Bentley S. Dr. Susan Bentley, University of Washington, Harborview Medical Center, Seattle, WA, USA</td>
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<tr>
<td>Abstract</td>
<td>Psychiatry consultation services are frequently consulted by medical and surgical services for evaluation of patients admitted following self-harm behaviors. Of primary concern are recommendations for a patient’s immediate safety while undergoing medical stabilization. Once this has been addressed, further exploration for the behavior can proceed i.e. differentiating suicidal acts, parasuicidal gesturing, and self-mutilation each with its own affective state, motivation and outcome. Based on this evaluation, assistance with disposition as medical stability allows, is often a challenging component of the consulting psychiatrist’s role in a self-harming patient’s care(1). This presentation will focus on identifying the contributions of symptomatic mood and thought disorders that could be modified by pharmacotherapy and psychotherapy. It will also discuss considerations for follow up (inpatient vs. outpatient), and avoidance of reinforcement of maladaptive coping skills while ensuring safety. All of these are crucial to successful management and harm reduction. Patients with self-harming behaviors are often viewed negatively by hospital staff, especially physicians. Additionally, the author will discuss the role of the psychiatric consultation service as a resource for active training and feedback for their medical and surgical colleagues to improve quality of patient care for this challenging patient population (2).</td>
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<tr>
<td>Title:</td>
<td>Self-injury in the inpatient setting</td>
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<tr>
<td>Speaker</td>
<td>Combs H. University of Washington, Harborview Medical Center, Seattle, WA, USA</td>
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<td>Abstract</td>
<td>Patients are often hospitalized after engaging in self-harm behaviors. These behaviors can include both nonsuicidal self-injury (NSSI) and suicidal self-injury. Patients at higher risk to engage in self-injury are those with specific psychiatric diagnoses, including depressive disorders, psychotic disorders and borderline personality disorder (1). Inpatient suicide is a rare event but there is increased risk associated with hospitalization and patterns have emerged which will be reviewed (2). Assessing safety in the inpatient setting and determining when a patient can be safely discharged is very challenging. There are</td>
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various tools that can be utilized in assessing risk of self-injury, however the ability to predict who will engage in these behaviors remains poor (3). It is important to assess for NSSI when assessing for future risk of suicide since data indicates that engaging in such behavior confers increase risk of suicide (4). It is also important to gain specific understanding of the function of the NSSI for the individual patient to develop a treatment plan focused on reducing this behavior (5).

**References**


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<tr>
<td>Title:</td>
<td>Suicidal behavior and nonsuicidal self-injury in the outpatient setting: Evidence for long term management of patients with high risk for self-harm</td>
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<td>Speaker</td>
<td>Brenner, C.</td>
<td>University of Washington, Harborview Medical Center, Seattle, WA, USA.</td>
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<td>Abstract</td>
<td>Although patients with recent suicide attempts and self-injury are at risk for future self-harm, outpatient treatment is often the most effective long-term management. The underlying psychiatric disorder and specific risk factors vary widely between individuals, from a patient with borderline personality disorder with a long history of cutting, to a patient with major depression who overdosed in a suicide attempt, to a patient with schizophrenia who amputated an arm. This presentation will review the literature for evidence-based treatment of patients with a history of suicide attempts and nonsuicidal self-injury. Outpatient treatment focused specifically on the risk of self-harm and suicide has the most evidence for reducing future self-injury. Expeditious access to outpatient care and outreach to assure follow-up reduces risk after discharge (1). In clinical practice, outreach interventions are most common in an integrated care team. Several psychotherapy modalities adapted to target self-injury have been effective (2). Multiple medications reduce suicide risk and although there is less evidence for medications reducing nonsuicidal self-injury, there are case reports of success. Individualized risk assessments and care plans allow for more efficacious psychotherapy, medication management, and treatment of underlying disorders that may contribute to self-injury (3).</td>
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### OVERALL ABSTRACT

**Title:** Decision making and management of bipolar disorder: Adherence to clinical practice guidelines

**Chairperson:** Lluis Lalucat. Centre d’Higiene Mental Les Corts. Barcelona, Spain

**Abstract**

Objectives: Guidelines for treating Bipolar Disorder can be helpful in setting practice standards, but sometimes its implementation depends on the characteristics of the patient and the clinical context. The Spanish Clinical Practice Guideline on bipolar disorder arises from an agreement between the Ministry of Health and the University of Alcalá, involving the Spanish Association of Neuropsychiatry as developer and project manager. Its main objective is to develop recommendations on the diagnostic, therapeutic and rehabilitative care for patients with bipolar disorder, primarily applicable in the public mental health services.

Methods. In this workshop decision making on pharmacological and psychosocial treatment in bipolar disorder will be discussed, based in clinical cases

Results. Special interest will be paid to the following issues: 1. Management of bipolar depression (Dr. De Dios). 2. Relapse prevention: drugs and psychotherapy (Dr. Lahera), 3. Treatment of mixed episodes and rapid cycling (Dr. Goikolea). 4. Bipolar Disorder during pregnancy and breast feeding (Dr. Alonso).

Conclusions. Clinical practice guidelines can help the clinician in the management of difficult situation treating bipolar disorder.

**References**


**Speakers**

1. Consuelo De Dios  
   La Paz University Hospital. Madrid, Spain.
2. Guillermo Lahera  
   University of Alcalá. Madrid, Spain.
3. José Manuel Goikolea  
   Bipolar Disorder Program. Clinic Hospital. CIBERSAM. Barcelona, Spain.
4. Marta Alonso  
   Donostia University Hospital. CIBERSAM. Donostia, Spain
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**Title:** Mental health in Asian Pacific Region

**Chairperson**
Dr Afzal Javed, Chairman Pakistan Psychiatric Research Centre, Fountain House, Lahore, Pakistan

**Co-chairperson**
Prof. Pichet Udomratn (Thailand), Professor of Psychiatry, Department of Psychiatry, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkhla 90110, Thailand

**Abstract**
There is an emerging evidence that every year up to 30% of the population worldwide will suffer from some form of mental disorder, and at least two-thirds of those receive inadequate or no treatment, even in countries with the best resources. Asia, where most of the world population lives, presents with a very diverse picture. Variations in resources, availability of services, number of mental health professionals and absence of national policies for mental health are the salient features of psychiatry in many Asian countries. Most of these countries allocate very scarce financial resources and grossly inadequate manpower & infrastructure for mental health provides further limitations in the mental health care systems.

Scarcity of resources for mental health, inequity in access, and inefficiencies in their use lead to serious consequences, the most direct of which is that people who need care get none especially in many Asian countries where government spending on mental health is far lower than what is needed.

This session will give an overview of some of the major issues in the mental health in Asia with some examples from individual regions where efforts are on way to make changes in the practice of psychiatry. The speakers will also focus on some of the novel projects and initiatives that are showing an emerging trend in many countries for the uplift of mental health systems.

**Speakers**
1. Prof. M. Thirunavukarasu  
   Prof & Head, Department of Psychiatry, SRM University, Kattankulathur, India.
2. Prof Min-Soo Lee (Korea)  
   President, Pacific Rim College of Psychiatrists, Zonal Representative, Zone 17, North East Asia, Professor and Chairman, Department of Psychiatry, College of Medicine, Korea University, 126-1, Anam-dong 5-ga, Seongbuk-gu, Seoul 136-705, Korea
3. Dr Murray Patton (Australia)  
   President The Royal Australian and New Zealand College of Psychiatrists, 309 La Trobe Street, Melbourne VIC 3000. Australia
4. Dr Francis Agnew  
   Waitemata District Health Board. Auckland. New Zealand

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**Session:** Regular Workshop  
**Title:** Mental health needs and opportunities in South Asian Countries: Mental health in Asia Pacific Region  
**Speaker**
Prof. M. Thirunavukarasu  
Prof & Head, Department of Psychiatry, SRM University, Kattankulathur, India.

**Abstract**
Zone 16 sixteen consists of India, Sri Lanka, Singapore, Myanmar etc with vast difference in economy. The mental health gaps are also alarming. The doctor patient ratio, MMR, IMR etc also huge. Main source of income is human resource. Illiteracy, poverty, is wide spread. No comparison of the mental health professional availability when compared to Bangladesh and Japan. Moreover multiple system of medicines are used and practiced. The availability of beds is so sparse. The funds allocated are very meager. Infrastructure development is in its toddler stage. Industrialisation, urbanization, modernization and migration are in its peak. In addition to the natural disasters man-made disasters also contributing. Still the PTSD, is at its low. Mental health recovery is at its best. The coping strategies are laudable. All these are possible because of the culture, life style, values and the family system. This is discussed in detail in the presentation.
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<tr>
<td>Title:</td>
<td>Mental health needs and opportunities in East Asian countries</td>
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| Speaker   | Prof Min-Soo Lee (Korea)  
President, Pacific Rim College of Psychiatrists, Zonal Representative, Zone 17, North East Asia, Professor and Chairman, Department of Psychiatry, College of Medicine, Korea University, 126-1, Anam-dong 5-ga, Seongbuk-gu, Seoul 136-705, Korea |           |       |       |
| Abstract  | Objectives: To overview the mental health needs and opportunities, mental health promotion, and psychiatric rehabilitation in East Asian countries.  
Methods: Mental health promotion can be seen as an important new goal for public mental health. There is an ever-increasing need to extend community mental health services, via a more active promotion of positive mental health, and to move toward preventive strategies rather than confining mental health service efforts to the traditional treatment of mental illnesses. An important challenge for the coming years is, therefore, to study whether and how mental health can be effectively promoted. In East Asian countries, there have been various efforts to promote the positive mental health based on their mental health conditions.  
Results: The long-term developmental course of serious psychiatric illness, the consequent functional deterioration in those afflicted, and various service system characteristics contribute to relapse in complex ways. Therefore, psychosocial rehabilitation is an important component of community support systems for persons with severe and persistent mental illness. Psychosocial rehabilitation has aims to decrease symptom severity or distress, avoid hospitalizations, improve psychosocial functioning, or improve satisfaction with life, and to involve teaching new skills and helping individuals take greater control over their lives, or modifying environments.  
Conclusions: Community mental health program and psychosocial rehabilitation treatment for mental disorder performed in East Asia have challenging conditions of mental health characteristics in East Asian countries. Therefore, we should figure out the regional mental health characteristics of East Asia to understand more comprehensively these efforts in East Asian public mental health. |       |       |

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<td>Title:</td>
<td>Mental health in Asian Pacific Region: RANZCP initiatives</td>
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| Speaker   | Dr Murray Patton (Australia)  
President The Royal Australian and New Zealand College of Psychiatrists 309 La Trobe Street, Melbourne VIC 3000. Australia |           |       |       |
| Abstract  | The RANZCP has as a core component of its strategic plan, to develop its links and leadership with international organizations and colleagues in South East Asia and the Asia Pacific region and to advance formal alliances and projects. This session will briefly outline the activities undertaken over the last two years to implement this objective, along with further developments to progress this work |       |       |

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<td>Mental health needs and opportunities in Asian &amp; Western Pacific</td>
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| Speaker   | Dr Francis Agnew (New Zealand)  
Waitemata District Health Board. Auckland. New Zealand |           |       |       |
| Abstract | The isolation and relatively small populations of many Pacific Island countries and the capacity of their health workforce often restrict the range of specialised clinical services that they are able to provide. Developing services and facilities needs to incorporate considerations well beyond those centred around mental health and be open to innovative thinking. Anecdotal evidence suggests significant levels of migration and brain drain amongst Pacific Islands skilled health workers. |
### OVERALL ABSTRACT

**Title:** If you do A-B-C, then 1-2-3 will happen, but it doesn't work that way: A workshop on combatting the stigma of mental illness in child and youth mental health

**Chairperson:** Dr. Maria Liegghio, Assistant Professor, School of Social Work, York University, Toronto, Canada

**Abstract**

The stigma of mental illness is implicated as the main reason young people and their caregivers avoid or delay accessing mental health services, or withdraw prematurely from treatment. The implications are serious including exacerbated mental health issues, loss of life through suicide, strained family relationships, and loss of family productivity. The professional resources for combatting stigma in child and youth mental health are few. The focus of this interactive, evidence-informed workshop is to provide front line child and youth mental health professionals with the knowledge and skills necessary to identify, understand, and address issues related to the stigma of mental illness in their practices with young people and their family members. The objectives of the workshop are: 1) To understand the stigma of mental illness in child and youth mental health; 2) To understand the importance of adopting an anti-stigma practice approach starting with critical self-reflection; and 3) To explore individual, family, organizational and community responses to stigma. Funding and logistical support was provided by the Ontario Centre of Excellence for Child and Youth Mental Health.

**Speakers**

1. Dr. Maria Liegghio  
   Assistant Professor, School of Social Work, York University, Toronto, Canada  
2. Dr. Trish Van Katwyk  
   School of Social Work, University of Waterloo, Waterloo, Canada

### SPEAKER 1

**Title:** "If you do A-B-C then 1-2-3 will happen, but it doesn't work that way": Identifying and understanding the stigma of mental illness in child and youth mental health

**Speaker:** Dr. Maria Liegghio  
School of Social Work, York University, Toronto, Canada

**Abstract**

The focus of this presentation is on the main concepts that define the stigma of mental illness in child and youth mental health with an emphasis on the importance of adopting an anti-stigma approach to practice with young people and their families.

### SPEAKER 2

**Title:** "Dear mental health professional, listen. no really listen!": Adopting an anti-stigma approach to practice in child and youth mental health

**Speaker:** Dr. Trish Van Katwyk  
School of Social Work, University of Waterloo, Waterloo, Canada

**Abstract**

The focus of this presentation is on the main concepts that define an anti-stigma approach to practice in child and youth mental health with an emphasis on critical self-reflection, and individual, family, and organizational responses to stigma.
**Title:** A register in the UK to determine the safety of antipsychotic drugs during pregnancy

**Chairperson:** Rohit Shankar, CFT, United Kingdom

**Co-chairperson:** Richard Laugharne, Cornwall NHS Partnership Foundation Trust, Cornwall, United Kingdom

**Abstract**

Objectives The universal safety of first and second generation antipsychotic medication has never been quantifiably established for administration during pregnancy. All antipsychotic medications disperse with ease across the placenta, due to the lipophilicity of the molecular structures making up all psychotropics, leaving the foetus exposed to potential teratogenic properties. Antipsychotic prescribing in pregnancy is a complex area which from an evidence point of view has not been explored comprehensively. The impact of the individual’s mental state, capacity to make informed decisions on medication when in such a vulnerable state, outcomes of pregnancy and the potential long term impact on children have not been explored longitudinally or systematically. Using a template of establishing a register similar to the UK epilepsy and pregnancy register the UK register of antipsychotic drugs during pregnancy will be used to improve understanding of this complex conundrum and hopefully better patient outcomes and improve on the current status quo and would be applicable globally.

Methods This will be a quantitative based prospective cohort study with a non probability based sampling method incorporating women who become pregnant whilst taking antipsychotic medication in the UK. As with all pregnancy registries this will make up an observational study. Data will be collected and stored over a ten year period.

Results The register of antipsychotic medication in pregnancy will establish a large cohort of observational data providing systematic and unbiased record of antipsychotic medication prescriptions in pregnancy and relative birth outcomes.

Conclusions The model proposed while robust requires a significant length of time to generate numbers which would be meaningful when it comes to individual anti-psychotics. There would in the meantime be newer and possibly safer medications on which again data would be scant. However as shown by UK epilepsy and pregnancy registers the knowledge around safety around certain medication would allow clinicians and patients to revisit appropriate older drugs. Data from this register could allow healthcare providers to make informed and accurate decisions for patient care choices during pregnancy.

**Speakers**

1. Richard Laugharne, Cornwall NHS Partnership Foundation Trust, Cornwall, UK.
2. Rohit Shankar, Cornwall NHS Partnership Foundation Trust, Cornwall, UK.
3. Zoe Doran, Cornwall NHS Partnership Foundation Trust, Cornwall, UK.
Results/Conclusion: The review highlights the need for a register of antipsychotic medication in pregnancy (similar to Epilepsy and Pregnancy Registers) to establish a large cohort of observational data providing systematic and unbiased record of antipsychotic medication prescriptions in pregnancy and relative birth outcomes.

Data from this register could allow healthcare providers to make informed and accurate decisions for patient care choices during pregnancy.

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Session: Regular Workshop

**SPEAKER 2**

Title: The current clinical gap and the learning from the Belfast register

Speaker: Rohit Shankar
Cornwall NHS Partnership Foundation Trust, Cornwall, UK

Abstract

Objectives: Established in 1996, the UK Epilepsy and Pregnancy Register obtain and publish information on the frequency of major malformations among infants whose mothers take one or more antiepileptic drug to prevent seizures. Anti-epileptic drugs (AEDs) taken during pregnancy are associated with an increased risk of major congenital malformations (MCMs). The risks for different AED regimes are difficult to define from earlier studies and are mostly unknown for those containing the newly licensed AEDs (vigabatrin, gabapentin, topiramate, tiagabine, oxcarbazepine, levetiracetam and pregabalin).

Methods: The UK and Ireland Epilepsy and Pregnancy Registers are prospective, observational registration and follow-up studies which are ongoing and used to determine the relative safety of all antiepileptic drugs taken in pregnancy. Women with epilepsy who become pregnant, whether or not they are taking an AED, in any combination, and whose details are forwarded before the outcome of the pregnancy is known are included. The presence of MCMs recorded within the first three months of life is the main outcome measure.

Results: In 2005 full outcome data was collected on 3607 cases. The overall major congenital malformation rate for all AED exposed cases was 4.2%. The major congenital malformation rate was significantly higher in polytherapy (6.0%) (n=770) compared with monotherapy exposures (3.7%) (n=2598).

The major congenital malformation rate for women with epilepsy who had not taken AEDs during pregnancy (n=239) was 3.5%. The major congenital malformation rate was significantly greater for pregnancies exposed only to valproate (6.2%) compared with those exposed only to carbamazepine (2.2%). There were also fewer major congenital malformations for pregnancies exposed only to lamotrigine (3.2%) compared with those exposed only to valproate.

For polytherapy combinations, those containing valproate in any combination had a significantly higher risk of major congenital malformation than polytherapy combinations not containing valproate.

Conclusions: In 2005, the register highlighted that almost 96% of live-births born to women with epilepsy did not have any major congenital malformation. The data from the register indicated that the major congenital malformation rate for polytherapy exposed pregnancies was significantly higher than for monotherapy exposures. Additionally it has been noted that polytherapy prescriptions containing valproate had significantly more major congenital malformations than those not containing valproate. For monotherapy exposures, carbamazepine was associated with the lowest risk of major congenital malformation. Lamotrigine has been found to have been linked with fewer major congenital malformations than valproate and this difference was reduced in infants exposed to more than 200mg each day of lamotrigine.

References

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<th><strong>Title:</strong></th>
<th>A register in the UK to determine the safety of antipsychotic drugs during pregnancy</th>
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| **Speaker** | Zoe Doran  
Cornwall NHS Partnership Foundation Trust, Cornwall, UK. |
| **Abstract** | Objectives Antipsychotic prescribing in pregnancy is a complex area which from an evidence point of view has not been explored comprehensively. The impact of the individual’s mental state, capacity to make informed decisions on medication when in such a vulnerable state, outcomes of pregnancy and the potential long term impact on children have not been explored longitudinally or systematically. Using a template of establishing a register similar to the UK epilepsy and pregnancy register the UK register of antipsychotic drugs during pregnancy will be used to improve understanding of this complex conundrum and hopefully better patient outcomes and improve on the current status quo and would be applicable globally.  

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Results The register of antipsychotic medication in pregnancy will establish a large cohort of observational data providing systematic and unbiased record of antipsychotic medication prescriptions in pregnancy and relative birth outcomes.  

Conclusions The model proposed while robust requires a significant length of time to generate numbers which would be meaningful when it comes to individual anti-psychotics. There would in the meantime be newer and possibly safer medications on which again data would be scant. However as shown by UK epilepsy and pregnancy registers the knowledge around safety around certain medication would allow clinicians and patients to revisit appropriate older drugs. Data from this register could allow healthcare providers to make informed and accurate decisions for patient care choices during pregnancy. |
### Session: Regular Workshop

#### OVERALL ABSTRACT

**Title:** Person centered psychiatric care programs in French speaking countries in patient units

**Chairperson**
Dr Hervé Granier, Clinique Stella, Montpellier, France

**Co-chairperson**
Dr Paul Lacaze, Alternative Fédérative Des Associations De Psychiatrie (ALFAPSY), France

**Abstract**
In France and in most French speaking countries, to associate the Subject of Psychiatry with the Subject of Psychoanalysis remains a vivid current issue. In these countries, this issue is central in many person centered psychiatric cares programs struggling against the disease centered psychiatric streams neglecting the subjective dimension and reducing its perspective to biological aspects and neuroscientist considerations without any space given to Human Sciences.

This symposium will define and delineate the theoretical principles of the type of person centered treatment proposed in this milieu therapy through the presentation of techniques implemented in several private in patients clinics, as: The “psychoanalytic groups” of the Clinique Stella (Montpellier, France), the Clinique Villa des Lilas (Casablanca, Morocco), the Clinique Dupré (Sceaux near Paris, France).

**Speakers**
1. Dr Hervé Granier  
   Clinique Stella, Montpellier, France
2. Pr Maria Ammon  
   World Association for Dynamic Psychiatry, Berlin, Germany
3. Dr Hachem Tyal  
   Clinique Villa des Lilas, Casablanca, Morocco
4. Dr Nadia Mammar and Dr Ioanna Atger  
   Clinique Dupré, Sceaux, France

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#### Session: Regular Workshop

#### SPEAKER 1

**Title:** Psychiatric clinics in north Africa, reality or fiction?

**Speaker**
M. H. Tyal  
Alfapsy, Montpellier, France

**Abstract**
This work is intended to review the creation of the first psychiatric clinic in Arabic North Africa, the reasons for its creation and the obstacles to its creation. It includes a history of psychiatry in North Africa in general and Morocco in particular, and discusses the feasibility of such a project in our country. Psychoanalysis was established as the theoretical framework at the heart of the clinic. The purpose of this review is to defend our necessary choice to opt for, at the heart of the clinic, psychiatry with a human face, in which caring for patients is carried out by creating methods of intervening which work towards a real consideration of the subjective character of the patient. It was for us the best way to deal with patients as ‘global subjects’, in order to move away from the new tendency in the world of psychiatry, which sets up biomedical models as the only way to comprehend human beings, and which is nothing more, in our view, than another means to promote the medical model of bodily segmentation as an absolute and universal model.

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#### Session: Regular Workshop

#### SPEAKER 2

**Title:** Psychoanalysis “without subject’s consent”

**Speaker**
Hervé Granier  
Psychiatrist, psychoanalyst, Montpellier (France)
“Psychoanalysis is not transferable….every analyst reinvents how psychoanalysis can last…”.

These are the principles that led to the foundation of the psychoanalytic group of the clinic Stella formed with five psychiatrists, three psychologists and a GP, all psychoanalysts or psychoanalytically oriented, to promote a care plan referring to the psychodynamic psychiatry and the practice of psychoanalysis at the institution.

The work is organized around a daily sessions of analysis group and individual psychotherapy, accompanied by different workshops working in the same direction and therefore in coherence, according to “a French updated institutional psychotherapy concept”.

This approach to care (shared by other institutions in France) is part of a reversal of perspective and the current revival of a person-centered (and not just disease-centered) creative psychiatry quite far from the disappointing stream of the “scientific” psychiatry and the contemporary trend towards standardization and industrialization of care.

The original point of this care plan is that it is available for all patients, especially those with serious mental illnesses or new pathologies of the subjectivity produced by the political and economical liberalism.

The creation of an analytical space and the exercise of speech allow these patients largely in subjective insecurity to meet the analysis “without their consent” and to have access to a personal reflection and a subjective transformation (and not only a suppression of symptoms). Psychoanalysis is then a “contingent” prescription in psychiatric care.

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**Session:** Regular Workshop  **SPEAKER 3**  **Code** WS500

**Title:** Therapists and adolescents at crossroads in a care and study setting

**Speaker**

Dr. Ioana ATGER  
Médecin chef de Service, Clinique Dupré, Sceaux

**Abstract**

The care and study setting of the Dupré Clinic in Sceaux is unique as it is hosting adolescents and young adults as inpatients and in the mean time it is using school program of a real National Education High School as a therapeutically mediation.

The links between care and studies are an essential part of the treatment.

The arrival of a patient is an occasion to a singular meeting. Around him gather a family in crisis, deeply concerned by the failure of his studies and his mental health breakdown and an ideal institution adorned with medical care, institutional psychotherapy and studying opportunities.

Our institutional approach is a therapy by means of the environment or, as others would say, a “natural setting psychodrama” in which the contradictions and the misunderstandings are unlooked at and elaborated in a psychodynamic way by the whole staff. In this way, our meaningful actions on the external reality of the patients are liable to produce or promote changes in their internal reality. The links between care and studies are an essential part of the treatment.

But in the end, a successful therapeutic process is one in which all participants go through changes and evolutions towards a surprising and creative result.

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**Session:** Regular Workshop  **SPEAKER 4**  **Code** WS500

**Title:** Therapie of the environment and creation

**Speaker**

Dr. Maria Ammon  
Berlin/Munich

**Abstract**

The author describes the whole group concept in Dynamic Psychiatry which encloses analytical milieu therapy, nonverbal methods such as dance, theatre, music, painting and riding therapy groups as well as analytic group psychotherapy and the whole milieu therapeutic treatment field of the dynamic psychiatric hospital as well as living community groups, supervision groups, psychoanalytic self experience groups and the work in the psychoanalytic kindergarten with children and parent groups.
| Key Words: interpersonal network, social-energetic field, identity growth |
Session: Regular Workshop

OVERALL ABSTRACT

Code WS528

Title: In spite of vast difference in the resources Asia manages mental health gap effectively: How?

Chairperson
Prof. Thirunavukarasu Manickam. Professor and Head, department of Psychiatry, SRM university, Kattankulathur, India.

Abstract
The major players in Asia which shares almost similar environment are India, Pakistan, Bangladesh and Sri Lanka. All these four countries were governed by the British and almost got the freedom at the same time. The British influence in the delivery of the health system is still prevailing. All four countries are very rich and ancient in their culture. All share the same amount of natural and manmade disasters. Except Sri Lanka the other two are facing problems of thick population. The human resource crunch is phenomenal. At the same time these countries has a huge intellectual representation across the globe. The mental health gap is alarming. Japan is also part of Asia. (India has only 22000 sanctioned beds for the population of more than one Billion but Japan has more than 300 000 beds for its population) The scenario in Japan is taken into consideration to compare the prevailing status in these countries. Still these countries able to achieve the target of closing the treatment gap to a considerable level. This is being presented and discussed with a suggestion to improve the mental health in these countries which in turn promote the global mental health at large.

Speakers
1. Prof. Gulam Rabbani
   President of Bangladesh Association Of Psychiatrists, Dhaka. Bangladesh
2. Prof. Dr Mazhar Malik.
   HOD/ Professor of Psychiatry. Dept. of Psychiatry and Behavioural Sciences. School of Medicine. Rawal Institute of Health Sciences, Islamabad. Pakistan
3. Prof. Naotaka Shinfuku
   Japan.

Session: Regular Workshop

SPEAKER 1

Code WS528

Title: Current scenario of mental health services in Bangladesh and its future prospects

Speaker
Prof. Gulam Rabbani
President of Bangladesh Association Of Psychiatrists, Dhaka. Bangladesh.

Abstract
Bangladesh is a newly formed country. Its people are exposed to British Raj, Pakistani administration and now on their own. The strategic location bordering so many countries. As well as facing lot of disasters both natural and manmade ones. The mental health gap is phenomenal. Everything is concentrated around the capital. Majority are looking for employment in overseas. So the family and culture are facing lot of problems. Literacy is improving. Industrialisation is encouraged. The health sector looking at Global organisation like WHO. Still the mental health outcome is not that much alarming. This is being discussed in detail.

Session: Regular Workshop

SPEAKER 2

Code WS528

Title: Current scenario of mental health services in Pakistan and its future prospects

Speaker
Prof. Dr Mazhar Malik.
HOD/ Professor of Psychiatry. Dept. of Psychiatry and Behavioural Sciences. School of Medicine. Rawal Institute of Health Sciences, Islamabad. Pakistan

Abstract
Pakistan is a small country. The mental health gap is also alarming. The drug abuse and disasters situations are so many. The Diaspora of the Pakistan is contributing lot to the promotion of the mental health. The landscape, development and access to the modern development are so varied.
Still managing the situation with the available resources

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<tr>
<td>Title:</td>
<td>Current challenges of mental health in Japan with maximum number of psychiatric beds in the world</td>
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<tr>
<td>Speaker</td>
<td>Prof. Naotaka Shinfuku Japan</td>
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<tr>
<td>Abstract</td>
<td>Japan is one of the high income countries in the region. The literacy rate is so high. The mental health gap is minimal. The total number of psychiatric beds in the country is almost more than all the beds put together in Asia. The geriatric population ratio is so high. The satisfaction in the delivery of the mental health is fairly adequate. We will present how much difficulties we face in promoting mental health are discussed</td>
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</table>
Title: The psychiatrist’s role in addressing the social determinants of mental health

Chairperson Dr. Michael T. Compton. Lenox Hill Hospital, New York, NY, USA, and Hofstra North Shore – LIJ School of Medicine, Hempstead, NY, USA

Co-chairperson Dr. Ruth S. Shim. Morehouse School of Medicine, Atlanta, GA, USA

Abstract Objectives: The social determinants of health—those conditions in which we are born, grow, live, work, and age that impact health and well-being—have major influences on diverse health outcomes. In recent years, there has been a burgeoning focus on the social determinants of poor physical health. Special consideration should also be given to the social determinants of mental health, which are not necessarily distinct from the social determinants of physical health, but are largely neglected with regard to their role in impairing mental health and causing and worsening mental illnesses. These underlying causes of mental illnesses are the modifiable precursors to behavioral risk factors, and largely responsible for social injustices and mental health inequities. We sought to review and summarize the social determinants of mental health, along with potential clinical and policy solutions.

Methods: We reviewed the literature on those determinants experienced at the individual level (e.g., adverse early life experiences, discrimination and social exclusion) as well as social determinants deriving from the societal/political milieu (e.g., poverty/income inequality, low education, unemployment, housing instability, food insecurity, adverse features of built environments, poor access to mental health care).

Results: Research on the influence of social and environmental factors on mental health and mental illnesses is robust. A variety of social determinants of mental health can be addressed in the clinical setting (as risk factors for poorer course and outcomes) among individual patients/families. Furthermore, mental health professionals can be involved in addressing social determinants of mental health at the community, national, and international levels, through policy actions.

Conclusions: Psychiatrists and other mental health professionals have a role in acting on the social determinants of mental health in order to improve mental health, reduce the risk of mental illnesses, and move toward global mental health equity.

Speakers
1. Dr. Michael T. Compton. Lenox Hill Hospital, New York, NY, USA, and Hofstra North Shore – LIJ School of Medicine, Hempstead, NY, USA
2. Dr. Ruth S. Shim. Morehouse School of Medicine, Atlanta, GA, USA
between the social determinants of physical health and the social determinants of mental health, for several reasons, the social determinants of mental health deserve special emphasis. Even though mental illnesses are often underpinned by genetic predisposition and gene-by-environment interactions, we will highlight the social determinants of such disorders which are likely modifiable through social and policy interventions. Some of the categories of social determinants of mental health, several of which will be discussed in this presentation, include: discrimination and social exclusion; adverse early life experiences; poor education; unemployment, underemployment, and job insecurity; poverty and income inequality; poor quality housing and housing instability; food insecurity; adverse features of the built environment; and poor access to healthcare.

Conclusions: The social determinants of mental health can be seen as the “causes of the causes” that lead to adverse risk factors among individuals and at the population level, thus ultimately elevating risk for mental illnesses and leading to poor mental health. Mental health promotion and mental illness prevention efforts must address the social determinants of mental health, and psychiatrists and other mental health professionals have a crucial role.

Session: Regular Workshop

SPEAKER 2

Code WS533

Title: A call to action: Addressing the social determinants of mental health

Speaker R.S. Shim¹, D.S. Satcher¹
¹ Morehouse School of Medicine, Atlanta, Georgia, USA

Abstract

Objectives: In this report, we convey our thoughts about psychiatrists’ and other mental health professionals’ role in addressing the social determinants of mental health.

Methods: We conducted a qualitative literature review and synthesized our own thinking in the form of a call to action.

Results: To achieve optimal mental health in our society, we must consider and then address those social determinants that contribute to the “causes of the causes” of mental illnesses. To take action to address the social determinants of mental health, it is vital to underscore the relevance of mental health in the context of physical health. Mental health issues must be promoted and emphasized as critical to the discussion when considering ways to improve the health of our nation, and health across nations. On a policy level, we must transcend stigma in order to elevate the importance of mental health and the impact of mental illnesses. Public policies, as well as social norms, are the foundations of the social determinants of mental health. Policies and norms impact the distribution of opportunities available for people to achieve good health and live meaningful lives.

Conclusions: Mental health providers can address the social determinants of mental health in clinical settings, but more progress can be made by influencing policy decisions and attitudes on a population level. Mental health professionals must partner with diverse stakeholders to best address the social determinants of mental health.
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<tr>
<td>Title:</td>
<td></td>
<td>¿La violencia infanto- juvenil en S.M de Tucumán, es un fenómeno médico?</td>
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<tr>
<td>Chairperson &amp; Speaker</td>
<td>Profesor Dr. Carlos Iriarte Bosco</td>
<td>Facultad de Medicina de la Universidad Nacional de Tucumán-Cátedra de Salud Mental II-Psiquiatría S.M. de Tucumán, Argentina.</td>
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<tr>
<td>Abstract</td>
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<td>Objetivos: Este trabajo pretende mostrar que violencia en jóvenes de 13 a 21 años estudiados en esta muestra, no es un fenómeno médico únicamente, las secuelas de estos problemas son de esta naturaleza. Tiene características humanas y sociales que de no ser conocidas la prevención y terapéutica no son efectivas. Métodos: Entrevistas a 25 pacientes con conflictos con la ley y sus respectivas familias Resultados: El conocimiento exhaustivo del paciente, de la estructura familiar y la comunicación en la misma permiten conocer el sentido de la sintomatología y patologías subyacentes. Permiten mejorar la terapéutica y generar acciones preventivas. Distinguir que la ley tiene un dominio y lo subjetivo otro que deben ser complementados. El médico debe tener muy claro que no es el fiscal de la causa. Conocer el fenómeno transgresional permite trabajar sobre la prevención primaria o secundaria.</td>
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OVERALL ABSTRACT

Title: Evaluating Quality Of Mental Health Care In Severe Mental Illness In Europe

Chairperson

Abstract

The symposium documents the strengths done in Europe for evaluating quality of mental health provided to patients with severe mental illness (SMI). In Lombardy (Italy) quality of care in SMI is evaluated through a set of clinical indicators based on routine data. Results show strengths and weaknesses of the mental health system, confirming that quality assessment could be done routinely using information system data.

Germany is implementing a mandatory cross-sectoral quality assurance: it assesses quality of care for SMI along the whole service chain, including in- and outpatient care. The presentation outlines legal and technical constraints operating in the German health care system and their implication for the contents of the project. Quality Indicator for Rehabilitative Care (QuIRC) is an internationally validated quality assessment tool for longer term mental health care facilities, incorporated into national quality assessment processes in European countries. Results from a national study of mental health rehabilitation units across England will be reported. In the Netherlands, Routine Outcome Monitoring (ROM) is required by insurance companies and in 2013 ROM has been used for 20-40% of patients, depending on the mental health institution/setting. Evidence for its effectiveness in improving outcomes is limited and the use for benchmarking is debated. REFINEMENT is a EU project aimed at identifying indicators of performances and outcomes of mental health care and comparing quality of care in the 9 European countries. The measures cover input/process/outcome level and quality dimensions. The main results in eight of the REFINEMENT countries will be reported.

Speakers

1. Prof. Dr. Wolfgang Gaebel,
   Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University,
   LVR-Klinikum Dusseldorf, Dusseldorf, Germany

Session: Regular Workshop

Title: Quality Of Care For Severe Mental Illness In Lombardy (Italy)

Speaker

A. Lora
E. Monzani
1. Lecco General Hospital, Lecco, Italy
2. Niguarda Ca’ Granda General Hospital, Milan, Italy

Abstract

Objectives:
To evaluate routinely quality of care addressed to patients with severe mental illness through a set of clinical indicators. These indicators are related to the process of care, are specific for each disorder and can be totally drawn from current health information systems.

Methods:
41 clinical indicators for schizophrenia, 33 for bipolar disorders and 14 for depression have been identified by experts of the Italian Society of Psychiatric Epidemiology (SIEP) through Delphi rounds. These indicators cover both main quality domains (accessibility, continuity of care, appropriateness, safety) and phases of care (first episode, acute care, maintenance and promotion of recovery). Indicators have been subsequently applied to health databases of Region Lombardy containing data on mental health activities, hospital admissions, specialist health treatments and pharmaceutical prescriptions. The sample is composed by 28,191 patients with schizophrenic disorder (ICD 10 F2 category), 7,752 with bipolar disorder (ICD 10 F30-31 categories) and 19,271 with depressive disorders (ICD 10 F32-33 categories) that during 2009 were cared by the Departments of Mental Health (DMHs) of the Region. Benchmarking has been adopted to evaluate DMHs.

Results:
Indicators have been analyzed by axis of the quality (i.e. accessibility, continuity, appropriateness, safety,
sentinel events) and by phase of care (onset, acute phase, maintenance), showing strengths and weaknesses of the mental health system in Lombardy.

Conclusions: Clinical indicators are useful for evaluating quality of care in the mental health system and quality assessment could be done routinely using current information system data.

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### Session: Regular Workshop  Code: WS538

**Title:** Developing A Mandatory Cross-Sectoral Quality Assurance System In Mental Health Care In Germany

**Speaker:** A. Bramesfeld ¹, C. Stegbauer ¹, J. Szecsenyi ¹

¹AQUA – Institute for Applied Quality Improvement and Research in Health Care GmbH, Maschmühlenweg 8-10, 37073 Göttingen, Germany

**Abstract**

**Background/Objectives:** In the German health care system quality is assured by mandatory quality assessment using indicators. As such, mandatory quality assurance is currently implemented in 30 clinical areas, most of them surgical. In 2012 the highest decision-making body in German health care, the Federal Joint Commission, commissioned the AQUA-Institute to develop cross-sectoral quality assurance in mental health care.

**Methods:**

As the target group for mandatory quality assurance in mental health care patients with a severe course of mental illness were chosen. Further, it was decided to assess quality along the whole service chain including in- and outpatient care, and base quality assessment as much as possible on administrative data. Finally it was wished to include patient and family views in quality assurance.

**Results/Conclusions:**

The presentation outlines the legal and technical constraints, under which mandatory quality assurance in mental health care has to operate in the German health care system. It further outlines, what these constraints imply for the contents of the quality assurance system to be developed and for its implementation.

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### Session: Regular Workshop  Code: WS538

**Title:** Development And Application Of The Quality Indicator For Rehabilitative Care (Quirc)

**Speaker:** H. Killaspy ¹

¹University College London

**Abstract**

**Objective:** Across Europe, many people with severe mental illness continue to reside in institutions (WHO, 2005). In less economically developed countries, large institutions continue to predominate and concerns have been raised about the quality of care provided (Muijen, 2008). However, even in countries with better established community mental health care, a process of institutionalisation of those with more complex mental health problems has been noted (Priebe et al, 2005) and concerns about the quality of care and lack of rehabilitative ethos of these services raised (Killaspy and Meier, 2010). Service quality is a complex, multidimensional construct that extends beyond the delivery of specific evidence based treatments and interventions, making it difficult to operationalise and measure, particularly at an international level influenced by different socioeconomic and political contexts.

This presentation will report on the development and application of an internationally validated quality assessment tool for longer term mental health care facilities, the Quality Indicator for Rehabilitative Care (QuIRC).

**Methods:**

The presentation will describe the methods used to build the tool that ensured its content validity and reliability.
Results:
Examples of how the QuIRC is being incorporated into national quality assessment processes in European countries will be given, including results from a national study of mental health rehabilitation units across England.

Conclusions:
The QuIRC is a validated, reliable quality assessment tool that can be used in longer term mental health facilities in countries at different stages of deinstitutionalisation. The tool provides quality benchmarking data and can be used to assess, review and drive up quality of care for people with complex mental health problems who require high levels of support.

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<tr>
<td>Title:</td>
<td>Assessing Mental Health Outcomes Nationwide: The Dutch Experience Collecting Routine Outcome Measurement Data On A National Level</td>
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<td>Speaker</td>
<td>C. Mulder 1</td>
<td>1 Erasmus MC, Rotterdam, The Netherlands</td>
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<td>Abstract:</td>
<td>Objective: Routine outcome monitoring (ROM) is used for assessing outcomes of mental health treatments. Basically, ROM can be used for four different purposes: (1) as a feedback instrument, monitoring the effects of individual treatments, (2) providing feedback on treatment outcomes on a group-level, (3) for research (observational studies) and (4) for benchmarking purposes. In the Netherlands, insurance companies pay for mental health treatment and since 2010 they require mental health institutions to implement ROM. The aim of the presentation is to describe the implementation process and methodological aspects of ROM.</td>
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<td>Methods:</td>
<td>A national database has been set up to collect data. Different ROM instruments are used, depending on the type of patients and setting.</td>
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<td>Results:</td>
<td>In 2013, ROM has been used for 20-40% of patients, depending on the mental health institution and setting and these percentages need to increase the coming years. Although ROM is implemented on a national basis, the evidence for its effectiveness with respect to improving patient outcomes is limited and the use for benchmarking purposes is heavily debated. There are several methodological problems when interpreting ROM data, including selection bias, casemix differences, timing problems, and gaming. Despite these limitations, health insurance companies want to use ROM for benchmarking problems and for improving quality of mental health care.</td>
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<td>Conclusions:</td>
<td>In the Netherlands, since 2010 insurance companies demanded implementation of ROM for benchmarking purposes, despite unsolved methodological problems. Although this led to a large increase in number of ROM-assessments in daily practice, the use of ROM for benchmarking purposes is heavily debated.</td>
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<td>Title:</td>
<td>Quality Of Mental Health Care Across Europe: The Experience Of The Eu Refinement Project.</td>
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<tr>
<td>Speaker</td>
<td>F. Amaddeo1, V. Donisi1, M. Brunn2, G. Hagemair3, B. Kalseth4, R. Kontio5, D. McDaid6, A. Prigent2, J.A. Salinas-Perez7, R. Sfectu8 and The Refinement Group</td>
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<td></td>
<td>1. Department of Public Health and Community Medicine, University of Verona, Verona, Italy</td>
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<td>2. University of Paris East Créteil, Paris, France</td>
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<td>3. Ludwig Boltzmann Institute for Social Psychiatry, Vienna, Austria</td>
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<td>4. Department of Health Research, SINTEF Technology and Society, Trondheim, Norway</td>
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| 5. Helsinki and Uusimaa Hospital District, Hyvinkää Region, Finland  
| 7. Department of Psychology, Sociology and Social Work Universidad Loyola Andalucía, Spain  
| 8. Institute of Economic Previsions, Bucharest, Romania |

**Abstract**

Objectives:  
The REFINEMENT project is a collaboration between 8 research institutions (Italy, Austria, UK, Finland, Spain, Norway, France and Romania) looking at the relationship between different models of health care financing and the extent to which mental health care services can meet the goals of high quality of care. One of the nine work packages focuses on the descriptions of indicators of quality of care and met and unmet needs.

Methods:  
The REfinement QUALITY of care tool (REQUALIT) was developed to describe the various aspects of the mental health system quality within the European Union. The selection of the indicators was based on a hand search in organizational websites and reports and on a review of published papers. The measures included in the REQUALIT try to cover both the different system phases (input, process and outcome) and the quality of care dimensions (e.g. accessibility, continuity, appropriateness). REQUALIT takes into account different integrated and connected features: primary care, inpatient, outpatient and community services, health and social care. REQUALIT allows the collection of data from national and international literature, interviews of stakeholders, national or regional reports and, where Mental Health Information Systems are available, from data at individual level.

Results:  
A cross-country comparison of quality of care in Europe will be presented including a wide range of indicators (i.e., length of stay, involuntary committal, seclusion, continuity of care, re-admission rate). Quality data will be also related to the different organisations and funding systems of mental health care in the 8 countries.

Conclusions:  
The quality of care comparison provides vital data on different dimensions of mental health system performances in European countries. Difficulties on the collection of comparable data about quality for mental health services and availability of this kind of data in European countries will be discussed.
**Session:** Regular Workshop  |  **OVERALL ABSTRACT** |  **Code** |  WS540

**Title:** Migration And Mental Health (United Kingdom)

**Chairperson:** Dinesh Bhugra

**Co-chair:** Levent Küey (Turkey)

**Abstract**

The term immigrants is used in relation to a very heterogeneous group of persons, hence it is a challenge to address immigrant specific risk and protective factors for mental health. Immigration is accepted as a critical life event, which can overburden thus far acquired adjustment, coping and problem solving skills and often goes along with increased psychosocial and acculturation dependent stress and thus leading to a higher risk of mental disorders. Specific findings, e.g. of first generation immigrants are prone to stressful life events and thus have an elevated risk for e.g. depression. Still in the second generation immigrants often suffer from social exclusion and perceive structural barriers to e.g. adequate housing, employment or medical care, that are well known risk factors for mental disorders. The first presentation will give an overview of the impact of stigma on mental health of immigrants. The second presentation will focus the association between immigration history and psychotic disorders. The third speech will focus on depression, which is increasingly diagnosed in immigrants. In the last presentation current findings of suicidal behaviour in immigrants will be discussed. In this symposium we will bring together experts in the field of migration and mental health to present new findings of the research and to discuss the implication.

**Speakers**

1. Küey Levent  
   Associate Professor of Psychiatry  
   World Psychiatric Association Secretary General, Istanbul Bilgi University, Istanbul, Turkey

2. Dinesh Bhugra  
   CBE PhD FRCPsych  
   Institute of Psychiatry, King’s College London, UK

3. Marianne Kastrup  
   Competence centre Transcultural Psychiatry, Psychiatric Center Ballerup, Copenhagen, Denmark

4. Meryam Schouler-Ocak, MD  
   Assistant Professor in the Psychiatric University Clinic of Charité at St. Hedwig Hospital, Berlin, Germany

---

**Session:** Regular Workshop  |  **SPEAKER 1** |  **Code** |  WS540

**Title:** Stigma And Mental Health Among Immigrants

**Speaker:** Küey Levent  
   Associate Professor of Psychiatry  
   World Psychiatric Association Secretary General, Istanbul Bilgi University, Istanbul, Turkey

**Abstract**

While “Self is constructed through confrontation with the mirroring effect of the Other, the Other is discovered through self-confrontation”. The construction of the self identity is an ongoing joint re-construction process where we need Each Other. Migration is a process where we meet Each Other. The complexity of migration attracts the interest of scholars from different disciplines. The process of migration is inevitably stressful and stress can lead to mental illness, but not necessarily. One of the factors mediating the stressful effects of migration on mental ill health is the degree of stigmatization that the migrants are facing. The categorizations of ‘in-group’ versus ‘out-group’ have been the source of discrimination and stigmatization. Race, ethnicity, gender, and religion-based prejudice and discrimination have caused vast human suffering across the world. Many human-made disasters have been executed in the name of such group differences, in the name of “Murderous Identities”. The need of developing an integrative self-image for a better mental health and the need of identity re-construction for the immigrant could be damaged by stigmatization. Stigmatization aims to hurt the Other; breaks down the mirrors. World without mirrors is a world without selves.
We, the human beings are in need of developing an integrated self which in turn needs meeting and accepting the existence of the Otherness in the Other. We need the mirroring of Each Other.

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<tr>
<td>Title:</td>
<td>Psychosis Among Immigrants</td>
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<tr>
<td>Speaker</td>
<td>Dinesh Bhugra CBE PhD FRCpsych Institute of Psychiatry, King’s College London, UK</td>
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<tr>
<td>Abstract</td>
<td>Cultures affect child rearing patterns of individuals, cognitive schema, expressions of distress and illness and pathways into care. Cultures give individuals their identity and help develop their insight and worldview. Cultural identities affect everyone in a specific way and may act as support for ill individuals. Cultural norms and values also affect our attitudes and behaviours towards the mentally ill and the others as well as our interactions. Language allows us to communicate and rituals and rites give us an opportunity to structure our functioning. Cultures teach us to identify what is abnormal, unusual or unexpected determining deviance and deviant behaviour. Over the past half century studies from Western Europe have shown that rates of psychoses are higher than expected about migrant groups. This raises specific problems about help-seeking. Migration itself can be a stressor itself although studies also indicate that high rates do not occur immediately following migration. Stress as a result of migration is dependent upon what the reasons for migration are, whether individuals migrate voluntarily, whether they migrate singly or in a group or whether they have had opportunities for preparation and learning about the new culture prior to migration. With increased globalisation and urbanisation, it is likely that migration will continue to increase both within countries (from rural to urban areas) and across nations. Possible hypotheses for increased rates of psychoses among migrants are described in this lecture.</td>
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<td>Title:</td>
<td>Depression In Immigrants</td>
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<tr>
<td>Speaker</td>
<td>Marianne Kastrup Competence centre Transcultural Psychiatry, Psychiatric Center Ballerup, Copenhagen, Denmark</td>
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<tr>
<td>Abstract</td>
<td>Depression is the fourth most important contributor to the global burden of disease and comprised in year 2000 4.4 % of the total Disability Adjusted Life Years (DALY) and 12 % of YLD. The burden of depression is ranked number four in the global disease burden in women and number seven in men. The burden of depression depends upon region, having a relatively smaller burden in poorer regions. E.g. depression amounts to 1.2 % of the total burden in Africa to 8.9 % in high-income countries. In recognition hereof, the number of studies focusing on cross-cultural aspects of depression has increased markedly during the last decade, and depressive disorders have been studied cross-culturally both with respect to their prevalence and phenomenology as well as classificatory shortcomings. It has been brought forward that the availability of international classifications, as the ICD-10 and DSM-IV, has facilitated such research. In the WHO collaborative study on the assessment of depressive disorders a core depressive symptomatology was found across the participating centres, but with certain differences in the ranking of problems. Culture has been considered to have a pathoplastic effect on how the depressive behaviour manifests itself, and often it is indicated that in patients who are from non-industrialised nations the somatic symptoms dominate in relationship to psychological aspects. Furthermore, there is increasing focus on the impact of migration on depressive illness. The presentation will provide an overview of the burden of depression in relation to culture, differences in symptomatology, the role of migration and other circumstantial factors having an impact on the appearance and outcome of the disorder.</td>
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<td>Session:</td>
<td>Regular Workshop</td>
<td>SPEAKER 4</td>
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<tr>
<td>Title:</td>
<td>Suicidal Behaviour In Immigrants</td>
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| Speaker       | Meryam Schouler-Ocak, MD  
Assistant Professor in the Psychiatric University Clinic of Charité  
at St. Hedwig Hospital, Berlin, Germany |                    |      |       |
| Abstract      | During the past decades, immigration has increased substantially. Research on suicidality finds out that immigrant and ethnic minority women in Europe have higher rates of suicidal behaviour than women from the majority population. This indicates that circumstances around suicidal behaviour of immigrant and ethnic minority women are different from women who live in their home countries. Familial problems, psychiatric disorders, previous psychiatric history/treatment, and previous suicide attempts, issues related to migration like acculturative stress and discrimination, as well as socio-demographic variables like being of young age were commonly reported factors. Lastly, barriers for help-seeking can cause a suicidal crisis when women feel they are in a desperate situation that they cannot escape. The risk and precipitating factors for suicidality of immigrant and ethnic minority women differ from the ones immigrant men and women in the host countries have. In this talk current findings will be presented and discussed. |      |       |
### OVERALL ABSTRACT

**Title:** The feminization of medicine

**Chairperson:** Prof. Elena Levin. Universidad Favaloro. Ciudad de Buenos Aires, Argentina.

**Co-chairperson:** Dr. Alejandra Maddocks. Asociación Metropolitana de Psiquiatría. Ciudad de Buenos Aires, Argentina.

**Abstract**

Objectives: To recognize the feminization of medicine
Identify the consequences of feminization of medicine

Methodology: Analysis of the registration data by gender provided by the Ministry of Health of Argentina
Review of all the research about the consequences of feminization of medicine

Results: Gender characteristics of medicine professionals are changing, both in Buenos Aires and in the nation, 60.30% of the 3706 physicians who were registered at the Ministry of Health of the Nation in 2012 in Argentina, were women.

Over the past several decades, studies have compared female physicians with their male colleagues on the basis of practice characteristics, advancement in the academic world, and attainment of leadership positions in institutions and professional associations. Some researchers have examined how women are doing in the profession, but few have considered how feminization of the profession will affect patient care and health care systems, as well as the profession itself.

Conclusions: The increasing proportion of women in the workforce of physicians will bring with it new benefits and new challenges. However, this feminization and their consequences so far have not been discussed sufficiently so it will be necessary to conduct more research on this matter.

**References**

Base de datos de médicos matriculados por sexo. Ministerio de Salud de Argentina, 2012.

**Speakers**

Liliana Licciardi (Argentina).
Elena Levin (Argentina).
Alejandra Maddocks (Argentina).
Leandro Dionisio (Argentina).

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### SPEAKER 1

**Title:** THE FEMINIZATION OF MEDICINE

**Speaker:** Liliana Licciardi.
Sociedad Argentina de Mujeres Médicas Asociación Médica Argentina. Ciudad de Buenos Aires, Argentina.

**Abstract**

Objectives
To recognize the feminization of medicine
Identify the consequences of feminization of medicine

Methodology
Analysis of the registration data by gender provided by the Ministry of Health of Argentina
Review of all the research about the consequences of feminization of medicine

Results
Gender characteristics of medicine professionals are changing, both in Buenos Aires and in the nation, 60.30% of the 3706 physicians who were registered at the Ministry of Health of the Nation in 2012 in Argentina, were women.

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doing in the profession, but few have considered how feminization of the profession will affect patient care and health care systems, as well as the profession itself.

**Conclusions**
The increasing proportion of women in the work force of physicians will bring with it new benefits and new challenges. However, this feminization and their consequences so far have not been discussed sufficiently so it will be necessary to conduct more research on this matter.

**References**
Base de datos de médicos matriculados por sexo. Ministerio de Salud de Argentina, 2012.

---

**Session:** Regular Workshop  **SPEAKER 2**

**Title:** CONSEQUENCES OF FEMINIZATION OF MEDICINE

**Speaker**
Elena Levin.
Universidad Favaloro. Ciudad de Buenos Aires, Argentina.

**Abstract**

**Objective**
To recognize the consequences of feminization of medicine

**Methodology**
Review of all the research about the consequences of feminization of medicine

**Results**
The number of women enrolled in medical school and residency programs has increased over the past several decades. Some researchers have considered how feminization of the profession will affect patient care and health care systems.

**Conclusion**
The profession of medicine is becoming feminized: The number of women enrolled in medical school and residency programs has increased dramatically over the past several decades. Some researchers have examined how women are faring in the profession, but few have considered how feminization of the profession will affect patient care and health care systems, as well as the profession itself. The feminization and their consequences so far have not been discussed sufficiently so it will be necessary to conduct more research on this matter.

**References**

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**Session:** Regular Workshop  **SPEAKER 3**

**Title:** THE WOMAN AND THE AREA OF POWER IN PROFESSIONAL ASSOCIATIONS

**Speaker**
Alejandra Maddocks
Asociación Metropolitana de Psiquiatría. Ciudad de Buenos Aires, Argentina.

**Abstract**

**Objectives**
To demonstrate the involvement of women in positions of power in professional associations

**Methodology**
Review of women and spaces of power’s researches.

**Results**
In Argentina, until the late nineteenth century, the role in the scene of power was exclusively male. Women in the legal, political and civil planes had not achieved their emancipation. There was a rigid traditional female model which had activities destined specifically to women. By 1920 groups appeared in the cultural sphere Buenos Aires that pronounced gender claims. Since the first doctor Cecilia Grierson in 1889, the number of women who obtained their title increased slowly but steadily.
Only one woman has been president of the Argentine Association of Psychiatrists

Conclusions

The women leaders in our profession are still few in number. Given the nature of women's leadership our professional associations could benefit from a woman leader.

References


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<tr>
<th>Session:</th>
<th>Regular Workshop</th>
<th>SPEAKER 4</th>
<th>Code</th>
<th>WS552</th>
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<tr>
<td>Title:</td>
<td>WOMEN IN THE MEDICINE AND THE GENDER VIOLENCE</td>
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<td>Speaker</td>
<td>Leandro Dionisio</td>
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<td></td>
<td>Director del Departamento de Salud Mental de la Escuela de Salud Pública de la Facultad de Ciencias Médicas Universidad Nacional de Córdoba.</td>
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| Abstract | Objectives
Recognize gender violence that women suffer in the practice of medicine
Methodology
Survey carried out among doctors working in primary care centers health of the province of Córdoba, Argentina, about violence experienced in their work, according to gender
Results
The surveys conducted were analyzed and it was determined that the medical women experienced greater amount of episodes of gender violence that physicians male.
Conclusions
More studies on violence to make visible the violence experienced by health professionals are needed.
Based on these results should be undertake actions to prevent violence in the health teams. |
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<tr>
<th>Session: Regular Workshop</th>
<th>OVERALL ABSTRACT</th>
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<tr>
<td>Title:</td>
<td><strong>Lets talk about PTSD treatment in a first responder of 11 of march attacks in Madrid</strong></td>
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<tr>
<td>Chairperson:</td>
<td>Prof. Juan José López-Ibor. President of the Juan José López-Ibor Foundation. Professor Emeritus of the Psychiatry and Clinical Psychology Department. School of Medicine, Universidad Complutense de Madrid.</td>
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<tr>
<td>Abstract:</td>
<td>The Psychological Trauma Unit at the Hospital Clínico San Carlos of Madrid wants to share the treatment strategies used with a first responder in the 11 of March attacks that was still PTSD symptomatic after 8 years psychiatric and regular psychological treatment until being treated with EMDR (Eye movement desensitisation and reprocessing).</td>
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<td>Speakers:</td>
<td>Patricia Villavicencio (Spain). Isabel Ramos (Spain).</td>
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<th>Session: Regular Workshop</th>
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<tr>
<td>Title:</td>
<td>LETS TALK ABOUT PTSD TREATMENT IN A FIRST RESPONDER OF 11 OF MARCH ATTACKS IN MADRID: HOW DID EMDR WORKED AFTER 5 SESSIONS IN A 11 OF MARCH FIRST RESPONDER?</td>
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<tr>
<td>Speaker:</td>
<td>Patricia Villavicencio, Ph.D and Dr. Isabel Ramos. Hospital Clínico San Carlos de Madrid. Spain.</td>
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<tr>
<td>Abstract:</td>
<td>INTRODUCTION: On March 11, 2004, at 7:40 a.m. Madrid suffered the most devastating terrorist attack in its history. Research has shown that these types of traumatic exposure increase the likelihood of posttraumatic stress disorder (PTSD), although other disorders such as major depression, anxiety or panic disorders may appear comorbid to PTSD. First responders (emergency and rescue workers) may also present this kind of psychological impact after a disaster. There is strong evidence supporting the use of several therapies including prolonged exposure (PE), eye movement desensitization and reprocessing (EMDR), and cognitive processing therapies (CPT), with PE possessing the most empirical evidence in favor of its efficacy. Current guidelines encourage the use of pharmacotherapy with concurrent psychotherapy. OBJECTIVES: Discussion about the effectiveness of current treatments for PTSD in a case study of a rescue worker (policeman) after the 11 of March Madrid terrorist attacks. CASE REPORT: A Rescue Worker at March 11 of the Madrid terrorist attacks. Policeman 50 year old male, presented PTSD symptoms the day after his intervention. Eight years of treatment with several medications (antidepressants, antipsychotics and benzodiazepines) and cognitive behavioral therapy regulation of only a partial remission of symptoms was achieved. Panic disorder symptoms progressively difficult symptoms of panic disorder to deal adds. EMDR treatment was started after a few sessions getting a complete remission of clinical and functional level that has been maintained for 2 years follow up. CONCLUSIONS. EMDR is an empirical based treatment that showed excellent results after very few sessions and full recovery after a longterm follow up.</td>
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References
Session: Regular Workshop | OVERALL ABSTRACT | Code | WS572
--- | --- | --- | ---
Title: Valuation of psychosis early intervention programs in Canada: towards national standards of program delivery and care
Chairperson: Dr. Philip Tibbo, Dalhousie University, Halifax, Nova Scotia, Canada.
Abstract: Objectives: The Canadian Consortium for Early Intervention in Psychosis, a national and bilingual organization of clinicians and researchers who work within early intervention psychosis programs in Canada, was formed in 2012. To enable its overall national objectives of 1) effective advocacy for service development, 2) optimization of research programs, 3) training across programs for clinicians and trainees and 4) national standardization of service models, service delivery and development of standards of care; synergies, similarities and differences in Canadian early intervention psychosis programs needed to be identified.
Methods: A working group of the Consortium developed, tested, and distributed an on-line benchmark survey to 11 academic first-episode psychosis services in Canada. The survey covered areas of program services, populations covered, referral sources, staffing, admission and discharge criteria, training, education, research and evaluation.
Results: All programs approached, covering eastern and western Canada, Ontario and Quebec (French) regions responded to the survey. Each program served an average population of 410,000. We will present and discuss the identified similarities and differences between programs in the areas listed (e.g. variations in care models, research capacity, and referral processes; similarities in program organization, mandates, and population served), and the potential opportunities that exist towards national standards of program delivery and standardization of care. Our results will be discussed and compared to similar evaluations published from other countries.
Conclusions: Few nations have undertaken an in-depth national examination of its early intervention psychosis programs. These results will allow Canada to develop opportunities and further collaborations at this level.
Speakers: Amal Abdel-Baki (Canada).
Ashok Malla (Canada).

Session: Regular Workshop | SPEAKER 1 | Code | WS572
--- | --- | --- | ---
Title: EXAMINATION OF PSYCHOSIS EARLY INTERVENTION PROGRAMS IN CANADA
Speaker: A Abdel-Baki¹, P Tibbo², A Malla³
¹University of Montréal, Montréal, Quebec, Canada
²Dalhousie University, Halifax, Nova Scotia, Canada
³McGill University, Montreal, Quebec, Canada
Abstract: Objectives: The Canadian Consortium for Early Intervention in Psychosis, a national and bilingual organization of clinicians and researchers who work within early intervention psychosis programs in Canada, was formed in 2012. To enable its overall national objectives, current similarities and differences in Canadian early intervention psychosis programs needed to be identified.
Methods: A working group of the Consortium developed, tested, and distributed an on-line benchmark survey to 11 academic first-episode psychosis services in Canada in a cross-sectional descriptive study. The survey covered areas of program services, populations covered, referral sources, staffing, admission and discharge criteria, training, education, research and evaluation and was completed in 2013. After the results were reviewed by an expert panel, specific follow up questions for clarification of data was conducted where indicated. Descriptive statistics were performed in addition to examining differences in programs where provincial standards of practice for early intervention services in psychosis existed.
Results: All programs approached, covering eastern and western Canada, Ontario and Quebec (French)
regions responded to the survey. Each program served an average population of 410,000. Similarities and differences between programs in the areas listed (e.g. differences in care models, admission criteria, research capacity, and referral processes; similarities in program organization, mandates, and population served) were identified. Programs that were located in provinces where provincial standards currently exist appear to do better in the areas of ease of access to program and program evaluation.

Conclusions: Few nations have undertaken an in-depth national examination of its early intervention psychosis programs. These results will allow Canada to develop opportunities and further collaborations at this level.

<table>
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<tr>
<th>Session:</th>
<th>Regular Workshop</th>
<th><strong>SPEAKER 2</strong></th>
<th>Code</th>
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<tbody>
<tr>
<td>Title:</td>
<td>OPPORTUNITIES FOR THE DEVELOPMENT OF NATIONAL STANDARDS OF PROGRAM DELIVERY AND CARE IN EARLY INTERVENTION SERVICES IN CANADA</td>
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<tr>
<td>Speaker</td>
<td>A Malla¹, A Abdel-Baki², P Tibbo³</td>
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<td>¹McGill University, Montreal, Quebec, Canada</td>
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<td>²University of Montréal, Montréal, Quebec, Canada</td>
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<td>³Dalhousie University, Halifax, Nova Scotia, Canada</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Although expert consensus has identified essential components of early intervention services, little is known about the implementation of such components at a national level as program development is often slow and heterogeneous. To enable national objectives of 1) effective advocacy for service development, 2) optimization of research programs, 3) training across programs for clinicians and trainees and 4) national standardization of service models, service delivery and development of standards of care; synergies, similarities and differences in Canadian early intervention psychosis programs needed to be identified.</td>
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<td>Methods: A working group of the recently formed Canadian Consortium for Early Intervention in Psychosis developed, tested, and distributed an on-line benchmark survey to 11 academic first-episode psychosis services in Canada. The survey covered areas of program services, populations covered, referral sources, staffing, admission and discharge criteria, training, education, research and evaluation.</td>
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<td>Results: All programs that were approached, covering eastern, western and central provinces (including Quebec (French)), responded to the survey. Similarities and differences between programs in the areas listed (e.g. variations in care models, research capacity, and referral processes; similarities in program organization, mandates, and population served) were identified. The implications of these similarities and differences, in addition to the potential opportunities that exist towards development of national standards of program delivery and standardization of care are discussed.</td>
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<td>Conclusions: Few nations have undertaken an in-depth national examination of its early intervention psychosis programs. These results will allow Canada to develop opportunities and further collaborations at this level.</td>
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### Title: **Mental health of vulnerable youth and the global mental health agenda**

**Chairperson** Helen Herrman (Australia).

**Co-chairperson** Afzal Javed (United Kingdom).

**Abstract**

Young adulthood is the peak time of onset for many mental disorders including mood, substance abuse and psychotic disorders, and a period of risk for suicide. Young people in the developmental period of greatest need have least access to appropriate support and treatment worldwide, and this results in a high avoidable burden of ill health and persisting disability. Adolescents and young people aged 12-25 years have distinct needs from those of adults at one end of the age span and children at the other. They and their families need to be at the centre of policy and practice development and yet they are often excluded. Few countries give sufficient attention to supporting the mental health of young people and few have developed policies and programs to support this. The first speaker, Michael Krausz (Canada), will consider the central problems for many young people of early trauma and addictions. The second speaker, Gordana Milavic (UK), will reflect on the international task of recognizing, identifying and accurately diagnosing BP at an early stage. The third speaker, Mary Ann Adler Cohen (USA) will consider whether childhood trauma prevention through systematic programs of education may be used to decrease transmission of HIV. The fourth speaker, Maya Kulygina (Russia), will talk about the mental health difficulties relating to the age and psychosocial problems of the student population group as well as about the psychoprophylactic care at University. The fifth speaker, Helen Herrman (Australia), will address policy and practice changes that give promise of greater attention to this age group across countries. The discussant (Michaela Amering, Austria) will involve colleagues from public policy and prevention as well as child and adolescent and adult psychiatry.

**Speakers**

- Michael R. Krausz (Canada).
- Gordana Milavic (United Kingdom).
- Mary Ann Adler Cohen (USA).
- Maya Kulygina (Russia).
- Helen Herrman (Australia).
- Discussant: Michaela Amering (Austria).

---

### Title: **EARLY TRAUMA AND ADDICTION**

**Speaker** Michael Krausz

**Ubc**

**Abstract**

Nearly every severe substance use disorder is developing on a background of trauma and mental illness. Although severe substance use has consequences in a lot of parts of the human body, addiction is a psychiatric condition. Especially among First Nations individuals in North America and Australia, as well as in vulnerable Urban populations about two third experienced sexual abuse and violence often before adolescence.

Recovery is dependent on the effective treatment of mental challenges as well as the harmful substance use. Beyond that only community efforts may prevent this vicious circle to continue.

Research on homelessness and mental health and trauma among intravenous drug users will prove how prevalent the coincidence of trauma, polysubstance use and mental illness are in underage populations.

**References**

- Krausz M, Kaiser E: Treatment of addiction - approaches, evidence and beliefs, in Neuroethics. Edited
### Session: Regular Workshop
### **SPEAKER 2**

**Title:** BIPOLAR DISORDER IN YOUNG PEOPLE: CLINICAL AND RESEARCH CONTROVERSIES ACROSS COUNTRIES  
**Speaker:** Gordana Milavici  
**Maudsley Hospital, London, United Kingdom.**  

**Abstract**  
The Bipolar Disorder controversy centres upon variable rates of diagnosis across countries (Soutillo, 2005). Retrospective adult accounts report the onset of BP disorders as peaking in adolescence with years’ long lag to diagnosis and treatment. Why are we over-diagnosing or failing to recognise the disorder in young people? There are clinicians and researchers who consider BP disorders to include a ‘broad’ phenotype defined by severe irritability, without a clear episodic course. Others have diagnosed severe mood dysregulation as BP Disorder, although there is now evidence that children with Disruptive Mood Dysregulation Disorder (DMDD) have different symptoms, course of illness, family history and biological correlates from children with BD I or BD II (Leibenluft, 2011). And ultimately some clinicians fail to diagnose Bipolar Disorder at all, preferring to attribute other diagnostic labels to the presenting condition.  

**Methods:** This talk will explore the diagnostic and research controversies surrounding BP in young people.  

**Results:** The variable operationalisation of DSM IV and ICD Bipolar diagnostic criteria, and specifically BP NOS criteria and short duration episodes, may explain some of the discrepant epidemiological, clinical and research findings.  

**Conclusions:** The task of recognizing, identifying and accurately diagnosing BP at an early stage remains at the core of future research into BP Disorders in young people.  

**References**  

### Session: Regular Workshop
### **SPEAKER 3**

**Title:** CAN PREVENTION OF CHILDHOOD TRAUMA AND POSTTRAUMATIC STRESS DISORDER (PTSD) DECREASE THE SPREAD OF HIV AND IMPROVE ADHERENCE TO RISK REDUCTION AND HIV CARE?  
**Speaker:** Mary Ann Cohen  
**Mount Sanai School of Medicine, New York, USA.**  

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


Session: Regular Workshop  SPEAKER 4  Code  WS581
Title: STUDENT MENTAL HEALTH AND MULTISTAGE PREVENTION PROGRAMME
Speaker  Maya Kulygina
Moscow Research Institute of Psychiatry, Russia.

Abstract
University students represent one of the most vulnerable youth population groups who are facing a lot of psychosocial challenges during their education. Emotional and psychological problems concerning intensive academic pressure, interpersonal relations, and identity formation can seriously affect the mental state, physical health, social activity and quality of life of students. The psychoprophylactic model of student mental health care is based on the programme of medical and psychological accompaniment of education and on the principles of multiprofessional teamwork. It is realizing an integrated psychosocial support for students from the freshman to graduate. The main goal of such a multistage programme is to provide an effective psychosocial adjustment of youth and to promote their personality growth. Preventive measures consist of timely recognition of mental disorders, as well as continuous mental health care provision and the psychosocial competence development. The activities include psychological counseling, social skills training and the psychoeducational course which is organized for improving the general attitude to mental health issues and for awareness raising.

References


Session: Regular Workshop  SPEAKER 5  Code  WS581
Title: RESPONDING TO THE MENTAL HEALTH NEEDS OF YOUNG PEOPLE ACROSS COUNTRIES
Speaker  Helen Herrman
Orygen Youth Health Research Centre, And Centre For Youth Mental Health, Parkville, Australia.

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

References

**Title:** Improve access to care for dangerous patients before they commit violent crimes

**Chairperson:** Carla Rodgers (USA).

**Abstract**
On April 16, 2007, Seung-Hui Cho, a senior student at Virginia Polytechnic University, shot and killed 32 individuals, and wounded 17 others, before committing suicide. Records of his interactions with law enforcement, and mental health providers were subsequently released. The purpose of this workshop is to use this case to define flags that indicate the need for treatment, and how we can improve access to care for such persons.

1. **Objectives:** The attendees will be able to assess risk factors for such mass killers, and based on the details of the Cho case, be able to determine where the gaps in treatment were, and how such gaps could be closed.
2. **Methods:** The presenters have reviewed and will presenting the literature on known risk factors for mass killers. They have also reviewed in detail, and will present the specifics of the Cho case.
3. **Results:** It is evident that there are specific factors, such as psychotic delusions, revenge, and anger that must be taken into account. It is also clear that, in the Cho case, that there were significant gaps in treatment, and these must be carefully examined.

Conclusions: Improving access to care for these dangerous individuals, including access to follow up, may be a critical factor in improving outcomes for patients and safety for others.

**References**

**Speakers**
- Wilhem Rivera (USA).
- Carla Rodgers (USA).
**Title:** Brain drain  

**Chairperson** Afzal Javed (Pakistan).

**Abstract**  
Immigration (or brain drain) of health professionals, is a significant concern to many countries, particularly from Low-and Middle-Income Countries (LMIC), with great impact on infrastructures and services, being a major factor to the difficulty to provide adequate health service to the population. In regard to mental health, migration of specialists may pose particular problems for developing countries due to the relatively poorer development of their services and the paucity of these specialists.  

**Objectives**  
To discuss migration and its impact, recognizing the push factors that pressure people to leave the donor country, the pull factors that make the recipient country seem attractive, while verifying patterns and duration of these flows.  

**Methods**  
To endorse a discussion on Brain Drain, presenting data from specialists and trainees on this topic, having an overview of migration and the different cultural challenges faced on the way to a psychiatry career, from the starting period of the training.  

**Results**  
Since 2006 the World Psychiatry Association (WPA) addressing this concern, formed a Task Force to examine issues related to this brain drain of psychiatrists from LMIC, while making recommendations to possible actions.  

Afterwards, as an attempt to explore migration among psychiatry trainees, the European Federation of Psychiatry Trainees (EFPT) prepared a survey to assess opinions and experiences of international migration.  

**Conclusions**  
This debate may raise awareness on what are the current trends, help to elucidate the underlying issues, recommend possible systems of support and generate further directions in the migration of mental health professionals.

**Speakers**  
Mariana Pinto da Costa (Portugal).  
Discussants:  
Sue Bailey (United Kingdom).  
Murray Patten (New Zealand).  
Thirupapuliyur Venugopalan Asokan (India).  
Andrea Fiorillo (Italy).  
Ana Giurgiuca (Romania).  
Franziska Baessler (Germany).  
Livia De Picker (Belgium).
Session: **Regular Workshop**  |  OVERALL ABSTRACT  |  Code  |  WS599  
---|---|---|---  
**Title:**  |  **Scared kittens, hulks and overdrive computers: developmental and psychological predicaments in ADHD spectrum disorders**  |  |  
**Chairperson**  |  Ruth Brand Flu (United Kingdom).  |  |  
**Abstract**  |  Spectrum disorders do make sense in respect to the reality of a continuity of mental and psychological difficulties wherever they can also muddle the boundary between illness and normality in particularly when qualitative differences in presentations are getting overlooked. When other mental health issues emerge during the course of treatment, they can be classed as co-morbidities. However these issues could also be the core-morbidity with ADHD features or complications. As the core features of ADHD, i.e. attention problems, impulsivity and hyperactivity can be explained by many different conditions such as post-traumatic stress disorder, high anxiety levels, attachment difficulties, specific learning difficulties sensory integration problems and even autism, with indeed differential treatment implications, it is vital to at least scan for these difficulties before embarking on a diagnostic process of ADHD. Child protection issues can get overlooked. With more than 15 years intensive experience in the assessment and treatment of ADHD, also working with adult populations has shown the effect of unaddressed core-morbidities such as mental health complications and forensic sequellae. The cutting and pasting, escalating dosages and cocktails of medication can be prevented, but reversed with much more difficulties.

Objectives: To educate on methods to fast track and optimises diagnostic processes in ADHD, to provide the knowledge base to comprehensively rule and rule out other condition and to provide a clinical toolbox to map out the ADHD issues and treatment options, to facilitate a better prediction of type of biological treatment required.

Method: Drawing from evidence and clinical base and clinical data, of hundreds of ADHD cases which received new diagnoses and modified treatment with ample clinical vignettes and role play, the ADHD enigma and treatment intricacies will be illustrated in a straightforward matter. The setup of the workshop is interactive, whereby the audience can also bring in their own conundrums.

Outcome: The striving is that the audience will feel more confident to deconstruct developmental conundrums and their conundrums in diagnostics and treatment by additional integrative skills to cater for this type of complexity.

**Speakers**  |  Ruth Brand Flu (United Kingdom).  |  |  

---|---|---|---  
**Session:**  |  **Regular Workshop**  |  **SPEAKER 1**  |  Code  |  WS599  
---|---|---|---|---  
**Title:**  |  **DIAGNOSTIC DILEMMAS UNDER THE ADHD UMBRELLA**  |  |  
**Speaker**  |  Dr Ruth Brand Flu, Amazonicalpha Consultancy UK.  |  |  
**Abstract**  |  Certainly in the Western world, which applies even more in many Anglo-Saxon countries, where there is an overemphasis on biological treatment, there can be a divided view in the team regarding the diagnosis or the aetiological factors. However, when highly medicated and chronicity with chronicity has become entrenched it can be quite a challenge to openly discuss this dispute and clinicians often feel reluctant to reassess, re-diagnoses and revamp the complete management of the person. However, by not revisiting the diagnosis and treatment plan the management of the patient can become increasingly risky due to direct physical and psychological side effects of the medication and collusions with endogenous psychopathology of the person over environmental issues or omission of other diagnoses. ADHD medication can also be effective for other conditions. However, that is not well researched due to the narrow vision of ADHD features. 27 years of clinical practice has taught I which way classical developmental ADHD differs from other conditions with ADHD like presentations such as attachment
disorders, PTSD, dissociative disorders, mood-instability, atypical pervasive developmental disorders and hyper-vigilance/anxiety. In the latter the impulsivity is directed away from the place and not just random as in classical ADHD. The differential diagnosis of ADHD is also narrow and professionals often lack knowledge of the wealth of specific differential diagnostic criteria.

Indeed the tree pillars of ADHD i.e. inattention, impulsivity and hyperactivity can be explained by many other psychiatric syndrome and it is key to have that streetwise knowledge to recognise the different qualities of these three criteria in a glimpse as a platform to a fuller assessment.

Objective: 1. To discuss the differential issues with other psychiatric syndromes, facilitating more specificity in the clinical assessment. 2. To highlight pitfalls in service design of developmental clinics. 3. To open a debate whether an ADHD developmental history should be different to an ASD assessment.

Method: Drawing on evidence base and hundreds of clinical cases the differential diagnostic and formulation issues are put into chart. Fast tracking diagnostic and treatment techniques will be discussed with ample clinical examples including clinical innovations.

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**Session:** Regular Workshop  
**SPEARER 2**  
**Code** WS599

**Title:** LASER BEAMING AND FAST TRACK INTERVENTIONS IN ADHD SPECTRUM DISORDER

**Speaker**  
Ruth Brand Flu  
Amazonicalpha Consultancy.

**Abstract**  
This presentation draws on the previous one and is mainly focussed on interventions. The presentation will initially focus in the philosophy of the often biased course of the diagnostic process, how the diagnosis excludes psychological weaknesses which warrant early remedial and psychological interventions to prevent serious mental health or forensic repercussions. Medication can be extremely effective to ameliorate even non-ADHD aggressive behaviours. However it does not provide the required internal locus of control to overcome lack of patience or problematic frustration tolerance, not even basic experiences such as boredom. This presentation will from a platform of diagnostic and neurocognitive formulations show demonstrate tailored interventions and how the mental health professional can be utilised as vital sensory instrument or as a therapist who treats the ADHD patient through modified interactions. These include psychomotor exercises, voice control, deep tactile stimulation and other (self-) massage techniques which are embedded in other interventions. Narrative techniques such as story (retelling), metaphors and reflective comments will get shown. Treatment of differential diagnostic issues such as attachment will also be briefly handled.

Objective: 1. To highlight the treatment options in relation to ADHD sec, complications and differential diagnoses. 2. Fast tracking techniques.

Method: Using evidence base and clinical experience in respect to a wide variety of health, none health and amalgamated interventions of which also innovations. This will be dressed up with ample vignettes and role play demonstrations.

**References**  
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<th>OVERALL ABSTRACT</th>
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<tr>
<td>Title:</td>
<td>Detangling the web: deconstructing diagnostic and treatment confusion in complex autism</td>
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<td>Chairperson</td>
<td>Ruth Brand Flu (United Kingdom).</td>
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<td>Abstract</td>
<td>Autism is more than a social and communication disorder. It is a condition which can be explained by numerous neurocognitive aberrations such as processing of background information, filtering of stimulation and retrieval or inhibition of information which slow down the thinking processes. However, there also many psychological and environmental factors which dictate, muddle or complicate the autism presentation and related issues. Other diagnoses such as attachment disorders, specific learning difficulties and certain types of brain damage in early childhood can also result in autism presentations. People on the autism spectrum therefore warrant succinct assessment looking into all the above named issues; semi structured assessment appear ideal, but particularly this group of patients may not comply to such assessments. The problems in real life may not be detected during such structured assessment. There can be problems with super-specialist teams who do not have expertise to assess and address differential issues. It is therefore paramount to develop clinical skills for the more complex cases, who are not able to undergo more structured assessment and to prevent wasting resources of the more expensive specialist autism units. With such specific skills it is possible to shift cases, i.e. conclude an assessment or provide a transformational intervention in 1-2 hours of a first appointment. Objectives: To enhance developmental clinical skills for complex cases for assessment and treatment. To enhance structured and unstructured observational techniques, to role model writing a conjoint psychological and neurocognitive formulation. Method: Using evidence base and a variety of clinical and service experience to discuss a more integrative developmental perspective on psychiatric and psychological issues which mask the neurocognitive deficits. Ample case scenarios will be used to illustrate and help the delegates brainstorm about the developmental perspective. A tutorial about diagnostics and treatment will be provided, whereby crude real life examples or vignettes will be used.</td>
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<tr>
<td>Speakers</td>
<td>Ruth Brand Flu (United Kingdom). Omar Kareem (United Kingdom).</td>
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<th>Session:</th>
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<th>SPEAKER 1</th>
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<tr>
<td>Title:</td>
<td>I SEE, I SEE WHAT YOU DO NOT SEE</td>
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<tr>
<td>Speaker</td>
<td>R Brand Flu Amazonicalpha Consultancy.</td>
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| Abstract | Many of us know the Vase-face illusion, whereby you either see the vase or the face whilst you cannot see both. People on the autism spectrum have an aberrant processing of figure/ground processing and make different brain connection, which are ‘switched off’ in those without the condition so called neurotypicals. This induces tremendous problems in interpersonal shared perceptions and experiences. Whist people with autism perceive the world from a crude sensoric perspective, neurotypicals thrive from their symbolic and wordy interpretation of events. This results in numerous moment to moment interpretations of the person with an autism condition, i.e. Deliberately shouting, whilst the shouting could be a barrier for the oversensitivity to noise. Objectives: 1. An outline of on neurocognition in autism, followed by the a neurocognitive formulation of obsessive compulsive behavior, depression, posttraumatic stress features, psychotic phenomena,
including catatonia 2. An overview of specific and amalgamated interventions.

Method: Evidence and clinical based discussions of the neurocognitive details, 2. Neurocognitive deconstruction of psychiatric syndromes, discussion neurocognitive vulnerabilities for mental health problems.

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<tr>
<td>Title:</td>
<td>A FOLKLORE OF TREATMENT OPTIONS IN COMPLEX AUTISM</td>
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<td>Speaker</td>
<td>O. Kareem, Vistahealth UK.</td>
<td>R. Brand Flu, Amazonicalpha Consultancy UK.</td>
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<tr>
<td>Abstract</td>
<td>Autism features can sometimes manifest at birth, i.e. a child who does stares right at you, stiffens up when picked up or cringes at the smell or touch of the breast. Reciprocal recursive traumatic experiences, resulting in deficient containment, nurturing and shared enjoyment which has further repercussions on brain and psychological development of the child. Inadequate pitching on the uneven intelligence profile and severely delayed emotional development complicates matter even further. There is a risk of secondary attachment problems and trauma induced mood regulation, affective disorders, behavior offending and self-harm behavior. It is consequently, prudent to deconstruct complex autism as a conundrum of neurocognitive and psychological mayhem, which explains why ‘purist’ autism services or mainstream therapeutic interventions do not work. The hopeful matter is it is not too difficult to cross-train or sensitise purist autism professionals and non-autism mental health workers. It is also opportune to simplify interventions for these complex cases. Visual augmentation, including animated speech or a sensory tool can have an immediate positive effect on the receptiveness of the person with autism. Objective: 1. using theories from child development to illustrate their impact on behaviours and evoked reactions, 2. Discussing treatment options for severe challenging and offending behaviours, depression, posttraumatic stress disorder, including EMDR, pseudopsychosis, including auditory hallucinations, anxiety and obsessive compulsive behavior, communication difficulties, fast track emotional literacy training and usage3. Neurocognitive and psychological amalgamations and individualized biological treatment</td>
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<td>Method:</td>
<td>1. Evidence base, clinical and service level based knowledge will be shared. 2. Use of power point illustrations of these.3. Demonstrations on how certain items can be used for this purpose.3. A quick and quirky tutorial on sensory processing difficulties, with real toys and other items.</td>
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### OVERALL ABSTRACT

**Title:** Subtyping schizophrenia by anxiety disorder comorbidity

**Chairperson:** Dr. Jeffrey P. Kahn. Weill-Cornell Medical College, New York, NY, USA

**Abstract**

Introduction: Anxiety symptoms co-morbid with psychosis have always seemed to pale in importance to the devastating effects of psychosis itself. More recently, many now think that specific anxiety disorders may contribute to added disability, clinical phenomenology, and even biological findings. There is the possibility that anxiety co-morbidities can define distinct and novel psychotic disorder subtypes. Once diagnosed, these subtypes may then respond well to more specific treatment.

Discussion:
1. “Anxiety as a Core Process in Schizophrenia” will review the history and difficulties of diagnosis of anxiety in schizophrenia.
2. “Schizophrenia with Panic Anxiety – Is There a Panic Psychosis?” will review the comorbidity rates of panic, diagnostic challenges, recent carbon dioxide challenge studies for panic, the phenomenological association of paroxysmal panic and voices, and the effectiveness of novel treatment approaches.
3. “Schizophrenia with Obsessive-Compulsive Symptoms: Clinical Characteristics, Endophenotypes and Treatment” will review the literature, as well as examining the possibility that Schizo-Obsessive disorder is a discrete psychosis, rather than a mere co-morbidity.
4. “Social Anxiety, Paranoia, and Paranoid Delusions” will examine the overlap between symptoms of these two syndromes, including a short case series of patients with social anxiety who later developed overt delusional disorder.

Conclusion: Although these lines of inquiry are young, research data and clinical experience suggests that further anxiety disorder studies may offer a novel typology for some psychoses, as well as improved psychopharmacological and psychotherapeutic approaches - with significant clinical benefit for patients.

**Speakers**

Giacomo Grassi (Italy).
Jeffrey P. Kahn (USA).
Michael Poyurovsky (Israel).
Andre Veras (Brazil).

### SPEAKER 1

**Title:** ANXIETY AS A CORE PROCESS IN SCHIZOPHRENIA: AN OVERVIEW

**Speaker**

G. Grassi¹ and S. Pallanti¹,²
¹ University of Florence, Florence, Italy
² UC Davis, Sacramento, USA

**Abstract**

Objectives: The clinical relevance of anxiety disorders in schizophrenia has been neglected for a long time and has only recently become the subject of systematic investigation. Anxiety disorders may have a very negative impact on the outcome, and considerably worsen the trajectory of the disease. This could be originally related to the hierarchical organization of the Diagnostic and Statistical Manual of Mental Disorders (DSM), to the lack of assessment instruments, and to a reluctance to focus on anxiety in the context of psychosis.

Methods: This talk will offer an overview of the most recent literature concerning anxiety disorder comorbidity with schizophrenia, briefly analyze the role of anxiety in the prodromal phase of psychosis, and providing suggestions for careful clinical assessment.

Results: Anxiety spectrum disorders are a frequent comorbidity in schizophrenia. Current data suggest that schizophrenia patients with comorbid anxiety disorders may have different clinical features and functioning than those without.

Conclusions: Further research is needed in order to better define this clinical phenotype and to clarify the existence of a specific endophenotype, namely the emotional endophenotype.
<table>
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<tr>
<th>Title:</th>
<th>SCHIZOPHRENIA WITH PANIC ANXIETY: IS THERE A PANIC PSYCHOSIS?</th>
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| Speaker | J. Kahn  
Weill-Cornell Medical College, New York, NY, USA |
| Abstract | Objectives: Schizophrenia has long been viewed as a heterogeneous group of psychotic syndromes. Neurosyphilis, psychotic depression and psychotic mania have long been recognized as distinct syndromes. Recent evidence suggests there psychotic anxiety disorders could comprise much of DSM schizophrenia, but anxiety disorder diagnosis in this population is difficult. “Panic psychosis” may be another distinct entity within “schizophrenia.”  
Methods: This theory derives substantial support from existing research on panic comorbidity, and the benefits of antipanic benzodiazepines (alprazolam, clonazepam) for panic and also positive and negative psychotic symptoms. Eight patients with paranoid schizophrenia and auditory hallucinations were studied (without selection for anxiety presence/absence). A specialized Panic and Schizophrenia Interview (PaSI) examined the paroxysmal onset moment of auditory hallucinations. A 35% carbon dioxide challenge (which induces panic only in subjects who have panic disorder) further assisted diagnosis.  
Results: Prior studies have shown substantial panic/schizophrenia comorbidity, even when limited by conventional diagnostic methods. Here, all eight subjects had panic concurrent with auditory hallucinations on PaSI, and all panicked to carbon dioxide. Treatment of “Panic Psychosis” with antipsychotics and adjunctive q12h clonazepam (in adequate dose) can effect full remission of panic and positive symptoms, and marked improvement of negative symptoms. Optimal psychotherapy is essential for adaptation and compliance.  
Conclusions: Comorbidity rates, new diagnostic tools, phenomenological details, and broad effectiveness of antipanic benzodiazepines support the existence of this diagnosis. Larger, more formal and more varied studies are needed to confirm the existence and treatment of Panic Psychosis. |

References  

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<th>Session:</th>
<th>Regular Workshop</th>
<th>SPEAKER 3</th>
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<tr>
<td>Title:</td>
<td>SCHIZOPHRENIA WITH OBSESSIVE-COMPULSIVE SYMPTOMS: CLINICAL CHARACTERISTICS, ENDOPHENOTYPES &amp; TREATMENT</td>
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| Speaker | M. Poyurovsky  
Faculty of Medicine, Israel Institute of Technology, Technion, Haifa, Israel. |
| Abstract | Objective: Identification of pathogenetic mechanisms of schizophrenia is hampered by a substantial phenotypic heterogeneity of the disorder. The concept of a schizo-obsessive disorder was suggested to delineate a relatively homogeneous subgroup of patients characterized by the presence of obsessive-compulsive symptoms/disorder (OCS/OCD) in addition to positive, negative and disorganized symptoms of schizophrenia.  
Methods: This presentation will address the clinical characterisation, differential diagnosis, neurobiological underpinnings, and treatment of schizophrenia patients with comorbid OCS.  
Results: Findings of clinical, neurocognitive, neuroimaging and treatment-related comparisons of schizophrenia patients with and without OCS point towards both common and specific markers of the schizo-obsessive subset of schizophrenia patients.  
Conclusions: Additional research is warranted to further delineate the complex psychopathological association between schizophrenia and OCD, namely a schizo-obsessive disorder. |

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<tr>
<td>Title:</td>
<td>SOCIAL ANXIETY, PARANOIA, AND PARANOID DELUSIONS</td>
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| Speaker | A. B. Veras  
Universidade Católica Dom Bosco, Campo Grande, Brazil |
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| **Objectives:** To examine how Social Anxiety Disorder (SAD) can be associated with self-referential psychotic perceptions. These psychotic manifestations of SAD may reflect: (1) preoccupation with any perception of criticism; (2) a primary thought abnormality, leading to intense concern about the opinions of others; (3) intensification of SAD and associated physiological stress contributing to the yet more pronounced syndrome of paranoid delusional disorder. SAD patients also share some cognitive processes with paranoid patients. From an evolutionary perspective, SAD may represent a presumption of inferior status in the eyes of others, and with concerns about mistreatment by perceived superiors.

**Methods:** A case series of young SAD patients who later had paranoid presentations allow observation of the transition from the psychopathological processes of SAD into paranoid delusions. In addition, long term patient observation allows assessment of different treatment responses and symptom evolution.

**Results:** The distinction between anxious concern and delusion may be imprecise, and may fluctuate throughout the disorder’s evolution. New diagnostic subcategories or the enlargement of the social anxiety diagnostic spectrum may better reflect this clinical phenomenology. Patients improved their psychotic symptoms with anti-psychotic treatment, and some had better improvement when adjunctive SSRIs also targeted SAD.

**Conclusions:** There appears to be a symptomatic spectrum that ranges from shyness to SAD to psychotic features and on to delusional disorder. Regarding evolutionary theories, it can be hypothesized that when conscious modulation of SAD is reduced by the hypofrontality of psychotic disorders, then exaggerated SAD emerges as paranoid delusional disorder, with prominent ideas of reference.
Session: Regular Workshop | OVERALL ABSTRACT | Code | WS626
---|---|---|---
**Title:** Evolutionary psychopathology: it's about the human herd - a novel social synthesis

Chairperson: Dr. Jeffrey P. Kahn. Weill-Cornell Medical College, New York, NY, USA.

Abstract:
Introduction: Why do we suffer from painful and debilitating anxiety and depressive disorders? At first glance they have little value to the individual. But maybe their value lies in social and communal interactions. Evolutionary theories of psychopathology go back to Freud, with growing interest in recent years.

Discussion:
1. “Borderline Personality as a Short-Term Social Strategy” utilizes Behavioral Ecology to suggest that people with Borderline Personality Disorder have adopted an interpersonal stance or “strategy” that aims at maximizing short-term gains. Findings are interpreted in favor of immediate resource extraction, compatible with evolutionary perspective.
2. “Anxiety and Depressive Disorders Evolved from Ancient Herd Instincts” presents five core disorders that each evolved from ancient instincts that kept the human herd physically together (panic), hierarchically stable (social anxiety), attentive to chores (OCD), well-behaved (atypical depression), and attentive to resources (melancholia). Support is drawn from many scientific disciplines.
3. “Clinical Utility of Evolutionary Models of Psychopathology” described a project that designed a structured psychoeducational program. Evolutionary and neuroscience models were incorporated into the program, and then used in clinical psychiatric practice. The program depicted central concepts using several approaches, with clinical evidence of benefit.

Conclusions: Evolutionary perspective is useful for diagnostic focus, psychotherapy, medication, and for understanding our human roots.

Speakers:
Martin Brüne (Germany).
Jeffrey P. Kahn (USA).
Gary Galambos (Australia).

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Session: Regular Workshop | SPEAKER 1 | Code | WS626
---|---|---|---
**Title:** BORDERLINE PERSONALITY DISORDER: EVOLUTIONARY IMPLICATIONS OF LIFE HISTORY PATTERNS

Speaker: M. Brüne
Ruhr-University Bochum, Germany

Abstract:
Objectives: Borderline personality disorder (BPD) is characterised by unstable interpersonal relationships, impulsivity and unprecedented risk-taking including risky sexual behaviour. These behaviours are commonly explained at the level of altered neurotransmission, e.g., dysfunction of the serotonin system, or as being caused by early life stressors. How these factors interact in BPD is, however, poorly understood. Here, we seek to conceptualise BPD as a syndrome comprising patterns of behaviour, emotions, and cognitions, which can be understood from the viewpoint of life history theory. This theory proposes that humans can flexibly adopt behavioural strategies in terms of mating and reproduction depending on the predictability of environmental resources. For example, uncertain future resource availability may limit parental investment, which in turn fosters opportunistic interpersonal behaviour and acceleration of biological maturation in offspring. We further aimed at exploring these hypotheses in patients with BPD.

Methods: One hundred patients diagnosed with BPD were examined using questionnaires tapping into the domains of early childhood experiences, attachment, mating, and biological development.

Results: Preliminary evidence suggests that BPD represents the (pathological) extreme of variation of a “fast” life history strategy that could be adaptive under environmental strain. In line with predictions, patients with BPD were more likely to experience adverse early rearing conditions including parental marital discord, emotional neglect and sexual abuse, and had more unstable short-term intimate relationships compared to a control sample resembling the opposite type of interpersonal orientation. No difference was found regarding biological maturation.
Conclusions: These results suggest that BPD can be conceptualised within an evolutionary framework as the extreme of variation of adaptive mechanisms based on environmental contingencies.

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<tr>
<td>Title</td>
<td>ANXIETY AND DEPRESSIVE DISORDERS EVOLVED FROM ANCIENT HERD INSTINCTS</td>
<td>J. Kahn</td>
<td>Weill-Cornell Medical College, New York, NY, USA</td>
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**Abstract**

**Objectives:** A novel evolutionary theory proposes that common anxiety and depressive disorders are actually primeval sociobiological instincts now out of context in modern civilization. The theory focuses on five specific anxiety and depressive subtypes that are commonplace in careful psychiatric outpatient diagnoses.

**Methods:** The theory derives substantial support from existing clinical research on diagnosis, phenomenology, epidemiology and treatment; neurotransmitters, neuroscience, social psychology; and ethological parallels to other species.

**Results:** Humans have evolutionarily derived biological herd instincts. Panic Anxiety, Social Anxiety, OCD, Atypical Depression and Melancholic Depression derive from five specific social instincts important to survival of herd-like species. When we follow reason rather than sheep-like instincts, we arouse those instincts and thus suffer the corresponding anxiety and depressive disorders. Panic Anxiety calls us back to the herd when we stray geographically or emotionally; Social Anxiety calls us to lower our social rank to prevent otherwise gratifying recognition; OCD is an exaggerated call for four social nesting instincts (OCD factor analysis subtypes: clean, save, behave, arrange); the “rejection sensitivity” of Atypical Depression promotes considerate behavior, and thus social harmony; Melancholic Depression protects group resources by hastening the death of those sensing pronounced purposelessness.

**Conclusions:** The five syndromes evolved from five social instincts for social harmony and herd survival. The theory allows exploration of the interaction of these “instinctive syndromes” with human consciousness and civilization. Evolutionary perspective sheds light on effective treatments, and is useful for differential diagnosis of psychosis. Instincts have also been repurposed by humans (Socially Anxious performers challenge their fears on stage), and genetic mutations may have even caused about intensification of some instincts.

**Reference:** Kahn JP. Angst: Origins of Anxiety and Depression. Oxford University Press 2013

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<tr>
<td>Title</td>
<td>EVOLUTIONARY MODELS OF PSYCHOPATHOLOGY: CLINICAL UTILITY</td>
<td>G. Galambos</td>
<td>University of New South Wales, Sydney, Australia</td>
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**Abstract**

**Objectives:** To examine how certain conceptual paradigms derived from evolutionary models of psychopathology have been utilised in clinical settings using a psychoeducational intervention program.

**Methods:** This paper will describe a classificatory system derived from evolutionary and neuroscience models of psychopathology that has been incorporated into a structured psychoeducation program. The program was used by a clinician in his clinical practice with patients with mental disorders and used as an educative tool for lecturing to mental health clinicians. Psychoeducation is a psychosocial treatment that has been documented as an adjunct to physical and psychological therapies to improve compliance, clinical course, psychosocial functioning and reduce relapse and hospitalisation. The psychoeducation program described in this paper was developed for the purpose of engaging patients with mental disorders and providing them with rationales for the use of psychological and physical interventions commonly used to treat their symptoms. The program used visual abstract and schematic illustrations to depict the evolutionary neuroscience concepts. A further goal was to facilitate collaborative care through the development of the program so that it would be generically comprehensible and acceptable to the broad range of multidisciplinary clinicians commonly working as a team during a patient’s episode of care.

**Results:** A qualitative discussion of the author’s experience utilising the structured psychoeducation program.
program derived from evolutionary models of psychopathology will be conducted, examining whether the goals were met and raising any problems or side effects of its use.

**Conclusions:** Psychoeducation about psychopathology using evolutionary models can be successfully translated into clinical settings. Minimal resistance to its use was encountered from patients and clinicians.
**Running for your life! : physical therapy for cardiovascular disease risk reduction in individuals with schizophrenia**

**Chairperson**
Amal Abdel-Baki
Department of psychiatry, Faculty of medicine, University of Montreal; CHUM Research Centre (CRCHUM), Montreal; Clinique Jeunes Adultes Psychotiques (JAP), Centre Hospitalier de l’Université de Montréal (CHUM), Quebec, Canada.

**Abstract**
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). Non-pharmacological interventions (e.g. cognitive behavioural therapy (CBT), medication, diet, physical exercise) have been studied in SCZ. Physical activity has been shown to be the best strategy to improve both cardio-metabolic parameters (waist circumference, blood glucose/lipid profiles, etc.) and cardio-respiratory fitness (VO2 max) in the general population.

Specific objective: Conduct a critical literature review of non-pharmacological interventions that included physical activity and aimed at reducing cardiovascular risk factors in SCZ. 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 as well as an evaluation/monitoring protocol for cardiometabolic parameters for this population.

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

Results: Although the study methodologies and reviewed results are heterogeneous, many interventions (CBT, diet, exercise, medication) have proven to be somewhat efficient in reducing CVD risk, but the specific contribution of one or another is indistinguishable since they are usually combined. Among these interventions, physical activity has been successful in decreasing CVD risk, and high intensity interval training appears to provide the most benefit by specifically targeting cardio-respiratory fitness. 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. Promising results of a pilot study using this protocol will be presented.

Conclusion: Exercise therapy is an effective strategy for addressing CVD risk in SCZ. Additional long-term studies are needed to evaluate the feasibility and impact of exercise programs in SCZ.

**Speakers**
Claire Chalfoun (Canada).
Amal Abdel-Baki (Canada).
Specific objective: Conduct a critical literature review of non-pharmacological interventions that included a physical activity component and aimed at reducing cardiovascular risk factors in SCZ. Determine its specific contribution by reviewing trials of supervised exercise only.

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

**Results:** Although the study methodologies and reviewed results are heterogeneous, many interventions (CBT, diet, exercise, medication) have proven to be somewhat efficient in reducing CVD risk, but the specific contribution of one or another is indistinguishable since they are usually combined. Among these interventions, physical activity has been successful in decreasing CVD risk, and high intensity interval training appears to provide the most benefit by specifically targeting cardio-respiratory fitness.

**Conclusion:** Exercise therapy is an effective strategy for addressing CVD risk in SCZ. Additional long-term studies are needed to evaluate the feasibility and impact of exercise programs in SCZ.

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**Session:** Regular Workshop  
**SPEAKER 2**  
**Code**  
**WS631**

**Title:** PHYSICAL THERAPY AND REHABILITATION PROGRAMS: A PROTOCOL OF HIGH INTENSITY INTERVAL TRAINING FOR CARDIOVASCULAR DISEASE REDUCTION IN INDIVIDUALS WITH SCHIZOPHRENIA

**Speaker**  
C. Chalfoun1,2, A. D. Karelis3, E. Letendre4, A. Abdel-Baki1,2,5  
1, Department of psychiatry, Faculty of medicine, University of Montreal, C.P. 6128 succursale Centre-Ville, Montreal, Quebec, Canada,  
2, Centre Hospitalier de l’Université de Montréal (CHUM) Research Centre (CRCHUM), Montreal, Quebec, Canada  
3, Department of Kinesiology, Université du Québec à Montréal, 141ave. Président- Kennedy, Montreal, Quebec, Canada, H2X 1Y4  
4, Clinique de médecine métabolique, CHUM, Hôpital Notre-Dame, Montréal, Québec, Canada  
5, Clinique Jeunes Adultes Psychotiques (JAP), CHUM, Hôpital Notre-Dame, Montréal, Québec, Canada

**Abstract**

**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: 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, as well as an evaluation/monitoring protocol for cardiometabolic parameters.

**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. 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.

**Conclusion:** Such a program could be implemented within actual rehabilitation programs by multidisciplinary teams.

**Reference:** Chalfoun C, Karelis A, Letendre C, Proulx C, Abdel-Baki A. Amélioration de la santé
Session: Regular Workshop | SPEAKER 3 | Code | WS631
---|---|---|---
Title: EFFECTS OF AEROBIC INTERVAL TRAINING ON METABOLIC COMPLICATIONS AND CARDIORESPIRATORY FITNESS IN YOUNG ADULTS WITH PSYCHOTIC DISORDER: A PILOT STUDY

Speaker: A Abdel-Baki, F Marois, E Letendre, V Brazzini-Poisson, A D. Karelis. 
1 Department of Psychiatry, Faculty of Medicine, University of Montreal, C.P. 6128, succursale Centre-ville, Montréal, Qc, Canada  
2 Centre Hospitalier de l’Université de Montréal, Hôpital Notre-Dame, 1560, rue Sherbrooke Est, H2L 4M1, Montréal, QC, Canada  
3 Centre Hospitalier de l’Université de Montreal Research Center (CRCHUM), Pavillon J.-A.-de-Sève, 2099 rue Alexandre-de Sève, H2L 2W5, Montréal, Qc, Canada  
4 Departement of kinesiology, Université du Québec à Montréal (UQAM)

Abstract: **Objective:** Metabolic disorders and weight gain are frequent in people taking antipsychotic medication and contribute to non-adherence and can become an obstacle to readaptation because of its impact on self-image. Furthermore, the life expectancy of people with schizophrenia is reduced by 20-25 years and metabolic disorders are responsible of 60% of their mortality. Studies have demonstrated that different interventions including exercising can reduce metabolic complications in general and psychiatric populations. Aerobic Interval training (AIT) has been demonstrated as more efficient than other types of training (resistance or continuous aerobic). However only one published study looked at AIT in a psychiatric population. Very few studies looked at the impact of exercising in first episode psychosis (FEP).

**Methods:** This open study measures the impact of AIT (30 minutes, twice weekly, for 14 weeks) integrated within a specialized early intervention program on metabolic complications in FEP subjects. Waist circumference, weight, body mass index, VO2 max, blood glucose and lipids, GAF, SOFAS, CGI, Rosenberg self-esteem scale, demographic data and health perception questionnaires were documented before and after the intervention.

**Results:** Of the 25 recruited subjects, 16 completed the study. The waist circumference was reduced by 4.3 cm after 14 weeks of AIT, and even more reduced (5.6 cm) in subjects who participated to more than 64% of AIT sessions.

**Conclusion:** AIT is an acceptable and efficient intervention for the treatment of metabolic complications in FEP. An RCT is warranted to determine if the impact of AIT as measured in this pilot study can be reproduced.

**Title:** Terrorism - psychiatrists' perspective

**Chairperson** Prof. Hiranya Kumar Goswami, Assam Medical College, Dibrugarh, Assam India.

**Abstract**

Today terrorism has become a global menace. No part of world is left unaffected by terrorism. There is no clear-cut well acceptable definition of terrorism because of difference in point of views regarding assumed or declared motivation what is popularly known as “one man’s terrorist is another man’s freedom fighter.” Although one’s behaviour is determined to some extent by one’s personality, the idea that there are archetypal terrorist personalities or mental illnesses that predispose one to what most people call terrorism is largely a myth.

The psychological effects of terrorist attacks are varied and wide spread. Emotional reactions to terrorist attack vary from person to person.

1. Some people develop well recognized psychiatric disorders such as depression or post traumatic stress disorders.
2. Others though do not fulfil the criteria for a formal psychiatric diagnosis, still reports higher levels of general anxiety or stress related symptoms.
3. Third group does not report any psychiatric symptoms but show a considerable change in behaviour and their feeling towards future.

The services of mental health professionals are required not only during the acute crisis period but also during the rehabilitation phase.

The role of psychiatrist can be broadly described as follows –

a. Treating the psychological consequences following a terrorist attack
b. Formulating a rehabilitative strategies for the victims
c. Helping the legal agencies to deal with terrorism.

**Speakers**

Kamala Deka (India).
Soumitra Ghosh (India).
Dhrubajyoti Bhuyan (India).
Kamala Deka (India).
There are many different kinds of terrorism and terror-violence. Although one’s behaviour is determined to some extent by one’s personality, the idea that there are archetypal terrorist personalities or mental illnesses that predispose one to what most people call terrorism is largely a myth. Frederick Hacker (1970) classified terrorism into three types - Crusaders, Criminals and Crazies based on the psychology behind them.

The motivating factors for terrorist may be –
1. Grandiose identification with a sacred cause and its representatives and giving up individual responsibility.
2. Payments to the person’s family if the mission succeeds and harm to the family if the mission fails.

The goals of terrorism may be –
1. Disruption: creating chaos, fear, and confusion in the target
2. Deflection of Purpose: causing the target group or population to curtail routine activities and focus on the terrorist act and related issues.
3. Drain of Resources: causing resources ordinarily used for other activities to be diverted to dealing with the terrorist activity or its victims.
4. Attention-Gathering: bringing attention, notoriety, and/or some level of validity or definition to the terrorist group.

Organization Profit: Terrorism, like organized crime, is often big business.

Along with the other parts of the globe India specially its North Eastern parts, are badly affected by terrorism. Terrorism in India are basically of two types - external and internal, external terrorism emerge from neighbouring countries and internal terrorism emulates from religious or communal violence and Naxalite–Maoist insurgency. The phenomena like bomb blasts, held hostage, extortion and massive communal violence have made millions of people victim of terrorist attack. It affects physical, psychological and social health of a person. The expected ratio of behavioural and physical casualties following terrorist attack is estimated to be 4:1 (Norris et al 2002)

The psychological effects of terrorist attacks are varied and widespread. Emotional reactions to terrorist attack vary from person to person.
1. Some people develop well recognized psychiatric disorders such as depression or post traumatic stress disorders.
2. Others though do not fulfil the criteria for a formal psychiatric diagnosis, still reports higher levels of general anxiety or stress related symptoms.
3. Third group does not report any psychiatric symptoms but show a considerable change in behaviour and their feeling towards future.

Bibliography

Greiser TA, Fullerton CS, Ursano RJ,Reeves JJ. Acute stress disorder, alcohol use and perception of safety among hospital staff after the sniper attacks. Psychiatr Serv 2003; 54:1383-7
### Title:
WHAT A PSYCHIATRIST CAN DO?

### Speaker
Kamala Deka Soumitra Ghosh, Dhrubajyoti Bhuyan  
Assam Medical College, Dibrugarh, Assam, India.

### Abstract
The services of mental health professionals are required not only during the acute crisis period but also during the rehabilitation phase. Mental Health Professionals can play an important role in providing information and developing a program to help people to deal with the psychological consequences of terrorist attack. US military initiative to start training psychiatrist to interrogate terrorism suspects may not be in accordance with internationally agreed codes of conduct which bar doctors from involvement in interrogation but according to Jonathan Marks, a professor of bioethics and law at Pennsylvania State University, University Park "It undermines the notion of psychiatrists as healers, and undermines trust in the profession.”

The role of psychiatrist can be broadly described as follows –

1. Treating the psychological consequences following a terrorist attack
2. Formulating a rehabilitative strategies for the victims
3. Helping the legal agencies to deal with terrorism
**Update on psychosomatic medicine**

**Chairperson**
Kathleen Franco MD Cleveland Clinic Lerner College of Medicine. Cleveland OH USA
Discussant – Fernando Espi Forcen MD Department of Psychiatry University of Chicago. Chicago IL USA.

**Abstract**
This workshop will present 4 focused talks on psychosomatic medicine targeted for the general psychiatrist. Dr. Franco will do an update on delirium. Progress in preventing delirium has taken place in multiple arenas. Careful attention to laboratory studies, mental stimulation, environment, and pharmaceutical prevention are only a few techniques currently used. This presentation will review the advances on this critical topic. Dr. Falcone will discuss the role of the psychiatrist on identifying and treating psychiatric comorbidities in patients with epilepsy, the experience implementing mental health screening in an outpatient pediatric epilepsy clinic and the impact on quality of life when the psychiatric comorbidities are identified and treated early. Dr. Locala will discuss the role of emotional factors and stress on skin disorders, as well as the role of the neuro-immuno-cutaneous-endocrine model in the high prevalence of psychiatric disorders in patients with dermatologic conditions. The role of collaborative care in dermatology and the experience with the first interdisciplinary psoriasis clinic. Dr. Rueda-Lara will do an update on the field of psycho-oncology. Dr. Franco will be the chair of the session and Dr. Espi-Forcen will be the discussant. Psychiatric comorbidities are very frequent in patients suffering from different medical illness; this workshop will focus on an update of 4 frequent topics of interest for the general psychiatrist.

**Speakers**
Kathleen Franco (USA).
Maria Rueda-Lara (USA).
Tatiana Falcone (USA).
Discussant:
Fernando Espi Forcen (USA).

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**PREVENTION OF DELIRIUM**

**Speaker**
Kathleen Franco MD
Cleveland Clinic Lerner College of Medicine

**Abstract**
Objectives: 1. Review some of the major risks for which there are interventions.
2. Describe medications that have been used to prevent delirium.
3. Describe common non-medication interventions to prevent delirium

Objective: A review of current literature through pub med identified papers on this topic. The recommendations were compared and collated for this presentation.
Methods: This will include a description of methods to assess risk, such as PAWSS for evaluation of alcohol withdrawal syndrome risk. Topics will include medication given before the onset of delirium in high risk patients. In addition monitoring oxygen, use of glasses or hearing aids, tight regulation of fluids, mental and physical “exercise”, nutrition, time for sleep, and a reduction of all unnecessary medication our components of prevention plans.

Results: There is variable evidence for some medications in these early trials. Some have only been used in patients with a particular etiology to their delirium such as alcohol withdrawal, post orthopedic surgery, or trauma. Bundled approaches include multiple non-pharmacological orders or may closely monitor dosing of medication aimed at prevention. Results are promising when protocols are followed closely. Studies promote interdisciplinary responsibility for assessing risk and beginning interventions to prevent delirium.
Conclusion: Reducing frequency, intensity and cost to the patient as well as financial, can be obtained in the future giving reason for optimism at control of this frequent condition with high morbidity and mortality.
### References


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<tr>
<td>Title:</td>
<td>UPDATE ON EVIDENCE-BASED PSYCHIATRIC CARE OF CANCER PATIENTS</td>
<td>Maria Adelaida Rueda-Lara MD University of Miami</td>
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<td>Abstract</td>
<td><strong>Objectives:</strong>&lt;br&gt;1. Review advances in research that inform evidence-based psychiatric care of cancer patients&lt;br&gt;2. Comprehensive review on the efficacy and safety of pharmacotherapy for psychiatric disorders and other conditions of cancer patients including fatigue, pain, hot flashes, nausea, vomiting and pruritus&lt;br&gt;3. Review advances in the management of complex clinical issues in patients undergoing bone marrow transplants, and terminally ill cancer patients in need of end of life palliative care.&lt;br&gt;&lt;br&gt;<strong>Methods:</strong> This symposium will review advances in research in the care of cancer patients across the life span and the trajectory of cancer care. The topics covered include comorbid psychiatric conditions such as depression and its role in cancer. A recent review of studies investigating the relationship between major depression and cancer found chronic major depression to be an independent risk factor for incident cancer, disease progression, shortened survival time, and earlier mortality in cancer patients. A review of current literature regarding the clinical use of psychotropic medications in cancer patients. In addition, pharmacokinetic and pharmacodynamic interactions relevant to cancer treatment will be discussed. Haematological malignancies are often treated with haematopoietic stem cell transplants (HSCT). The disease and its treatment are challenging and life threatening, as they not only affect the recipients, but also their families. The available data on the psychological, psychiatric and social impact of these illnesses and their treatment on recipients and families will be reviewed.&lt;br&gt;&lt;br&gt;<strong>Conclusion:</strong> Patients with advanced cancer, and other life-threatening medical illnesses are at increased risk for developing major psychiatric complications and have an enormous burden of both physical as well as psychological symptoms. In fact, surveys suggest that psychological symptoms such as depression, anxiety, and hopelessness are as frequent, if not more so, than pain and other physical symptoms in palliative care settings. Psychiatrists have a unique role and opportunity to offer competent and compassionate palliative care to those with life-threatening illness. In this presentation a comprehensive review of basic concepts and definitions of palliative care and the experience of dying, and the role of the psychiatrist in palliative care, with an emphasis on suicide and desire for hastened death. Psychotherapies developed for use in palliative care settings, and management of grief and bereavement are also reviewed.</td>
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<tr>
<td>Title:</td>
<td>UPDATE ON EPILEPSY</td>
<td>Tatiana Falcone MD Cleveland Clinic Epilepsy Center</td>
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<td>Speaker</td>
<td>Tatiana Falcone MD Cleveland Clinic Epilepsy Center</td>
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<td>Abstract</td>
<td>Objective 1) At the end of this presentation participants will be able to identify important psychiatric comorbidities in patients with epilepsy&lt;br&gt;2)Participants will be able to recognize the increased risk of suicide of patients with epilepsy&lt;br&gt;3)At the end of this presentation participants will be able identify evidence base psychiatric practices for</td>
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patients with epilepsy

Methods: a current review of the literature of psychiatric issues in epilepsy was conducted, for this presentation we will focus on depression and suicidal ideation in patients with epilepsy.

Results: Patients with epilepsy have two to four times increased mortality compared to the general population. Depression has been found to be 7-15 times higher in patients with epilepsy and is likely to be under recognized and under treated. While the presence of depression has been consistently reported in association with epilepsy, it remains unclear whether the presence of epilepsy affects the therapeutic response to treatment.

While the presence of depression has been consistently reported in association with epilepsy, it remains unclear whether the presence of epilepsy affects the therapeutic response to treatment with antidepressants in this patient’s population. Patients with epilepsy and depression have some of the lowest scores on quality of life scales, even when the seizures are under control. Depression is frequent in patients with epilepsy and the efficacy treatment in epilepsy patients is largely unknown. The longer the depressive symptoms persist the more difficult it is to treat. Consequently it is important to recognize the symptoms and degree of severity early.

Researchers believe the type of seizure and the laterality of the epileptic focus influence the development of depression. Depression appears to be more frequent in patients with temporal lobe epilepsy due to involvement of mesial temporal lobe structures, particularly the hippocampus.

Conclusion: Despite progress in the treatment of epilepsy and even when patients become seizure free, the psychosocial outcome as adults is reported as poor. Treating psychiatric comorbidities in patients with epilepsy is key for the improvement of quality of life in this population.

References


### OVERALL ABSTRACT

**Title:** Collaboration of WPA Secretary and its Operational Committee with WPA Section on Education in Psychiatry  

**Chairperson:** Chair: Dinesh Bhugra  
Co-Chair: Bulent Coskun, Edgard Belfort & Maria Lopez Ibor.  

**Abstract:**  
The objective of this session is to review educational issues with two complimentary WPA perspectives, with the participation of members of WPA Operational Committee on Education and WPA Section on Education in Psychiatry.  

In this session, views of WPA Secretary for Education and members of Operational Committee on Education and some members of WPA Section on Education in Psychiatry will be brought together. The two educational bodies of WPA, Secretary for Education and Section on Education give high priority to collaborative activities. WPA Secretaries for Education are invited to be members of Section and Section Chairs are invited to contribute to the Operation Committee of the Secretary for Education.  

In addition to the structural collaboration, it has been decided to generate a forum where strengths, challenges, opportunities and threats regarding different proposals and visions of educational processes can be discussed with the participation of the leading figures of these two WPA bodies.  

It is expected that the contributions of both experienced and early career psychiatrists will highlight various aspects of needs and capacities in this regard. Future plans will be discussed and turned into concrete actions for the improvement of global level of education in psychiatry.

**Speakers:** Edgard Belfort (Venezuela).  
Bulent Coskun (Turkey).  
Michael Musalek (Austria).  
Driss Moussaoui (Morroco).

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### SPEAKER 1

**Title:** Educational Processes: Challenges and Opportunities  

**Speaker:** Edgard Belfort, MD.  

**Abstract:**  
Objective:  
This forum will provide a chance to discuss the opportunities and challenges in programs and projects related to education. Will discuss various activities, needs, and future directions in which mental health professionals from throughout the world can help form and shape. Such topics as leadership training programs, opportunities for young psychiatrists; and training with international colleagues are all subjects that will be addressed by the speaker.

**References:**  

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### SPEAKER 2

**Title:** Future of WPA Section on Education in Psychiatry
Future of WPA Section on Education in Psychiatry relies on wealth of the Section in terms of experience of the senior members and dynamism of the early career psychiatrists of the Section. There is a wide representation of the various parts of the globe with more than 60 members from 27 different countries in Europe, Americas, Asia, Africa and Australia.

The Section, being one of the oldest in WPA had contributed to the education in psychiatry with several educational materials, most recent one a book on “Teaching Psychiatry”. Section has contributed to almost all major WPA events by organizing symposia and workshops. There has been two special meetings (Doha, Qatar and Warwick, UK) one of which was produced by the Section. Intersectional activities continue among different WPA Sections, some as common symposia at WPA meetings and for the time being, a common research with Section on Preventive Psychiatry.

Collaborative activities with WPA Secretary for Education is a mutually beneficial area for the two bodies of WPA. Other than activities within WPA, the Section, through its members have high level relations with many national and international organizations, mainly on educational issues. There used to be active relations with WHO and WFME. Currently our members present at meetings of APA, EPA, WASP, AFPA and many other national and international organizations.

Some exchange visits have been realized among the departments of the members to improve collaborative studies and a more developed organization for future exchange visits are under construction.

There is a recent collaborative development between a prestigious journal on medical education and WPA Section on Education, which seems to be a very promising and a productive step for the future of the Section.

During the session, these items will be elaborated with various examples.

Reference:
| Evaluation can be made through discussion of case-vignettes and through research studies conducted in the field of ethics in psychiatry. |
## Title:
**Associative cards: awaken your unconscious mind and enhance your potentials**

### Chairperson
Dr. Maria Celia Garcia Rivas. NET21, Buenos Aires, Argentina.

### Abstract
Argentina has been going through an important crisis during the past decade. Its health system is vulnerable to economic downturns, mainly due to high reliance on out-of-pocket payments and the strong link between social health insurance and employment. Dealing with mental health problems in a country in crisis (socially and economically), exposes both patients and professionals to higher levels of stress, and many studies point out the risks of burnout and secondary traumatization for mental health professionals working in such circumstances.

In this context, we will describe the characteristics of the associative cards and their use in workshops with mental health professionals, trying to cope with their patients and their own difficulties. Our great challenge as trainers was to consider the different theoretical frameworks of the participants (psychologists and psychiatrists), such as psychoanalysis, cognitive-behavioural, gestaltic or systemic, while teaching the use of this therapeutic resource.

We conducted a series of three hours workshops, once a month, for mental health professionals interested in learning how to use the associative cards with their patients. In these workshops the professionals learned the technique while exploring their own unconscious and dealing with their conflicts. Associative cards activate the subconscious. The process of bypassing the mind allows advancement into the depths of the psyche. It takes only a couple of seconds to trigger free and spontaneous associations in the mind, revealing the power of our inner images. Associative cards are a playful way to explore the subconscious, develop creativity and emotional skills, and bring us into contact with the essence of the self, allowing a powerful process of transformation which magnifies our humanity. In our training we emphasize the theory and practice of "positive psychology" that focuses on natural resilience and coping resources. We stress people's innate or acquired ability to manage stress and crisis and to turn distress into an opportunity for growth.

There is no one single appropriate method of coping for all situations, all people, or all ages. Each one has a specific combination of coping channels, which constitutes their basic coping language. The effective way for the therapist to help is to join the patients' basic language, and then guide them in developing additional coping resources. We applied this premise in our work with mental health professionals with different theoretical frameworks, and found that all of them felt relieved and empowered after these workshops, regardless of whether they were able to use this technique with their patients or not.

### Speakers
Débora Serebrisky (Argentina).  
Maria Celia Garcia (Argentina).

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## Session: Regular Workshop  
### Title: The professional as a tool; dealing with difficulties and enhancing potentials  
### Speaker  
Débora Serebrisky (Argentina).

### Abstract  
NOT RECEIVED

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## Session: Regular Workshop  
### Title: Working with associative cards  
### Speaker  
Dr. Maria Celia Garcia Rivas. NET21, Buenos Aires, Argentina.

### Abstract  
NOT RECEIVED
### OVERALL ABSTRACT

**Title:** Move to person-centered care and recovery planning for Organizational change at Austin State Hospital

**Chairperson:** Dr. Laurel E. Blackman, Psychiatrist, Austin State Hospital, Texas Department of State Health Services, Austin, Texas, USA.  
Co-Chair: Dr. E. Ross Taylor, Clinical Director, Austin State Hospital, Texas Department of State Health Services, Austin, Texas, USA.

**Abstract:** This presentation will discuss the move to person-centered care and the use of person-centered recovery planning in the psychiatric care of people admitted to Austin State Hospital. Our initiative emphasizes recovery principles and shared decision making as a catalyst for organizational change and systems transformation. We use these principles in the treatment of mental illness. The project involves continuing collaboration with the Via Hope Training Center of The University of Texas, the Yale Program for Recovery and Community Health, and local mental health authorities. Training included an introduction to recovery principles of care, recovery planning, and coaching. The administration of Austin State Hospital has developed and expanded a peer support program in support of this initiative which has become an integral part of the care provided. Success stories from the effort will be shared.

**Speakers:**  
Ross Taylor (USA).  
Kimberly Miller (USA).  
Laurel Blackman (USA).

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### SPEAKER 1

**Session:** Regular Workshop  
**Title:** Making the Commitment

**Speaker:** Dr. E. Ross Taylor, Clinical Director, Austin State Hospital, Texas Department of State Health Services, Austin, Texas, USA.

**Abstract:** NOT RECEIVED

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### SPEAKER 2

**Session:** Regular Workshop  
**Title:** Case Presentation

**Speaker:** Kimberly Miller, Social Worker, Austin State Hospital, Texas Department of State Health Services, Austin, Texas, USA.

**Abstract:** NOT RECEIVED

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### SPEAKER 3

**Session:** Regular Workshop  
**Title:** More Success Stories

**Speaker:** Dr. Laurel E. Blackman, Psychiatrist, Austin State Hospital, Texas Department of State Health Services, Austin, Texas, USA.
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<th>Session: Regular Workshop</th>
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<tr>
<td>Title:</td>
<td><strong>Clinical and psycho-social factors associated with the severity of depression: an overview integrating research evidence at the primary care level in Chile</strong></td>
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<tr>
<td>Chairperson</td>
<td>Prof. Dr. Verónica Vitriol. Universidad de Talca, Hospital de Curico, Chile.</td>
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<tr>
<td>Abstract</td>
<td>In Chile, depression is a prevalent and disabling health problem, incorporated in the explicit health guarantees (GES) since 2006. About 90% of depressions are resolved in Primary Health Care (PHC). The international evidence demonstrates that in PHC only 30% of patients with depression achieve remission between six months and a year. The lack of remission has been associated with socio-demographic, clinical and care-related factors, diagnostic limitations and lack of strategies to promote adherence. In Chile, previously factors that might conduce to a worse evolution of patients are not yet known. The objective of the Fonis project is to identify the clinical, psychosocial and care factors associated with the different developments presented by patients entering the PHC Depression GES at 6, 9 and 12 months. This study proposes to follow a cohort of 450 patients over 15 years without organic or sensory impairment. Informed consent will be assessed on admission to the GES with a battery of instruments to determine socio-demographic background, medical and psychiatric comorbidity, family violence, history of childhood trauma and life events in the months prior to admission. Will be assessed by the Hamilton scales and questionnaire Lambert for therapeutic change (OQ-45.2) at baseline and at 3, 6, 9 and 12 months. Data from clinical record will be obtained. The following symposium present preliminary clinical and psycho-social results that characterize the different subpopulations that enter to treat for depression in primary care in Chile.</td>
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<tr>
<td>Speakers</td>
<td>Verónica Vitriol (Chile). Alfredo Cancino (Chile). Carolina Salgado (Chile).</td>
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<tr>
<td>Title:</td>
<td><strong>CLINICAL FACTORS ASSOCIATED WITH DEPRESSION IN PRIMARY CARE LEVEL IN CHILE</strong></td>
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<tr>
<td>Speaker</td>
<td>Verónica Vitriol G, Soledad Potthoff, Marcelo Leiva, Alfredo Cancino,</td>
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<tr>
<td>Abstract</td>
<td>In Chile, depression is a prevalent and disabling health problem, incorporated in the explicit health guarantees (GES) since 2006. About 90% of depressions are resolved in Primary Health Care (PHC). The international evidence demonstrates that in PHC only 30% of patients with depression achieve remission between six months and a year. The lack of remission has been associated with socio-demographic, clinical and care-related factors, diagnostic limitations and lack of strategies to promote adherence. In Chile, clinical characteristics and comorbidities that might conduce to a worse evolution of patients are not yet known. <strong>Objective</strong> To determine the clinical characteristics of patients admitted to treat in the context of guarantees for depression (GES) in primary care centers in the VII Region of Chile. <strong>Methods</strong> Since February 2014, 196 patients - of an expected cohort comprising 441 patients - older than 15 years of age, without sensory or organic impairment who, prior informed consent, were admitted in the GES, have been evaluated by experimented psychiatrists and psychologists through a battery of instruments: interview gathering socio-demographic background and the history of depressive illness, a structured psychiatric interview (MINI) and scales to assess the history of childhood trauma, domestic violence and psycho-social events.</td>
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Preliminary Results
According to MINI, 90% of patients met the diagnosis of depression. 92.5% are women. 8.1% had been hospitalized for depression. 35.3% had a previous suicide attempt. 10.6% corresponded to an unique episode of depression; 70.7% recurrent depression; 41.9% dysthymia and 10.8% bipolar disease II. Comorbidity with panic disorder: 29.9%; generalized anxiety disorder: 25.1%; agoraphobia: 24.6%; Social Phobia: 16.2% and PTSD: 42.3%

Conclusions
Preliminary results show a population with a chronic and highly comorbid depressive illness. Factors associated with lack of remission for depression. The follow up of these patients will allow determine whether diagnosis of comorbidity of depression was realized by general practitioners and whether this fact has influenced the evolution of depression among these patients.

Session: Regular Workshop  SPEAKER 2  Code  WS660
Title: DEPRESSION AND CHILDHOOD TRAUMA IN PRIMARY CARE LEVEL IN CHILE
Speaker  Alfredo Cancino, Andrea Asenjo, Soledad Ballesteros, Carlos Serrano, Verónica Vitriol
Universidad de Talca, Communal Mental Health Program, Curico, Chile
Abstract
Introduction
Depression is a major cause of morbidity worldwide. One of the risk factors that is associated with the development of this illness and its increased clinical severity is the exposure to early traumatic events. In Chile, like in many other countries, there is a legally mandated program to treat depression with economic guarantees at different levels of care.
Objective
The aim of this study is to determine the prevalence of childhood trauma and their relationship to comorbidity of depression in a sample of patients admitted to GES for depression treatment in primary care as part of the FONIS Project.
Methods
Since February 2014, 196 patients - of an expected cohort comprising 441 patients - older than 15 years of age, without sensory or organic impairment who, prior informed consent, were admitted in the GES, have been evaluated by experimented psychiatrists and psychologists through a battery of instruments: interview gathering socio-demographic background and the history of depressive illness, a structured psychiatric interview (MINI) and scales to assess the history of childhood trauma, domestic violence and psycho-social events.
Preliminary results
42.5% had prolonged separation from their parents or caregivers; 41.9 suffered physical abuse and 35.3% suffered child sexual abuse. Recurrent depressive episode have a significant association with sexual abuse (rtc=3.0; r=0.230; CC=0.224; OR=3.336). Suicide risk was associated with physical punishment (rtc=3.0; r=0.231; CC=0.231; OR=2.643) and childhood sexual abuse (rtc=4.0; r=0.302; CC=0.289; OR=3.679). Depression/panic disorder and Depression / PTSD comorbidity had a significant association with sexual abuse (rtc=2.1; r=0.160; CC=0.158; OR=2.042) (rtc=2.8; r=0.213; CC=0.208; OR=3.33) ; depression/social phobia was associated with physical punishment (rtc=2.8; r=0.213; CC=0.208; OR=1.584) and depression/alcohol dependence was associated with physical punishment (rtc=2.5; r=0.190; CC=0.186; OR=6.031).
Conclusions
It confirms the findings of previous studies in the sense that the childhood trauma is associated with a greater severity of depressive symptoms and comorbidity.

Session: Regular Workshop  SPEAKER 3  Code  WS660
Title: DEPRESSION AND PARTNER VIOLENCE IN PRIMARY CARE IN CHILE
Speaker  Carolina Salgado, Marcela Ormazabal, Francisca Orellana, Cristián Caceres
Universidad de Talca, Hospital de Talca
Abstract
Introduction: Early traumatic attachments are especially important because they affect developing limbic and autonomic nervous systems in the right brain. They also influence the development of trajectories of
relationships, limiting and defining the potential pool of subsequent relationships, subsequent experiences and responses to subsequent traumas. Disorganized attachment can have long term effects, such as: increased aggression in males, increased risk for re-victimization in females, childhood role reversal, abuse by multiple partners, deficits in reflective functioning (unstable sense of self), cognitive associations to violence like legitimizing forms of control; etc. In this way, women continue being vulnerable to violence and could have more risk to develop PTSD symptoms and depressive symptoms.

Objective: To determine the relationship between history of domestic violence with the severity of depression in patients who consult for depression in primary care in Chile.

Methods: Since February 2014, 196 of a projected 441 participating patients, older than 15 years of age, without organic or sensory impairment, with prior informed consent, have entered in treatment for depression. They have been assessed by experienced psychiatrists or psychologists, using a battery of instruments (socio-demographics background, history of depressive illness, MINI, Marshall scale for early trauma, and scales of domestic violence and psycho-social factors).

Results: 43.2% of the patients present current domestic violence associated with the presence of Depression/Anorexia comorbidity ($\text{OR}=2.1; r=0.160; \text{OR}=2.042$)

Conclusions: We found in these preliminary results a high prevalence of domestic violence in these patients only associated with eating disorders. The follow up of these patients will allow determine whether this comorbidity influenced the evolution of depression among these patients. It is required to assess the impact of this factor in the evolution of depression.

Key words: domestic violence, depression, early trauma.
### OVERALL ABSTRACT
**Title:** The complexities of psychopathology in substance addiction  
**Chairperson:** Pedro Varandas (Portugal).  
**Abstract**  
Substance abuse/addiction has always been a major challenge to psychiatry. One of the main reasons for the difficulty of dealing with the issue is the complexity of psychopathology in this field. Intertwining between psychological states arising from intoxication and pathological experiences stemming from mental troubles is very frequent and hinders a clear diagnosis of individual clinical cases. The usual consequence of that is a confused mix of multiple diagnoses that may not be able to describe the actual psychopathology of drug addiction and its relations to mental disorders. The purpose of this Symposium is to disentangle the complexities of psychopathology of drug addiction, through a reflection on its specific characteristics as well as on its relationships to other major disorders.  
**Speakers**  
- Michael Musalek (Austria).  
- Gilberto Di Petta (Italy).  
- Carlos Ramalheira (Portugal).  
- Guilherme Messas (Brazil).  

### SPEAKER 1
**Title:** ALCOHOL ADDICTION AND BIPOLAR II DISORDERS  
**Speaker:** Michael Musalek  
Vienna , Austria  
**Abstract**  
In the last decades a large number of co-morbidity studies were published indicating a strong relationship between affective disorders and alcohol addiction. Patients with affective disorders suffer also from dependence disorders at about 6 times more often than the rest of the population. In 30 to 60 percent of patients with alcohol addiction also affective disorders are present. In this context authors emphasized that depressive states observed in the course of alcohol addiction may be reactions to problems occurring in the frame of dependence disorders. In contrast to that depressive mood disorders in general (and above all states of anxiety and increased tension often connected with depressive states) can also be considered as starting points of addictive behaviour. Furthermore alcohol itself may induce and catalyze depressive mood. Less attention has been paid to the role of manic or hypomanic states in dependence disorders. The few studies indicate an increased co-morbidity rate between bipolar II disorders and alcohol addiction. In a psychopathological study carried out on 200 alcohol addicts in the Anton Proksch Institute Vienna we focused on the co-morbidity with bipolar II as well as on the pathogenetic role of hypomanic states in the frame of constellations of conditions of alcohol dependence using among other scales and a standardized interview, the Hypomania Self Rating Scale (HSRS, Angst). Preliminary results underline a strong relationship between Bipolar II Disorders and Alcohol Addiction: hypomanic states induce high risk behaviours which may become responsible for relapse and increased alcohol consumption.  

### SPEAKER 2
**Title:** PSYCHOPATHOLOGY OF ADDICTIONS  
**Speaker:** G. Di Petta  
MD, Psychiatrist and Neurologist, S. Maria delle Grazie Hospital, Female Prison, Addiction Centre Consultant. Mental Health Department, ASL Naples 2 North, Italy  
Vice-President of The Italian Society of Phenomenological Psychopathology.  
**Abstract**  
This paper intends to examine the state of “being-at-the-world”, which is common in drug addicted people, both from a psychopathological and a phenomenological point of view. Past abuse, as well as
present abuse, are crucial in the modification of the psychiatric impact in the history of drug abuse. The former drug life style, characterized by the use of heroin, led to a form of psychosis which is known with the symptomatological expression as basic psychosis. On the other hand, the contemporary polyabuse of NPS (novel psychoactive substances) leads to what is called a synthetic psychosis: a very rich paraphrenic state with continuous hallucinations caused by a mental automatism syndrome and on secondary (interpretative) delusions. From a phenomenological point of view, all addictions lead to the final collapse of the Dasein structure (the constitution of the Being-at-the-world-with-the-others). Subsequent to having travelled down many different psychopathological pathways, many addicts remain without the spatial-temporal “here and now” dimension. This makes it impossible for them to stay in a space-with-others and to-project themselves -in-time. The result of this time/space cleavage is emptiness. It is very difficult to treat this existential situation, which is characterized by patients frequently dropping out of conventional treatment, the loss of the being-at-the-world structure, boredom, emptiness, dread, anger, lack of meaning, loneliness, and isolation. In this paper Dasein’s Group-Analysis (an original interpretation and application ofBinswanger’s Dasein-Analysis) is proposed and discussed. Unlike Dasein-Analysis, this approach applies phenomenology beyond the classic pair of analyst and patient, to a group of people made up of doctors and patients, in which everyone is simply a human being at the world. If the psychopathological and therapeutical approaches prove to be ineffective, the frequent consequences are: the patient’s admission into a psychiatric hospital; his/her arrest for crimes related to antisocial behaviour; a worsening of their psychopathology and addiction; a diffusion of infective diseases commonly found in addicts; more frequent overdoses; aggressive behaviour; legal problems; an increase in the costs of public health system and, finally, even to the suicide of the patient.

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<td>Title:</td>
<td>BRIEF DISCUSSION AROUND AND BEYOND THE CONCEPT OF DUAL PATHOLOGY - A PSYCHOPATHOLOGICAL PERSPECTIVE</td>
<td>Carlos Ramalheira (Portugal).</td>
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| Title:  | PHENOMENOLOGICAL PSYCHOPATHOLOGY OF PSYCHOSES IN SUBSTANCE ADDICTION: THE ORIGINS OF DIVERSITY | Guilherme Messas  
São Paulo, Brazil |   |   |
| Abstract | It will be developed in this presentation a phenomenological psychopathological perspective of psychosis in substance addiction/misuse. In this field, there is a complex web of associations between substance misuse and psychosis. The purpose of the presentation is to shed some light on this issue. The main perspective of analysis is the temporality of the structure of the consciousness. In order to disentangle the complexities of the field, the work examines initially the general essence of drunkenness: constriction of temporality to the instant. After that, three different typical essences responsible for the diversity of the meanings of drunkenness will be proposed: exhaustion, unbalance and hyperstability. Each typical essence originates, under the influence of continuous intoxications, three correspondent and diverse forms of psychoses on drunkenness, from an existential viewpoint. This study aims at providing tools for better understanding mental pathologies and their existential consequences and meanings. |   |   |
### OVERALL ABSTRACT

**Title:** Autogenic psychotherapy  

**Chairperson:** Chairman: Prof. Dr. Luis G. de Rivera  
Instituto de Psicoterapia e Investigación Psicosomática  
Universidad Autónoma de Madrid  
Madrid, España.  

**Abstract**  
Autogenic Psychotherapy has developed from autogenic training, a form of meditation on proprioceptive sensations which induces a modified state of consciousness. The therapeutic effects of autogenic training are attributed to an increase on the self-regulatory capacities of the organism, operating through functional modifications in the central nervous system. The method has evolved to include specific procedures for psychosomatic disturbances, for emotional disregulation and for the neutralization of past traumatic events, both macro- and micro-traumatic. Assistants to the workshop will gain an understanding of the neurobiological basis of autogenic therapy, its current clinical and extra-clinical applications and its relation with other therapies. Furthermore, they will gain practical personal experience in the induction of the modified state of consciousness and would be able to decide if and how autogenic psychotherapy may improve their clinical practice.

**Speakers**  
Luis G. de Rivera (Spain).  
Chiara Da Ronch (Italy).  
Luciano Palladino (Italy).  
Philippe Nubukpo (France).

### SPEAKER 1

**Title:** FROM AUTOGENIC TRAINING TO AUTOGENIC PSYCHOTHERAPY  

**Speaker**  
Luis G. de Rivera  
Instituto de Psicoterapia e Investigación Psicosomática  
Universidad Autónoma de Madrid  
Madrid, España.  

**Abstract**  
**Objectives:**  
To analyze and describe the development of Autogenic Psychotherapy over the last 100 years, from Vogt’s “Psychoprophilactic autohypnotic rest exercises” to the latest psychoanalytic autogenic approaches.  

**Methods:**  
A Critical historical review of relevant publications on autogenic related approaches in Spanish, French, English, Italian and German was conducted.  

**Results:**  
Early publications were mostly concerned with the stress reduction potential of autogenic exercises, with a later progressive interest in the uncovering of unconscious mental processes. Whereas early papers conceptualized autogenic methods related to autohypnosis, there has been a progressive realization of the closeness of the nuclear techniques of “autogenic concentration” and “autogenic acceptance” to the oriental meditation methods. The early therapeutic indications for anxiety and psychosomatic disorders have expanded to include severe personality disorders, psychotraumatic disorders, depressive disorders secondary to pathological mourning and as adjuvant in the rehabilitation of bipolar disorder and other psychotic disorders. Theoretical considerations have evolved from a relaxation technique, to be applied alone or in combination with other methods, to a full-fledged psychotherapy with original conceptualizations of human nature, mental illness and therapeutic action mechanisms.  

**Conclusions:**  
Autogenic psychotherapy integrates in an original way coherent procedures to expand consciousness, potentiate self-regulatory processes, reorganize personality dynamics and improve interpersonal relationships.  

**References:**  
Wallnöfer, H. Auf der Suche nach dem Ich. Naglsmeid, 1992

Session: | Regular Workshop | SPEAKER 2 | Code | WS672
---|---|---|---|
Title: | THE GASTALDO-OTTOBRE FOUR-STEPS AUTOGENIC TRAINING METHOD |
Speaker: | Chiara Da Ronch,1 Giovanni Gastaldo 2, Miranda Ottobre 3 |
| 1 Università degli Studi di Ferrara, 44121 – Ferrara. Italy |
| 2,3 Associazione Interdisciplinare Ricerca Didattica Autogenicita (AIRDA) Italy |
Abstract: | Objective |
| To validate a new therapeutic model based on I.H. Schultz Basic and Advanced Autogenic Training (Shultz, 1960, Wallnöfer, 1998) |
| Method: |
| Since 1990 3.000 patients following this approach have been tested through a complete battery of questionnaires including Ipat (Cattell, 1957) test, Zung test (Zung, 1965) before and after each Step (Da Ronch et al, 2010). Overall 30.000 tests have been collected and statistically analysed. |
| Results: |
| There has been a general improvement in terms of personal levels of depression, anxiety and perceived well-being. |
| Conclusions: |
| The proposed four steps model is an effective therapeutic method. |
| References: |
| Da Ronch C, Gastaldo E, Nanni MG, Grassi L, Ottobre M, Gastaldo G. The efficacy of Autogenic Therapy: a retrospective population study on 2988 patients, Proceedings of the 20th IFP World Congress of Psychotherapy, Lucern, Switzerland, 19/06/2010. |
| Zung WW: A self-rating depression scale. Arch Gen Psychiatry 1965;12:63-70 |

Session: | Regular Workshop | SPEAKER 3 | Code | WS672
---|---|---|---|
Title: | THE META-PSYCHOLOGICAL MODEL OF THE GASTALDO-OTTOBRE AUTOGENIC TRAINING PATH IN FOUR STEPS |
Speaker: | Giovanni Gastaldo1, Chiara Da Ronch 2, Miranda Ottobre 3 |
| 1,3 Associazione Interdisciplinare Ricerca Didattica Autogenicita (AIRDA) Italy |
| 2 Università degli Studi di Ferrara, 44121 – Ferrara. Italy |
Abstract: | Objective: |
| To describe a new therapeutic model based on I.H. Schultz Basic and Advanced Autogenic Training (Shultz, 1960, Wallnöfer, 1998) aimed at integrating psychodynamic knowledge with neurobiology |
| Method: |
| The therapeutic model has been built by revisiting the I.H. Schultz and associates Basic and Advanced Autogenic Training. The final model has been derived from the analysis of 15.000 referred experiences during the clinical application of Autogenic Training. |
| Results: |
| The “Experience packets”, homogeneous for emotional contents, interact with “cerebral archetypical functions/structures”, transforming the neuronal circuits underlying the way interact with reality. Such packets are characterised by symbols echoing their emotional contents. The Experiences, not correctly
interpreted by the brain, get assembled in inhomogeneous packets; in this way they create neuronal circuits underlying internal points of reference inadequate to conduct a satisfying life. During the advanced AT sessions the inhomogeneous packets (by means of a particular “archetypical structure/function”), get detached (analysis), get liberated (catharsis), and are differently recomposed to form more appropriate points of reference.

**Conclusions:**
The four Steps, two constituted by group sessions and two by individual sessions, are each complete phases per se and each is preparatory and necessary for the following Step.

**References:**
Schultz JH: [psychotherapy and autogenic training.]. Arztl Forsch 1960;14:I/325-326.

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### Session: Speaker 4

**Title:** THE ORGANISMIC AUTOGENIC STRUCTURE OF THE HUMAN BEING

**Speaker**
Luciano Palladino
Centro Divenire di Torino, Italy
University Lorraine of Nancy, France

**Abstract**

**Objectives**
The objective of the research is to identify through self-administered questionnaires on stress a sample of university students from Turin with a working methodology autogenic and autopoietic would address the unease of experience in the study occurred in a process of learning and self-awareness. The experience proposal opens a new and different points of view in order to perceive a broader and more focused manner to the different contextual elements of the system.

**Methods**
The experiment is carried out with the learning of basic exercises of Autogenic Training and the “reflective practice” from Explicitation Interview. It is presented a path that sees this trial as a "complex system" of many variables that must be considered together. The theory of complexity has been chosen to show how the theme of the students’s university is a "multi phenomenon" or a complex experience that involves several components of the system of Italian education and can only be understood by correlating all the elements that compose it.

**Results**
The path of experimentation verified that the practice of self-listening: autogenic exercises and “reflective practice”, allow the emergence of “complex evocations”, performed in a group, for easier understanding of their experiences hardship.

**Conclusions**
The study at the University is a complicated form of critical situations with actions and reactions, separate and unconnected in the process. The dynamics of the living system is broken down and analyzed in different sub-parts, but for a full understanding it is necessary to recognize it as a "Complex System". The discomfort of the students is an expression between the different components of the complexity of the system and only the emergence of a conscious network structure, with local and non-linear interactions can change behavior.

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### Session: Speaker 5

**Title:** FORMATION OF PSYCHOTHERAPIST IN RELAXATION IN FRANCE: EXPERIENCE OF THE FRENCH SOCIETY OF RELAXATION PSYCHOTHERAPY (SFRP)

**Speaker**
Philippe Nubukpo
Centre Hospitalier Esquirol, Limoges, France
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| **Objectives:**
To present the history of the development of Relaxation Psychotherapy in France and its relationships with psychoanalysis and with autogenic psychotherapy. This paper wants to testify to the richness and to the modernity of this psychotherapy in France with the successors of Jacobson and Schultz.

**Method:**
Review of the history of University training programs and of scientific societies training programs in Relaxation Psychotherapy in France.

**Results:**
The relaxation psychotherapy came into being in France shortly after psychoanalysis. After its apogee in the 50s, declined for difficulties in federating the different societies and in forming a group recognizable by political and university organizations. It also suffered from the tarnishing of the term relaxation, which was associated with non-psychotherapeutic endeavors (hamam, massage…). However, relaxation is still in practice and is developing in France as a specific psychotherapy. The training is provided through university degrees and by scholarly societies of relaxation. Two Diplômes Universitaires of Relaxation exist in France: the D.U. in Relaxation Psychotherapy of Limoges (DURP), born under the leadership of Professor Clément, Dr Nubukpo and Dr Peugnet following Yves Ranty’s original approach (Progressive Autogenic Training and the D.U. in Psycho-somatic Relaxation of Montpellier (CRESMEP - P. Boquel). Before and for 10 years, the university diploma in Relaxation Psychotherapy existed in Bordeaux headed by Dr Marvau.

**Conclusions:**
The current training in Relaxation Psychotherapy in France, as exemplified by the UD of Limoges, bears a threefold scope for the students: to know the human functioning (psychology and psychopathology from readings, discussions and lectures), to experiment its own personal functioning (constitution of one’s own personal model from experiential work) and to develop clinical competence through supervised practice.
### General practitioners attitude towards depression registration and referral

**Chairperson**
Chair Pedrag Duric, Serbia  
Co-chair Mihai Adriana, Romania

**Abstract**
The purpose of this research study is to assess knowledge and attitude of general practitioners (GP)in five countries in South Eastern Europe regarding depression registration in GP offices. Material and methods: One hundred GPs, from each of five countries, completed a questionnaire about your knowledge, beliefs and attitudes about depression. Each speaker will underline the characteristics of medical care in specific country. During the session will present the results obtained and will debate the possibilities of intervention. The results lead to recommendations for the improvement of the quality of mental health care in South Eastern Europe, to help in designing training for general practitioners and to serve as a model for larger nationwide surveys with representative sample.

**Speakers**
Jana Chihai (Moldova).  
Ariel Como (Albania).  
Georgi Hranov (Bulgaria).  
Adriana Mihai (Romania).  
Pedrag Duric (Serbia).

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### MOLDAVIAN GPS ATTITUDE TOWARDS DEPRESSION REGISTRATION AND REFERRAL

**Speaker**
Dr Jana Chihai, State Medical and Pharmaceutical University „Nicolae Testemitanu“, Chisinau, Moldova.

**Abstract**
In Albania, there are 2,039 general practitioners (GPs), 1,587 specialized physicians and 12,746 nurses. (Albanian Ministry of Health, 2009) Its population is 3.193 million, and the sex ratio (men per hundred women) is 104 (UNO, 2004). The proportion of population under the age of 15 years is 27%, and the proportion of population above the age of 60 years is 10% (UNO, 2004, WHO 2004). The country is a lower middle income group country (based on World Bank 2004 criteria). The state is the major provider of health services, although the per capita government expenditure on health is US$ 142 (WHO, 2011). The gap in human resources in mental health is huge. The ratio for 100000 population is the lower compare with countries in the region (WHO, 2011). Data on GP’s struggling with mental health care for their patient show GP’s are in front of barriers and difficulties, while mental health professionals hardly can play the resource point GP-s need and require. A national screening program is under design for the population 40-65 where depression is foreseen being part with GP-s to be central players. Both communities will need changing of attitudes and practices, while existing skills-set is challenged.

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### CHALLENGES IN ALBANIA IN GPS OFFICE

**Speaker**
A. Como1, F. Elezi1, S. Tomori1, E.Sotiri1  
1Tirana University Hospital Center, Tirana, Albania

**Abstract**
In Albania, there are 2,039 general practitioners (GPs), 1,587 specialized physicians and 12,746 nurses. (Albanian Ministry of Health, 2009) Its population is 3.193 million, and the sex ratio (men per hundred women) is 104 (UNO, 2004). The proportion of population under the age of 15 years is 27%, and the proportion of population above the age of 60 years is 10% (UNO, 2004, WHO 2004). The country is a lower middle income group country (based on World Bank 2004 criteria). The state is the major provider of health services, although the per capita government expenditure on health is US$ 142 (WHO, 2011). The gap in human resources in mental health is huge. The ratio for 100000 population is the lower compare with countries in the region (WHO, 2011). Data on GP’s struggling with mental health care for their patient show GP’s are in front of barriers and difficulties, while mental health professionals hardly can play the resource point GP-s need and require. A national screening program is under design for the population 40-65 where depression is foreseen being part with GP-s to be central players. Both communities will need changing of attitudes and practices, while existing skills-set is challenged.
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<tr>
<td>Title:</td>
<td>PATIENT WITH DEPRESSION IN GPS OFFICE - STRENGTHS AND WEAKNESS IN MEDICAL SYSTEM IN BULGARIA</td>
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<td>Speaker</td>
<td>G. Hranov¹</td>
<td>Medical University, Sofia, Bulgaria</td>
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<td>Abstract</td>
<td><strong>Objective</strong>: If someone has any medical problem, one has to be first examined by one’s General Practitioner, and to be referred to specialist only if needed. The problems arise when one suffers from several concomitant disorders or when the GP can’t recognize all existing problems. This is particularly true if one has a mental disorder.</td>
<td><strong>Methods</strong>: Critical analysis of data from a questionnaire about limitations, skills, attitudes and desire for change of GPs managing depression.</td>
<td><strong>Results</strong>: Our results suggest that GPs do not have the adequate time to recognize and treat depression, and have some issues against prescribing antidepressants. Most GPs do not contact a mental health professional, and at least 29% are unlikely to use screening instruments for depressive patients. This makes depressive patients with depression even more vulnerable in the present healthcare system. On the strong side, we have found that GPs feel confident in diagnosing depression and most of them accept that recognizing and treating depression is their responsibility.</td>
<td><strong>Conclusions</strong>: The healthcare system in Bulgaria is in large debt to people suffering from mental disorders. Our findings open the door for planning and implementing future changes and improvements.</td>
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<td>Title:</td>
<td>PATIENT WITH DEPRESSION IN GPS OFFICE - GPS PROPOSALS FOR IMPROVING THE MEDICAL SYSTEM FUNCTIONING</td>
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<td>Speaker</td>
<td>A Mihai¹, University of Medicine and Pharmacy, Tg Mures, Romania</td>
<td>R Sfetcu², Spiru Haret University, Romania</td>
<td>M Pirlog³, University of Medicine and Pharmacy, Craiova, Romania</td>
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<td>Abstract</td>
<td><strong>Objective</strong>: The purpose of this research study is to assess proposals for improving the medical functioning, starting from knowledge and attitude of general practitioners in five countries in South Eastern Europe regarding depression registration in GP offices.</td>
<td><strong>Methods</strong>: One hundred GPs, from each of five countries (Albania, Bulgaria, Moldavia, Serbia, Romania), completed a questionnaire about your knowledge, beliefs and attitudes about depression. This questionnaire had an open item referring to proposal how to improve the medical system.</td>
<td><strong>Results</strong>: Multiple directions of interventions were underline. The legislation changes, the implications on system organization, the financial issues, the barriers related with stigma, etc. were mentioned. The presentation will underline the specificity of each country.</td>
<td><strong>Conclusions</strong>: The results lead to recommendations for the improvement of the quality of mental health care in South Eastern Europe, to help in designing trainings for general practitioners and to serve as a model for larger nationwide surveys with representative sample.</td>
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<td>GPS AND MENTAL HEALTH PROFESSIONALS WORKING TOGETHER</td>
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<td>Speaker</td>
<td>P. Duric¹, S. Harhaji¹, E. Ac-Nikolic¹, S. Kvrgic¹, G. Hranov²</td>
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Abstract

Objective: The purpose of this study was to examine factors that influence relationships between GPs and mental health professionals in the sense of patient’s referrals, availability of mental health care and mental health consultations.

Methods: 467 general practitioners from five countries (Albania, Bulgaria, Moldova, Romania, Serbia) were asked about referral system to mental health specialist and availability of mental health care and mental health specialists consultation. A questionnaire with close question was used.

Results: Mental health care is easily available for their patients consider only 34% of GPs (range 0% in Moldova – 60% in Serbia). Lack of access to mental health specialist limits GPs to diagnose and treat depression considered 40% GPs (from 27.5% in Serbia to 53.3% in Albania). 70.5% of GPs are more satisfied with referral system to mental health specialist, comparing to other specialties (from 29.2% in Serbia to 98.3% in Albania). 50% are more satisfied with referrals to psychologist and social worker (from 29.1% in Serbia to 60.5% in Albania). 34.4% GPs are likely to consult psychiatrist in next six months (from 16.5% in Romania to 68.1% in Serbia).

Conclusion: There are big differences in referral system to mental health care in study countries and significant changes need to be introduced in legal framework, continuous medical education and organization of mental health care.
**Session:** Regular Workshop  |  **OVERALL ABSTRACT**  |  Code  |  WS688

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<td>Enrique Galli (Peru).</td>
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</tbody>
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| **Abstract** | The present work is an effort of Latin American colleagues working in public and private institutions affiliated teaching psychopharmacology to be studied from planning by measuring the cost effectiveness, cost effectiveness and cost utility on the one hand and on the other by knowing the psychopharmacotherapy reality of Latin America and the subsequent development of guides, for each psychiatric disorder. The Psychopharmacoeconomy is the description and analysis of the costs of drug treatments in mental health and its impact on society (Townsend, 1987). Drug costs in Latin America vary from country to country but are extremely high for the poorest economies in some countries particularly in Peru, generics scarce. In Europe and bordering Colombia government spending to 80%, while in USA and Latin America private and public spending is almost similar. The Colleges of Psychopharmacology in Latin American have studied the problem of psychopharmacology and psychopharmacotherapy in Latin American has been on the issue and a lot of it is embodied in the Book of Latin American College of Neuropsychopharmacology (CLANP) published by the authors of this Symposium (Book CLANP, 2008). Psychopharmacotherapy Guidelines being developed in countries like Canada, USA and Europe, are now a reality after several years of effort in Argentina, Chile and Brazil. While developing in Peru and Colombia (Guide Pharmacotherapy in Psychiatry, 2012).  

**Palabras Claves:** Psychopharmacoeconomic, Epidemiology, Suicide and Psychiatry.  

**References:**  

| **Speakers** | Enrique Galli (Peru).  
Freddy Vásquez (Peru).  
Edith Serfaty (Argentina). |

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**Session:** Regular Workshop  |  **SPEAKER 1**  |  Code  |  WS688

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th><strong>PSYCHOPHARMACOECONOMIC IN A LATIN AMERICAN COUNTRY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speaker</strong></td>
<td>PROF. DR. ENRIQUE GALLI. Profesor Principal de la Universidad Peruana Cayetano Heredia. Lima – Perú.</td>
</tr>
</tbody>
</table>
| **Abstract** | **Objectives:**  
Psychopharmacological study costs in Peru measuring the cost effectiveness, the cost efficacy and utility cost. Compare the respective costs to the rest of American particularly in Latin America.  
**Methods:**  
Study of percentage of GDP in Peru, United States and Latin American countries, the percapita health expenditure, the distribution of spending, the pharmaceutical market in Latin America and Peru.  
**Results:**  
**Conclusions:**  
Is necessary to promote good clinical practice and the rational use of medicines. Psychotropic drugs with incremental cost trend. Promote access to medicine: generic, research, fair trade practices, anti trust. Promoting Mental Health Assurance. Promote local studies on the subject.  
**References:**
**Session:** Regular Workshop  | **SPEAKER 2**  | **Code** | WS688  

**Title:** CANNABIS IN LATIN AMERICA: ARGENTINA  

**Speaker:** PROF. DR. GUILLERMO DORADO, Director Therapeutic Center & GENS. Buenos Aires – Argentina.  

**Abstract**  
**Objectives:**  
The main proposal is to develop a complete update on cannabis use, risks and benefits, and the important distinction between smoking cannabis and using several and different alkaloids in medicine.  

**Methods:**  
A review of evidence in medicine use of cannabis agonists and antagonists, with evidence of changes in cerebral systems and immunological pathways.  

**Results:**  
Smoking cannabis is a risk factor to develop affective disorders, anxiety disorders and psychotic syndrome, the great amount of THC represents the highest risk of comorbid symptoms.  

**Conclusions:**  
Smoking cannabis represents a high risk factor to develop psychiatric disorders, so we need to discuss about risks and benefits of using cannabis in order of the impact on public health.  

**References:**  
Marijuana and Madness, Castle and Murray, Cambridge Univ. Press, 2004

---

**Session:** Regular Workshop  | **SPEAKER 3**  | **Code** | WS688  

**Title:** SUICIDE IN TEENAGERS: ARGENTINA  

**Speaker:** PROF. DRA. EDITH SERFATY. University of Buenos Aires – National Academy of Medicine. Buenos Aires – Argentina.  

**Abstract**  
**Objectives:**  
The study of the prevalence of suicide among Argentine teenagers.  

**Methods:**  
National Epidemiological study done by the Ministry of Health Staff.  

**Results:**  
Mortality rates by external causes in Argentina in 2010 were 71.03 and 20.35 for males and females per 100.000 inhabitants These causes included accidents, homicides and suicides (1) For Argentina suicide rates in 2010 was 10.7 for adolescents between 10 and 24 years old. For males 14.2 and females 3.4 per 100.000 in the most common form of suicide was by hanging followed by use of fire arms.  

**Conclusions:**  
We need more preventive measures at an early age to reduce these rates of suicide Suicide in adolescents represents a greater loss to the community of our country.  

**References:**  
1. OPS, Ministry of Health of Argentina 2012 Basic Indicators.  
### Session: Regular Workshop

<table>
<thead>
<tr>
<th>OVERALL ABSTRACT</th>
<th>Code</th>
<th>WS702</th>
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**Title:**

**An integrated approach to mental health services for victims of torture war and their families**

*The Canadian centre for victims of torture 35 years of experience*

**Chairperson:** Teresa Dremetsikas (Canada).

**Abstract**

This session will give a glimpse of the collective effort involved in the developing of the present model of service delivery at the Canadian Centre for Victims of Torture (CCVT).

The objectives: Understanding of this type of traumatic experience as a result of carefully thought out strategies of state oppression, sharing the best practices in the field of rehabilitation of torture survivors at CCVT in the past 35 years of work. A secondary objective is to motivate professionals to take an active role and to strengthen ties with those already working in this field. Methods include: Compilation of the statistics of clients and services provided in the last 10 years. Psychiatric interventions including assessments, documentation and psychotherapy done by physicians and counsellors involved. Results: Outcomes will focus on the interventions related to documenting torture survivors and interventions with the children and youth seen for therapy. Outcomes from the social interventions will be addressed in a narrative format and examples of refugee resilience will be acknowledged. Conclusion: the importance of a culturally competent, integrated approach will be discussed including the need for public education and academic development of professionals working with this population. A brief analysis of the role of impunity in the perpetuation of trauma will be addressed and as final conclusion; the adequate assistance including medical, psychological, social and appropriate legal support as well as a continuum of care at the community level will be discussed.

**Speakers**

Teresa Dremetsikas (Canada).
Marlinda Freire (Canada).
Donald Payne (Canada).

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### Session: Regular Workshop

<table>
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<tr>
<th>SPEAKER 1</th>
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**Title:**

**THE CANADIAN CENTER FOR VICTIMS OF TERROR ROLE IN THE REHABILITATION OF VICTIMS OF TERROR**

**Speaker**

Dr. Teresa Dremetsikas

1. Canadian Center for Victims of Torture, Toronto, Canada.

**ALL CONTRIBUTING AUTHORS:**

- M. Abai¹, B. Agic¹, L. Andermann¹,²,⁴,⁹, W. Block¹,⁶, T. Dremetsikas¹, M. Freire¹,²,⁵,⁷,⁹, R H. Meier¹,⁸, C. Pain¹,²,³,⁴,⁵,⁹,¹¹, D. Payne¹, D. Stein¹,²,⁴,¹⁰

1. Canadian Center for Victims of Torture, Toronto, Canada
2. University of Toronto, Canada.
3. Center for Addiction and Mental Health, Toronto, Canada
4. Mount Sinai Hospital, Toronto, Canada
5. Addis Ababa University, Ethiopia
6. East End Community Health Center, Toronto, Canada
7. The Hospital for Sick Children, Toronto, Canada
8. St. Joseph’s Health Center, Toronto, Canada
9. St. Michael’s Hospital, Toronto, Canada
10. The Hincks-Dellcrest Center, Toronto, Canada
11. University Hospital, Toronto, Canada

**Abstract**

This section is one of three in the workshop. It will address the function that the Canadian Center for Victims of Torture (CCVT) plays in building networks of supports for survivors including a description of the professional networks affiliated. It will briefly outline the model of service delivery used. It will present the background statistics of the last ten years of work profiling the target population to.
revision of best practices will be also addressed in this piece of the entire workshop.

Objectives: To briefly outline the collective effort involved in the developing of the present model of service delivery at the Canadian Centre for Victims of Torture (CCVT), and, sharing the best practices in the field of rehabilitation of torture survivors, to understand this type of traumatic experience resulting from forms of planned state oppression.

Methods include: Compilation of the statistics of clients and services provided in the last 10 years.

Results: Outcomes from the social interventions will be addressed in a narrative format and examples of refugee resilience will be presented.

Conclusion: The presentation will emphasize the need for adequate assistance including medical, psychological, social and legal support as well as a continuum of care at community level that integrates cultural competence in the design of each program or service. As a corollary a brief analysis of the role of impunity in the perpetuation of trauma will be addressed.

References* CCVT Archives, annual reports, CCVT publications and individual work done by physicians all available on line: Website: www.ccvt.org

In addition it will also include anecdotic references to clients views.

<table>
<thead>
<tr>
<th>Session: Regular Workshop</th>
<th>SPEAKER 2</th>
<th>Code</th>
<th>WS702</th>
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</thead>
<tbody>
<tr>
<td>Title: PYCHO-SOCIAL INTERVENTION FOR REFUGEEE CHILDREN/YOUTH AND FAMILIES</td>
<td>Dr. Marlinda Freire</td>
<td>1,2,5,7,9</td>
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<tr>
<td>1. Canadian Centre for Victims of Torture, Toronto, Canada</td>
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<td>2. University of Toronto, Toronto, Canada</td>
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<tr>
<td>5. Toronto-Addis Ababa Academic Collaboration which is an educational partnership building capacity and sustainability at Addis Ababa University in Ethiopia</td>
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<tr>
<td>7. The Hospital for Sick Children, Toronto, Canada</td>
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<tr>
<td>9. St. Michael’s Hospital, Toronto, Canada</td>
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<tr>
<td>Abstract</td>
<td>Adjustment, adaptation and integration is extremely difficult for extremely traumatized children and families arriving in a highly industrialized, multicultural, multilingual society, with a different school system.</td>
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<td>Objective: to outline a psycho-social, holistic approach to meet the needs of refugee children/youth and families.</td>
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<td>Method: review of programs through statistics of clients and archives available for the 2011, 2012 and 2013 calendar year, the development of the current model and interviews of mental health professionals offering these programs.</td>
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<td>Results: review of general qualitative results observed. Issues related to identity and second language acquisition under refugee circumstances will be discussed.</td>
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<td>Conclusion: the need to continue working in the best practices to address the complex needs of refugee children/youth and families are outlined.</td>
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<tr>
<td>References:</td>
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<tr>
<td>Impact of War and Torture on the education of newcomer children and youth. Sidonia Couto and Mbalu Wembo. OSCA today, Fall 2013, <a href="http://www.OSCA.ca">www.OSCA.ca</a></td>
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</tbody>
</table>
psychiatric care for at least 10 years after being initially seen.

**Method:** A chart review of 50 patients who continued to see a psychiatrist in private practice for ongoing care for at least 10 years after being initially seen.

**Results:** There were more male than female individuals. Most were living on their own and had limited interpersonal support. Most were not working or had lost their jobs. Some ongoing PTSD symptoms were present, but they had reduced and were not the main reason for ongoing care. Individuals had more psychosocial problems as compared to other patients in long term care who had predominately personality problems, especially borderline personality. Prominent problems creating limited functioning involved the social determinants of health, including lack of employment, social isolation, inadequate housing. There was no marked increase in psychotic disorders.

**Conclusions:** In assisting torture victims, one needs to pay attention to other stresses in their lives, including the social determinants of health, rather than focusing only on torture as being the primary stress.

**Reference:**
Title: Mental health and quality of life in older adults

Chairperson: Prof. Guillermo Rivera Arroyo. UPSA Santa Cruz University. Santa Cruz, Bolivia.

Abstract: Elderly is a growing segment of population in the world. The quest to help people live longer, healthier lives has reaped enormous successes. Certainly, the years ahead hold the promise of continued improvements in the standard of living for older people. But length of years alone is not enough. Older adults face special health challenges. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems and require some form of long-term care.

Firstly, we analyze the influence of mental health problems in the wellbeing of community-dwelling older adults, and then the influence of mental health problems in the wellbeing of community-dwelling older adults and finally some strategies to improve quality of life in older adults will be discussed.

Speakers: Joao Forjaz (Spain). Lizzy Cisneros (Spain).

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Title: MENTAL HEALTH AND WELLBEING OF OLDER ADULTS

Speaker: A. Ayala¹, M.J. Forjaz¹, M.E. Prieto-Flores², C. Rodriguez-Blázquez³, V. Rodriguez-Rodriguez⁴

¹ National School of Public Health, Carlos III Institute of Health. Madrid, Spain.
² Geography Department, National University of Distance Education, Madrid, Spain.
³ National Centre of Epidemiology and CIBERNED, Carlos III Institute of Health. Madrid, Spain.

Abstract: Objectives: At advanced ages, people might experience a decline in their physical and mental health, which would have an impact on their wellbeing. This study aims to analyze the influence of mental health problems in the wellbeing of community-dwelling older adults.

Methods: Our data came from a representative cross-sectional survey from the Aging in Spain Longitudinal Study, Pilot Survey (ELES-PS). We used the Personal Wellbeing Index (PWI) and the following measures for mental health: Center for Epidemiological Studies Depression Scale (CES-D 10), Mini-Mental State Examination (MMSE), and Scale of negative and positive experiences (SPANE balance). Independent Student’s t-test was applied to detect wellbeing differences by mental health indicators, and Pearson’s correlations between measures were calculated. Finally, analysis of covariance (ANCOVA) was performed to analyze the relation between wellbeing and mental health variables, controlling for sociodemographic factors (sex, age and household economic perception).

Results: The total sample included 1357 people with 55% of women and a mean age of 66.3±10.7 years (range:50-98). Mean scores were 74.5±11.1(out of 100) for the PWI, 22.8% had CES-D 10 scores indicative of depression, 4% had cognitive impairment (MMSE<24) and 3.8% presented negative feelings according to SPANE balance. The PWI mean scores were significantly lower for depression, negative emotional balance and cognitive impairment. The PWI moderately correlated with CES-D 10 (r=-0.445) and it showed a low correlation with SPANE balance (r=0.325) and MMSE (r=0.082). The ANCOVA model reflected that CES-D 10 was the main factor associated to PWI, followed by SPANE balance (F=87.9, p-value=0.001; F=14.3, p-value=0.001; respectively). The MMSE was not significant (F=0.003, p-value=0.958).

Conclusions: The relationship between cognitive impairment and self-perceived wellbeing of older adults was very weak in our study. However, depression and negative emotional balance showed a higher association with wellbeing, suggesting that interventions focused on protecting and promoting mental health might improve the wellbeing of older adults in Spain.
Workshop

Title: AGING IN A WORLD OF CHANGE

Speaker C. Rodríguez-Blázquez¹, A. Ayala², M.J. Forjaz², F. Rojo-Pérez³, G. Fernández-Mayoralas³, V. Rodríguez-Rodríguez³
¹ National Centre of Epidemiology and CIBERNED, Carlos III Institute of Health. Madrid, Spain.
² National School of Public Health, Carlos III Institute of Health. Madrid, Spain.

Abstract

Objectives
Elderly is a growing segment of population in Spain, and aging is often associated to deterioration in physical and mental health and increased disability. This study is aimed at to analyze the influence of mental health problems in the wellbeing of community-dwelling older adults.

Methods
Data were collected from 3 comparable cross-sectional studies: CdVMadrid, (2005), CadeViMa (2008), and ELES (2011). Socio-demographic and clinical (number of medical chronic conditions and presence of depression and disability) variables were analyzed with descriptive statistics, chi-squared and ANOVA tests. Multivariate linear regression models were built to determine factors associated to physical health.

Results
No significant differences were found by age, sex and chronic conditions among samples. Regarding disability, significant differences by sample were found: from 22.6% in 2005 to 60.8% in 2011. From 5.3% in 2005 to 24.9% in 2011 of the sample showed depression (p<0.001). Regardless of the year of assessment, women and people with disability or depression showed more chronic conditions (p<0.001). In linear regression models, disability and depression were consistently the main determinants of chronic conditions across samples, with increasing standardized beta values and explained variance (from 0.16 in 2005 to 0.32 in 2011) over the years.

Conclusions
Despite differences among samples, from 2005 to 2011, there seems to be a progressively increase of depression and disability, as well as chronic conditions, in the older population. Further longitudinal studies are needed to confirm this finding.

Session: Regular Workshop

Title: MENTAL HEALTH AND QUALITY OF LIFE IN OLDER ADULTS. PATH TO PREVENTION

Speaker Lizzy Paola Cisneros Almeida¹
¹ Hospital Puerta de Hierro

Abstract
The aim of this presentation is propose strategies to improve quality of life in older adults and, therefore, impact to improve mental health of this population. We must act on all dimensions of quality of life. Older people is very important to maintain their functional status. If we intervene early in factors that seem to be more associated with functional impairment could be maintained longer with greater independence and better health in their usual living environment. Another area to address is the comorbidity presenting this population, hence the importance of developing specific health programs for the elderly in the socio-health field, where it plays an important role in primary health care is also important to perform a comprehensive care the most common chronic conditions in the elderly. Finally, programs should also include measuring instruments, easy to apply, to facilitate early detection and treatment, among others, depressive symptoms, as well as screening instruments of functional capacity, such as the Barthel Index. The longitudinal studies may be appropriate for possible causal relationships between variables that measure the level of competence related to the health and functioning and its association with the various dimensions of quality of life. Social networks are an essential for the care of the elderly in our area; social support instrument rests primarily on informal social networks. It would be advisable to develop and expand the supply of social-health resources so that they could spread the load which basically assumes the primary caregiver informal setting. It is also important to create the right environment, whether they are at home, adapting housing and residence is important to be nice, to have green spaces for them to walk, out and visits are encouraged. Such interventions would help to optimize the quality of life of this population.
**Title:** Therapeutic approach through art in schizophrenia. Contemporary art museum project

**Chairperson:** Belén Sanz-Aránguez (Spain).
Co-Chair: Maria del Rio (Spain).

**Abstract**
For ten years the authors have been researching on the therapeutic potential of the artistic language in reference to mental diseases especially in the negative symptoms of schizophrenia. We present a pilot project about research and intervention of the Hospital Puerta de Hierro and the Museum of Contemporary Art Reina Sofia whose main objective is to develop strategies to promote the integration of the emotional, cognitive, sensory and interpersonal aspects in patients with mental disease through a process of artistic observation/creation with the support of a work of art at the Museum. Six works of contemporary artists are selected, looking for a progressive approach. Each piece of art is worked in three sessions: introduction, viewing and art therapeutic work. The assessment is carried out through daily records, clinic control of evolution, audiovisual records and works and writings of the patients. We work with contemporary art for its transgressor nature as we are placed in front of the most human behavior: ambivalence, uncertainty, twisting, singularity, vulnerability. The artworks become an interpersonal link. New stimuli are constantly provided. Stimuli that come from the artworks studied and from those which are being produced. That means a change with respect to other approaches that are developed from simplicity and in which you can get the idea that the therapist is adapting himself to the schizophrenic deficit.

Main advantages:

**Speakers**
Maria del Rio (Spain).
Mónica Magariños López (Spain).
Luis Caballero (Spain).
Belén Sanz-Aránguez (Spain).
Title: Psychiatric day hospitals - why are they a good option for mental health care?

Chairperson: Rui Durval, Centro Hospitalar Psiquiátrico de Lisboa, Portugal.

Abstract: Objectives: With this workshop we intend to explain the organization and functioning of a psychiatric day hospital, as well as its advantages in relation to other mental health services. Several parameters will be taken into account, namely efficacy, efficiency and effectiveness. Diagnostic and therapeutic issues associated with the longer admissions and the multidisciplinary team will be addressed.

Methods: Review of relevant literature about the topic. Analysis of epidemiological and clinical data collected from our center and statistically treated.

Results: Day hospital care is an important asset in the treatment of psychiatric patients and studies highlight the benefits of this type of program in terms of improvement of psychopathology and social functioning. Satisfaction of patients and families with treatment was also shown to be higher.

Conclusions: Among other factors, the least restrictive environment and experience exchange with other patients appear to contribute to the success of day hospital treatment. The economic advantages of this type of treatment also makes it particularly attractive in the current social framework. The evidence points out that day hospitals are an underused option despite its advantages relatively to other types of services, and that an increase in the use of these programs should be beneficial.


Title: THE FUNCTIONING OF A PSYCHIATRIC DAY HOSPITAL - HOW TO ORGANIZE A SERVICE?

Speaker: Dr. Gustavo Jesus, Centro Hospitalar Psiquiátrico de Lisboa, Portugal.

Abstract: OBJECTIVES
The aim of this work is to share the experience of more than ten years of practice in Portuguese psychiatric day hospitals and, based on that, to describe the necessary conditions to organize a psychiatric day hospital.

METHODS
Review of relevant literature collected through PubMed database; structured interviews of technicians in two psychiatric day hospitals of two main psychiatric hospitals in Lisbon and recent experience in three psychiatric day hospitals of three Portuguese general hospitals.

RESULTS
The term “day hospital” has evolved over the last 50 years, as psychiatric day care paradigm changed from the asylum to the community. Currently, psychiatric day hospitals include acute care units (that serve as an alternative to inpatient treatment in full), transitional units (which serves to reduce the duration of hospitalization complete), units of the "day care" (in the aim is mainly or rehabilitative maintenance), among others. We will share information gathered among several technicians in different areas of knowledge. Starting from this data and comparing it with the available literature on the matter, we will describe the necessary conditions to organize a psychiatric day hospital regarding facilities, staff, organization and liaison with other health and social structures.

CONCLUSION
Psychiatric day hospitals are unique settings where clinical/social care of patients is possible in a setting that is halfway between acute hospitalization and the community. Following guidelines regarding the organization of the service will allow technicians and patients to take greatest advantage from this particular type of psychiatric service.
### Session: Regular Workshop  
**SPEAKER 2**

<table>
<thead>
<tr>
<th>Title</th>
<th>OPPORTUNITIES FOR BROADENED DIAGNOSIS IN PSYCHIATRIC DAY HOSPITALS</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Dr. Filipa Moutinho, Centro Hospitalar Psiquiátrico de Lisboa, Portugal.</td>
</tr>
</tbody>
</table>
| Abstract | **OBJECTIVES**  
The author intends to describe how Day Hospitals are unique places for broadened diagnosis  
**METHODS**  
Literature review through PubMed and Clinical Practice experience in Psychiatric Day Hospitals.  
**RESULTS**  
The circumstances of treatment in a day hospital allow the technicians to observe the patients daily with no constraint, because the patients come freely to the facilities where the treatment occurs. On the other hand, the patient is seen by different eyes in a variety of settings and activities. This is an exclusive opportunity for a broadened spectrum diagnosis that includes not only clinical variables, but also parameters like cognitive, emotional, social, creative and other capacities. Since the admission at day hospital is usually longer than an acute hospitalization, it also provides an accurate evaluation of therapeutics adherence, response and adverse effects monitoring.  
**CONCLUSIONS**  
Day Hospitals in Mental Health should be seen as a privileged place for diagnosis clarification and clinical stabilization when acute hospitalization is not the most appropriate option. It allows a daily contact with mental health technicians, therapeutic and patient-to-patient relation development. It blends the advantages of “in-patient” medical care and “out-patient” social benefits. |

### Session: Regular Workshop  
**SPEAKER 3**

<table>
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<tr>
<th>Title</th>
<th>WHY DO PSYCHIATRIC DAY HOSPITALS MAKE SENSE? - EFFICACY, EFFICIENCY AND EFFECTIVENESS</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Dr. Rui Durval, Centro Hospitalar Psiquiátrico de Lisboa, Portugal.</td>
</tr>
</tbody>
</table>
| Abstract | **OBJECTIVES**  
The aim of this work is to characterize Psychiatric Day Hospitals regarding efficacy, efficiency and effectiveness; a comparison will be made with inpatient and outpatient services.  
**METHODS**  
Review of relevant literature collected through PubMed database; indirect evidence, not only from empirical clinical data, but also from scientific disciplines involved in a psychiatric day hospital, namely psychology, ethology and anthropology.  
**RESULTS**  
Due to the nature of day hospital functioning, studies supporting activity in these types of services are difficult to manage and so are scarce. Some data show that treatment in the day hospital can correspond to faster improvement of psychopathological measures; higher level of satisfaction of patients and family members regarding the treatment; and greater improvement of social functioning.  
**CONCLUSION**  
Psychiatric day hospitals are effective and efficient services for the treatment in mental disorders; if the selection of patients is thorough, measures of efficacy, efficiency and effectiveness can even show superiority relatively to other types of health care. |

### Session: Regular Workshop  
**SPEAKER 4**

<table>
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<th>Title</th>
<th>THE ROLE OF MULTIDISCIPLINARY TEAMS IN PSYCHIATRIC DAY HOSPITALS</th>
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<td>Speaker</td>
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*www.wpamadrid2014.com*
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<tr>
<th>Speaker</th>
<th>Dr. Filipe Vicente, Centro Hospitalar Psiquiátrico de Lisboa, Portugal.</th>
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</table>
| Abstract | **OBJECTIVES**  
Every modern psychiatric service must include a multidisciplinary team. The author intends to explore the role of multidisciplinary teams in psychiatric day hospitals.  
**METHODS**  
Literature review through PubMed and reports of clinical practice experience in Psychiatric Day Hospitals.  
**RESULTS**  
Multidisciplinary teams in psychiatric day hospitals include psychiatrists, nurses, psychologists, pharmacologists, social workers, occupational therapists and other therapists. Combining the expertise of different mental health workers allows each patient to be assessed in all psycho-social variables, as well as a range of different modalities of care. In order to guarantee an integrated and comprehensive intervention, focused on the specific needs of each patient, the existence of weekly clinical meetings, an effective team leadership and the role of reference therapist (attributed to each patient) assumes a particular importance.  
**CONCLUSION**  
Multidisciplinary team working is firmly established as a cornerstone of the psychiatric day hospitals care.  
**References:**  
5. Priebe, S., Jones, G., Effectiveness and costs of acute day hospital treatment as compared to conventional inpatient care: a randomized controlled trial. Br J Psychiatry 2006; 188: 243-49.  
### OVERALL ABSTRACT

**Title:** Immigrant's outcome after a first episode psychosis: any difference from non-immigrants?

**Chairperson:** Dr. Amal Abdel-Baki. Centre Hospitalier de l'Université de Montréal (CHUM). Montréal, Qc, Canada.

**Abstract**

**Speakers**
- Clairélaine Ouellet-Plamondon (Canada).
- Amal Abdel-Baki (Canada).

### SPEAKER 1

**Title:** ENGAGING IMMIGRANTS IN EARLY PSYCHOSIS TREATMENT: A CLINICAL CHALLENGE

**Speaker**
- C. Ouellet-Plamondon\(^1\), A. Abdel-Baki\(^1\), S. Medrano\(^1\), L. Nicole\(^2\), C. Rousseau\(^3\)
  - \(^1\)Centre Hospitalier de l'Université de Montréal (CHUM), Montréal, Qc, Canada
  - \(^2\)Institut Universitaire en Santé Mentale de Montréal, Montréal, Qc, Canada
  - \(^3\)Centre Universitaire de Santé McGill, Montréal, Qc, Canada

**Abstract**

Objectives: Despite the fact that immigrants are at risk of developing psychosis, the literature on their treatment adherence is scarce and inconclusive. The aim of this study is to compare engagement in treatment and medication adherence of immigrants v. non-immigrants in First Episode Psychosis Early Intervention Services.

Methods: 2-year longitudinal prospective cohort study of first episode psychosis entering early intervention services in Montréal, Canada. Socio-demographic characteristics, symptoms and social functioning data were collected annually.

Results: At two years, first-generation immigrants attrition rate was almost three times the odds compared to non-immigrants after controlling for potential confounding factors (OR= 2.89 IC= 1.07-7.86). Medication adherence was similar in those remaining in the programs.

Conclusions: Immigrants are more likely to disengage with treatment than non-immigrants two years after entering services. Different hypotheses might explain the higher attrition rate in immigrants: increased mobility of immigrants and sequential migration, experience of discrimination and stigma, and different health belief models. Further research is warranted to understand this phenomenon and, therefore, to improve service success in engaging immigrants with first episode psychosis.

### SPEAKER 2

**Title:** 2-YEAR OUTCOME AFTER FIRST EPSODE PSYCHOSIS: ANY IMPACT OF IMMIGRATION STATUS?

**Speaker**
- A. Abdel-Baki\(^1\), C. Ouellet-Plamondon\(^1\), S. Medrano\(^1\), L. Nicole\(^2\), C. Rousseau\(^3\)
  - \(^1\)Centre Hospitalier de l'Université de Montréal (CHUM), Montréal, Qc, Canada
  - \(^2\)Institut Universitaire en Santé Mentale de Montréal, Montréal, Qc, Canada
  - \(^3\)Centre Universitaire de Santé McGill, Montréal, Qc, Canada

**Abstract**

Objectives: Immigration is a well-known risk factor for the development of psychosis, but the literature looking at outcomes in this population is scarce and heterogeneous. The aim of this study is to compare first and second-generation immigrants and non-immigrants' symptomatic and functional outcomes 2 years after admission to a First Episode Psychosis Early Intervention Service.

Methods: Longitudinal prospective study of 223 subjects entering First Episode Psychosis Services in Montréal, Canada compared symptomatic and functional outcomes of first and second-generation immigrants and non-immigrants. Data collection at admission, after one year and 2 years included immigration status, other sociodemographic characteristics, adherence to medication, symptoms, social and occupational functioning, and attrition rate.
Results: Immigrants and non-immigrants entering the services had similar symptoms and functioning profile. Compared to non-immigrants, first-generation immigrants present less substance use disorder and are more likely to study at 12 and 24 months and second-generation immigrants were more likely to be living with their parents throughout the study. All groups present symptoms and functioning improvement at 2 years of follow up.

Conclusions: Once engaged in first episode psychosis services, immigrants’ outcome seems to be similar if not better to non-immigrants. Immigrants are not a homogenous group (e.g., reasons of immigration and its process, age of immigration, immigrating alone or with family). Although they share some stressors and protective factors, they also differ on major factors that can have an impact outcome.
**Session:** Regular Workshop

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<thead>
<tr>
<th>Title</th>
<th>OVERALL ABSTRACT</th>
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<tr>
<td><strong>Homelessness and first episode psychosis (fep) – the portrait of an urban phenomena</strong></td>
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**Chairperson:**
Chairperson: Amal Abdel-Baki (Canada).
Co-Chair: Virginie Doré-Gauthier (Canada).

**Abstract**
Psychosis is associated with homelessness and conversely homelessness increases psychosis risk, the young being at higher risk.

Objectives:
1) Describe the prevalence and the impact of homelessness on functional and symptomatic outcome in a FEP cohort in downtown Montreal, Canada  
2) Review community treatments for this population described in the literature  
3) Present preliminary results of an intensive community care team dedicated to FEP homeless youth

Method
1) 2-years prospective longitudinal study of 168 FEP patients treated in an early psychosis intervention clinic in Montreal, comparing the functional (employment, living arrangement, QOL, GAF, SOFAS) and symptomatic outcome (PANSS, CDS, AUS, DUS) of those who had experienced homelessness to those who never did.
2) Based on scientific evidence on existing community treatment for these individuals, an intensive community care team was set-up for this specific population. The outcome of 50 homeless FEP patients treated by this team will be compared to the historical FEP homeless cohort treated with ‘regular care’ within the same FEP service before this specialized team was developed

Results
29% of FEP cohort had experienced homelessness, non-affective psychosis, male gender, lower education, drug abuse and cluster B personality disorder were associated with homelessness. Homeless participants had worse symptomatic and functional outcomes, longer hospitalisations and were more likely to use emergency services. Preliminary results of the intensive community care team project, including demographic factors associated with homelessness and outcome of housing status will be discussed.

Conclusion
Despite the intensity of specialized FEP services, homeless FEP have worse outcome which may be improved by specialised intensive outreach teams targeting this population. An intensive community care service seems to efficiently support young adults in reaching stable housing.

**Speakers**
Amal Abdel-Baki (Canada).  
Virginie Doré-Gauthier (Canada).

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**Session:** Regular Workshop

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<thead>
<tr>
<th>Title</th>
<th>SPEAKER 1</th>
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<tr>
<td><strong>WHAT DO WE KNOW ABOUT HOMELESSNESS AND EARLY PSYCHOSIS IN YOUTH?</strong></td>
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**Speaker**
Amal Abdel-Baki, Isabelle-Sarah Lévesque

1. Université de Montréal  
2. CRCHUM

**Abstract**
Background: Psychosis increases the risk of homelessness, which increases mental and physical morbidity and mortality. Risk is increased in youth.  
Objective: To determine homelessness prevalence, factors associated with its persistance and its impact on outcome in early psychosis individuals.
Method:
Systematic literature review on impact of homelessness on early psychosis outcome using electronic database (Pubmed, Psych Info, etc.) and manual search.

Results: Up to 29% of homeless youth suffer from psychosis and 5-20% of FEP youth have experienced homelessness. No data was found on its impact on outcome or on factors associated with homelessness in psychosis youth. However in older psychotic individuals, male gender, younger age, limited social support, criminality, substance misuse are.

Of homeless individuals with mental disorder, only 45% are using services (less in youth). They are more likely to use emergency and hospitalisation than ambulatory services (which are less offered to them). Homeless FEP youth are at increased risk of suicide and homicide.

In the general homeless population, childhood abuse and placements are more frequent. Younger age at first homelessness episode, substance misuse, legal problems, absence of psychiatric follow-up, unemployment and absence of source of income are associated with homelessness persistence.

Conclusion: Homelessness is a serious and frequent problem among FEP youth. Data among homelessness in first episode psychosis (FEP) is sparse. Studies documenting factors associated with homelessness and its persistence and studies on interventions focusing on potentially modifiable factors such as substance use disorders need to be studied in this population.

<table>
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<tr>
<td>Title: SHOULD WE CARE ABOUT HOMELESSNESS IN FIRST EPISODE PSYCHOSIS?: IMPACT ON OUTCOME</td>
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<td>Speaker: Amal Abdel-Baki¹², Isabelle Sarah Lévesque¹²</td>
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<td>¹ Université de Montréal</td>
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<td>Abstract</td>
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<tr>
<td>Background Although homelessness is associated with increased mental and physical morbidity and mortality, data in first episode psychosis (FEP) is sparse.</td>
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<td>Objective: To compare baseline characteristics and 2 years symptomatic and functional outcome of FEP homeless youth to those who did not experience homelessness.</td>
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<td>Method: Longitudinal prospective cohort study of 169 FEP treated in Early Intervention Services (EIS) in Montreal, Canada between 2006 and 2011.</td>
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<td>Results: About 30% of the cohort had a history of homelessness. The participation to research and the attrition rates were not different between the two groups.</td>
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<td>At admission, homeless patients were more likely to be male, unemployed, less educated, have more legal problems, lower premorbid functioning, to suffer from non-affective psychosis (vs affective psychosis), substance use disorder and cluster B personality traits or disorder, have more negative symptoms and lower baseline functioning. They showed high rates of traumatic history.</td>
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<td>At 2 years, they had poorer symptomatic (positive and negative) and functional outcomes (QOL, SOFAS, autonomy in living arrangements, employment), more persisting substance misuse and legal problems despite receiving care from EIS. They were more likely to be admitted to hospital and have more emergency room visits. Medication adherence were similar between the 2 groups although homeless youth were more likely to be prescribed intramuscular injectable antipsychotic and community treatment orders.</td>
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<td>Conclusion Homelessness is a serious and frequent problem among urban FEP youth. Interventions focusing on potentially modifiable factors such as substance use disorders and lack of social support need to be studied in this population.</td>
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### HOW TO CARE FOR THE HOMELESS – DESCRIBING THE EXISTING TREATMENTS FOR THE PSYCHOTIC HOMELESS YOUNG ADULTS, A SYSTEMATIC LITERATURE REVIEW

**Speaker**

Virginie Doré-Gauthier\(^1,2\), Amal Abdel-Baki\(^1,2\)

\(^1\) Université de Montréal
\(^2\) CRCHUM

**Abstract**

**Introduction**

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.

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### HOW TO CARE FOR THE HOMELESS – INTENSIVE COMMUNITY CARE TEAM DEDICATED TO HOMELESS YOUTH WITH PSYCHOSIS – A PILOT STUDY

**Speaker**

Virginie Doré-Gauthier\(^1,2\), Didier Jutras Aswad\(^1,2\), Amal Abdel-Baki\(^1,2\)

\(^1\) Université de Montréal
\(^2\) CRCHUM

**Abstract**

**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 specialized 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
About 50 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.
### OVERALL ABSTRACT

**Title:** Patient safety in psychiatry - need for a global perspective

**Chairperson:** Prof. S. Santhakumar, Dr Santhakumar's Institute Of Mental Health & Neurosciences, India.

**Abstract**

Safety has been a keyword in mental health field, ever since treatment strategies for mentally ill patients were conceived. For obvious reasons, earlier focus was on violence risks towards others or self as in suicidal or self harm behaviours. The basic concepts of patient safety have evolved much in the new millennium, that there is a paradigm shift in patient safety towards harm reduction in patients accessing psychiatric services. Over time, perspectives have ranged from various mental models, with healthcare agencies making committed investments into policy revisions, guideline reviews and focus on effective training for professionals with regular appraisals of practice systems. A globally recognised, high quality, evidence-based risk and safety management system is the need of the hour in modern psychiatric practice. Patient safety programmes all over the world with support of national agencies and voluntary foundations have been spearheading advances in patient safety management. Initiatives both at the macro management level and from the frontline psychiatric professionals need to be encouraged and systematically developed for effecting safe psychiatric practice. Across cultures and continents, we hope to achieve a unified awareness and acceptance of risk domains and patient safety practices, in the background of patient rights.

**References:**

2. Wachter RM. Patient safety at ten: unmistakable progress, troubling gaps. Health Affairs 2010, 29(1)

**Speakers**

Valsa Mannali (United Kingdom).
Arun Mohandas (United Kingdom).
Anil Mohandas (United Kingdom).
Vimal Mannali (United Kingdom).

### SPEAKER 1

**Title:** PATIENT SAFETY IN PSYCHIATRY - NEED FOR A GLOBAL PERSPECTIVE

**Speaker:** Dr Valsa Mannali, NHS Highland, Inverness, United Kingdom.

**Abstract**

**Objectives**

1. To increase awareness on patient safety amongst mental health professionals using comparative information from patient safety agencies across the globe.
2. To highlight the impact of preventative psychiatric practices to enhance patient safety.

**Background**

Safety has been a key word in mental health field ever since treatment strategies for mentally unwell people were conceived. For obvious reasons, earlier focus was on violence, risks towards others or self as in suicidal or self harm behaviours. As the basic concepts of patient safety evolve in the millennium, there is a paradigm shift towards substantial harm reduction in patients accessing psychiatric services. Though classifications based on diagnosis are converging to an extent and are fiercely debated but accepted internationally, patient management based on safety and evidence-based practices are still lacking clarity and clear guidelines. There is a clear divide here between nations, between the developed, the transitional and the developing, on guidelines and requirements for safe care delivery. In many world states serious incidents are accepted as part of mental illness and hence considered an inadvertent component of psychiatric practice. A sizeable percentage of serious incidents are not reported or are...
minimised, leading to unperceived need for prevention of risky situations.

**Conclusion**
Across countries and cultures, any step towards ensuring patient safety need to start with the first assessment, using cross-sectional and historic information, methodical risk and safety planning, communication of risk, and respecting confidentiality. This also includes restraints, seclusion and safe pharmacological practices. Effective communication of the diagnosis, treatment options and possible risks, to the patient and/or carer is paramount. As also, an inclusive communication within the team and liaising professionals could ensure a shared awareness of risk and prevention.

**References**
1. Scottish Patient Safety Programme
2. T Brickell et al. Patient safety in mental health. 2009 Edmonton, Alberta: Canadian Patient Safety Institute and Ontario Hospital Association

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**Session:** Regular Workshop  
**SPEAKER 2**

**Title:** TO ASSESS, REVIEW, APPRAISE, RISKS IN PSYCHIATRY

**Speaker** Dr A Mohandas, Meadowfield Hospital, UK.

**Abstract**

**Objectives**
1. To increase awareness on requirement of risk assessment and safety planning in psychiatric setting
2. To highlight the need for user friendly assessment tools in any international setting.

**Background**
Risk assessment in Psychiatry, with regards to patient safety has been evolving at varying levels and varying paces across the globe over the years; but international practices do vary. Apart from lack of awareness amongst professionals involved, cultural beliefs about mental illnesses, inadequate infrastructure and financial implications of regular risk assessments, reviews and appraisals could impact the outcome.

In inpatient setting, assessment of risk also needs to include risk of absconson. An immediate and intermediate risk assessment would be beneficial from a preventative perspective. Initial risk assessment helps decide required levels of observation and interventions which could include restriction and / or seclusion. Pharmacological interventions need adequate monitoring of vitals. Communication of treatment details, risks and safety plans within the team and with liaising teams is a must, to enhance safety. Communications at transitions starting from hand over in the wards and around discharge to community anchors and family physicians, ensure compliance and risk prevention.

Assessment of risk of suicide or self harm can be vast considering the implications on purpose built accommodations or hospitals. There are also various other risks including harm to others, self neglect, non-concordance with medications, side effects, impact on physical health, vulnerability, exploitation, substance misuse, risks to children etc.. Safety aspects of treatment start with the inpatient setting secured for ligature points, lay out of the wards, also would include sexual boundary issues looked into as per the assessed risk. In any risk assessment and safety plan, each professional’s role needs description, even if things do not go by script.

**Conclusion**
Psychiatric risk assessment requires meticulous history and evidence based, periodic clinical monitoring.

**References**
Title: CONCEPTS OF SAFETY AND SECURITY- A FORENSIC TOOL BOX

Speaker: Dr Anil Mohandas, Langdon Hospital, UK.

Abstract

Objectives:
1. To increase awareness on patient safety issues specific to forensic psychiatric population.
2. To highlight the importance of globally valid forensic risk assessment tools and standardisation of practice.

Background:
Patient risk and safety factors from a Forensic psychiatry perspective have significant implications in prison population, psychiatric settings and in the community, where the predictability of violence is of paramount importance. In Forensic psychiatry there is much focus on management of violence and aggression, control and restraint, and absconding; also psychological harm from seclusion, bullying, stigma, issues of confidentiality and consent and adverse effects from high dose antipsychotics.

Forensic mental health services are in nascent stage in many countries compared to the developed nations. Forensic assessment requires identifying causative factors like psychiatric diagnosis, both mental illness and personality disorder, substance abuse, past history of violence, and demographic factors predictive of risk.

Awareness of risk factors helps security planning for patients as well as general population. Therapeutic use of security is an important concept in Forensic Psychiatry. Three distinct aspects of security are: Procedural security (policies and procedures), Physical security (fences, locks, personal alarms) and Relational security (care based on knowledge of patient and relative risk in the environment). The HCR-20 (Historical, Clinical Risk Management – 20) in Forensic tool box is a widely used violence risk assessment tool adapted into twenty languages and more than thirty five countries. Recovery focussed approach with positive risk taking could minimises risk and improve patient safety.

Conclusion:
Standardisation of practice across all mental health settings and development of valid cross cultural risk measurement tools will help develop a common language in forensic patient safety across the globe.

References
influence behaviour at work are mostly categorised under environmental, organisational, work related, and individual. Studies show around 80% of patient safety incidents are linked to HF, highlighting issues in communication and other non-technical clinical skills such as situational awareness, teamwork, and decision making. Awareness about HF and the impact on patient safety in mental health services, can help individuals and organisations gain new perspectives to ensure safe care delivery. The vulnerability experienced by many mental health service users, indicate the role professionals can play in safeguarding and improving safety. Several patient safety agencies worldwide are re-evaluating policies, revising guidelines, ensuring updated knowledge base and adopting safer behaviour among health care staff, to minimise errors and to promote a culture of safety. Conceptualisations of non-technical human interactions between people, interface between people working within systems, understanding system resilience, are few significant strides in this direction.

Conclusion
Comparative knowledge on various patient safety interventions helps identify gaps and devise innovative solutions to reduce human errors. The barriers to the implementation and sustainability of HF innovations, can offer insights into future research.

References

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<td><strong>Violence today, victims and mental health. trauma and repair</strong></td>
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<td>Chairperson</td>
<td>Pau Perez-Sales.</td>
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<tr>
<td>Abstract</td>
<td>Reparation must be understood as the policy designed to encourage a return to society and the recognition of victims as subjects with rights. Nothing can replace what was lost in a fractured society that is living through a violent conflict, but facing the consequences of such violence and to assuming the responsibility of the State reference to all victims and survivors, independently of their political options, is an essential step towards rebuilding social relationships. There is serious concern about the existence of the phenomenon of torture in Spain, and there are objective reasons for being seriously concerned. It is not a phenomenon that occurs in all cases, but the allegations of torture (whether before the judge, in the press or in human rights organizations) are recurring, not only by people detained under the incommunicado detention regime like those in the present study, but also by other groups such as migrant people and other vulnerable sectors of the population.</td>
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<td>Speakers</td>
<td>Iñaki Markez (Spain). Olatz Barrenerxea (Spain).</td>
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### OVERALL ABSTRACT

**Title:** Introduction of experiential learning in under-graduate psychiatry training

**Chairperson:** Prof. M. Thirunavukarasu, SRM Medical College Hospital & Research Center, Kattankulathur, Chennai, India.

**Abstract**

Within psychiatry training, a change in teaching and learning methodology for undergraduate psychiatry training is endorsed by the World Psychiatry Association (WPA), who promote a move towards more interactive methods of teaching and away from didactic methodology. Evidence suggests that using constructivist, experiential methods for teaching, creates deeper levels of learning, with increased engagement and greater application of knowledge in the context of clinical practice. The speakers have used this methodology in India, Hong Kong, Singapore, Malta, Egypt, UK and Australia with excellent feedback from undergraduate and postgraduate trainees.

This session is aimed at trainers and trainees who are keen to explore experiential methods of teaching and training including psychiatric simulation, reflection-in-action and the use of film, to share good practice in different countries, and to discuss the implications of developing an experiential methodology for undergraduate education.

**Speakers**

Manickam Thirunavukarasu (India).
Usha Bai (India).
Raja Natarajan (United Kingdom).

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**Session:** Regular Workshop  
**Title:** UNDERGRADUATE PSYCHIATRY TRAINING IN INDIA – WHAT NEEDS TO CHANGE AND WHY?  
**Speaker:** Prof. M Thirunavukarasu, SRM Medical College Hospital & Research Center, Kattankulathur, Chennai, India.

**Abstract**

Psychiatry training in India is limited in time and varied in content. There are many calls for undergraduates to receive greater exposure to both theoretical teaching and clinical experience, to prepare them to diagnose and treat psychiatric problems effectively, particularly in general medical practice. To this end, SRM Medical College has been piloting the introduction of constructivist teaching techniques, to help the students learn to ‘think’ and apply knowledge in context, not to simply learn facts, with the aim that such thinking, or reflection, will enable them to use the knowledge they have acquired more effectively.

This presentation looks at the current situation and possibilities for change.

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**Session:** Regular Workshop  
**Title:** UNDERGRADUATE PSYCHIATRY TEACHING IN AUSTRALIA – INTRODUCING REFLECTIVE AND EXPERIENTIAL LEARNING  
**Speaker:** Prof. N.B. Pai, Graduate School of Medicine, University of Wollongong, Wollongong, Australia.

**Abstract**

Undergraduate psychiatry education in Australia has been developing over recent years, with an increasing emphasis on preparing medical students to assess and treat psychiatric illness in primary care psychiatry. In addition to reviewing the undergraduate mental health curricula – what is taught, a greater emphasis has been placed on the teaching methodology – how it is taught, with experiential learning increasing the possibilities for engagement and deeper levels of learning.

Prof. Pai will present about his experiences in using reflective and experiential learning in Australia, the impact this has had on psychiatric education and possible ways forward.
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<tr>
<td>Title:</td>
<td>APPLYING ADULT LEARNING THEORY IN UNDERGRADUATE TEACHING OF PSYCHIATRY - UTILISING PSYCHIATRIC SIMULATION AND FILM IN INDIA AND THE UK</td>
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<tr>
<td>Speaker</td>
<td>Dr R. Natarajan, J. Young, M. Crook, Berkshire Healthcare NHS Foundation Trust, Reading, UK.</td>
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<td>Abstract</td>
<td>Adult learning theories suggest that the use of constructivist teaching strategies, such as experiential learning and reflection, increase the engagement of students and improve learning outcomes. Through the use of live psychiatric simulation, film and reflection-in-action, this presentation will demonstrate how learning experientially can enhance engagement and contextualise learning, so enabling knowledge to become integrated into subsequent practice. The UK team will share their experiences of applying these techniques across different cultural settings, including the UK and India, and consider ways to integrate this methodology into current teaching methodology.</td>
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Regular Workshops
Dual Disorders / Pathology Track
### Tobacco and dual disorders

**Chairperson**
Dr. Debora Serebrisky. Clinical Research Center WM, Buenos Aires, Argentina.

**Abstract**

Speakers

1. Dr. Fernando Müller  
   Clinical Research Center WM, Buenos Aires, Argentina.
2. Dr. Debora Serebrisky  
   Clinical Research Center WM, Buenos Aires, Argentina.
3. Dr. Marcela Waisman Campos  
   Fleni Institute, Buenos Aires, Argentina.

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### Smoking and mental health professionals in Argentina

**Speaker**
Dr. Fernando Müller  
Clinical Research Center WM, Buenos Aires, Argentina.

**Abstract**

Smokers with psychiatric disease differ from smokers who do not have this diagnosis (% prevalence, intensity of consumption, nicotine dependence, withdrawal, % of disease from smoking). Smoking among health professionals determines their interventions regarding smoking.

Objectives:
To determine the prevalence of smoking among psychologists and psychiatrists in Argentina.
To examine their beliefs, attitude and knowledge regarding nicotine addiction.

Material and Methods: We investigated smoking prevalence, attitudes and knowledge about smoking, among attendants to Argentine Psychiatrists Association (APSA) Congress during 2005 and 2009, using the Core Questionnaire (WHO). Both samples were obtained during the congress by a trained team, who surveyed 1000 health professionals in each occasion (in 2005 and in 2009).

Results: There is high prevalence of smoking among mental health professional in Argentina, smoking rates were higher for females than for males, smoking is tolerated in the psychiatrists offices during consultation, high prevalence of self-sufficiency for smoking cessation among professionals, low level of intervention in smoking cessation, more than half of mental health professional who are smokers don't consider themselves ready to quit and are at high risk of getting sick from smoking.

Conclusions: These findings suggest we should implement rapid and profound changes regarding smoking among mental health professionals, for their own sake and for the sake of their patients.

**References**


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### Smoking and psychiatric comorbidity, the big paradox of mental health systems

**Speaker**
Dr. Debora Serebrisky  
Clinical Research Center WM, Buenos Aires, Argentina.
Abstract

There is high prevalence of psychiatric comorbidity among smokers, and high prevalence of smoking among people with mental illness. Smokers with mental illness show significant differences compared with smokers without mental illness regarding prevalence, intensity of smoking, nicotine dependence, withdrawal syndrome and tobacco dependent illnesses. People with mental illness die 25 years before the general population due to tobacco related illnesses. Nevertheless, mental health professionals have ignored this serious problem throughout the past years.

The culture of smoking by patients and staff within mental health systems of care has a long history. Cigarettes have been used as a patient management tool by staff. These settings have traditionally been exempt from smoke-free policy because of complex held views about the capacity of people with mental disorder to tolerate such policies.

We examine the different aspects related to this problem and specific strategies we implemented in order to deal with it, including: collaborating with a group of addiction specialists from different provinces of Argentina, publishing a book about this topic with “tools for action”, participating in the EAGLES study, and working on motivation and implementation of smoke free policies in mental health units.

We try to synthesize what we know works, why we think it works, and the remaining barriers to smoke-free policy.

References


Session: Regular Workshop | SPEAKER 3 | Code | WS21

Title: Cigarette smoking and cognitive decline

Speaker: Dr. Marcela Waisman Campos
Fleni Institute, Buenos Aires, Argentina

Abstract

Nicotine is primarily responsible for the highly addictive properties of cigarettes. Similar to other substances of abuse, nicotine dependence is related to many important brain regions, particular in mesolimbic reward pathway. Cigarette smoking could contribute to vascular dementia and cognitive impairment through atherosclerotic and hemodynamic processes. Conversely, some epidemiologic studies have suggested that cigarette smoking may be associated with a lower risk of Alzheimer's disease in the elderly. However, other studies have pointed out that these findings are subject to a survival bias among older smokers, or may be confounded by genetic influences.

We analyze the cognitive impact of tobacco and other substances of abuse, considering the high prevalence of smoking among people with mental illness.

As the populations of industrialized societies grow older, the prevalence of cognitive impairment is expected to increase. It is therefore important to identify risk factors for cognitive decline, especially those that are potentially modifiable, like cigarette smoking. Studies indicate that continuous smoking during a period of middle age is predictive of poorer cognitive performance later in life. The more cigarettes a person smokes and the greater the length of time that they have been a smoker, the greater the cognitive decline.

We suggest that cognitive evaluation should be part of the general evaluation of psychiatric patients, especially when there is substance abuse comorbidity, including tobacco dependence.
Guidelines for pharmacological and psychological treatment of adult patients with a psychiatric disorder and a comorbid substance use (dual diagnosis patients)

Miguel Bernardo, Hospital Clinic, Barcelona, Spain

Objectives. A clinical practice guideline is a systematically developed statement to help people make decisions in clinical settings. Since the quality of the development of these guidelines can vary considerably, a strategy is needed to assess their relevance and the reliability of the recommendations for clinical practice. Our aim is to provide a helpful and pragmatic guideline for psychiatrists and psychologists involved in prescribing or treating people with psychiatric disorders and substance use.

Methods. Six topic groups have been addressed: 1) Schizophrenia and Substance Use, 2) Bipolar Disorder and Substance Use, 3) Mood Disorders and Substance Use, 4) Anxiety Disorders and Substance Use, 5) Attention Deficit and Hyperactivity Disorder and Substance Use, and 6) Psychological interventions. Clinical questions have been based on the following pattern “What is the effect of a pharmacological or psychological intervention for treating adult patients with (Disorder) and a (Substance) Use Disorder?” The PICO (Patient, Intervention, Comparator, Outcome) procedure has been used to develop each clinical question.

Existing systematic reviews and RCTs have been identified from MEDLINE and EMBASE searches and from the Cochrane Database. The evidence for this guideline has been synthesized and evaluated according to the AGREE II instrument (Appraisal of Guidelines for Research and Evaluation) (www.agreecollaboration.org). This tool establishes what information and how the information ought to be reported. A GRADE (www.gradeworkinggroup.org) evidence profile has been used to summarize both the quality of the evidence and the strength of recommendations. For each outcome, study design, limitations, inconsistency, indirectness and imprecision have been used to downgrade or upgrade the evidence.

Results and Conclusion. Each evidence profile is represented in a summary of the findings (SoF) table including the number of service users included in each group, an estimate of the magnitude of the effect, and the overall quality of the evidence for each outcome.

References

Speakers
1. Miguel Bernardo
   Hospital Clinic, Barcelona, Spain
2. Manuel Arrojo
   Servicio Gallego de Salud, Comunidad autónoma de Galicia, Spain
3. Luis San
   Hospital Sant Joan de Deu, Barcelona, Spain
Regular Workshop
Spanish / Portuguese Track
Enfermedades psicocutáneas en pediatría

Objetivos: 1. Describir la relación entre piel y mente, en todo el espectro de desarrollo; 2. Definir y conceptualizar a la psicodermatología en infancia y adolescencia. 3. Clasificar y describir la semiología, diagnóstico y tratamiento de las patologías más prevalentes en psicodermatología pediátrica.

Resultados: Muchas especialidades médicas pueden reclamar su relación con la psiquiatría, más es en la dermatología donde la relación es mucho más evidente, puesto que sorprende la gran variedad y frecuencia de los trastornos psiquiátricos relacionados. Se ha hablado del origen común ectodérmico de la piel y el sistema nervioso central para explicar su capacidad para reaccionar conjuntamente, y también de la infinita variedad de entidades clínicas y patologías de la piel, un órgano que es capaz de ofrecer una nosología florida y compleja que desorienta al médico poco experimentado.

Métodos: A través de esta mesa redonda, se proveerá de información basada en la evidencia acerca de las enfermedades psicocutáneas en pediatría (y en el espectro de desarrollo del ser humano), con énfasis en su fisiopatología, diagnóstico y tratamiento.

Conclusiones: La importancia de la piel en la función psíquica tiene sus raíces en el rol del órgano cutáneo como herramienta de comunicación y de expresión de emociones. La piel es el órgano del apego, pues las experiencias físicas iniciales en el recién nacido son principalmente táctiles. Esas primeras experiencias de interacción, establecidas a través de la piel, son indispensables para lograr el adecuado desarrollo orgánico y psicosemocional del individuo. Dado que la piel es la parte más accesible del cuerpo humano, no es raro que muchas personas expresen a través de la piel impulsos de naturaleza ansiosa o autodestructiva, provocándose síntomas dermatológicos. Por otro lado, personas con enfermedades dermatológicas que comprometen la autoimagen pueden sentirse deprimidos, avergonzados o ansiosos como consecuencia de su enfermedad.

Speakers
Julio Torales (Paraguay).
Rodrigo Chamorro (Chile).

Abstract
Objetivos: 1. Conceptualizar y clasificar a las enfermedades psicocutáneas que afectan a la población infanto-juvenil; 2. Presentar los criterios diagnósticos actuales y sus diferenciales principales de la tricotilomanía pediátrica, trastorno de excoriación y acné excoriado, onicofagia y dermatofagia, entre otros; y, 3. Discutir las opciones actuales de tratamiento disponibles para el manejo de los trastornos psiquiátricos primarios con manifestaciones dermatológicas.

Resultados: Los trastornos psicocutáneos se clasifican en dos grandes grupos: 1. Trastornos Dermatológicos Primarios con Comorbididades Psiquiátricas; y 2. Trastornos Psiquiátricos Primarios con Manifestaciones Dermatológicas. Los trastornos psicocutáneos son condiciones caracterizadas por manifestaciones psiquiátricas y dermatológicas. Su diagnóstico y tratamiento representan un reto que requieren el tratamiento de la psicopatología subyacente; además, este reto se ve intensificado cuando se trata de población infanto-juvenil.
**Métodos:** A través de esta mesa redonda, se proveerá de la información más actualizada disponible sobre los trastornos psicocutáneos en pediatría, específicamente sobre el grupo de “trastornos psiquiátricos primarios con manifestaciones dermatológicas” (dermatitis artefacta, tricotilomanía pediátrica, trastorno de excoriación y acné excoriado, onicofagia y dermatofagia, entre otros). Se insistirá en los criterios diagnósticos y pautas actuales de manejo.

**Conclusiones:** Un trastorno psicocutáneo en específico puede tener diferentes psicopatologías subyacentes y, a veces incluso, múltiples psicopatologías coexistentes. A menudo, tanto el tratamiento farmacológico como el no farmacológico son requeridos. La elección de los psicofármacos depende de la naturaleza de la psicopatología subyacente (por ejemplo: ansiedad, depresión, trastorno obsesivo compulsivo, psicosis). Cualquier trastorno dermatológico, independientemente de su psicopatología subyacente, puede tener comorbilidades psiquiátricas como los trastornos disociativos, los disruptivos, el de por déficit de atención, el de ansiedad, el obsesivo compulsivo, el de control de impulsos y los de personalidad, la esquizofrenia y otras psicosis.

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<td>J. Torales(^1), A. Arce(^1), R. Cháморro(^2)</td>
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<td>Speaker</td>
<td>(^1) Cátedra de Psiquiatría, Hospital de Clínicas, Universidad Nacional de Asunción, Asunción, Paraguay. (^2) Sociedad de Neurología, Psiquiatría y Neurocirugía, Santiago de Chile, Chile.</td>
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| Abstract | Objetivos: 1. Conceptualizar la etiopatogenia y la fisiopatología de la tricotilomanía pediátrica; 2. Discutir las opciones actuales de tratamiento, incluidas la terapia cognitivo conductual con entrenamiento en la reversión del hábito y la psicofarmacología basada en la evidencia, según sea el caso. 

Resultados: 1. La terapia cognitivo conductual es efectiva para la tricotilomanía, aunque existen problemas con la recaída; 2. Los psicofármacos, en particular los inhibidores selectivos de la recaptación de serotonina, sólo deben ser indicados como tratamiento de segunda línea, en caso de comorbilidad psiquiátrica o cuando la terapia cognitivo conductual ha fallado; 3. La evolución reciente de la farmacoterapia ha sugerido que otros medicamentos (antipsicóticos atípicos, bloqueadores opiáceos y moduladores del glutamato) son prometedores como tratamientos futuros; y 4. Se necesita más investigación para desarrollar una mejor comprensión de la fenomenología de la tricotilomanía en todo el espectro del desarrollo. 

Métodos: a través de esta mesa redonda, se proveerá de la información más actualizada disponible sobre la tricotilomanía pediátrica, haciendo hincapié en la terapia cognitivo conductual con entrenamiento en la reversión del hábito y la psicofarmacología basada en la evidencia, según sea el caso. Se insistirá en el rol de los padres en el proceso terapéutico del niño o adolescente. 

Conclusiones: los progresos realizados en los últimos años en el campo de la tricotilomanía aún no han tenido un gran impacto en la práctica clínica diaria, y conseguir esto constituye el más gran desafío que aún enfrentamos quienes trabajamos con este tipo de pacientes. A esto se suma que la terapia cognitivo conductual no está siempre disponible, y cuando se accede a ella a menudo se realiza de manera subóptima. En los próximos años, será fundamental para los investigadores satisfacer la creciente demanda de información y formación mediante el desarrollo de modelos optimizados de tratamiento para la tricotilomanía.
Dos programas estructurados para trabajar con las familias en trastornos del comportamiento alimentario: Modelo Maudsley vs. modelo psicoeducativo habitual

Chairperson
Dr. Ana R. Sepúlveda, School of Psychology. Autonomous University of Madrid. Madrid. Spain.

Abstract
La familia es un elemento clave en el tratamiento efectivo de los pacientes con trastornos del comportamiento alimentario, recomendado a su vez, en la Guía Nacional Sanitaria (SNS), ya que se proporciona un mayor apoyo a las pacientes para continuar con su proceso de recuperación. La Emoción Expresada (EE) dirigida hacia los pacientes con trastornos del comportamiento alimentario, es un predictor de recaídas. En esta última década se ha tenido en cuenta el impacto de la EE en el entorno familiar, y se ha desarrollado algunos modelos de intervención, donde la familia sería uno de los recursos relevantes. El desarrollo de programas psicoeducativos y de habilidades de afrontamiento en el campo de la intervención familiar en TCA representa un reto en el avance de ofrecer un tratamiento integrado a los pacientes. Se presentarán dos intervenciones estructuradas (programa psicoeducativo vs. programa habilidades de comunicación según el Maudsley Hospital) dirigida a mejorar el conocimiento y las creencias de las familias sobre los TCA, así como a reducir el impacto negativo que les provoca. Se describirán cómo funciona cada programa en las familias españolas, se expondrán datos preliminares sobre su viabilidad y aceptación, y se procederá a presentar los resultados de un estudio piloto sobre los cambios que la intervención produce en los familiares y en los mismos pacientes.

Speakers
1. Dr. Ana R. Sepúlveda
   School of Psychology. Autonomous University of Madrid. Madrid. Spain
2. Dra. Elena Gutiérrez
   Mental Health Center of Usera. Hospital 12 of Octubre. Madrid. Spain

Session:
Regular Workshop
OVERALL ABSTRACT
Code WS421

Title:
Presentación de un modelo de habilidades de comunicación como intervención estructurada familiar y los resultados de la comparación de ambos modelos

Speaker
Dr. Ana R. Sepúlveda,
School of Psychology. Autonomous University of Madrid. Madrid. Spain

Abstract
Objetivos: El objetivo es describir el Programa del Maudsley de mejora en la comunicación familiar. Método: El modelo teórico del Maudsley se dirige a la enseñanza de habilidades de comunicación y afrontamiento a los padres en relación con su hija, es un programa estructurado de 6 sesiones, de dos horas de duración durante tres meses. Se evalúa con una batería a los padres, el nivel de ansiedad y depresión, la emoción expresada, y el nivel de autoeficacia, y también se recogen medidas en la pacientes, sobre la severidad de la patología alimentaria, entre otros. Resultados: Se mostrará cómo se realizar las sesiones y qué elementos y ejercicios se realizan en este programa. Se practicará distintos escenarios problemáticos familiares y cómo actuar. Conclusión: Se trata de mostrar la viabilidad y aceptación de este tipo de intervención en padres en TCA.

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| **Speaker** | Dra. Elena Gutiérrez  
| **Abstract** | Objetivos: El objetivo es describir el Programa Psicoeducativo Habitual estructurado con contenido más frecuentemente usado en consultas e unidades especializadas de TCA. Por último, se examinará la efectividad de los dos programas a través de un estudio piloto controlado pre, post y 3-meses de seguimiento.  
Método: El Modelo Psicoeducativo Habitual se ha desarrollado con el mismo formato descrito previamente, y que se dirige a describir las causas y consecuencias de los síntomas, tipos de tratamiento, para facilitar a los padres una perspectiva informativa de la patología, y tiene un formato similar al anterior, es un programa estructurado de 6 sesiones, de dos horas de duración durante tres meses. Los instrumentos para medir a los padres son los mismos que en el grupo anterior.  
Resultados: Se mostrará cómo se realizar las sesiones y qué elementos y ejercicios se realizan en este programa. Se mostrarán los resultados de la comparación de ambos programas a través de un estudio pre-post-seguimiento.  
Conclusión: Los resultados del estudio piloto muestran como ambos programas son valiosos y pueden ser complementarios. |
Trastorno límite de personalidad y violencia: Una visión en la práctica privada en Lima, Perú

Chairperson Dra. Matilde Lena Luna Matos. Hospital Nacional “Guillermo Almenara Irigoyen” ESSALUD. Lima, Perú

Abstract El Trastorno Límite de Personalidad es actualmente un problema para la psiquiatría moderna por su dificultad para el diagnóstico, tratamiento farmacológico y psicoterapéutico. Se estima que entre el 10 y 13% de la población sufre o sufrirá este tipo de trastorno en algún momento de su vida. La prevalencia es de aproximadamente 10% en pacientes ambulatorios, entre 30 y 60% de los diagnósticos de Trastornos de Personalidad (DSM-IV Eje II) y a menudo está asociado con otros trastornos mentales. Presentamos la revisión de 160 historias clínicas (11 hombres y 149 mujeres) de pacientes con diagnóstico de Trastorno Límite de Personalidad. El universo es 1559 pacientes de la consulta privada de Psicointegral entre mayo del 2008 y mayo del 2013. Dr. Ledesma hablará sobre los hallazgos demográficos encontrados, el grado de severidad y la presencia de violencia relacional en este trastorno, en relación a otras poblaciones. Dra. Pérez se referirá a la violencia en pareja, al maltrato infantil con sus hijos/as (niños/as y adolescentes) y cómo estos eventos traumáticos afectan la salud mental y pueden estar relacionados con patología mental futura. Dr. Vera hará una revisión sobre la comorbilidad psiquiátrica en esta población y los diversos tipos de autoagresión.

Speakers
1. Dr. Mario Francisco Ledesma Gastañadui
Psicointegral – Orientadores Especializados en Salud Mental Integral. Lima, Perú
2. Dra. Laura Cecilia Pérez Arce
Psicointegral – Orientadores Especializados en Salud Mental Integral. Lima, Perú
3. Dr. Carlos Jesús Vera Scamarone
### References


### Session: Regular Workshop | SPEAKER 2 | Code | WS495
---|---|---|---
**Title:** Trastorno límite de personalidad: Violencia en las relaciones de pareja y con los hijos/as

**Speaker:** Dra. Laura Cecilia Pérez Arce. Psicointegral – Orientadores Especializados en Salud Mental Integral. Lima, Perú

**Abstract**

1. **Objetivos:** Determinar la existencia y el tipo de violencia ejercida hacia sus parejas e hijos/as.

2. **Método:** Del universo de 1559 pacientes de Psicointegral, se revisan 149 historias clínicas correspondientes a mujeres diagnosticadas de Trastorno Límite de Personalidad, atendidas entre mayo del 2008 y mayo del 2013.

3. **Resultados:** El 68% de las pacientes tenían pareja: 100% eligieron parejas violentas y 94% fueron violentas con sus parejas (76% ejercieron violencia física+psicológica, 18% violencia psicológica, 0% violencia sexual). El 48% eran madres: 75% de hijos/as menores de edad y 25% de hijos/as mayores de edad.

Del grupo de madres, el 100% ejercieron maltrato con sus hijos/as: físico (cachetear, jalar el cabello, golpear, patear, arañar), psicológico (gritar e insultar en la casa o en la calle, echar de la casa, no hablarles por varios días, mentirles), negligencia (no recogerlos de algún lugar, abandonarlos desde su nacimiento u otras personas y luego de unos años “recogerlos”, ignorar el abuso sexual).

4. **Conclusiones:** Las pacientes con este trastorno en su mayoría ejercen violencia física y psicológica con sus parejas. En el rol de madre todas ejercieron maltrato infantil (físico, psicológico, negligencia). Constituye un hallazgo importante en este grupo de pacientes que algunos/as de los hijos/as mayores de edad, actualmente también tienen diagnóstico de Trastorno Límite de Personalidad. Es importante que el abordaje familiar sea parte del tratamiento integral a fin de prevenir cuadros clínicos en algún otro miembro de la familia.

**References**


### Session: Regular Workshop | SPEAKER 3 | Code | WS495
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**Title:** Trastorno límite de personalidad: comorbilidad y comportamiento autoagresivo en Lima, Perú

**Speaker:** Dr. Carlos Jesús Vera Scamarone. Psicointegral – Orientadores Especializados en Salud Mental Integral. Lima, Perú.

**Abstract**

1. **Objetivos:** El Trastorno Límite de Personalidad se asocia a una alta comorbilidad psiquiátrica. Las autoagresiones son frecuentes, siendo un elemento importante para el diagnóstico. Este estudio pretende determinar las comorbilidades más frecuentes asociadas al Trastorno Límite de Personalidad.

2. **Método:** Se obtuvo una muestra significativa de 160 pacientes que completaron los criterios diagnósticos DSM IV para Trastorno Límite de Personalidad. Se revisaron historias clínicas y se obtuvieron las comorbilidades, conductas auto lesionales e intentos de suicidio. Se aplicó la Escala Modificada de Agresión Manifiesta (EMAM) en cuatro categorías: agresión verbal, agresión física contra la propiedad y el mobiliario, autoagresión y agresión física contra otros.

3. **Resultados:** El 95% de la muestra presenta comorbilidades en el eje I siendo más frecuente entre 18 y 30 años (45,2%) disminuyendo conforme pasan las décadas de vida. Las comorbilidades más frecuentes...
fueron los trastornos de adaptación (16,9%), seguido de los trastornos depresivos recurrentes (16,5%) y la dependencia a múltiples sustancias (13%). Si se agregan los trastornos del estado de ánimo se llega al 32%. Se observa una asociación entre episodios depresivos y trastornos de adaptación. Las conductas agresivas son más graves en jóvenes.

4. Conclusiones: Hay una fuerte asociación entre comorbilidad y Trastorno Límite de Personalidad. Las comorbilidades disminuyen con la edad. El abuso de sustancias se asocia a trastornos del humor y a adultos jóvenes. Se demuestra que la autolesión es común en adultos jóvenes y disminuye con la edad.

### OVERALL ABSTRACT

**Session:** Regular Workshop  
**Title:** Los Derechos Humanos, el arte y la subjetividad  
**Chairperson:** Licenciada Carolina Pesino. Universidad de Buenos Aires Argentina  
**Abstract:** Not received  
**Speakers**

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**Session:** Regular Workshop  
**Title:** El Cine Como Catalizador De Las Representaciones Sociales  
**Speaker:** Dr. Juan Brunetti  
**Universidad de La Matanza. Argentina**  
**Abstract**

Resumen  
El objetivo de este taller es dar a conocer una investigación que se enmarca en el proyecto UBACyT Las competencias éticas y sociales de los estudiantes de psicología de grado y posgrado de la Facultad de Psicología de la Universidad de Buenos Aires. Estudio exploratorio descriptivo en base a una investigación cuanti-cuantitativa. En el que buscamos explorar las relaciones existentes entre las situaciones traumáticas y la subjetivación de las mismas. Entendiendo por subjetivación la construcción de una serie de identificaciones individuales y colectivas que sirven de soporte para el desarrollo personal. En este proceso el cine tiene un papel central en tanto que funciona en algunos casos como cristalizador y en otros como catalizador de los procesos de subjetivación.  
En el caso de las películas para niños van mostrando explícita o implícitamente un mensaje preciso en cuanto a temas relacionados con las fantasías infantiles universales (Freud), los miedos, los peligros, la oscuridad, los personajes terroríficos, etc. Estas mismas fantasías que en una determinada edad invaden la tranquilidad de los niños se han llegado a convertirse en realidades históricas muchas veces superadoras de las mismas por su carácter siniestro.  
Una de las preguntas que orientó nuestro trabajo metodológico fue ¿Cómo organizar un acceso “logopático” a temas de derechos humanos?  
El cine se presenta como catalizador cuando promueve un proceso de cambio social fundamentado en la potenciación de los efectos que tiene sobre la subjetividad.  
El cine se presenta como cristalizador cuando muestra, pone de manifiesto ciertas realidades sociales provocando la toma de conciencia del espectador.  
La cristalización y plasmación en el cine de la realidad social no siempre conduce a la transformación, aunque es un paso previo y necesario.  
El presente trabajo buscará dar cuenta del lugar del cine en la transmisión de la ética y los derechos humanos en el aula universitaria.

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**Session:** Regular Workshop  
**Title:** Memoria, Identidad Y Sujeto En El Escenario Estético De Rapunzel  
**Speaker:** Dra. Ormart, Elizabeth  
**Universidad de Buenos Aires y Universidad de La Matanza. Argentina**  
**Abstract**

Resumen  
La maternidad se encuentra en la actualidad a raíz de las tecnologías de reproducción asistida disociada de la función materna. Sin embargo, esta separación no es nueva. Han existido mujeres que criaron y amantaron hijos de otras y quienes los adoptaron como propios desde la antigüedad. El robo de niños tampoco es una práctica novedosa. Encontramos en el Antiguo Testamento el relato de una madre que al morir su hijo recién nacido le roba el niño a otra mujer para reemplazarlo. La disputa entre las dos
mujeres llega a la corte del Rey Salomón quien luego de escuchar a ambas, toma la conocida medida salomónica de partir el niño al medio y darle a cada mujer su mitad. Este fallo se presenta como una pretensión absurda que pone en duda la famosa justicia salomónica. Sin embargo, la historia continúa y la verdadera madre decide ceder al niño a la otra mujer. Ese objeto deseado es cedido para conservar al niño dando cuenta de la maternidad en función. 

En el film Rapunzel (Disney, 2010) una malvada mujer roba a una niña. Este robo le permite ubicarse en un lugar que no le es propio, el lugar de la madre y a la niña le otorga una identidad fraudulenta, la de su hija. Nos detendremos en este trabajo en nociones que se articulan a través del film, tales como la función materna, la memoria, la identidad y las identificaciones. Estos conceptos nos permitirán pensar en la afectación de estas nociones en la actualidad y el lugar del psicólogo en la lectura de los signos de nuestra época.

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<td>Speaker</td>
<td>Lic. Carolina Pesino</td>
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<tr>
<td>Abstract</td>
<td>Resumen 1) El objetivo del trabajo es presentar el caso de Clara Anahí, nieta de Chicha Mariani, tomado como ejemplo emblemático de los niños desaparecidos en la última dictadura cívico militar en la Argentina, y la manera que su abuela encontró a través de la suelta de globos, entre otros recursos, la posibilidad de tramitar una historia de horror en el abanico de las catástrofes sociales. Esta, como tantas otras son historias traumáticas que dejan marcas en la singularidad no solo de quienes la han sufrido sino en la comunidad misma que la padeció. 2) A través del método de entrevista libre y dirigida a María Isabel Chorobik de Mariani (Chicha), se mostrará cómo desde el psicoanálisis, determinadas历史s singulares pudieron empezar a decirse en un vínculo con la historia como forma de anudar aquello arrebatado. 3) Resultados: La desaparición deja un lugar vacío y la búsqueda marca el lugar inmorrable de una cicatriz expuesta. Es una historia de lazos sociales destrozados que atenta contra la destrucción del mundo simbólico y abre la posibilidad de caer en una locura insoslayable. Es necesaria esta operación simbólica, para actualizar el pasado que busca inscribirse, que necesita ser visto y oído. De no ser así se pierden todas las posibilidades de referencia, dejando a los sujetos que padecieron el horror de este tipo de tramas en un estado de extrañamiento y de soledad absoluta respecto de su propia historia. 4) Conclusiones: El acto simbólico de la suelta de globos que Chicha Mariani pone en juego, permite evitar ese desmoronamiento y dar paso al advenimiento de lo simbólico, esencial e imprescindible para soportar lo catastrófico. Es una forma de evitar el olvido y de inscribir la memoria construyendo una historia en ese mismo acto.</td>
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<td>En este Taller convergen distintas miradas sobre los procesos asistenciales en el tratamiento del llamado trastorno mental grave, en el contexto de la Hospitalización parcial. Por un lado dos profesionales realizan, desde su práctica clínica asistencial, consideraciones entorno a los procesos asistenciales. Planteamientos relacionados con las necesidades de los pacientes; tipo de intervenciones; nos ofrecen indicadores de eficacia y de calidad asistencial, así como enfatizan sobre los aspectos de la continuidad asistencial, no duplicidad de las intervenciones y coordinación entre los distintos servicios que van a atender a lo largo de la vida al paciente. Paralelamente una usuaria de servicios de salud mental, presenta un relato en primera persona de lo que supone el proceso terapéutico, desde su inicio de enfermedad y pase por distintas modalidades de atención en la red de salud, señalando la importancia de la flexibilidad y adecuación de los equipos a sus necesidades. Ofrece su visión de la recuperación en la cronicidad y de la relevancia de aportar nuevas fórmulas que impliquen a los profesionales, los usuarios, las familias y también a la comunidad.</td>
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<tr>
<td>Speakers</td>
<td>Ana Moreno (Spain). Josefina Mas (Spain). Trinidad Solá (Spain).</td>
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<tr>
<td>Title:</td>
<td>PROCESOS ASISTENCIALES. UNA EXPERIENCIA</td>
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| Abstract | La práctica clínica no siempre reúne características de calidad: existe gran variabilidad en las intervenciones clínicas; el aumento en la complejidad de la atención dificulta la coordinación entre profesionales y puede llevar bien a la repetición de técnicas sobre un mismo paciente, bien a la falta de coherencia entre las intervenciones de unos y otros. 

OBJETIVOS: Con el objetivo de minimizar los riesgos que estos problemas pueden generar, comenzaron a desarrollarse los procesos asistenciales que intentan dar respuesta a la pregunta: quién hace qué, dónde, con qué recursos, cómo se relaciona con las actividades y técnicas anteriores y posteriores y qué resultados tiene en cuanto a la mejoría del paciente (reducción de sintomatología, mejora de la calidad de vida y recuperación de autonomía). 

MÉTODO: En el Hospital Universitario Príncipe de Asturias se adaptó la metodología de trabajo por procesos a partir de 2012: 
1. Selección de los problemas sobre los que se iba a trabajar: trastorno mental grave, trastornos de personalidad y trastornos de la conducta alimentaria.
2. Curso sobre metodología en procesos asistenciales para todos los profesionales.
3. Constitución de grupos de trabajo.
4. Revisión y adaptación de la bibliografía disponible a las características de la población diana.
5. Elaboración de los documentos que dibujan el proceso asistencial (desde la detección en Atención Primaria u otros recursos, evaluación, diseño y aplicación del plan de tratamiento; evaluación de resultados y revisión del proceso)
6. Adaptación de los recursos informáticos para el registro y explotación de la información.
7. Pilotaje de cada proceso. 

RESULTADOS Y CONCLUSIONES: Los tres procesos asistenciales están en fase de pilotaje. La adopción de esta metodología ha permitido: | | | | |
1. Disminuir la variabilidad interprofesional no explicable por la evidencia disponible.
2. Mejorar la coordinación entre profesionales y dispositivos.
3. Evaluar la calidad y resultados de la práctica asistencial.

Session: Regular Workshop  
SPEAKER 2  
Code WS633

Title: PROCESO DE ATENCIÓN PERSONAS DIAGNOSTICADAS DE TRASTORNO DE LA PERSONALIDAD CLUSTER B (FUNDAMENTALMENTE TRASTORNO LÍMITE DE LA PERSONALIDAD)

Speaker Josefina Mas.  

Abstract La atención a los pacientes con trastornos de la personalidad requiere que intervengan diferentes recursos sociosanitarios en distintos momentos del tratamiento o simultáneamente. Con este proceso asistencial se pretende:
1.- Conocer la población con estas características que se está atendiendo.
2.- Organizar de la manera más idónea posible los recursos existentes para dar una respuesta eficaz y eficiente a esta población.
3.- Detectar los recursos que faltan y valorar si se pueden poner en marcha.

El grupo de personas al que se dirige este proceso presenta diferencias muy significativas entre sí, pero también hay diferencias muy marcadas en cada uno de ellos en distintos momentos de su vida. La respuesta sanitaria debe adaptarse a estas distintas situaciones. Consideramos que es un criterio de calidad que los pacientes límite en tratamiento en la red de servicios de salud mental de Alcalá tengan acceso a todos los recursos del proceso que puedan beneficiarles en cada momento de su evolución. Entre estos recursos se encuentra un Hospital de Día focalizado fundamentalmente en la terapia y contención de los pacientes límite graves durante un periodo de su tratamiento. En él el medio terapéutico se organiza en torno a la terapia basada en la mentalización. Igual que el resto de dispositivos del proceso, es fundamental trabajar coordinados con el resto de compañeros que intervienen sobre el paciente o sobre otros miembros de su familia.

Al no encontrar referencias de otros procesos de atención a pacientes con trastorno de la personalidad no se ha podido partir de otras experiencias para determinar los indicadores para evaluar el proceso, y será necesario ir evaluando la pertinencia de los elegidos.
algunos encontramos un lugar donde estar, avanzar y trabajar o bien contribuir a nuestro bienestar y al de otras personas.
**OVERALL ABSTRACT**

**Title:** Therapeutic milieu in partial hospitalization

**Chairperson:** David Nunez Palomo  
Clínica de Psicoterapia Complutense, Madrid, Spain.

**Abstract**

The therapeutic milieu is an aspect increasingly taken into account in psychiatry and contributes in a major role in the best performance of treatments. It is understood as a therapeutic milieu, the atmosphere created around the space and temporally nature of structured therapies; the contextualization in which we favor that patients to be in the more suitable situation and beneficial to generate the intended change.

Just as the importance given to the organization of structured therapies, there is evidence of the fundamental role of the study, preparation and adjustment of the therapeutic milieu to achieve greater psychotherapeutic benefit.

**Speakers**

María del Mar Soler (Spain).  
Jesús Elejabarrieta Bilbao (Spain).

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**SPEAKER 1**

**Title:** Therapeutic milieu in adult day hospitals: From professionals and from patients

**Speaker:** Dª MM Soler Sánchez  
Hospital de día del Servicio de Psiquiatría del Área Integrada de Salud de Guadalajara. Hospital General Universitario de Guadalajara. España.

**Abstract**

**Objectives:** Creation of a therapeutic milieu or atmosphere is the basis of the Day Hospital care, and its singular factor.

Nowadays in psychotherapy, the final goal is to generalize the therapeutic change towards the habitual environment of the person, so the proposal of recreating a daily model climate helps to maximize change opportunities in persons with psychic suffering, because they profit with a therapeutic social and physical milieu.

**Method:** The term Therapeutic Milieu or atmosphere is not for specific programmes or diagnosis, neither interconnected group psychotherapies that are the structural basis for Day Hospital. It stands for achieving a milieu where it is possible to repeat regular relationship patterns in order to recognize them and later to change them, searching for triggering situations or emotions, analyzing the impact of dysfunctional behaviours over the others, and allowing and upgrading the trial of new relationships, more adaptable and satisfying.

The required characteristics for achieving the therapeutic milieu are:

a) Consider that it is the most important therapeutic process in Day Hospital, more than other individual therapy, for all members of therapeutic team.

b) Use of interconnected group psychoterapies

c) Mutual therapeutic responsiveness: patient has maximum responsibility over his behaviour

d) Problem solving through discussion, negotiation, consensus, and not only by authority

- Share and discuss information and interactions

- Responsibility of each team member in its tasks and in cohesion of the therapeutic team

- Enforcement of learned skills in the therapeutic milieu to community interactions

**Results and Conclusions**

I will submit the patients point of view and their experience of what is therapeutic for them, throughout working with drawings and verbalizations.

**References**

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<td>Title:</td>
<td>EL HOSPITAL DE DIA COMO COMUNIDAD TERAPEUTICA</td>
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<tr>
<td>Speaker</td>
<td>Jesús Elejabarrieta Bilbao</td>
<td>Centro de salud Mental Uribe Osakidetza, Getxo, Spain.</td>
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| Abstract | Objetivos: Crear un clima de confianza para mejorar las relaciones en la convivencia entre los pacientes y entre el equipo y éstos.  
Favorecer el encuentro humano.  
Favorecer el desarrollo de una comunidad terapéutica basada en el trabajo en equipo, la integración de recursos terapéuticos y desarrollo de un proceso terapéutico.  
Método: Las dinámicas grupales.  
Todas las actividades que se desarrollan en el Hospital de Día están pensadas desde las dinámicas grupales al ser éstas las que permitan ampliar la mente con el mundo de los otros y la socialización.  
Análisis integrativo de distintos recursos terapéuticos.  
Resultados: Desaparición de síntomas graves provocados por el aislamiento.  
Desaparición de actitudes autistas.  
Mejora de las capacidades de resocialización.  
Mejora de la confianza.  
Mejora de la integración y diferenciación en los procesos terapéuticos.  
Conclusiones:  
El ambiente terapéutico se crea a partir del desarrollo de recursos yoicos sanos de todos los participantes que se implican en la comunidad terapéutica: pacientes, familiares y equipo.  
Referencias:  
*GARCIA BADARACCO, J. (COMUNIDAD TERAPEUTICA PSICOANALITICA DE ESTRUCTURA MULTIFAMILIAR)  
*LÓPEZ ATIENZA, J.L. (EL PROCESO TERAPEUTICO DEL EQUIPO) |
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<td><strong>Title:</strong></td>
<td>Abordaje del trastorno mental grave y abuso de sustancias asociado desde un modelo de salud mental comunitaria</td>
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<tr>
<td>Chairperson</td>
<td>Dr. Francisco González-Saiz. Unidad de Salud Mental Comunitaria de Villamartín. UGC Salud Mental. Área de Gestión Sanitaria Norte de Cádiz. Servicio Andaluz de Salud. Jerez de la Frontera. SPAIN.</td>
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<tr>
<td>Abstract</td>
<td>El asociación clínica entre el consumo de sustancias psicoactivas y el trastorno mental grave (patología dual) es un hecho constatado. La prevalencia de este fenómeno es clínicamente relevante, lo que nos obliga a una adecuada planificación asistencial. El pronóstico de esta comorbilidad es peor que la de cada trastorno por separado. Considerando el fenómeno en su totalidad, el abordaje debe hacerse desde un modelo integrado y no en paralelo. No obstante, es necesario arbitrar programas posibilistas de colaboración entre los dispositivos de salud mental, los de adicciones y los servicios sociales, con una gestión por procesos asistenciales como el del Trastorno Mental Grave, fundamentado en el paradigma de recuperación.</td>
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<td>Speakers</td>
<td>Francisco González-Saiz (Spain). Vicente García-Vicent (Spain). María Conde-Rivas (Spain).</td>
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<td><strong>Title:</strong></td>
<td>ASPECTOS EPIDEMIOLÓGICOS DEL ABUSO DE SUSTANCIAS ENTRE PACIENTES CON TRASTORNO MENTAL GRAVE: IMPLICACIONES PRONÓSTICAS</td>
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<td>Speaker</td>
<td>Dr. Francisco González-Saiz. Unidad de Salud Mental Comunitaria de Villamartín. UGC Salud Mental. Área de Gestión Sanitaria Norte de Cádiz. Servicio Andaluz de Salud. Jerez de la Frontera. SPAIN.</td>
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<td>Abstract</td>
<td>La estimación de la magnitud de la comorbilidad denominada “patología dual” es compleja de establecer, siendo el sesgo muestral uno de los elementos que más la dificultan. Así, los estudios realizados en muestras poblacionales coinciden en estimar que la prevalencia del consumo de drogas es mayor entre pacientes con trastorno mental que entre que no lo presentan. De modo inverso, la comorbilidad psiquiátrica es mayor entre los pacientes que presentan un trastorno adictivo si lo comparamos con la población general. No obstante, observamos mucha más discrepancia en las tasas de comorbilidad según que los estudios se realicen en unidades de salud mental o en unidades de trastornos adictivos. Hay una gran evidencia acumulada sobre las tasas de respuesta al tratamiento más bajas y otros indicadores de mal pronóstico entre los pacientes con esta comorbilidad, en relación a los pacientes que presentan uno solo de estos trastornos. En esta ponencia presentamos de modo resumido, un estudio de estimación de patología dual grave en pacientes que ingresan en una comunidad terapéutica pública para tratar su adicción, evaluando el impacto pronóstico de esta comorbilidad en términos de respuesta al tratamiento.</td>
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<td><strong>Title:</strong></td>
<td>ESTRATEGIAS DE INTERVENCIÓN EN PACIENTES CON TRASTORNO MENTAL GRAVE Y ABUSO DE SUSTANCIAS COMÓRBIDO: ACTUACIONES DESDE EL PROCESO ASISTENCIAL INTEGRADO TMG</td>
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<tr>
<td>Speaker</td>
<td>Dr. Vicente García Vicent. Unidad de Salud Mental Comunitaria Marbella. UGC Salud Mental. AGS Este de Málaga-Axarquía.</td>
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www.wpamadrid2014.com - 552 -
El trastorno por consumo de sustancias es frecuente entre pacientes diagnosticados de esquizofrenia, con una prevalencia que en algunas series supera el 50%. El abordaje de esta comorbilidad supone un verdadero desafío tanto diagnóstico como terapéutico. El tratamiento de la patología dual grave debe hacerse desde un modelo integrado, ya que es el que ha mostrado mayor efectividad. No obstante y, salvo excepciones, en España aún continúan separadas las redes de salud mental y de drogodependencias. Aún así, la atención al paciente desde un modelo de gestión por procesos asistenciales, como es el PAI Trastorno Mental Grave, junto a un protocolo de actuación conjunta por ambas redes, puede proporcionar una aproximación posibilista en este momento. El establecimiento de un plan individualizado de tratamiento en el que se programe una priorización de la atención a las necesidades del paciente con la participación de diferentes profesionales del dispositivo, así como la orientación del mismo a la recuperación del paciente desde la perspectiva de su empoderamiento, constituyen los elementos que definen este paradigma. En esta ponencia se describen las estrategias de intervención con pacientes con “patología dual grave” desde este modelo de atención.

Referencias

MODELOS ASISTENCIALES DE LA DENOMINADA “PATOLOGÍA DUAL”: PROPUESTAS PARA UN PROCESO DE INTEGRACIÓN

Dra. María Conde Rivas.
Unidad de Salud Mental Comunitaria Sur de Sevilla. UGC Salud Mental. AGS Sur de Sevilla. Servicio Andaluz de Salud. Sevilla, SPAIN.

La comorbilidad entre el abuso de sustancias y otro trastorno mental tiene peor pronóstico que cada uno de estos trastornos por separado. Estos pacientes tienen un mayor número de ingresos hospitalarios, mayor frecuentación de servicios de urgencias, mayor inestabilidad familiar y marginación social, más conductas violentas, más conductas autolíticas, menor cumplimiento de la medicación y menor accesibilidad a la red asistencial. El modelo desde el que se sustenta su atención tiene, pese a la existencia de dos redes potentes y desarrolladas en nuestra Comunidad Autónoma (red de Salud Mental y red de atención a las drogodependencias y adicciones), graves carencias derivadas de diversos factores, entre los que podemos citar: la descoordinación entre las redes, la formación por separado de la atención a las patologías implicadas, la separación de las dos redes de apoyo social, y la tendencia mayoritaria hacia la derivación frente a la coordinación e integración por parte de los profesionales de ambas redes. Se propone la puesta en marcha de un plan estratégico para el abordaje de la patología dual desde una Unidad de Salud Mental Comunitaria para grupos de pacientes con necesidades asistenciales similares, en función de los distintos perfiles clínicos y niveles de complejidad.

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<td>Title: <strong>Saliendo de los carriles acostumbrados: uruguay, nuevas experiencias en psiquiatría</strong></td>
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<td>Chairperson: Dr. Freedy Pagnussat  Jefe de Salud Mental de la Asociación Española, Montevideo, Uruguay.</td>
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<td>Title: <strong>LEY DE REGULACIÓN DE LA VENTA DE LA MARIHUANA. IMPLICANCIAS CLÍNICAS E IMPACTO SOCIAL</strong></td>
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| Speaker: Dra. Cecilia Idiarte Borda  
- Presidente de la Sociedad de Psiquiatría del Uruguay  
- Secretaria de Finanzas de APAL 2004-2006  
Como Sociedad de Psiquiatría, uno de nuestros principales intereses es la salud de la comunidad. Consideramos que el consumo de sustancias psicoactivas y las adicciones son temas que hacen a la salud mental de la población. Existe un crecimiento significativo del uso de drogas, con una banalización de su repercusión, sobre todo en jóvenes, con disminución de la percepción del riesgo fundamentalmente de la marihuana y el alcohol. Nos inquieta la ausencia de políticas y estrategias efectivas para frenar dicho aumento y la participación e influencia del narcotráfico en la sociedad.  
En nuestro país, el cannabis es la tercer droga más frecuente utilizada en la población general tras la nicotina y el alcohol, y su consumo ha ido aumentando en los últimos años, sobre todo en la población juvenil. La edad de inicio del consumo es cada vez menor. Según la Quinta Encuesta Nacional de Hogares sobre consumo de Drogas de la Junta Nacional de Drogas del año 2011, el 16% de los consumidores del último año presentan signos de dependencia a la misma, lo que establece un signo de alerta respecto a los daños que puede generar un uso problemático de la marihuana, información no siempre tomada en cuenta al momento de discutir sobre la pertinencia de su consumo.  
Aprobación de la ley de regulación de la venta de la marihuana en Uruguay. Consideraciones clínicas e impacto social, en donde concluimos que la educación, información, prevención, evaluación de riesgos y terapéutica son los elementos más importantes para combatir los efectos nocivos de ésta y otras drogas.  
Referencias  
Ley de regulación de la venta de marihuana. Presidencia de la República Oriental del Uruguay |

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<td>Title: <strong>EL DISPOSITIVO DE INTERNACIÓN DOMICILIARIA, UNA EXPERIENCIA DISTINTA DESDE UN SERVICIO PÚBLICO</strong></td>
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<td>Dr. Freedy Pagnussat   Jefe de Salud Mental de la Asociación Española, Montevideo, Uruguay.</td>
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<td>Title</td>
<td>INTERNACION DOMICILIARIA PARA PACIENTE INIMPUTABLES</td>
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<td>Ana Moreno (Uruguay).</td>
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<tr>
<td>Abstract</td>
<td>Esta alternativa está destinada a pacientes inimputables del delito cometido, que se encuentran internados a disposición de la Sede Judicial. Contamos con un Servicio de Internación Domiciliaria que funciona desde hace 5 años, para pacientes con descompensaciones psiquiátricas, no judiciales. Este Servicio cuenta con un equipo multidisciplinario, integrado por dos médicos psiquiatras, una licenciada en enfermería, tres auxiliares de enfermería, un médico general, un psicólogo y una asistente social. Se destaca que concurren a domicilio los tres turnos de enfermería diariamente. Recientemente lo ampliamos para estos pacientes, que representan más del 40% de los internados en el único hospital psiquiátrico monovalente del Uruguay. Es una herramienta terapéutica que permite minimizar los traumas de una internación hospitalaria, a la vez que mantener al paciente inserto en su medio. En este caso, al tratarse de internaciones generalmente prolongadas, que conllevan el riesgo de hospitalismo, es un instrumento que permite fomentar la reinserción social del paciente. Se evalúa dicha reinserción, informando al juez de los progresos o no, elementos de suma utilidad a la hora de decretar la suspensión de las medidas curativas de seguridad (esta es la figura legal que se utiliza en nuestro medio). Otro objetivo es lograr la adhesión al tratamiento, previniendo futuras descompensaciones que pudiesen eventualmente, generar la comisión de nuevos delitos. Se fomenta esta adhesión tanto con el paciente como con su familia, siendo esta un actor fundamental para cumplir el mismo. El concurrir diariamente a la casa, nos brinda una oportunidad privilegiada para realizar psicoeducación. En nuestro hospital la situación en cuanto al número de camas y su ocupación es crítica y crónica. Existe un alto promedio de estadía, debido justamente, a los pacientes inimputables, que deben permanecer internados hasta que el juez lo disponga. Este proyecto apunta a dar respuesta a una parte de esta problemática por un lado, y por otro a una atención integral del paciente en su medio.</td>
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<tr>
<td>Title:</td>
<td>Progress in intensive psychotherapy in partial hospitalization programs</td>
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<tr>
<td>Chairperson</td>
<td>David Núñez Palomo Clínica de Psicoterapia Complutense, Madrid, Spain.</td>
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<tr>
<td>Abstract</td>
<td>Day Hospitals have been operating for many years. There are many different types and with different characteristics. If we focus on those with a strong psychotherapeutic vocation and a philosophy of therapeutic community, we notice the great progress achieved in the device optimization. Therapies have been improved and have included more multidisciplinary interventions. We know we still have much to improve, but we also know that day hospital has become the reference device to work from intensive psychotherapy with patients with severe mental illness</td>
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<td>Speakers</td>
<td>David Nuñez (Spain).</td>
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<td>Title:</td>
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<td>Speaker</td>
<td>David Núñez Palomo Clínica de Psicoterapia Complutense, Madrid, Spain.</td>
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| Abstract | **Objectives:** Observing the progress in psychotherapeutic treatment in partial hospitalization, worldwide, in the last thirty years, led us to continue the research in this field. In individual psychotherapy, the mental health professionals tend to follow an established protocol, common to all current and already integrated in the therapist's mind: we received the patient, evaluate his condition, stage and situation, we personalize the therapeutic plan that we believe is going to help him and we finally treat him. In contrast, in group psychotherapy when partial hospitalization, we often change the course of action: we think about the population that we are going to address, develop a treatment and finally treat those patients that other units redirect to us. We think that if we would personalize the group treatments in partial hospitalization, we would get much more effectiveness.  

**Method:** We worked for two years in an adolescent day hospital, with a maximum capacity of ten patients, customizing absolutely all treatments. We evaluated with test, scales and other measuring methods, ensuring maximum effectiveness of results.  

**Result:** We verified that with an intensive treatment of psychotherapy on a partial hospitalization program, best results are achieved if we customize treatments for each patient: shortening the treatment time, increasing the efficiency achieved by reducing dropouts and increasing the satisfaction of patients and families.  

**Conclusions:** Therefore we concluded that it would be very suitable to study how to incorporate this type of treatments to current health services. |
### OVERALL ABSTRACT

**Title:** Teen therapeutic community: an innovative experience  

**Chairperson:** David Nuñez Palomo  
Clínica de Psicoterapia Complutense, Madrid, Spain.  

**Abstract**  
In recent decades therapeutic communities and Day Hospitals have been implemented and have proven to be the most appropriated psychotherapeutic treatment for patients with severe mental illness due to their strength and effectiveness. There have been many variables and therapies that have been used to attempt to optimize the resource. The Psychotherapy Clinic Complutense revolutionized the concept of Day Hospital in the current health system, implementing a day hospital-based therapeutic community, customizing the monitoring of all treatments, combining consolidated therapies and novelties, increasing the ratio therapist-patient, almost doubling the usual.  

**Speakers**  
David Nuñez (Spain).  
Cristina Palacios (Spain).  

### SPEAKER 1

**Title:** EDUCING THE GAP WITH PATIENTS  

**Speaker**  
David Nunez Palomo  
Clínica de Psicoterapia Complutense, Madrid, Spain.  

**Abstract**  
**Objectives:** Try to optimize the use of day hospital-based on a therapeutic community, to promote better and more stable results in the personality structures of patients.  

**Methods:** we made a literature review and a survey of those areas in which the forms of assistance and its contents with patients had to be improved. The importance of two aspects deeply studied previously, Transference and Countertransference, was demonstrated. In a device based on therapeutic community, emotional distances between therapists and patients, usually reduced, generating more and more intense countertransference. At this point we notice the need to complete the personal work of the professional team. Mainly, the work was focused on three areas: personal analysis, supervision and analysis of the origin family of the therapist.  

**Results:** When generating this level of staff training, apart from the professional one, we obtain a more aseptic intervention of the situations that is more typical of the therapists’s life than of the intervention with a given patient. Therefore the efficiency is improved, healthier bonds are created and more benefit can be enjoyed from the resource of the transference jumps between therapists.  

**Conclusion:** It is difficult to generate a common awareness on a team in this respect and above all, to make such great effort that this type of analysis requires. But it is well proven the advantage that it represents to the therapist's role and to move around this area so close to the personality structure of patients. At this point, both benefits show, but it is important to know that you have to handle the situation with care.  

**References:**  
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<th>Title:</th>
<th>CUSTOMIZING THE TREATMENTS</th>
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</table>
| Speaker | Cristina Palacios Manchón  
Clínica de Psicoterapia Complutense, Madrid, Spain. |
| Abstract | Objectives: to describe the benefits obtained in the treatment of Hospital day Clínica de Psicoterapia Complutense. Carrying out an intensive psychotherapy treatment based on therapeutic community.  
Methods: the intervention was evaluated during a year, within a group of 10 teenagers from 15 to 24 years. It was performed by an interdisciplinary team, which allowed developing a variety of therapies covering in this way a larger number of areas of patients' life. Also including intervention in both academic and family adjustment fields.  
Results: an improvement was observed in the targets established in advance by the therapeutic team and in the objectives that were agreed with the patients. It was also noticed a greater adaptation and better results both in the academic field, and an increased family adjustment.  
Conclusion: when a structured environment is promoted, the therapeutic community with an adequate intensive psychotherapy in combination with various therapies leads to a growth of the treatment's effectiveness in partial hospitalization. Without forgetting the great that the peer group exerts in adolescents, as a source of new identifications and reprocessing conflicts. |
Zonal Symposia
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<th>Session: Zonal Symposium</th>
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**Title:** Mental health on post-conflict Syria

**Chairperson:** Mohammed T Abou-Saleh, Professor of Psychiatry, St George’s, University of London, UK

**Abstract**

The conflict in Syria, which is now in its third year, is almost unprecedented in the magnitude of humanitarian and public health catastrophe. What started as a civil protest against decades of oppression and human rights violations by the Syrian regime rapidly escalated into a humanitarian and public health catastrophe. Nearly half of the Syrian population has been displaced with two million people outside the country, to camps in Jordan, Lebanon and Turkey; 110 thousands killed including 4000 women and 5800 children. Millions of Syrians have been traumatised including children, the lost generation (Abou-Saleh and Mobayed, 2013).

Speakers will provide an overview of mental health consequences of the armed conflict in Syria; describe experiences of professional and humanitarian interventions and propose strategies for responding to anticipated psychosocial consequences. The presentations will cover: Psychological consequences of the Syrian conflict on syrian refugees; Syria’s Children: A Lost Generation; Role of trauma survivors in managing their conditions and the Syrian Experience of Critical Incident Stress Management. Professional and non governmental organizations are called upon to have a role in dealing with the serious mental health consequences of post conflict Syria. All national regional and international organizations are called upon to address these needs as part of the reconstruction of mental health services and the provision of skilled human resources and other humanitarian interventions.

**Speakers**

1. M. Mobayed  
   Qatar Foundation for Protection and Social Rehabilitation. Doha, Qatar
2. Redwan El-khayat  
   Chair of the mental health committee in UOSSM, Paris, France, Director of Mental Health Projects in Reyhanli Centre, Southern Turkey
3. Dr Nadim Almoshmosh  
   Consultant Psychiatrist, Northamptonshire Healthcare NHS Foundation Trust, Northampton, United Kingdom.
4. Khaldoun Marwa, MD  
   Assistant Professor in Psychiatry, King Saud Bin Abdul Aziz University for Health Science, Riyadh, Saudi Arabia

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**Session:** Zonal Symposium  
**Title:** PTSD among Syrian refugees of the current conflict

**Speaker:** M. Mobayed  
Qatar Foundation for Protection and Social Rehabilitation. Doha, Qatar

**Abstract**

**Objectives**

The conflict in Syria, which is now in its fourth year, is almost unprecedented in the magnitude of humanitarian and public health catastrophe. What started as a civil protest against decades of oppression and human rights violations by the Syrian regime rapidly escalated into a humanitarian and public health disaster. Few million people have been displaced, within but especially outside the country, to camps in Jordan, Lebanon, Turkey and other counties, with little prospect of returning soon. This study attempts to check on the prevalence of post-traumatic stress disorder (PTSD) among a sample of Syrian refugees in some camps in Lebanon and Jordon.

**Methods**

It was a random sample of 228 Syrian men and women aged between 18 and 65 years, selected from two camps in Lebanon and Jordon, who had been exposed to the conflict. The study also involved 129 Syrian children aged 10–16 years from the two camps.
Results
This study reports prevalence rates of (PTSD) across the camps from 36.3% to 61.9% among adults. While the prevalence among the children was higher than among adults, at 41.3–76.4%.

Conclusions
The results are consistent with earlier research in other conflicts. The overriding priority for mental health in Syria now is to determine the mental health burden and consequent service response needs in relation to the conflict. When the conflict in Syria ends, what remains of the mental health services will be grossly insufficient to meet the predicted care needs. It is important that regional and international organisations address these needs as part of the reconstruction of health services and to assist in providing skilled human resources for the suffering people of Syria.

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<th>Session: Zonal Symposium</th>
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<tr>
<td>Title: The psychosocial impact of Syrian catastrophe on displaced children, and current response of mental health services</td>
<td>Redwan El-khayat</td>
<td>Chair of the mental health committee in UOSSM, Paris, France, Director of Mental Health Projects in Reyhanli Centre, Southern Turkey</td>
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<td>Abstract</td>
<td>“Three years after the onset of the conflict there, Syria has become the world's leading country of forced displacement, with more than 9 million of its people uprooted from their homes.” “the number of people in flight internally and externally exceeds 40% of Syria's pre-conflict population.” “At least half of the displaced are children” GENEVA, UNHCR –March 14 “The world must not forget the human realities at stake. The risk of losing a generation grows with every day that the situation deteriorates,” “All around them, their dreams and opportunities for the future are being lost. And as they lose their childhoods . . . their right to be children is denied “Children face tremendous dangers on a daily basis. They are being killed, maimed and orphaned by conflict”. “Health clinics that have not been damaged or destroyed struggle to deliver life-saving services”. “Countless children suffer from the psychological trauma of seeing family members killed, of being separated from their parents and being terrified by the constant thunder of shelling”. “Millions of children inside Syria and across the region are witnessing their past and their futures disappear amidst the rubble and destruction of this prolonged conflict. “In short, the crisis is reaching a point of no return, with long-term consequences for Syria and the region as a whole, including the risk of a ‘lost generation’ of Syrian children”.Syrian’s Children: A Lost Generation? Crisis report March 2011-March 2013, UNICEF We will discuss in this symposium the impact of the conflict on Syrian children. We will present important prevalent studies in our Centre in Southern Turkey of common mental disorders among displaced Syrian children. We will outline the current mental health training efforts and service delivery projects which we are involved in, and we will outline our plan and vision for future services</td>
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<tr>
<td>Title: The role of trauma survivors in managing their conditions</td>
<td>Dr Nadim Almoshmosh</td>
<td>Consultant Psychiatrist, Northamptonshire Healthcare NHS Foundation Trust, Northampton, United Kingdom.</td>
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<td>Abstract</td>
<td>The importance of the individual’s role in the management of mental health problems in general is often ignored, forgotten or at least not emphasised enough. Trauma can lead to lots of psychological consequences that can be quite disabling. Those who have been subjected to traumatic events can be helped in various ways including self management. Shame, blame, hopelessness and stigma cause reluctance to seek help and this need addressing. There is a role for all in challenging stigma of mental disorders including patients themselves. Psycho-education and exploring own resources and existing</td>
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Psychosocial support can be the start. Individual’s resilience and self-efficiency are important not to be ignored. Solutions to problems can be more effective and much longer lasting when they involve the person affected by them. Using own resources and experience, applying communication and relaxation techniques and use of problem solving skills can be all that is needed. Involving the affected individuals in more advanced therapies and highlighting the importance of their participation can always bring better outcomes. Knowledge of the cultural and social background, working on psycho-education, fighting stigma, explanations of presentation and prognosis of mental disorders can help long way. Engaging patients and empowering them, identifying the sick role and how this can be addressed along with gaining family support need highlighting. The talk will also focus on promoting recovery and social inclusion an approach that can make people feel different about their own problems and look forward for a better future.

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<tr>
<td>Title: Critical incident stress management (CISM) in the Arab world “Syrian crisis example”</td>
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<tr>
<td>Speaker: Khaldoun Marwa, MD Assistant Professor in Psychiatry, King Saud Bin Abdul Aziz University for Health Science, Riyadh, Saudi Arabia</td>
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<td>Abstract: Introduction: (Critical Incident Stress Management) CISM is a comprehensive crisis intervention system consisting of multiple components which functionally span the entire temporal spectrum of a crisis. CISM includes numerous core elements: 1) pre-crisis preparation; 2) large scale demobilization procedures for public safety personnel as well as large group crisis management briefings for civilian victims of terrorism, mass disaster, community crises, school system tragedies and the like; 3) individual acute crisis intervention; 4) brief small group discussions, called defusing to assist in acute symptom reduction; 5) longer small group discussions known as Critical Incident Stress Debriefings (CISD); 6) family crisis intervention procedures; 7) organizational development interventions. Syrian conflict: The Crisis in Syria began in March 2011. The conflict initially began as a civil uprising, evolved from initially minor protests, as a response to the Arab Spring, human rights abuses. The government responded to the protests with large arrests, torture of prisoners, police brutality, and suppression of events. Few months later, protests could not appear in the streets any more due to bombs and explosions targeted directly towards civilians. Snipers, again targeting civilians, are distributed all over the streets in the areas that under peaceful protests. Clashes and tragedy continue till this moment. As a result, hundreds of thousands of Syrians were killed; eight millions were either displaced inside Syria or fled as refugees in the neighboring countries. Methods: CISM models were applied in the field, inside Syria and in the Refugee camps. Results: The crisis intervention in Syria, utilizing CISM system was helpful. However, some cultural issues were encountered including: • Sensitive group dynamics • Self-disclosure resistance during sessions • Gender differences difficulties in case of mixed male –female gathering. • Degree of resistance to accept this the new approach Conclusions: The crisis in Syria which has been ongoing for four years resulted in big tragedy. CISM system which was the first time applied in the Middle East was encouraging and very helpful as a tool for crisis intervention during Syrian Crisis.</td>
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HENRI EY (1900-1977) his work in Spanish and his exchanges with the Hispanic world

Chairperson
Pr Casas Miguel, Director Servei de Psiquiatria, Hospital Universitari Vall d'Hebron Universitat Autònoma de Barcelona. Spain

Co-chairperson

Abstract
Henri Ey (1900-1977) the great french psychiatrist who promotes the 1st World Congress of Psychiatry (1950) was, nearby his immense psychopathological and clinical work, a great fit of men from all nations: Europeans, Anglo-saxons, Canadians, Israelis, Japoneses... But he had privileged relations with Spain and Latino-american world publishing directly in spanish some of his writings while almost simultaneously taking care of the translation in spanish of his Manuel (Textbook) and other works (La Conscience [Consciousness]), pronouncing in the same time many lectures in Spain at J.J. Lope-Ibor's request and setting on lasting tours in South America. All the students of these countries learned psychiatry in his Textbook. His teaching is always alive and careful translations of his major clinic works (Estudios ; Tratado ; Conscienca...) appeared today in South America with great success. We'll develop in this symposium Ey's psychopathological and philosophical proposals in the course of his work, and Ey's relations between « becoming conscious » and its various unconsciouses as he describes them in his book "Consciousness". We'll develop too the pair "Production-Expression" wich defines its position in relation to artistic creation particularly Surrealism. We'll discuss how, for reasons wich are not only semiotic, why the precursor of a « Person centered psychiatry » and a fervent defender of his freedom, could not however be easily understood in his time and translated in North America.

Speakers
1. Pr Carbonell Masia Carlos
2. Dr Casarotti Humberto, Psiquiatra, Neurólogo y Médico-legista
3. Dr Belzeaux Patrice, Psiquiatra, psicoanalista
   Miembro de la Evolution psychiatrique, Présidente del Crehey, Cercle de Recherche et d’Edition Henri Ey, Secretario general de l’Association pour la Fondation Henri Ey Apfhey. Perpignan. France
4. Dr Mahieu Eduardo Tomas, Psiquiatra

Session: Zonal Symposium OVERALL ABSTRACT Code ZSY315

Title: Psychiatry and surrealism.

Speaker
Carbonell Masia Carlos

Abstract
Delirium is considered in psychopathology and in the psychiatric clinic "as the central theme" (Henri Ey 1950). In a structural analysis of schizophrenia (López Ibor 1957) it is described as a delusional experience that is lived and passively imposed. Moreau de Tour's "fait primordial" is redefined with Henri Ey: a delirium is not capable of being reduced to its simple content reflecting itself on the surface of consciousness, neither to a disruptions between the Self and the World. The goal of psychiatry is the disalienation of the individual and defines its territory as opposed to the space of freedom.
Surrealist creativity occurs freely. Its manifestations may have the appearance of madness "free-madness" that’s to say “absence of madness" (Ey).

The systematic free spontaneity of the form in surrealististic creativity, and an "artistic talent" of some mental patients occasionally matches the aesthetic value of one another

References


Session: Zonal Symposium
Title: The influence of Henry Ey’s thought in the Hispanic milieu.

Speaker
Humberto Casarotti

Abstract
This presentation regards the influence that the thought of Henri Ey has had in the Spanish-speaking psychiatric world. There were not any translations available of the works published in his initial phase (1927-1942), and the first texts in Spanish are from the period of construction of his psychiatric hypothesis, namely: the study on the of sleeping and dreaming, the 'novelty' in Spanish of a text on transient psychoses and delusions and another one on the destructuring of consciousness, the phenomenological differences between neurosis and psychoses, his conceptual compendium on schizophrenia, the complementarity of psychoanalysis and existential analysis, the lectures given in Latin America, and especially the translations of the Manuel de Psychiatrie and La Conscience (1st ed.). After the consolidation phase of its work (1943-1963) and as a result of the "attack towards the conscious being", Ey moved into a critical period (1964-1977) from which his thoughts on 'madness of mankind' and violence, and Défense de la psychiatrie was translated. And after almost thirty years of neglect of his work, his Études Psychiatriques, La Conscience (2nd ed.) and Traité des Hallucinations have been reprinted in France and translated to Spanish where he reaffirms the natural character of mental illness, opposing to "culturalist" or "sociogenic" theses.

References

Session: Zonal Symposium
Title: Henri Ey’ « consciousness », not without its unconsciousneses

Speaker
Patrice Belzeaux
Psiquiatra, psicoanalista, Miembro de la Evolution psychiatrique, Présidente del Crehey, Cercle de Recherche et d’Edition Henri Ey, Secretario general de la Association pour la Fondation Henri Ey Apfignan. France

Abstract
Henri Ey, « dares in front of this fearsome problem » to publish (in France [1963-68] and Spain [1967-76, new translation 2013]) La Conscience (Consciousness) which is his best book concerning psychopathology and philosophy because he thinks that «Psychiatry has something to say on being conscious whose disorganisation is the object of its genuine knowledge» (Ey). Consciousness may appear to some people like a triumphal Ego recovery from the psycho-analytical idea «all is Unconscious». But it is not so. Consciousness according to Ey shows through the clinical proofs of losses of structuration and delusive alienations that she has basic structures absolutly unconsconsions to the Subject (relation between Subject and Object, Time, Space, Body, Subject and Other, Reality problems). As well, she
displays an always renewed dialectical relation with the freudian instinctual unconscious she even contains in language or translates in acting. As well, the Person is never an identified entity. She has too a relation with Values who creates what Man have to believe to pertain to his humanity ; but Values are never fully reached. And the integrative isomorphism of consciousness and brain which is proclaimed by Ey is never sufficient for totally affecting its freedom. So Consciousness according to Ey contain all those Unconsciouses. Henri Ey’works defines the different areas of the Unconscious : automatic, reflex, phenomenological, transcendental, biological, cognitive, semiotic, emotional and Freudian.

References

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<td>Title:</td>
<td>Ey, Kojeve and the Latin Empire</td>
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<td>Speaker</td>
<td>Eduardo T. Mahieu</td>
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<tr>
<td>Abstract</td>
<td>Alexandre Kojève, a man of great influence in French intellectual live, proposed in 1945 the creation of a « Latin Empire » in the new post war global order, besides an anglosaxon and a soviet-slavonic one. The nations are related by language, religion and way of life. This enables us to see why it is so natural to translate into spanish the French psychiatrist Henry Ey. In the same way, this lecture suggests that his main syntagm of psychiatry as « pathology of freedom » is not translatable in anglosaxon world. Not as much in terms of language but in reason that Ey's freedom its the transcendental one of liberum arbitrium, opposed since the Reform of protestantism to « predestination » leading the « spirit of capitalism » in anglosaxon world, according with Max Weber. We find a trace of this problem in an Ey's late book (Histoire de la médecine 1981), not yet translated with a curious erratum.</td>
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**OVERALL ABSTRACT**

**Title:** Psychiatry in the Eastern Europe: Problems and perspectives

**Chairperson**  
Prof. Petr Morozov, (Russia), Russian National Medical Research University. Moscow, Russia

**Co-chairperson**  
Prof. Natalia Maruta, “Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine” State Institution, Kharkiv, Ukraine

**Abstract**  
The Soviet Union collapsed more than 20 years ago together with its unified health care system, medical care, including mental health care. Psychiatrists of newly formed states faced one question: which way to go, what new model of care to choose, how to overcome the stigma and how to use the latest methods of prevention and treatment of mental illnesses? For all these years, the countries have been accumulating experience, both positive and negative, and now it is time to compare it with the experience of their colleagues and neighborhood to share the results, analyze what has been achieved and what has not been done. To this end, together with the Presidents of the National psychiatric societies of the former Soviet Union countries, we conduct a series of symposia and conferences of psychiatrists from these countries, and not in a narrow circle, but putting our problems for discussion to the representatives of the world psychiatry: the structure of services, training issues, stigma, research, prevention and treatment of mental illnesses.

**Speakers**

1. Dr. Oleg Limankin  
P.P. Kaschenko Psychiatric Hospital, Gatchina, Russia
2. Prof. Sagat Altynbekov  
National Mental Health Centre, Almaty, Kazakhstan
3. Prof. Nadir Izmailov  
Azerbaijan State Medical University. Baku, Azerbaijan
4. Dr. Giorgi Geleishvili  
Evidence Based Practice Center, Tbilisi, Georgia
5. Prof. Tatiana Galako  
Bishkek Medical University, Bishkek, Kyrgyz Republic

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**SPEAKER 1**

**Title:** The Russian psychiatry on the way of reforms: Challenges and achievements

**Speaker**  
O. V. Limankin  
P. P. Kaschenko Mental Hospital, Gatchina, Russia

**Abstract**  
In the first half of the 1990’s, as a consequence of the socio-economic crisis that broke out in the country, mental health care found itself in a dramatic situation. The system of outpatient mental care and social rehabilitation which had been developed during the Soviet period was considerably disintegrated, with the level of financing of psychiatric institutions cut down, as well as the volume of their medicines supply, thus increasing the social vulnerability of individuals with psychiatric disorders. The last two decades are characterised by the development of a society-oriented model of psychiatric care featuring the following basic elements: the transition of care into the society to a maximal possible degree, polyprofessional team care, integration with somatic care, and the involvement of other state and public institutions in the process of care. During the 20 years the number of beds has decreased only by 23% and remains quite considerable (10.67 beds per 10 thousand population); an average hospital accounts for more than 600 beds. The average period of a hospital stay equals to 74.9 days. The level of financing of the psychiatric services is insufficient as well. The psychiatric care in not encompassed into the system of the compulsory health insurance, and is financed directly by the state. The level of financing is defined by the size of an institution, this practice has been cost-inefficient and provides incentives for the heads of hospitals to preserve the maximal possible number of beds.

**References**  
1. A. A. Churkin, A serious increase in the number of individuals with disabilities resulting from psychiatric illness, The Russian psychiatric Journal, 2/1998
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<th>Session: Zonal Symposium</th>
<th>SPEAKER 2</th>
<th>Code</th>
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<tr>
<td>Title: Current state and ways of improvement of the psychiatric service of the republic of Kazakhstan</td>
<td>Sagat Altynbekov</td>
<td>National Mental Health Centre, Almaty, Kazakhstan</td>
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<td>Abstract</td>
<td>At present, medical and social services offered to people with mental health disorders in the Republic are not systematized and actually boil down to hospital treatment and keeping patients in institutions for psycho-chronic illnesses. While the organizational structure of the hospital aid is fine and well-developed, the so-called “intermediate” link leaves much to be desired, as it does not perform its functions, is unevenly distributed regionally, and in some regions it does not exist at all. The “intermediate” link applies to: 1) Day hospitals under psychiatric organizations 2) Psychiatric rehabilitation sections (centers) 3) Habitation under protection” with intensive aid for people who have lost their social relations – under psychiatric organizations 4) “Habitation under protection” for disabled people who lost social relations and need social services – under territorial labour and social protection departments 5) Hospitals at home 6) Multi-disciplinary team services 7) Medical aid on a level of initial care. Expected prospects with the properly organized mental health service “intermediate” link: 1) Realization of the policy of rendering medical and social services to the people disabled by psychiatric diseases on a level with the world standards 2) Implementation of the capital-saving ways of rendering medical services 3) Reducing of bedspace in hospitals - half the number approximately 4) Expanding the circle of people whose mental health statement requires putting on disability 5) Reducing of stigmatization and discrimination against people disabled by mental health disorders 6) Increase of the mental health services’ accessibility and transparency</td>
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<td>References</td>
<td>1. data.euro.who.int/hfadb. 2. Статистический сборник: психиатрическая помощь населению Республики Казахстан за 2010-2011 годы.</td>
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<tr>
<td>Title: Mental health reform in Azerbaijan</td>
<td>Nadir Izmailov</td>
<td>Azerbaijan State Medical University, Baku, Azerbaijan</td>
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<tr>
<td>Abstract</td>
<td>Recent adoption of the National Mental Health Strategy had extremely positive impact on mental health system in Azerbaijan. Just in the first year after its launch in 2011 many remarkable changes such as downsizing traditional psychiatric hospitals, developing community-based mental health services, and improving quality of care took place in the country. In 2011 the National parliament adopted new amendments to legislation intended to straighten up psychiatric patients’ rights protection as well as to remove the barriers in shifting institutional approach to modern integrative mental health services. In 2012 the Ministry of Health established the National Mental Health Centre responsible for data collection, research, elaboration of new programs/services, quality management, and workforce development. In regard to integration of mental health into general health care several psychiatric wards have been established in general hospitals in Baku and the regions. Also many primary care physicians have been trained on mental health assessment, diagnosing and providing pharmacological and non-pharmacological interventions. Considerable efforts undertaken to improve education in mental health include implementing residence</td>
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program in Psychiatry and master programs on Clinical Psychology and Social Work, as well as arrangement of long-term CME courses on Psychiatry in Turkey and Germany.

References

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<tr>
<td>Title:</td>
<td>Psychiatric services in Georgia – decreasing number of hospitalization</td>
<td>Giorgi Geleishvili</td>
<td>Evidence Based Practice Center, Tbilisi, Georgia</td>
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<tr>
<td>Abstract</td>
<td>Objectives - The need of reforms in the psychiatric system of Georgia stimulates development of community based services run by various non-governmental organizations. There is a necessity of shifting from mainly inpatient treatment to the outpatient multidisciplinary approaches which aim at decreasing number of hospitalizations, and increase in social functioning of the patients.</td>
<td>Methods - One of the evidence based methods applied since 2013 in Georgia is Assertive Community Treatment Program (ACT-program).</td>
<td>Results - After 15 months of service provided to 42 patients it is possible to make some conclusions, which seem valuable for decreasing number of hospitalizations. Here are some facts associated with the increased rate of hospitalization:</td>
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<td>• Bad compliance to medication administration (on its turn due to various reasons);</td>
<td>• Problematic relationships among family members;</td>
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<td>• No psycho education for patients and their families;</td>
<td>• Misbalance in financing of in-patient and out-patient treatment programs;</td>
<td>• No 24 hour access to mental health services except hospital service;</td>
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<td>• Untreated physical health problems of the patients.</td>
<td>As a result 140 hospitalizations of 42 patients during 12133 days before entering ACT program were decreased to 9 hospitalizations during the same number of days in ACT-service.</td>
<td>Conclusions – ACT-program turned to be effective method in decreasing number of hospitalizations in Georgia. The program deserves farther implementation across the country. The experience might be applicable for those post soviet countries which still need reforms in psychiatry.</td>
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<tr>
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<th>SPEAKER 5</th>
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<tr>
<td>Title:</td>
<td>Psychiatric services in the Kyrgyz Republic: Progress, challenges and prospects</td>
<td>Galako T.I.</td>
<td>Bishkek Medical University, Bishkek, Kyrgyz</td>
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<td>Speaker</td>
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<tr>
<td>Abstract</td>
<td>The National program “Mental Health of the People in the Kyrgyz Republic 2001 – 2010” was adopted. According to the key directions of the above Program the psychiatric facilities in the country have been re-structured thus increasing the quality of service, reducing the period of patient’s stay in the psychiatric hospital (from 90 days in 2001 to 58 days in 2011) and step-by-step reducing the number of beds. 9 psycho-narcological departments have been established in the joint oblast and territorial hospitals in an effort of decentralization of the mental health service. 2 crisis centers and 2 mobile teams have been organized (first for the victims of the 2010 events, and then for the overall population). Out-patient facilities, day wards and in-home hospitals have been extended. Psychiatric services have been successfully integrated into the primary level of public health services. The Interim Mental Health Program for 2013-2014 and the National Strategy for the next 5 years which are developed now address the current challenges, focused on the following developments in the psychiatric services in the country: inclusion of the mental health service in the Single Payer System; further integration of psychiatry into the primary level of the public health services; creation of rehabilitation centers, development of the children's and teenager’s psychiatric services; strengthening destigmatization activities; psychological and social/legal support to the persons with mental disorders; creation of suicidology services; and more efficient supply of medicines.</td>
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</table>
| References | 1. Law of the Kyrgyz Republic “About the psychiatric help and guarantees of the rights of the citizens in case of its rendering” as of June 17, 1999, No. 60 (with the amendments as on 04-07-2005)  
### OVERALL ABSTRACT

**Title:** Mental health in the Eastern Europe

**Chairperson:** Prof. Petr Morozov, (Russia), Pirogov Russian National Medical Research University, Moscow, Russia

**Co-chairperson:** Prof. Oleg Skugarevsky, (Belarus), Belarusian Medical University, Minsk, Belarus

**Abstract**

It has been more than 20 years since the collapse of the Soviet Union as well as of the common health protection system, and since the time each country started to develop its own psychiatry. The current symposium is intended to be the one from the cycle "Psychiatry in Post-Soviet space: 20 years later" and covers the comparative analysis of the development of mental health services in East European countries in recent years. What positive experience has been adopted from the past and what new, modern practices have been implemented? How does the deinstitutionalization develop and what difficulties arise on this way? What new own models of mental health services have been created in Post-Soviet space in the past years? The representatives of several national psychiatric WPA Zone 10 member societies - Prof. N. Maruta (Ukraine), Prof. S. Igumnov (Belarus), Dr. A. Sogoyan (Armenia) and Prof.N.Khodjaeva (Uzbekistan) will try to respond to these questions.

**Speakers**

1. Prof. N.O. Maruta  
   "Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine” State Institution, Kharkiv, Ukraine
2. Dr. Sogoyan, Armenia  
   Department of Psychiatry, Yerevan State Medical University after Mkhitar Heratsi, Yerevan, Armenia
3. Prof.S.Igumnov  
   Belarusian Medical University, Minsk, Belarus
4. Prof.N.Khodjaeva  
   Tashkent Medical Academy, Tashkent, Uzbekistan

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### SPEAKER 1

**Title:** The state of mental health of the population and perspectives of development of mental health care in Ukraine

**Speaker:** N.O. Maruta  
"Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine” State Institution, Kharkiv, Ukraine

**Abstract**

In the report the situation in the field of mental health and the main reforms in mental health care in Ukraine are presented. It is pointed out, that an ideological basis of the reforms is a transition from a predominantly medical model of mental health care to a biopsychosocial and, respectively, multidisciplinary one and to a team approach to its provision. An important task for training of staff is an improvement of knowledge of general practitioners concerning mental health issues that will enable an early detection, diagnosis, and prevention of mental disorders. An integral part of the reform is also a perfecting of methodology of mental health care with a maximal involvement a psychosocial rehabilitation and psychotherapy and without limitations of treatment facilities with pharmacological therapy only. The aim of a structural reform of the psychiatric field is a creation of a “well-balanced” community based care which stipulates expansion of networks of inpatient-replacing forms of the care with a gradual decreasing of potential of inpatient services. A highly developed network of outpatient institutions, services and organizations is a foundation for the community based care. Basic structures of the network are psychoneurological and psychiatric dispensaries (dispensary departments), policlinic department of psychiatric and psychoneurological hospitals, daily inpatient services, medical-psychological centers, centers for psychosocial rehabilitation, crisis centers and help lines, mental health rooms in policlinics and central district hospitals as well as settings for occupational therapy.
The report notes that the reform of psychiatric services on principles of community based mental health care in Ukraine requires not only costs but also an active participation of all the society, consumers of the care, their closest surrounding, legislative and executive authorities, and adjusted interactions between different sectors.

## Session: Zonal Symposim

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<tr>
<td>Title: Psychiatric services in Armenia: 20 years of transition</td>
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<tr>
<td>Speaker: Armen Soghoyan¹, Ani Movsisyan² ¹Department of Psychiatry, Yerevan State Medical University after Mkhitar Heratsi, Yerevan, Armenia ²American University of Armenia, Masters of Public Health, Yerevan, Armenia</td>
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<td>Abstract: Armenia inherited the Semashko model since its independence in 1991; however the healthcare system underwent tremendous changes. Soon Armenia adopted several laws in public health and healthcare. The only document that partially regulated patients' rights, involuntary treatment and other mental health issues during the Soviet times was the Order of Minister of Health of USSR, which didn’t have any power of law. On May 25, 2004 Armenia adopted the Law on Psychiatric Care that currently regulates the field of mental health. The last amendment of the Law was made in 2011. Currently Armenia has no Policy in Mental Health and lacks a Mental Health Program approved by the government. Current mental health system mainly focuses on inpatient care and lacks integration into the primary care. Psychiatric care is mainly provided in specialized mental health hospitals and centers. Moreover, the system is highly underfunded and as a result of centralized approach the large proportion of the funding (88%) goes to mental hospitals. The system lacks outpatient care units and day care centers, especially facilities for children and adolescents.</td>
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## Session: Zonal Symposim

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<tr>
<td>Title: Psychiatry in Belarus: The results of 2 post-soviet decades</td>
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<tr>
<td>Speaker: S. Igumnov Belarusian Medical University, Minsk, Belarus</td>
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<td>Abstract: Objectives. Protection of mental health is currently one of the most pressing tasks facing the society. As for mental health issues, the most important event of the 2 post-Soviet decades was the reformation of the mental health, going on in many Post-Soviet countries, including Belarus. Results. Among the major events that have influenced the development of mental health care in Belarus were: the adoption in 1999 of the Law &quot;On Psychiatric Care and Guarantees of the Rights of Citizens under such Care&quot;; the transition of psychiatric services in 2002 to statistical and diagnostic criteria of ICD-10, which allows to speak a &quot;common language&quot; with psychiatrists around the world; the approval by the Ministry of Health in 2007 of the Concept of Development of Mental Health Care, based on the principles of the European Declaration on Mental Health and the European Action Plan on Mental Health, adopted in 2005 at the Helsinki European conference of the World Health Organization. The development of psychiatry in Belarus was also influenced by the following programs: The State Program of National Actions on the Prevention and Overcoming Heavy Drinking and Alcoholism; The State Program of Complex Actions to Counteract Drug Addiction and Illegal Drug Turnover and Related Crime; The Comprehensive Plan for the Prevention of Suicidal Behavior for 2009 – 2012. Conclusions. In Belarus, we have not merely maintained the existing structural units of psychiatric service, but have also carried out their consistent and purposeful development. Among the main challenges for us at that point were the lack of proper scientific support to the reformation of the mental health treatment and the lack of possibility to develop new medical technologies with proven efficiency, to implement them into practical psychiatry, and to enhance the level and the quality of mental health and.</td>
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substance abuse treatment.

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<td>Psychiatric reform in Uzbekistan</td>
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<tr>
<td>Speaker</td>
<td>Khodjaeva N.I, Sultanov Sh.Kh., Tashkent Medical Academy, Uzbekistan</td>
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<tr>
<td>Abstract</td>
<td>Features and nature of mental health care in any country is determined by historical, economic, geographic, cultural and other factors. One of the areas of integration with general medicine is the transition to psychiatric care in psychiatric hospitals to somatic, which is considered essential to overcome the stigma of mental disorders. Multidisciplinary republic hospital increasing number of somapsychiatric departments for the treatment of persons with mental and physical disorders-such profiled beds increases. Atypical antipsychotics and antidepressants facilitated general practitioners use pharmacotherapy. Providing mental health care in general medical conditions improved due to better knowledge of the general practitioners of mental disorders and the development of tools for screening for primary care. Since 1995, primarily medical model of mental health care supplemented start enlisting the support of a significant number of therapists, medical psychologists, and social workers. But we are still far from adequate staffing opportunities these special. Their number in the regional mental health services increased slowly in many areas remains insufficient and does not allow to the extent necessary to conduct psychosocial treatment and psychosocial rehabilitation. In this connection it is necessary to indicate the advisability of close cooperation between rehabilitation centers with the public governmental organizations of persons with mental disorders and their families, increasing role of public organizations belongs to patients and their relatives in the spectrum of mental health care. Emphasis on adaptation of patients in the family, the social environment, the preservation of social roles, considered the presence of large patriarchal families in our region, especially in rural areas. The foregoing materials allow us to represent a general characteristic of the national mental health services in the near future of its development.</td>
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**Zonal Symposium**

**OVERALL ABSTRACT**

**Title:** Education of early career psychiatrists in Eastern Europe: Ways and models

**Chairperson** Assoc. Prof. Mihail Hotineanu. State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Moldova

**Co-chairperson** Dr. Daria Smirnova. Samara State Medical University. Samara, Russia

**Abstract** Nowadays the decrease of interest in psychiatry is observed among medical students. Psychiatric community meets the problem on how to attract specialists to our profession. Education of Early career psychiatrists requires novel approaches and new initiatives to be developed in order to strengthen motivation and support professional development of young doctors. Besides the national projects in countries, there are new zonal and interzonal education models elaborated: Seminars on psychopharmacology, Schools of psychiatry and Eastern European Educational WPA-Servier Academy

**Speakers**

1. Prof. Petr Morozov
   Pirogov Russian National Research Medical University
2. Dr. Eugenia Sinita
   National Mental Health Centre. Chisinau, Moldova
3. Dr. Alexey Pavlichenko
   Pirogov Russian National Research Medical University. Moscow, Russia
4. Dr. Narmin Hajiyeva
   Azerbaijan State Medical University. Baku, Azerbaijan

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Session: Zonal Symposium

**SPEAKER 1**

**Title:** EEE WPA-Servier Academy – New educational model for young researchers

**Speaker** P.V. Morozov
Pirogov Russian National Research Medical University, Moscow, Russia

**Abstract** According to the decision of the 2nd Meeting of the Heads of WPA Zone 10 Psychiatric Societies (October 2012, Kharkov), a database for East European magazines in Russian has been created. It was also decided for an intensive magazine articles exchange within this database. In order to improve the quality of the material and to cover the International Psychiatric Congresses more deeply, the Heads suggested forming a group of young scientific observers. Within the framework of the WPA Educational Program the East-European Educational WPA -Servier Academy has been established. On basis of references of national Societies 12 young researchers from Russia, Belarus, Ukraine, Georgia, Armenia, Azerbaijan, Kazakhstan with equally good knowledge of Russian and English have been selected. During the next two years this group shall be attending major European Congresses and making reviews on the most interesting matters discussed at Congresses. After the reviews are edited by the supervisors they will be added into the database and granted for publishing in various WPA Zone 10 magazines without limitation. This idea was for the first time put into practice at the EPA Congress in Nice, the first 11 reviews were forwarded for publication to the Presidents of Societies at the 3rd meeting (June 2013, Almaty). Subsequent sessions of the WPA-Servier Academy took place in Barcelona (ECNP Congress) and in Munich (EPA Congress). 23 reviews have been published already in eight psychiatric magazines of Russia, Belarus, Ukraine and Azerbaijan.

Distribution of such scientific information among psychiatrists of Post-Soviet countries on regular basis shall contribute to development of WPA Educational Program on our continent and raise the professionalism of specialists.

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Session: Zonal Symposium

**SPEAKER 2**

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<td>Title:</td>
<td>How to attract students to psychiatry</td>
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<tr>
<td>Speaker</td>
<td>A. Pavlichenko</td>
<td>Pirogov Russian National Research Medical University, Moscow, Russia</td>
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<tr>
<td>Abstract</td>
<td>Over recent years, concerns have been expressed in some countries about difficulties with recruitment of medical students into the psychiatric profession (1). There is no doubt that the new approaches are required to attract the interest to our discipline. A new standard of psychiatric education in Russia combines psychiatry and medical psychology into a single discipline. In the beginning of training it is better to focus on the psychosocial aspects of medicine as well as on non-pathological experience of patients can be easily assimilated. Then it is recommended to move to the study of severe mental disorders. Traditional psychiatric education in Russia is mainly based on teaching of certain psychiatric symptoms and biological understanding of mental disorders. Unfortunately, most students spend their psychiatric placement within a psychiatric hospital and come across the most severe mental disorders. As a result, the students get the false impression of inefficiency of mental health care. Offering them an experience in other settings can emphasize the different areas of specialty. The training programs should focus on mental disorders’ pathogenic mechanisms and biological methods of therapy, as well as on the issues of rehabilitation. The students should see the realities of mental health service to the uttermost. Best students can be allowed to spend time on duty or observe patients in the admission department. During each session suitable patients must be involved in teaching. It is of great importance to allow students to see patients on their own and discuss their experience afterwards. Each student has to write at least one case report. It may be useful to encourage self-directed learning by asking a student to make a presentation or do a scientific work under the supervision of a tutor.</td>
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Symposium

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<tr>
<td>Speaker</td>
<td>N. Hajiyeva</td>
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<tr>
<td></td>
<td>Azerbaijan State Medical University, Baku, Azerbaijan</td>
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<tr>
<td>This work contains history of development of child psychiatry and modern educational scale as well as opportunities of education improvement. Psychiatry is the branch of medicine that deals with mental illness, and child psychiatrists work specifically with children and adolescents. Psychiatrists assist patients with behavioral or emotional disorders by conducting individual or group counseling sessions and, in many cases, prescribing medication to treat emotional problems caused by chemical imbalances in the brain. Child psychiatrists work with children and adolescents to address issues such as attention-deficit hyperactivity disorder, generalized anxiety disorder, Tourette's syndrome and eating disorders. Child and adolescent psychiatrists can work in government agencies, court settings, hospitals, schools, outpatient centers or private practices. According to the American Academy of Child &amp; Adolescent Psychiatry (<a href="http://www.aacap.org">www.aacap.org</a>), child psychiatrists must be certified in general psychiatry, which allows them take on patients of all ages; however, they can focus their practice on any specific age group. Many child psychiatrists with both children and their families to find the root of certain struggles. Child and adolescent psychiatrists counsel patients, determine long-term and short-term goals and determine when psychiatric medication may be appropriate or necessary.</td>
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### OVERALL ABSTRACT

**Title:** Mental health in the middle-east common denominators among tumultuous diversity

**Chairperson:** Uriel Halbreich, Chair, WPA Section on Interdisciplinary Collaboration

**Co-chairperson:** Walid Sarhan, WPA Zonal Representative for the Middle-East

**Abstract**

**Background**

The collaborative Zonal/ Section endeavor focuses on the Middle-East. The Region has been a tumultuous arena for violent conflicts and chronic stress for centuries. At present it seems that eruptions will continue for the foreseeable future. Civilians on all sides are paying the price for religious, political and economic disputes. The impact on physical and mental well-being is indisputable by most sides, who indeed differ in pointing the culprits to be blamed.

**Objectives**

Assessment of common denominators of present and future trends in Mental Well-Being, will lead to suggestions for actions.

**Methods**

Formal presentations will delineate: Statistics and trends of Mental Health as well as Physical and Mental Well-Being in the Eastern-Mediterranean Region (Based on WHO/EMRO Reports and other Public Health studies and indicators), Mental Health in the Eastern Mediterranean: Near-past experience and near-future perspective, Scholarly actions, present and future opportunities, and: The common denominator—Civilian Stress and Stress-Related Disorders.

**Conclusions**

Representatives from countries in the Region are invited to actively participate in an action-goal-oriented discussion and write Position papers that will be distributed prior to the meeting.

**Speakers**

1. Z. Abdeen  
   Al-Quds University, Jerusalem, Palestine
2. Ahmad Mohit  
   Literature and Mental Health Chair, Tehran, Iran
3. Walid Sarhan  
   F.R.C.Psych –Jordan
4. Uriel Halbreich MD  
   SUNY-AB, Buffalo, New York, USA
5. N. Loza  
   The Behman Hospital, Cairo Egypt.

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**SPEAKER 1**

**Title:** Prevalence of stress and stress-related disorders among civilians in the middle east

**Speaker**

Z. Abdeen¹, U. Halbreich, 2 T. Abdallah²

1. Al-Quds University, Jerusalem, Palestine
2. SUNY-AB, NY, USA

**Abstract**

**Objectives:** To estimate the prevalence rates of exposure to violence, post-traumatic stress disorder (PTSD) and physical stress related disorders (SRD) among civilians in the Middle East.

**Methods:** The majority of studies reported here have used cross-sectional designs, and their results are additionally limited by variability in sample types and sizes, time-points for assessments since trauma, and the instruments used. Emphasis has been on PTSD while contribution of stress to other SRDs has not been clear enough.
Results: Overall, the general-population prevalence of PTSD in the Middle East ranges widely from less than one percent to more than a third of the sample, with higher rates consistently reported among children and in areas of recent or ongoing conflict. Prevalence of PTSD in populations affected by natural disasters (adult and children survivors) ranged from 23% to 81% while due to political conflicts (wars, occupation, displacements, rioting, and genocides) seem to vary widely across regions and studies. Prevalence in children and adolescents exposed to political conflicts tend to be even higher than in adults.

Prevalence of Hypertension, other CVDs, Diabetes, Asthma, Auto-Immune Disorders and other potential SRDs is high but the contribution of stress to the variance is still under-studied.

Conclusions

Results suggest that the emotional burden carried by trauma-exposed adults and children due to repeated violent episodes and large-scale protests in the Middle East is substantial. Regrettfully, in the foreseeable future the continuous stress of people in the region has been and will continue to be compounded by repeated cycles of acute traumas. Early identification of individuals who are prone to develop stress-related disorders and PTSD before they become patients-victims will lead to development of preventative interventions by means of psychological intervention, pharmacotherapy, and social support provided within the exposed community to enhance their resilience.
## Background

Repeated violent episodes and large-scale protests are endemic in the Middle-East. They are expected to continue in the foreseeable future. They cause stress in civilian populations and Stress-Related Mental and Physical Disorders S-R D. Stress is a whole Brain-Body process. Adaptation is a key to the individual's ability to handle stress. It is centrally-coordinated. Maladaptation may result in failure of integration and maintenance of balance (homeostasis). Stress may be manifested in a plethora of diversified Central Nervous System (CNS) as well as peripheral physical symptoms. Disorders may include PTSD, anxiety and developmental maladies, hypertension, Cardio Vascular Disorders, Metabolic Syndrome, Diabetes, Immune and AutoImmune Disorders, Asthma, etc. Actual disorder(s) depend on vulnerability of specific body systems.

## Methods

First step for battling S-RDs is the identification of vulnerable populations and clinically relevant screening to identify people with low resilience. Bio-Medical technologies to assist at evidence-based diagnosis are being developed. Once vulnerable individuals are identified preventative interventions should systematically be implemented prior to actual trauma and treatment modalities would be delivered post traumatically as needed based on actual symptoms and diagnoses.

## Conclusion

In some countries in the M-E Region aggressive stress-inducing events may be predictable. Early identification of individuals who are prone to develop S-R D will help in prevention of post-traumatic damage.

### The Arab spring in Egypt, lessons not learnt from history

**Speaker**

N. Loza, M. El Nawawi  
The Behman Hospital, Cairo Egypt

**Abstract**

The Egyptian people took to the streets in January 2011 to demonstrate against police brutality. Within days the direction of their demands went from requesting basic changes in cabinet and parliament, to demanding the resignation of the president and finally a claim to change the constitution. In a replay of George Orwell's Animal Farm, a feeling of power of which they had been denied for decades inebriated the masses.

Three demands were claimed: "Freedom", "Bread" and “Social Equality". In a classical political response the people were promised all three. As ambivalence prevailed, people have consciously dichotomized themselves into two emotionally charged poles. The risk at this stage is violence that is deemed legitimate.

In the midst of chaos that takes part in all revolutions, Egypt suffered serious economic and political setbacks. In every aspect of daily life; rapid inflation, religious parties domination of the political scene, evidence of sexual harassment, stealing artifacts from the Egyptian museum, the demolition of historical villas by real estate contactors and deterioration in Education and Health services. The field of Mental Health was no exception. There were massive cuts in funding of the services. The rights of mental patients suffered a setback when the code of practice of Egypt's Mental Health Act was relaxed in post revolutionary Egypt.

Since 1952 Egyptians, for generations, had been indoctrinated about revolutions, what great benefits were brought to the people and promises that the new regime was infinitely better than its predecessor. “History is written by the victors”, it may take more revolutions for the world to reconsider the concept and question the validity of the recurrent view that toppling a regime with many faults will necessarily bring about a better one. This presentation will attempt to summarize the evidence for this view from the region.
### OVERALL ABSTRACT

**Title:** Innovative clinical research: from basic neuroscience to clinical and therapeutic use

**Chairperson**
António Palha, - FMUP Faculty of Medicine Porto University PT

**Co-chairperson**
Maria Luisa Figueira, FMUL - Faculdade de Medicina, Universidade de Lisboa - PT

**Abstract**
The Symposium on “INNOVATIVE CLINICAL RESEARCH: FROM BASIC NEUROSCIENCE TO CLINICAL AND THERAPEUTIC USE” is organized by the Portuguese Society of Psychiatry and Mental Health. The panel of speakers will give important papers on recent research of Portuguese university centers since basic science to new treatments on Portuguese psychiatry.

**Speakers**
João Bessa (Portugal).
Luis Madeira (Portugal).
Carlos Ramalheira (Portugal).
João Marques-Teixeira (Portugal).

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### SPEAKER 1

**Title:** THE ROLE OF ADULT NEUROGENESIS IN DEPRESSION

**Speaker**
J.M. Bessa\(^1\), M. Morais\(^1\), F. Marques\(^1\), L. Pinto\(^1\), J.A. Palha\(^1\), O.F.X. Almeida\(^2\) and N. Sousa\(^1\)

\(^1\)ICVS/3Bs, University of Minho, Braga, Portugal

\(^2\)Max-Planck Institute for Psychiatry, Munich, Germany

**Abstract**
Depression is a highly prevalent mood disorder that inflicts a heavy burden in depressed patients and a significant social and economic impact worldwide. Nevertheless, the precise physiopathological mechanisms involved in its aetiology and in the therapeutic actions of antidepressant drugs are still largely unknown. Previous studies have implicated different neuroplastic phenomena in the neurobiological basis of depression.

In the present work, we addressed the behavioural interactions of mood, anxiety and cognition in an animal model of depression, taking into account the neuroplastic events that might underlie the behavioural actions of different antidepressant drugs. To clarify the role of hippocampal adult neurogenesis in the behavioral actions of antidepressants, different antidepressant drugs were administered with the concomitant ablation of neurogenesis with the cytostatic agent methylazoxymethanol (MAM). Furthermore, dendritic and synaptic plasticity in the hippocampus and prefrontal cortex (PFC) were evaluated by 3-dimensional morphometric analysis and expression of genes encoding for the neural cell adhesion molecule (NCAM) and synaptic protein synapsin1 (SYN1).

The results of the present study reveal that the behavioral changes in mood, anxiety and cognition are highly inter-dependent and act in synergistic modes. Importantly, we concluded that adult neurogenesis in the hippocampus is not required for the mood-improving actions of antidepressants. In addition, exposure to CMS induces dendritic atrophy and synaptic loss in the hippocampus and PFC, which can be reverted with antidepressants and are associated with the altered expression of genes encoding for NCAM and SYN1.

In conclusion, by extensively characterizing the interactions between the behavioral dimensions involved in depression, the present work has clarified the role of adult neurogenesis in the behavioral actions of antidepressants and has demonstrated the reversibility of stress-induced neuroplastic changes by antidepressants in brain regions associated with learning and memory impairments in depression and in the brain reward pathways associated with anhedonia.

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### SPEAKER 2

**Title:** PERSON-CENTERED PSYCHOPATHOLOGY: CONTRIBUTIONS OF PERSON-CENTERED

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<tr>
<td>Speaker</td>
<td>C. Ramalheira¹, C.P. Ramalheira²</td>
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<tr>
<td></td>
<td>¹ CHUC – Coimbra University Hospitals - Department of Psychiatry; Coimbra Faculty of Medicine (Portugal).</td>
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<td></td>
<td>² CHUC – Coimbra University Hospitals (Portugal)</td>
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<tr>
<td>Abstract</td>
<td>Both the financial and economic crisis started around 2008 and the recently published Portuguese Suicide Prevention Program (2013), raised strong interest, and the awareness about the relevance of past suicide epidemiologic data. In this communication we aim to (1) describe Portuguese long-term suicide mortality controlling for demographic dynamics, time trends, and discontinuity of time series between 1902 and 2012; (2) estimate the impact of future suicide deaths according to different scenarios based on multivariate suicide incidence models and recent official population projections for the years 2013 to 2060. Data on intentional self-harm deaths and mid-year resident population by sex and age was gathered at the Portuguese National Institute for Statistics (&quot;INE - Instituto Nacional de Estatística, IP&quot;). We estimated multivariate Poisson, and Negative Binomial statistical models, controlling for demographic factors and past mortality trends, constrained to exposed population, in order to forecast future deaths, and estimate confidence intervals (CIs) for predictions, according to the available population projections. These population forecasts were based on different assumptions for birth rate, mortality rate, migrations, and life expectancy. All models and coefficients were statistically significant for a 95% CI with Cragg-Uhler's pseudo-R² reaching over 90%. Best models were chosen using AIC, BIC and modified BIC criteria. Our estimates suggest that the global volume of prevention needs might not differ significantly over time but that its relative weight over age strata will tend towards a growing proportion of deaths at ages over 65, thus emphasizing the need to adequately address this particular age group whenever considering the allocation of resources. Thus, our results help on establishing prevention priorities, and furthermore emphasize that a serious scientific discussion should be made on whether frequent recommendations for prevention in 14-18 year old adolescents apply to Portuguese epidemiologic reality.</td>
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<td>NEW TECHNOLOGIES IN COGNITIVE REHABILITATION</td>
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<tr>
<td>Speaker</td>
<td>J. Marques-Teixeira ¹ ² ³</td>
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<td></td>
<td>¹: University of Porto, Porto, Portugal</td>
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**Abstract**

Objectives: The results of cognitive rehabilitation in severe mental disorders have been characterized by improvement in trained cognitive domains, shown in the scores of instrumental cognitive assessment. However, that improvement has not being correlated with improvement in daily life activities, which is considered one of the weaknesses of this type of rehabilitation. The advent of neurofeedback training has introduced a new hope for these type of patients, specially when combined with the classic cognitive rehabilitation technologies. In this presentation the author will present five clinical cases of patients with severe mental disorders trained simultaneously with qEEG driven neurofeedback training and cognitive remediation, highlighting the benefits of the association of these two methods of cognitive rehabilitation both in cognitive improvement and in daily life activities.

Methods: Five chronic schizophrenic outpatients of our clinic, with no positive symptoms but with severe negative symptoms, that were previously included in a cognitive remediation program but with no improvement in social functioning, were included in this study. The patients underwent neuropsychological testing, clinical evaluation, and a qEEG, which were repeated after 24 neurofeedback and cognitive remediation training sessions. Neurofeedback sessions were qEEG driven, aiming to correct the abnormalities found in the qEEG; cognitive remediation therapy followed the same rational concerning the deficits found in cognitive assessment.

Results: All the patients have improved in qEEG, cognitive assessment and clinically, with particular evidence for the social functioning.

Conclusions: The combination of qEEG driven neurofeedback training with cognitive deficits driven remediation therapy seems to be complementary techniques with positive effects in the social functioning in severe mentally disordered patients.
### OVERALL ABSTRACT

**Title:** Human rights of mental patients: new challenges and perspectives

**Chairperson:** Driss Moussaoui (Morocco).

**Co-chairperson:** Dinesh Bhugra (UK).

**Abstract**

Human rights improve in many countries in the world and are becoming the standard, including in low and middle income countries. “Arab spring” and other protests in the world show a real hunger for more democracy and more human rights for all citizens. However, important social groups do not benefit enough from this progress in the field of human rights: homeless, persons in jail, women in many countries, and mental patients.

The WPA Board (WPA Zonal representatives) decided to launch a series of workshops and symposia during international/world congresses of the WPA on this crucial aspect of our profession. The aim is not to repeat a theoretical discourse on ethics and human rights, but to see what can be done practically in order to help improving human rights of mental patients and ethical behaviours towards them, to hence improve their quality of life.

**Speakers**

- Donna Stewart (Canada).
- Solomon Rataemane (South Africa).
- Jack McIntyre (USA).
- Driss Moussaoui (Morocco).

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### SPEAKER 1

**Title:** HUMAN RIGHTS FOR WOMEN PSYCHIATRIC PATIENTS

**Speaker:** Donna E Stewart MD FRCPC, WPA Zonal Representative for Canada, Director of Women's Health, University Health Network and University of Toronto, Canada

**Abstract**

Both men and women with psychiatric disorders are entitled to human rights under international agreements and conventions of the United Nations (The Rights of Persons with Disabilities 2008), the World Psychiatric Association, the African Chapter, the InterAmerican and European Conventions on Human Rights. However, it is clear that there are special issues for women patients including power, autonomy and informed consent issues, respect and modesty concerns, sexual abuse and safety issues, as well as access to appropriate gender sensitive reproductive, physical and mental health care. This presentation will review appropriate aspects of international conventions which have special salience for women patients, illustrate some issues with case examples, and make some recommendations to improve women’s mental health rights and care.

**References**


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### SPEAKER 2

**Title:** ETHICAL ASPECTS OF EMPOWERMENT OF THE MENTALLY ILL

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

References

Session: Zonal Symposium
Title: ABUSE OF PERSONS WITH MENTAL ILLNESS: A STUDY OF RESTRAINT RELATED DEATHS – LESSONS LEARNED
Speaker: J. McIntyre¹, WPA Zonal Representative for the USA
¹University of Rochester, Rochester N.Y. U.S.A.
Abstract
Methods: Coercive activities have been used throughout history in an attempt to deal with behaviors associated with mental illnesses. There will be a review of past attempts to limit the use of restraints. One practice that has continued in many treatment settings throughout the world is the use of restraints. Increasingly there has been recognition of the significant morbidity and mortality resulting from the use of restraints. This presentation will report the findings of a recent study of deaths that appeared to be related to the use of restraints. These deaths occurred in a variety of settings, the largest percentage of which was in a general hospital. Only 26% occurred in a psychiatric setting although 75% of the deceased had a psychiatric history, most commonly schizophrenia.
Results: The age range was 9 – 90, with 1/3 of the deaths in patients over 65. A significant lesson learned was the importance of considering pre-existent medical conditions and trauma history. In addition, certain techniques were associated with a high number of deaths. Also for a number of the deceased there was inadequate monitoring after the patient had been restrained.
Conclusion: The ultimate goal of dealing with agitated, disturbed behaviors is to eliminate the use of restraints and replace this technique with non-coercive methods. In the interim, proper use of restraints can significantly reduce mortality and morbidity.

Session: Zonal Symposium
Title: NEW ETHICAL CHALLENGES FOR PSYCHIATRISTS
Speaker: Driss Moussaoui
WPA Zonal Representative for North Africa, Casablanca, Morocco
Abstract
In a more and more globalized world, in a world where patients can access easily the psychiatric knowledge on the web, in a world where it is very easy to tape sounds and images and put them on Internet instantly and for free, the doctor-patient relationship is changing very fast towards more equitable share of power and responsibility. More than ever before, unacceptable behaviours towards mental patients by families, communities (chained patients in shrines for example) and in psychiatric institutions will be exposed. The fact that United Nations Committee Against Torture has responsibility...
visiting jails and psychiatric institutions alike all over the world says a lot about the perception of the public about psychiatry. Another very important issue is the necessary involvement of psychiatrists in civil society (NGOs) to implement psychiatric prevention and promotion of mental health.
Dementia and late life depression in West Africa, the role of the psychiatrist

Chairperson
Chairman: Professor Joseph Adeyemi, College of Medicine, University of Lagos, Lagos, Nigeria and Lagos University Teaching Hospital, Lagos, Nigeria.
Co-Chair: Professor Olusegun Baiyewu, College of Medicine of the University of Ibadan and University College Hospital, Ibadan, Nigeria.

Abstract
Dementia and late life depression are illnesses of old age that are little studied in West and Central Africa. The few epidemiological community studies of the two illness conditions in the region show some variation in prevalence rates. However, not much work had been done with respect to treatment. Both late life depression and dementia are amenable to pharmacological and non-pharmacological treatment methods. Information on such conditions and their management will be useful to policy makers. This symposium will examine the subject under the following sub-headings:

Speakers
Joseph Adeyemi (Nigeria).
Michael Olutoki (Nigeria).
Abdulkareem Jika Yusuf (Nigeria).
Olusegun Baiyewu (Nigeria).

SPEAKER 1
Title: Introduction and overview of late life depression and dementia in West and Central Africa
Speaker: Professor Joseph Adeyemi, College of Medicine, University of Lagos, Lagos, Nigeria and Lagos University Teaching Hospital, Lagos, Nigeria.
Abstract: NOT RECEIVED

SPEAKER 2
Title: Late life depression in community dwelling older adults in West and Central Africa
Speaker: Dr. Michael Olutoki, 1Federal Neuropsychiatric Hospital, Calabar, PMB 1052, Calabar, Nigeria.
Abstract: NOT RECEIVED

SPEAKER 3
Title: Issues related to diagnosis of dementia in West and Central Africa
Speaker: Dr. Abdulkareem Jika YUSUF, Ahmadu Bello University Zaria Nigeria and Ahmadu Bello University Teaching Hospital Zaria Nigeria.
Abstract: NOT RECEIVED

SPEAKER 4
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<td>Speaker</td>
<td>Professor Olusegun Baiyewu, College of Medicine of the University of Ibadan and University College Hospital, Ibadan, Nigeria.</td>
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Title: **Bipolar disorders in Iran: a perspective**

Chairperson: Prof. S. Ahmad Jalili. President of Iranian Psychiatric association, Tehran, Iran.
Co-Chair: Dr. S. Mehdi. Samimi Ardestani. Behavioral science research center, Imam Hossein Hospital, Shahid Beheshti University Of Medical Science, City, Tehran.

Abstract: In this symposium 3 speakers will discuss about bipolar disorder (including bipolar spectrum) among Iranian people.

1. Subthreshold bipolar disorder among individual diagnosed as major depressive disorder in Iranian Mental Health Survey
2. Substance related disorder and bipolar disorders in Iran.
3. Relative frequency of unipolar mania among hospitalized patients and its associate features: a multicenter study in Iran.

As is clear one lecture is about under diagnosis of bipolar disorder and misdiagnosis of it as unipolar depression. Another lecture points to the bilateral effects of bipolarity and substance use. Also one speaker will talk about different features of bipolar I disorder.

Speakers:
- M. Amin-Esmaili (Iran).
- Fatemeh Khodaeifar (Iran).
- S. Mehdi Samimi Ardestani (Iran).

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Title: **SUBTHRESHOLD BIPOLAR DISORDER AMONG INDIVIDUAL DIAGNOSED AS MAJOR DEPRESSIVE DISORDER: RESULTS FROM IRANIAN MENTAL HEALTH SURVEY (IRANMHS)**

Speaker: M. Amin-Esmaili¹, A. Rahimi-Movaghar², A. Motevalian³, V. Sharifi¹, R. Radgoodarzi³, A. Hajebi⁵, M. Hefazi¹, S. Gudarzi⁶

1. Iranian Research Center for HIV/AIDS (IRCHA), Iranian Institute for Reduction of High-Risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran
2. Iranian National Center for Addiction Studies (INCAS), Iranian Institute for Reduction of High-Risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran
3. Deputy for Research, Iran University of Medical Sciences
4. Psychiatry and Psychology Research Center, Tehran University of Medical Sciences, Tehran, Iran
5. Mental Health Research Center, Tehran Psychiatric Institute, Iran University of Medical Sciences, Tehran, Iran
6. Melbourne Health, Melbourne, VIC

Abstract: **Objectives:** The evidence suggests that bipolar disorder is often misdiagnosed and mistreated as a major depressive disorder (MDD). This study aimed to compare the prevalence and correlates of 12 months MDD lying on bipolar spectrum with pure MDD.

**Methods:** Data were drawn from the Iran Mental Health Survey (IranMHS), a national survey on a representative general population aged 15-64 years (N=7886, response rate=86.2). The diagnosis of MDD, bipolar I and II disorders had been made using the Composite International Diagnostic Interview (CIDI 2.1). Participants were also assessed by Mood Disorder Questionnaire (MDQ) to identify history of bipolar spectrum. Two definition were used for “MDD lying on bipolar spectrum”: those diagnosed as MDD plus: 1) had high symptom rating in MDQ (above cut-off), or 2) answered positive to either of the two mania screening questions in the CIDI and failure to meet the full diagnostic criteria for lifetime hypomania.

**Results:** Twelve months prevalence of MDD was 12.7 (11.8-13.7). Prevalence for MDD plus screened positive on MDQ was 3.0 (2.6-3.5) and for MDD plus screened positive to either of the two mania screening questions was 2.3 (1.9-2.7). Socio-demographic and clinical phenotype of MDD with sub-threshold bipolarity was closer to bipolar disorders than pure MDD. They had more suicide ideation and attempt, co-morbidity and functional impairment than pure MDD.

**Conclusions:** Our data support the underlying bipolarity in individual with MDD who never diagnosed as bipolar disorder. It is suggesting the utility of dimensional approach in diagnostic assessment.
Title: RELATIVE FREQUENCY OF UNIPOLAR MANIA AMONG HOSPITALIZED PATIENTS WITH BIPOLAR MOOD DISORDER AND ITS ASSOCIATE FEATURES: A MULTICENTER STUDY IN IRAN

Speaker: F. Khodaeifar\textsuperscript{1}, Sh. S. Gudarzi\textsuperscript{2}, A. Ghaffarinejad\textsuperscript{2}, V. Mahmoodi\textsuperscript{1}, A. Mirghiasi\textsuperscript{2}, M. Javanbakht\textsuperscript{4}

\textsuperscript{1}Shahid Beheshti University of Medical Sciences, Behavioral Sciences Research Center, Tehran, Iran  
\textsuperscript{2}Melbourne Health, Melbourne VIC, Australia  
\textsuperscript{3}Kerman University of Medical Science, Kerman, Iran  
\textsuperscript{4}Islamic Azad University, Mashhad, Iran

Abstract

Objectives: Considering few inconsistent studies in the field of unipolar mania in the world\textsuperscript{*}, and lack of multi-center studies in Iran, the goal of this study is to investigate the frequency of unipolar mania among inpatients suffering from bipolar mood disorder and to compare them with patients suffering from bipolar mood disorder.

Methods: This multi-center retrospective study was done in four university hospitals in three cities of Iran. We reviewed the files of patients suffering from bipolar mood disorder. All patients who were hospitalized during 2000 to 2010 with the diagnosis of bipolar mood disorder were entered into study. Exclusion criteria were: duration of illness less than 10 years, diagnosis of schizoaffective disorder, substance induced mood disorder and mood disorder due to medical general condition. Finally a number of 697 files were included. Main variables were the frequency of unipolar mania among the patients suffering from bipolar mood disorder, demographic, course and treatment variables which were compared between patients suffering from unipolar mania and patients suffering from bipolar mania. Average comparison of quantitative variables was done using Man–Whitney test and comparison of qualitative variables was made between them using Chi-square test. Fischer test was used where necessary and the significant level of p<0.05 was considered.

Results: Frequency of unipolar mania among patients suffering from bipolar disorder was 15.7%. Unipolar manic patients were significantly different from bipolar manics in these characteristics: Number of mania attacks, existence of psychosis in the first mania attack, mood-congruent psychosis in the first mania episode, seasonal pattern, nicotine dependency and family history for major depressive disorder.

Conclusions: Unipolar mania is prevalent in Iran and can be a distinct type of bipolar mood disorder. Prospective studies should be planned in this regard.

References:


Title: SUBSTANCE RELATED DISORDERS AND BIPOLAR DISORDERS IN IRAN

Speaker: S. Mehdi Samimi Ardestani\textsuperscript{1,}, M. Amin-Esmaili\textsuperscript{2}

\textsuperscript{1}Behavioral science research center, Imam Hossein Hospital, Shahid Beheshti University Of Medical Science, City, Tehran  
\textsuperscript{2}Iranian Research Center for HIV/AIDS (IRCHA), Iranian Institute for Reduction of High-Risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran

Abstract

Objectives: Bipolar and substance related disorders are comorbid in many patients. This comorbidity has negative effects on prognosis of each disorder. Recognizing patterns of substance use in bipolar patients may has diagnostic values and detection of bipolar disorder in patients who are substance abuser or dependent can reduce the substance craving.

Methods: In this lecture results of two surveys will be proposed. One assessed the pattern of substance use among bipolar patients admitted in hospital. The other assessed the frequency of bipolar spectrum (detected by Mood Disorder Questionaire and Godween & Ghaemi criteria) among patients with substance related disorders.

Results: Among 322 bipolar patients, 84 (26.1%) had positive history of substance use. Among users the most common pattern was multiple substance use (46.4%), followed by opium (40.5%), alcohol (7.1%) and psychostimulants (6%). Among 196 substance users 59 (30.1%) patients were diagnosed as bipolar disorder spectrum disorder according the MDQ. The frequency was significantly higher in the young and
polysubstance users. Also the polysubstance, benzodiazepine, stimulant, hallucinogen, use were significantly more prevalent among bipolar spectrum patients in compare to nonbipolars.

**Conclusions:** Studies showed that this comorbidity if frequent. Psychiatrists have to keep in mind that bipolar disorder (or spectrum) may be present in substance users, so taking detailed history is necessary.
Abstracts

Zonal Workshops

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<td><strong>New models of interdisciplinary approach in institutionalized patients schizophrenia</strong></td>
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<td>Chairperson and speaker</td>
<td>Guillermo Nicolas Jemar, Hospital Jose T. Borda - Universidad De Buenos Aires, Argentina</td>
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<tr>
<td>Abstract</td>
<td>Results and conclusions: Schizophrenia is a process that historically been related to patient withdrawal from social habitat to a facility that contains and protects the symptoms being treated. This behavior was questioned and redefined in many processes of transformation in mental healthcare, and even today remains a necessary tool for those schizophrenic processes are not amenable to outpatient treatment. Are proposed under this framework then models interdisciplinary approach, rigorously tested and based on scientific empiricism and the experience you have in estapatologia and requires academic preparation, constant monitoring and continual reassessment of the therapeutic strategies implemented. Included in this descriptive study numerous possible interventions to improve the patient's condition, rehabilitation, reintegration as well as family, work and social. We conclude that this is the goal to achieve in the patient, avoiding institutionalization and enhancing their cognitive and motor skills after their rehabilitation.</td>
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<td>References</td>
<td>A. Beck, &quot;Schizophrenia &quot;, Year 2010</td>
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<td>J. C. Goldar, &quot;The Psycho &quot;, 1993</td>
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<td><strong>Utilitarian Concept Of Mental Health</strong></td>
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<td>Chairperson</td>
<td>Walid Sarhan (Jordan)</td>
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<tr>
<td>Abstract</td>
<td>Mental health is a relatively a new concept in western systems of medicine. Have its origins in mainstream of psychiatry. But it is well recognized concept in Indian Literature. As with any branch of medicine, prevention is better than cure. Promoting well being could be the first step in reducing the burden of illness. But to promote mental health, one must define it. We psychiatrists, find a common ground for identifying parameters of health. Barring expectations and extremes we can find practical solutions to overcome this limitation. One way of conceptualizing mental health is as the absence of mental illness listed in the classification. Probably the easiest solution, but undoubtedly useless. Mental health is a diagnosis of exclusion. Such a concept defeats the whole purpose of conceptualizing it. The purpose is to promote mental health- not to treat mental illness. The strategy to promote health is distinct from strategy to the illness. The presence of mental illness implies, the absence of mental health; but absence of mental illness does not imply the presence of mental health. Mental health is understood as a two dimensional spectrum, as a one dimensional spectrum would imply that there is a gradual slope between mental health and illness. The first dimension is a continuum of the negative impact of the health status of the mind/manas on the self. The second dimension is a continuum of the negative impact of the health status of the mind/manas on others. The entire space of the spectrum may be divided into four mental health status namely, mentally healthy, not healthy, unhealthy, and mentally ill.</td>
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2. Manickam Thirunavukarasu Prof & Head, Psychiatry, SRM University, Kattankulathur, India. | | |
| References | 1. Concepts of mental health: Definitions and challenges  
M. Thirunavurakasu, 
P. Thirunavukarasu, 
and D. Bhugra  
### Conexiones: espiritualidad-religiosidad-psiquiatría

**Chairperson**

**Abstract**
Introducir la nueva temática de conexión de la psiquiatría como un nuevo paradigma: la espiritualidad. Diferenciar la religiosidad /espiritualidad/creencias. Efectos positivos y también los negativos. Si es posible desde la práctica clínica de la psiquiatría correlacionar e interactuar con la espiritualidad de los pacientes y la propia desde un desafío como lo es el equilibrio mental (madurez emocional) propio. Metodología: Los disertantes aportaran nuevas herramientas para el diagnóstico y el abordaje terapéutico desde una visión integradora y holística del ser humano sufreinte con la meditación, el autoconocimiento y por sobre todo el amor al ser humano. Se comentara como se esta trabajando e investigando en la región.

**Speakers**
- Liliana Sosa (Argentina).
- Dorys Flores (Argentina).
- María Teresa Leonardi (Argentina).

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### LA DIMENSIÓN ESPIRITUAL Y LA PSIQUIATRÍA

**Speaker**

**Abstract**
El hombre transita por la vida buscando llenar sus expectativas y satisfacer sus necesidades como parte de una vida y en búsqueda de la salud integral.

Objetivos: Investigar desde la clínica misma acerca de la dimensión Espiritual en el ser humano, esta dimensión explicada desde la relación medico paciente.

Método: Se intenta aplicar y explicar a la práctica cotidiana de la psiquiatría una de las prioridades del ser humano que es la dimensión espiritual a través del análisis de las funciones que lo espiritual y el espíritu tienen, sus valores, los lazos a lo Trascendente, según cada paciente considere (Dios, la Sociedad, la Naturaleza, el Universo, etc.)

Conclusiones: El abordar la dimensión espiritual de nuestros pacientes nos aportan preguntas básicas (para pacientes y sus terapeutas- psiquiatras), todo ser humano busca respuestas ante la experiencia de finitud, o la de frustración, ante la falta de sentido, para comprender la existencia o el sufrimiento, la muerte, el dolor, la enfermedad física. Atendiendo y entendiendo las necesidades espirituales de los pacientes es que se prioriza la dimensión espiritual: releyendo la propia vida (autobiografía) haciendo un balance existencial acorde a los valores espirituales aprendidos, como dar y recibir el amor; la búsqueda de significado de la propia vida; o la búsqueda del significado del sufrimiento; el entendimiento de su enfermedad mental; perdonar y reparar vínculos; la trascendencia; expresión a través de rituales de la fe religiosa; diferentes formas de expresión creativa; el arte, el amor, el perdón. Valores especiales y específicos de la Psiquiatría y su calidad humana.

**References**
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<tr>
<td>Abstract</td>
<td>Objetivos. La espiritualidad es parte del hombre en sí mismo, incluir a la misma en la clínica de la escucha, de la observación a la clínica de la psiquiatría y de sus facetas más diversas hace a la calidad de la atención del ser humano. Métodos. A través de la investigación bibliográfica, de la práctica cotidiana con el sufrimiento humano se incorpora preguntas prácticas para la exploración de la espiritualidad en la historia clínica del paciente. Resultados y Conclusiones: Hablar, explorar, e investigar la espiritualidad acerca al médico psiquiatra (psicoterapeuta) con su paciente aporta integralmente a una nueva mirada para entender el sufrimiento mental. Los pacientes prefieren hablar con sus médicos de estos aspectos espirituales. Se muestra las preferencias de pacientes en las temáticas más comunes con respecto a la espiritualidad. Preguntas comunes, Historia Clínica y abordajes más frecuentes acorde y sin invasión de sus creencias estén estos profesando religiones organizadas o no.</td>
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<td>Abstract</td>
<td>Objetivos: Reflexionar desde la práctica cotidiana en psiquiatría el contexto socio, familiar-cultural y espiritual de pacientes y psiquiatras aportando a la relación psicoterapéutica una mirada y dimensión espiritual. Se situará el concepto de espiritualidad en pacientes con una cosmovisión particular, con sus creencias y propios valores los del noroeste del país. Los pacientes y terapeutas tienen raíces mestizas, desde una cultura y espiritualidad transformada y desde una religión organizada católica. Se plantearan valores espirituales comunes: universo-cosmo--madre tierra, comunidad- familia, salud-paridad. Desde la primera entrevista, la derivación, la interconsulta y el abordaje psicoterapéutico de los pacientes prevalecerá la relación psiquiatra-paciente que tendrá un lenguaje común: los valores espirituales en esa cultura. Se demostrará la importancia de conocer el contexto de nuestros pacientes y sus agendas religiosas-místicas-culturalles ejemplificando los significantes sociales de enfermedad mental- recaídas-salud-recuperación en paridad con la cultura popular. Conclusiones: Nuestra milenaria sociedad andina se desarrolló en la práctica del consenso, que significa estar &quot;todos juntos, junto a todo&quot;, en equilibrio, en complementariedad, mas que “ser” es un “estar siendo” (J. Lajo) Las comunidades a las que pertenecemos actuamos en paridad dando un Equilibrio saludable es decir: Salud Mental.</td>
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<td><strong>Title:</strong> Health systems performance: Africa, Asia/pacific, the Americas and Europe</td>
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<td>Chairperson</td>
<td>Eliot Sorel &amp; Juan Jose Lopez-Ibor, Jr., Co-Chairmen</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives:</strong> To measure and compare health systems performance globally with a focus on Asia/Pacific, Africa, the Americas and Europe.</td>
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<td><strong>Methods:</strong> Utilize a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis schema providing uniform criteria for evaluation and measurement.</td>
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<td><strong>Results:</strong> Health systems across the world are markedly fragmented and emphasize a secondary and tertiary prevention with a specialty focus, little or no primary prevention, insufficient populations’ focus, and varying degrees of access and quality of care as well as rapidly augmenting costs. Such existing models are unsustainable given the rising burden of non-communicable diseases, disabilities, inadequate access to care, and premature deaths.</td>
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<td><strong>Conclusions:</strong> Emerging new models are adopting health promotion &amp; illness prevention with a populations’ focus as well as with a team based, integrated approach, enhancing quality, accessibility and affordability. These emerging models are predicated on primary care, mental health and public health integration. Psychiatry can and must play a catalytic role along with information &amp; communication technology in these emerging new models.</td>
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<td>Speakers</td>
<td>Helen Herman (Australia) Roy Kallivayalil (India). Tarek Okasha (Egypt). Oye Gureje (Nigeria). Fernando Lolas (Chile). Eliot Sorel (USA). Juan José López-Ibor (Spain). Adina Geana (Romania).</td>
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