Regular Symposia

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SY059 Kidnapping: idiographic notes, psychopathology and resilience (Educational Aspects)
SY065 Clinical aspects of ADHD throughout life: different age groups, one disorder
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SY093 Women’s Mental Health and the law
SY119 Mental Health Implications of Social Isolation
SY148 Efficacious web-based psychological treatments for major mental disorders
SY149 Neurobiological understanding of manic-depressive illness
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SY158 Psychomotor symptoms in schizophrenia: scrutiny of a forgotten syndrome
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SY164 Forensic psychiatry in Pakistan
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SY169 Psychodynamic Psychotherapy: Practical Applications in the Daily Practice of Psychiatry
SY171 Parental Alienation: A Critical Problem for Families in Many Countries
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<td>Translational approach to investigation of the opioid system in stress, depression and addiction: from basic science to clinical practice</td>
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Screening, Diagnosis and Treatment of Patients with ADHD and Addiction

Treating symptoms and functional impairments associated with attention-deficit/hyperactivity disorder across the lifespan

Mental Health Care provision in Crisis and Disasters: lessons from the Eastern Europe and the Balkans (Symposium from the Psychiatric Association of Eastern Europe and the Balkans)

The Evolution Continues – CANMAT Clinical Guidelines for Bipolar Disorders 2013

Recent developments in Acute Psychiatry: Perspectives from Europe

Evolutionary Psychiatry: Mental Disorder from a Darwinian Perspective

Can we use stratified medicine to prevent suicidal behavior?

There are effective treatments for suicidal patients

Bridging the portrait, the psychopathology and the crime. Anders Behring Breivik, Norway, 2011 vs. Pierre Marie Rivière, Calvados, France, 1835

Do biomarkers of suicidal behavior exist? Task Force Suicide of the WFSBP

Mental Health of the Second Generation of Migrants

Strengthening mental health systems in low- and middle-income countries

Psychosis and gender

Psychiatric care in people with autism spectrum disorder

Update on Concept and Epidemiology of Insomnia

Post War Psychiatry, Lessons from 100 years after WWI

PEERS® Evidence-Based Social Skills Training for Adolescents with Autism Spectrum Disorder: Beyond Treatment Efficacy

Nutritional Psychiatry Research: Topic Comes of Age and an International Society is Established

Trauma during Childhood: long term consequences

Improving skills of the child psychiatrist in consultation in patients with ADHD

Multidisciplinary preventive approaches to mental health care in Eastern Europe (Symposium from Psychiatric Association of Eastern Europe and the Balkans)

From early Intervention in Psychoses to Transformation of Youth Mental Health Services: an International Perspective

The WHO World Report on Suicide

Self-disorders and Schizophrenia: A New Way Forward?

Hot Topics in Transcultural Psychiatry

Drug Repurposing and Emerging Adjunctive Treatments for Schizophrenia

Telemental Health - variety of applications toward improved services in psychiatry

A review of Munchausen syndrome by proxy in Madrid

Psychosomatic Dermatology: psychodermatology

Suicide Prevention Programme in patients with depression in Primary Care

Philosophy, Mind and Psychiatry

Novel approaches to Personalized Medicine in Psychiatry

Mental Health of Students; Prevalence of Complaints and Disorders, Methods and Outcome of Counseling and Short-Term Psychotherapy

The state of Psychogeriatrics in Europe

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SY454  Implications of spiritual experiences to mind-brain relationship and clinical practice
SY456  Novel psychoactive substances: from use to psychiatric disorders
SY462  Who will look after people with mental illness in the future?
SY464  WHO ICD-11 Symposium I: An overview of the World Health Organization’s development of the ICD-11 classification of mental and behavioural disorders
SY465  WHO ICD-11 Symposium II: WHO’s Global Clinical Practice Network-- What do 10,000 clinicians from around the world have to tell us about the classification of mental and behavioural disorders?
SY466  WHO ICD-11 Symposium III: Proposals and Evidence for ICD-11-- Neurodevelopmental Disorders, Disruptive Behaviour and Dissocial Disorders, Feeding and Eating Disorders, and Impulse Control Disorders
SY468  WHO ICD-11 Symposium IV: Proposals and Evidence for ICD-11-- Schizophrenia Spectrum and Other Primary Psychotic Disorders, Mood Disorders, Anxiety Disorders, and Common Mental Disorders in Primary Care
SY469  WHO ICD-11 Symposium V: Proposals and Evidence for ICD-11-- Obsessive-Compulsive and Related Disorders, Disorders Specifically Associated with Stress, Bodily Distress Disorders, and Dissociative Disorders
SY470  WHO ICD-11 Symposium VI: Proposals and Evidence for ICD-11-- Substance Use Disorders and Related Conditions
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SY472  Effective treatments for coping with the cognitive and functional limitations of patients with schizophrenia
SY477  Treating high blood pressure in those with cognitive impairment to slow the progress of cognitive decline
SY485  ADHD and co-morbidity - Clinical significance and management what should be learned
SY488  The Healing Power of Art and Community
SY489  Novel Therapeutic Targets in Psychiatry: Neuro-chemical Mechanisms and Therapeutic Implications
SY493  War and Mental Health
SY498  Clinical validation of therapeutic ICT’s in Mental Health
SY499  Thinking of the clinical method: the interface between phenomenology and hermeneutics
SY502  Stress, pituitary and the potential role of the HPG and HPA axes in the pathogenesis of psychosis
SY506  Intersectional view on personalized medicine in future psychiatry: what will the current biological markers bring?
SY509  Personalized Psychiatry: a window on the future
SY511  Emergency Psychiatry in Mexico: Taking a Social and Clinical Challenge
SY512  Evaluation and Management of Suicidal Behavior Across the Life Cycle
SY519  Social aesthetics in psychiatry
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SY530  Neurocognitive and Functional Impairment in Mood Disorders
SY531  The Canadian Network of Mood and Anxiety Disorders Treatments (CANMAT) Task Force Recommendations for Management of Co-morbidities in Patients with Bipolar Disorder
SY541  D-serine and D-amino acid oxidase (DAAO) based modulation of NMDAR neurotransmission: diagnostic and therapeutic implications
SY546  Structure-Function Pathologies in psychosis high-risk states and schizophrenia: new evidence from multimodal imaging
SY547  Symposium de la Société de l’Information Psychiatrique: Pedopsychiatry - Autistic spectrum disorder and learning disabilities : three lectures tackling research and treatments while including families
SY550  Spiritual component in clinical exercise
SY553  Training in Psychosocial Rehabilitation in Community Mental Health: New Paradigmes-New Learning Methodology. Symposium AEN
SY554  Users’ involvement: from declarations to implementation. Symposium AEN

Abstracts
SY561  Long-term integrated approaches to mental health care: the Russian experience
SY571  Helping the trauma survivors (Symposium AEN)
SY573  Neurobiological underpinnings of cognitive and socio-emotional aspects in psychiatric disorders and psychotherapy
SY574  Fight Against STigma: (FAST): a quickly expanding program for developing access to mental health care in developing countries implemented
SY575  Inflammation, Obesity, Diabetes and Anxiety and Affective Disorders
SY578  Use of psychotropic drugs in Spanish Assertive Community Teams
SY584  The Inter-correlations among Behaviors, Brain and Mental disorder - A Neuroimaging Perspective
SY587  Cardiovascular Disease and Obesity in Bipolar Disorder: Translational Research Focused on Epidemiology and Genetics
SY592  Stigma, general concepts, international guidelines for combat and their applicability in Mexico
SY593  Prevention strategies for Mental Health, the best alternative for emerging countries
SY595  Gender a multidimensional concept. A new approach with future implications in Psychopathology and Mental Health Disorders in women
SY596  Health Care Policy: Outreach to Government
SY597  Neurodegenerate and neurodevelopmental disorders: differences and similarities
SY609  Post War Psychiatry, Lessons from 100 years after WWI - Part II
SY610  Violence against Women and Children - trauma, mental illness and social marginalization among the most vulnerable and the challenges for Psychiatry
SY612  Evaluation of capacity and supported decision making for people with cognitive disabilities
SY613  Strengthening Mental Health and Psychosocial Support Services in emergency settings and chronic hardship
SY614  Personality Disorders in Asians
SY616  Contemporary Mental Health Practice: Recovery, Empowerment and Experiential Expertise of Users of Mental Health Services. (Simposio AEN)
SY619  Depression Screening in Primary Care in China, India, Iran, Romania
SY620  Treatment of patients with severe mental illness and complex needs using new models of Assertive Outreach in different countries
SY629  Early-life Psychotic Experiences in the General Population: mechanisms and meaning
SY637  Neurophysiologic studies of autism spectrum disorders
SY638  Evolutionary Psychiatry: new challenges and perspectives
SY640  Turning Parity for Mental Health and Physical Health from Rhetoric to Reality
SY641  Metacognition as a common factor in psychotherapy (Symposium AEN)
SY642  Parental Alienation Syndrome and its theoretical and pragmatic basis designed to justify the application of the threat therapy of PAS by the courts and their effects on attachment in Childhood
SY647  Immigration in Spain
SY651  The Inflamed Mind: past, present, and future
SY654  Psychosocial Markers of Depression and Globalization
SY657  What happens when your ground is moving? Earthquake in Chile and Mental Health Consequences
SY659  Controversies in Pediatric Bipolar Disorder
SY662  The impact of trauma over the life course of the elderly
SY664  Therapeutic Management Issues after amputation
SY665  A Paradigm Shift in the Link Between Sleep and Psychiatry
SY666  Ketamine Abuse
SY678  Prevention of Depression: What can we do from 2015 on?
SY680  Paraphrenia? A concept for the 21st century
SY681  Protection and risk to develop major psychopathology during adolescence: dynamic developmental processes and perspectives
SY682  The use of fiction films in the cognitive training of schizophrenia and other chronic psychosis
SY684  Meeting mental health needs of deaf and hard of hearing people: delivering highly specialized mental health care for a special, small and heterogeneous minority group
SY686  Psychiatry and Ethology: new wine in old bottles
SY691  Peer Victimization in Tourette’s Disorder: An International Perspective
SY692  Direct and indirect consequences of Torture and Persecution among families and care givers
SY697  Positive Parenting
SY699  Treating LGBT (Lesbian, Gay, Bisexual, and Transgender) Patients: An Update on Clinical Issues
SY701  Translational studies on molecular ageing processes to identify and treat cognitive and other mental health deficits
SY705  Dysfunctional brain plasticity and aging mechanisms in severe psychiatric disorders
SY709  How children sleep and dream? Their psychopathological disturbances in mental disorders
SY712  Developmental Issues for Lesbian, Gay, Bisexual, and Transgender (LGBT) People Across the Lifespan: Challenges and Achievements
SY714  International Latino Research Partnership Screening Results
SY717  International Latino Research Partnership: Data Merging Results
SY724  Examining the Impact of Comorbid Depression and/or Anxiety in Individuals with ADHD: Methods of Detection and Management of Executive Function
SY805  Controversies in the context of forensic occupational psychiatry
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SY808  Treating trauma in psychosis
SY900  Psychotherapy of psychiatry disorder associated with sexual problems
SY915  Límites de la Bipolaridad y su Tratamiento
SY920  Problemas de salud mental en instituciones penitenciarias. La situación en España
SY921  La gestión de los servicios de salud mental bajo la perspectiva de la gestión clínica. La experiencia del Modelo Andaluz
SY922  Substance use disorders and ADHD: a complex relationship

Regular Symposia Dual Disorders/Pathology Track

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SYD002  The bipolar addiction comorbidity
SYD003  Convergence of addiction medicine and dual disorders (co-occurring disorders)
SYD005  Suicidal and non-suicidal self injurious behavior in patients with dual disorders
SYD006  Dual disorders in the neuroscience context
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<td>What about the relationship between Post Traumatic Stress Disorder and Heroin?</td>
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**Regular Symposia Spanish / Portuguese Track**

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Abstracts

Regular Symposia
Session: Regular Symposium
Title: **Activation as a cardinal feature of mania: Conceptualization, measurement and its role in prognosis**

Chairperson: Professor Chantal Henry, Pôle de Psychiatrie Universitaire, Centres Experts, Hôpital A. Chenevier, Créteil, France

Abstract: Kraepelin identified that the core, shared dimensions of mania and depression reflected perturbations of mood, cognition and psychomotor activity, without any one element have primacy over any other. Other observers, such as Meyer, suggested that psychomotor abnormalities were the most striking and consistent feature of manic depressive illness. In recent decades, the emphasis shifted towards mood state as the core feature of bipolar disorders with less agreement on the pathognomic significance of motor behaviour in the affective syndromes. However, the most recent revision of DSM-5 again acknowledges that activity is a relevant criterion (i.e. it is identified as part of criterion A)

The speakers in this symposium present an up to date review of how we can best conceptualize and measure activation. It examines the utility of daily monitoring techniques, as well as discussing how changes in the diagnostic criteria can significantly influence the estimated prevalences of bipolarity and highlighting the validity of activation as a marker of treatment response. Furthermore, evidence from community studies will be presented to show that activation may be a better marker of bipolarity than mood state.

Speakers:
1. Professor Jan Scott
   Academic Psychiatry, Newcastle University, UK.
2. Dr Kathleen Merikangas
   National Institute of Mental Health, USA.
3. Professor Ian Hickie
   Brain & Mind Research Institute, University of Sydney, Australia
4. Professor Jules Angst
   Zurich University, Psychiatric Hospital, Zurich, Switzerland.

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Session: Regular Symposium
Title: **Conceptualising and measuring activation**

Speaker: J.Scott¹, C. Henry²
¹Academic Psychiatry, Newcastle University, UK.
²Pôle de Psychiatrie Universitaire, Centres Experts, Hôpital A. Chenevier, Créteil, France

Abstract: Objectives: To review the definition, measurement and central role of activation in the stricture of mania and bipolar disorders.

Methods: The paper provides a descriptive review of how we conceptualize activation, differentiating it from related phenomena such as subjective states (energy) and from agitation (a phenomena that includes feelings of inner tension) and neural activation. Next, the findings of a systematic review of published factor analytic studies of mania and bipolar disorders will be presented. The paper highlights the range of methods for assessing activation. Finally, examples from clinical trials will be used to demonstrate the putative role of activation as a predictor of the course and outcome of bipolar illness episodes.

Results: Sixteen of 20 studies of the factor structure of mania identify the primary position of activation (or its variants). The widely used symptom rating scales for mania often fail to comprehensively assess activation and alternative methods for measuring activation, such as experiential sampling may have greater utility. Evidence from psychological therapy as well as pharmacological treatment trials highlight that change in activation robustly predicts improvement.
Conclusions:
In his early writings, Kraepelin identified that the core, shared dimensions of both mania and depression reflected perturbations of mood, cognition and psychomotor activity. It was only in recent times that the classification systems emphasised mood state or mood change as a central feature of mania. However, most of the research reviewed suggests that activation is the cardinal feature, suggesting it is a more reliable indicator of the evolution of the syndrome and is a superior marker of therapeutic response.

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<td>Title:</td>
<td>New approaches to activation: Objective assessment of activity in bipolar disorder in clinical and community samples</td>
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<tr>
<td>Speaker</td>
<td>K. Merikangas</td>
<td>National Institute of Mental Health, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Studies using objective measures of activity with activity monitors have shown that people with bipolar disorder and/or major depression tend to have less daytime activity, and greater variability in daily activities than controls. However, the majority of these studies have been based on relatively small clinical samples and short periods of observation, and the analyses are based on summary statistics of activity measurements which ignore the time effect. The goal of this study is to evaluate differences between mood disorders subgroups and controls in: Functional Patterns of activity and bi-directional associations between activity and emotional states (i.e., Mood; Energy).</td>
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<td>Methods:</td>
<td>The sample was selected from a community-based family study of greater Washington DC metropolitan area. 339 adults with a range of mood disorder subtypes (n=197, Bipolar I, Bipolar II, Major Depressive Disorders), and controls (n=144) participated in a study of daily rhythms of activity, sleep and emotional states. Each participant wore an activity monitor on the wrist of the non-dominant hand and rated mood and energy on an electronic diary on an analogue scale ranging from 1-7 4 times per day for two weeks.</td>
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<td>Results:</td>
<td>Bipolar I disorder is generally associated with: (1) lower average activity, particularly in the afternoon; (2) higher day-to-day variation compared to other disorder groups; and (3) stronger links between activity and mood states than controls.</td>
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<td>Conclusions:</td>
<td>These finding suggest stronger associations across homeostatic systems (i.e., activity, mood changes, energy and sleep) in bipolar disorder compared to other mood disorder subgroups and controls.</td>
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<td>Motor activation and subjective fatigue as pathophysiological markers of early onset mood disorders</td>
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<tr>
<td>Speaker</td>
<td>I. Hickie</td>
<td>Brain &amp; Mind Research Institute, University of Sydney, Australia</td>
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<tr>
<td>Abstract</td>
<td>Objectives: A major challenge for early intervention is to identify those persons who are at increased risk of developing major mood disorders assuming that such identification will lead to interventions that reduce poor long-term mental and physical health outcomes. Our working model focuses on the role of the extent to which variability in the objective construct of motor activation (mirroring the subjective reporting of prolonged fatigue), is a central pathophysiological concept in both unipolar and bipolar mood disorders.</td>
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<tr>
<td>Methods:</td>
<td>We utilize evidence from longitudinal studies in subjects between the ages of 12-30 years. Subjects</td>
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attending novel headspace services for young persons with emerging major mental disorders are followed longitudinally, with subsets recruited for more detailed neurobiological and circadian studies. Separately, we conduct a longitudinal study of adolescent twins examining the patterns of emerging disturbances of activation syndromes, changes in sleep-wake cycles, and their relationships between anxiety, depressive, bipolar, psychotic and other substance-abuse related disorders.

Results
Clinical subjects with early phases of bipolar-type disorders are characterized by family history of bipolar disorder, some neuroimaging characteristics and a range of features suggesting underlying circadian dysfunction. There are also emerging patterns of relationships between atypical depressive patterns (low activation, prolonged sleep, weight gain) and other physical health outcomes, notably metabolic disturbance. The twin studies demonstrate that while motor activation and sleep disturbance features are common in adolescence, by themselves they are not indicative of bipolar or other major mental disorder. Patterns of overlap with other depressive and psychotic disorders suggest that more complex phenotypic presentations may be under stronger genetic control.

Conclusions
Longitudinal clinical and twin studies of young people at risk of developing some unipolar or bipolar disorders suggest the importance of focusing on changing patterns of motor activation and underlying circadian and other neurobiological features.

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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 4</th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>From DSM-IV to DSM-5: some changes in major mood disorders in the bridge study</td>
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<td>Speaker</td>
<td>J Angst, C L Bowden, J Azorin, G Perugi, E Vieta, A H Young</td>
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<tr>
<td>1. Zurich University, Psychiatric Hospital, Zurich, Switzerland</td>
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<td>2. University of Texas Health Center, San Antonio, TX, USA</td>
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<td>3. Hôpital de Sainte-Marguerite, Marseille, France</td>
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<td>4. University of Pisa, Pisa, Italy</td>
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<td>5. Hospital Clinic, University of Barcelona, Barcelona, Spain</td>
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<td>6. Kings College London, United Kingdom</td>
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<tr>
<td>Abstract</td>
<td>Objectives</td>
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<tr>
<td>In DSM-5, unlike DSM-IV, euphoria and irritability are no longer sufficient symptoms for hypomania/mania criterion A; both must co-occur together with increased activity/energy. Furthermore, antidepressant emergent (hypo)mania is no longer an exclusion criterion for a diagnosis of bipolar disorder, whilst hospitalisation qualifies as mania. Using data from a previously published patient study, we illustrate some diagnostic shifts resulting from application of the successive systems.</td>
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<td>Methods</td>
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The patient sample comprised 5635 individuals from the multi-national Bridge Study who met criteria for DSM-IV Major Depressive Episodes (MDE) (Eur Arch Psych Clin Neurosci 2013, 263:663). We cross-tabulated the frequencies of DSM-IV and DSM-5 diagnoses. We accepted all switches of depression into hypomania during antidepressant treatment as indicators of bipolarity, although the study did not allow retrospective identification of the diagnostic criteria. |
| Results |
Applying DSM-5, the diagnosis of 1513 (32%) of 4732 patients with DSM-IV MDD changed to BP-I (N=734) or BP-II (N=779); 84 (12.26%) of 685 patients with DSM-IV BP-I were re-diagnosed with MDD (N=70) or BP-II (N=14), and 170 (78%) of 218 patients with DSM-IV BP-II were re-diagnosed with MDD (N=21) or BP-I (N=149). |
| Conclusions |
The diagnostic changes are substantial. Overall DSM-5 criteria identified 41.26% of patients presenting with MDE as having bipolar disorders compared to 16% by DSM-IV. The inclusion of increased activity/energy in criterion A contributed to this increase but much more so were the switches to hypomania under anti-depressant treatment. About 10% of patients with DSM-IV mania and hypomania were no longer diagnosed with bipolarity, because of not manifesting increased activity/energy.
**Title:** Improving social cognition in psychotic disorders

**Chairperson:** Wolfgang Wölwer, Department of Psychiatry, Heinrich-Heine University Duesseldorf, Germany

**Co-chairperson:** Guillermo Lahera, University of Alcalá, Spain

**Abstract**

Social cognition is the cognitive ability to infer mental states to oneself and to others in terms of thought, emotion and intention, which makes it possible to predict the behavior of others and to understand the social information of the surroundings. Social cognition comprises subcomponents like facial affect recognition, social cue perception, theory of mind, and attributional style. A wealth of evidence has revealed that impairments in such cognitive processes are evident in psychotic disorders and are closely associated to functional outcome. As traditional drug and psychological treatment does not improve SC, new psychosocial interventions are needed. A growing number of studies have attempted to ameliorate these deficits through the use of structured behavioral training, i.e. “cognitive remediation”.

The symposium shall bring together experts from different countries who shall present different approaches and empirical data in order to advance development of cognitive remediation which may help psychotic patients to overcome their impairments in social cognition and social functioning. The presentations will give an overview on such social cognitive remediation approaches in schizophrenia and in bipolar disorders and will describe concepts and new data on two example approaches (i.e. Training of Affect Recognition TAR, Social Cognition and Interaction Training SCIT) which differ with regard to the scope of cognitive subcomponents addressed. Moreover clinical, cognitive and biological markers of response and moderators of change to social and basic cognitive remediation therapies will be presented. Finally, the integration of cognitive remediation therapy with other evidence-based psychological therapies will be discussed.

**Speakers**

1. Wolfgang Wölwer  
   Department of Psychiatry, Heinrich-Heine University Duesseldorf, Germany
2. Guillermo Lahera  
   University of Alcalá, Spain
3. Rafael Penadés  
   Hospital Clinic Barcelona, University of Barcelona, Barcelona, Spain
4. Volker Roder  
   Department of Psychiatry, University of Bern, Switzerland

---

**Title:** Training of affect recognition in schizophrenia: Behavioral, psychophysiological and neurobiological effects

**Speaker:** W. Wölwer, S. Stroth, K. Drusch, C. Luckhaus, N. Frommann  
Heinrich-Heine-University Düsseldorf, Germany

**Abstract**

Objectives: Impairments in facial emotion recognition have proven to be a trait-like characteristic in schizophrenia mostly unaffected by traditional treatment. This raised the question whether cognitive remediation strategies may be a treatment option for these impairments.

Methods: A special Training of Affect Recognition (TAR) was evaluated in four consecutive studies using pre-post-control group designs with either Cognitive Remediation Training (CRT) as an active control treatment (studies 1, 2), a „passive“ treatment as usual group (study 1), a waiting group (study 3) or a healthy control group (study 4). Behavioral outcome measures comprised affect recognition, basic cognitive functioning and social interaction. Moreover, IMRI, EEG or visual scanpaths were recorded in some of the studies.

Results: Analyses revealed specific training effects in the form of a double dissociation both in studies 1 and 2: the TAR improved facial and prosodic affect recognition as well as understanding of social scenes, but had no effects on memory, attention and executive functioning. Patients under CRT and those without training did not show improvements in affect recognition, though patients under CRT improved in some memory functions. Positive effects of the TAR on facial affect recognition could also be
replicated in forensic schizophrenia patients (study 3) and proved to be stable for at least 4-6 weeks after the end of training (studies 2, 3). Concomitant with improvements in performance, there were significant changes in brain activity as assessed by fMRI (study 1) or EEG (study 3), and the number of fixations into facial feature areas increased at the expense of a reduction of fixations into non-feature areas (study 4).

Conclusions: According to these results, improvements in disturbed facial affect recognition in schizophrenia patients are not obtainable with a traditional cognitive remediation program like CRT, but need a functional specific training like the newly developed TAR.

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<tr>
<td>Title: Social cognition and interaction training in bipolar disorder</td>
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<tr>
<td>Speaker: G. Lahera Faculty of Medicine. University of Alcalá, Spain</td>
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<td>Abstract: Objectives: 1. To compare the pattern of social cognition impairment in bipolar disorder and schizophrenia; 2. To assess the effectiveness of the Social Cognition and Interaction Training (SCIT) in bipolar disorder (BD). Methods: In the first study, we compared the performance of 48 patients with bipolar disorder, 48 with schizophrenia and 48 controls in different domains of social cognition (emotion processing, theory of mind and attributional style). In the second study, a randomized controlled trial was carried, analysing the effectiveness of SCIT in 37 bipolar patients. SCIT is an 18-week, manual-based, group treatment designed to improve social functioning by way of social cognition. Results: 1st Study: Both patients with BD and schizophrenia patients showed an impairment in face emotion recognition, compared with controls (FEIT F(2,130)=15.72, p&lt;.001; FEDT F(2,130)=8.8, p&lt;.001; ER40 F(2,130)= 16.06, p&lt;.001). In theory of mind, only differences between SCZ and controls were found (F(2,118)=5.17; p&lt;.05). Patients with SCZ showed worse global functioning (t(82) = 10.16, p&lt;.001). 2nd Study: The SCIT group showed a small within-group decrease on the AIHQ Blame subscale, a moderate decrease in AIHQ Hostility Bias, a small increase in scores on the Hinting Task, a moderate increase on the ER40, and large increases on the FEDT and FEIT. There was no evidence of effects on aggressive attributional biases or on global functioning. Conclusions: Patients with BD has a characteristic pattern of social cognition deficit. There is a preliminary evidence that SCIT is feasible and may improve social cognition for bipolar disorder. Nevertheless a potential adaptation of SCIT to affective disorders should be considered.</td>
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<th>Session: Regular Symposium</th>
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<tr>
<td>Title: Markers of response to social and basic cognitive remediation therapies</td>
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<td>Speaker: R. Penadés Hospital Clinic Barcelona, University of Barcelona, Barcelona, Spain</td>
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<td>Abstract: Objectives: Despite the evidence for the efficacy of Social and Basic Cognitive Remediation Therapies in patients with schizophrenia, comparatively little is known about the potential predictors of good treatment response. In the current study we investigated the relationship between measures of neurocognitive function, measures of symptoms, and neuroimaging variables as predictors of outcome for neurocognitive and social cognition therapies. Moderating variables and implications for future research and treatment development will be analysed. Methods: We conducted a synthetic, critical literature review of controlled and randomised studies of cognitive and social cognitive remediation therapies where some variables had been tested as predictors of response in patients with a diagnosis of schizophrenia. Results: Even though cognition performance has been considered as a good predictor of psychosocial functioning in patients with schizophrenia, its role in prediction of cognitive remediation responsiveness is still an open question. Nonetheless, there is some evidence showing significant relationships between responsiveness to the cognitive therapies and baseline scores from particular cognitive domains like sustained visual vigilance, immediate verbal memory. Other incipient data could be suggesting that neuroimaging data could also be a useful tool in predicting responsiveness to cognitive therapies in...</td>
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patients with schizophrenia particularly specific patterns of frontal activation and grey matter volume of the frontal, temporal and parietal areas. No consistent evidence has been found for symptoms or other demographic variables

Conclusions: Baseline performances on measures of executive and memory domains were associated with improvement after treatment. Evidence of other cognitive functioning or baseline clinical symptoms affecting negatively the responsiveness to the cognitive intervention was not evident. Interestingly, some functional neuroimaging data involving temporal and frontal lobes have demonstrated that they may act as predictors of response, in similar way as it has been previously found in other psychological treatments like Cognitive Behavioural Therapy in patients with schizophrenia.

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<td>Title:</td>
<td>Significance of social cognitive remediation therapy within a comprehensive treatment concept</td>
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<td>Speaker</td>
<td>V. Roder, D.R. Mueller</td>
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<td>Department of Psychiatry, University of Bern, Switzerland</td>
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Abstract

Objectives: The final goal in the successful treatment of schizophrenia patients is defined in improved functional recovery. Thus the integration of social cognitive tasks within a comprehensive treatment concept should offer significant advantages in generalization and transfer of therapy effects. Recent therapy outcome research supports these advantages. Empirical modeling identified social cognition as a mediating factor between neurocognition and functional recovery. Regarding this, we first developed the Integrated Psychological Therapy Program (IPT). It consists of 5 subprograms and combines interventions on neurocognition, social cognition, and social competence. As a further development of the cognitive part of IPT we developed the Integrated Neurocognitive Therapy (INT), which focuses on all social and neurocognitive domains defined by MATRICS.

Methods: The aim was to investigate whether the application of the complete IPT is superior in comparison to the use of single IPT subprograms. Data were based on 37 independent IPT studies including a total sample of 1692 schizophrenia patients. Additionally, the proximal outcome in cognitive domains as well as in more distal outcome areas was investigated in an international RCT on INT including 169 schizophrenia outpatients.

Results: All IPT subprogram variations obtained significant effects in proximal outcome. Each subprogram domain reached the largest effects in the targeted area. With regard to distal outcomes, combinations of subprograms showed a significant reduction of negative symptoms and an improvement in not targeted areas of functioning. This strongly supports vertical generalization effects to other functional domains. Regarding INT, results support efficacy compared to TAU in various cognitive domains, in psychosocial functioning and symptoms after therapy and at 1-year-follow-up.

Conclusion: Results support evidence for the efficacy of longer lasting integrated therapy. The success of these treatment concepts is strongly based on successful therapy of social cognitive functions.
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<tr>
<td>Title:</td>
<td>Kidnapping: Idiographic Notes, Psychopathology And Resilience</td>
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**Chairperson**
Eutiquiana Toledo Ruiz, Madrid, Spain

**Co-chairperson**
Edgard Belfort, Venezuelan Central University, Caracas, Venezuela

**Abstract**
Objectives: The problem of violence is part of everyday life of most societies in the world, with an obvious and unquantified growth. Their determinants are varied and complex. A serious and regrettable part of the problem is the hijacking in its various expressions and quirks. In Venezuela there is a politically motivated kidnapping or just criminal. The Symposium aims to review some aspects of the problem, as presented in the psychiatric clinic. Methods: Verbal part of the story is a victim, to present the experiences directly following the idiographic method under model ethnographic qualitative research. Then proceed through a rigorous hermeneutic identify key experiences during the various stages of the process from the restriction of freedom, to liberation, both in the subject, and in his family. Results: It highlights key psychological defense mechanisms and their role in the survival and recovery from trauma, emphasizing fantasy and denial, but also of personality prior to the formation of resilience. Conclusions: Psychotherapeutic approaches are proposed to overcome personal and family conflict and prevent complications.

**Speakers**
- Sergio Villaseñor-Bayardo (Mexico).
- Elizabeth Amadio (Venezuela).
- Adele Mobilli-Rojas (Venezuela).
- Carlos Rojas Malpica (Venezuela).

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**Speaker**

**Abstract**
The issue of violence in Latin America is of serious and increasingly important in the mental health of its inhabitants dimensions. The author will present an overview of the problem, its validity and historical roots. Methodology: Brief description of the problem of kidnapping. Conclusions: It is very important to promote research on the topic.

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**Speaker**
Elizabet Amadio. Venezuela.

**Abstract**
Story of first-person experiences of abduction. Methodology: the experiences of kidnapping in the phases are systematized capture, captivity, release and subsequent psychosocial adjustment process. Everything is recorded in the patient under verbatim ethnographic qualitative research. Conclusions: The most relevant features are described for self-preservation.
**Title:** HERMENÉUTICA PSICOPATOLÓGICA  

**Speaker**  
Adele Mobilli-Rojas.  

**Abstract**  
The importance of proper patient verbal report for proper psychopathological description of the different phases of the kidnapping and the risks and psychopathological findings in each of them stands out. Methodology: hermeneutic phenomenology. Conclusions: The kidnapping leaves important consequences on the mental health of the victims. Proper psychopathological examination is essential to the psychotherapeutic process of recovery.

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**Title:** LA RESILIENCIA  

**Speaker**  
Carlos Rojas Malpica.  
Universidad de Carabobo. Venezuela.  

**Abstract**  
The concept of resilience recently joined the psychology is fundamental to understanding tolerance trauma of kidnapping. Methodology: From the stories of the victims is possible to reconstruct some personality traits and personal values that increase resilience. Conclusions: The integrated personalities with strong values and convictions demonstrate greater tolerance to the stressful effects of kidnapping. May promote some traits and behaviors that promote resilience in high-risk populations.
### Clinical aspects of ADHD throughout life: Different age groups, one disorder

**Chairperson**: Sandra J. Kooij, ADHD Clinic, PsyQ, The Hague, Netherlands

**Co-chairperson**: Iris Manor, Geha MHC, Petach-Tiqva, Israel.

**Abstract**

ADHD is a chronic neurodevelopmental disorder which has many implications on all life fields. Until the last decade ADHD was considered a childhood disorder, and most of the attention was focused on its neuroanatomical, neurochemical, clinical and therapeutical aspects in children and adolescents. However, we now understand its importance in other age groups, such as preschoolers and adults. This session presents several clinical and pharma-therapeutical aspects in these age groups.

**Speakers**

1. **Professor Jeffrey Newcorn**  
   Mount Sinai School of Medicine, New York, NY, USA.
2. **Dr. J. Antoni Ramos-Quiroga**  
   Department of Psychiatry. CIBERSAM, Hospital Universitari Vall d'Hebrón, Universitat Autònoma de Barcelona, Pg. de la Vall d'Hebrón, Barcelona, Spain.
3. **Dr. Miriam Peskin**  
   Geha Mental Health Center, Petah Tiqva, Israel
4. **Dr. Sandra J. Kooij**  
   ADHD Clinic, PsyQ, The Hague, Netherlands

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### Neurobiological basis of response to Lisdexamfetamine (Vyvanse®) in adults with ADHD

**Speaker**

Newcorn Jh¹, Duhoux S¹, Schulz Kp¹, Krone B¹, Bédard Ac¹, Pedraza J¹, Adler L³, White Sf², Blair Jr²  
¹Mount Sinai School of Medicine, New York, NY 10029,  
²National Institute of Mental Health, Bethesda, MD 20892  
³New York University School of Medicine

**Abstract**

**Introduction**

Recent evidence implicates hypoactive motivation-reward mechanisms in the pathophysiology and symptomatic presentation of ADHD. It is therefore essential to better understand the effects of stimulants on this network. The objectives of this fMRI study were to determine the effects of Lisdexamfetamine (LDX) on components of the brain motivation-reward system, and to examine the relationship of these effects to clinical improvement.

**Methods**

Twenty adults with ADHD (age range: 19-52, 11 males) were treated with LDX and Placebo in a randomized, placebo-controlled, cross-over design. Subjects were scanned twice, once after 3 – 5 weeks on either No Drug/Placebo or LDX using a passive-avoidance learning task. ADHD-RS scores were collected at each visit. The blood-oxygen-level-dependent (BOLD) signal was modeled using regressors for the images at the time of the decision (chosen vs. refused), and when feedback was given (reward or punishment). Decision-related regressors were weighted by subject expectation, and outcome-related regressors were weighted by the prediction error (difference between outcome received and expectation).

**Results**

Compared to Placebo, LDX increased BOLD responses in: 1) the putamen when choosing to respond, and 2) ACC when refusing to respond. These responses were modulated by the expected value in the lateral prefrontal and DLPFC respectively. In addition, LDX increased BOLD response in ventral striatum, when a reward was received, and this response was modulated by the prediction error in VMPFC. Finally, increased activation in ventral striatum and VMPFC with reward was positively correlated with clinical improvement.
**Session:** Regular Symposium  
**SPEAKER 2**  
**Code** SY065  
**Title:** Emotional lability: The discriminative value in the diagnosis of attention deficit/hyperactivity disorder in adults  
**Speaker** Ramos-Quiroga AJ  
Department of Psychiatry. CIBERSAM, Hospital Universitari Vall d'Hebron Universitat Autònoma de Barcelona, Pg. de la Vall d'Hebron, 119-129, 08035 Barcelona, Spain  
**Abstract**  
Objective: to assess the discriminative value of emotional lability (EL) in the diagnosis of adults with ADHD.  
Methods: A group of adults with ADHD (n=589), a Clinical control group (n=138) and a Community control group (n=98) were compared in EL scores. SCID-I, SCID-II and CAADID were used to select subjects. Conners' Adult ADHD Rating Scale was used to evaluate EL.  
Results: Patients with ADHD showed higher scores on emotional lability as compared to the two control groups. The combined subtype was the one with higher rates. EL was related to ADHD diagnosis and showed to be independent from comorbidity (anxiety disorders, mood disorders and substance use disorders). A sensitivity of 72.2% and a specificity of 71.6%, a positive predictive value of 81.6 % and a negative predictive value of 67.1% were observed in relation to ADHD diagnosis.  
Conclusion: EL is highly related to ADHD and has shown to be independent from comorbidity. EL has a high sensitivity and specificity in the diagnosis of ADHD in adults.

**Session:** Regular Symposium  
**SPEAKER 3**  
**Code** SY065  
**Title:** Objective measures of attention performance in the diagnosis and management of ADHD in preschool children  
**Speaker** Peskin M 1,2, Weizman A 1,2, Geva R 3, Manor I 1,2  
1. Geha Mental Health Center, Petah Tiqwa, Israel  
2. The Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel  
3. The Gonda Brain Research Center, Bar Ilan University, Ramat Gan, Israel  
**Abstract**  
Objective: The diagnosis of ADHD in preschool children is still controversial and complicated. An accurate diagnosis of the disorder has direct implications for the young child’s well-being, his future and the familial quality of life. In the clinical setting the diagnostic process is based on subjective measures such as interviews and parents’ and teachers’ rating scales, frequently with high degree of disagreement between them and limited validity. Additional objective measures can be useful, especially in detecting and characterizing the inattentive component of the ADHD, and also in planning the therapeutic intervention. The present study has two main objectives: 1) To explore the added value of novel state-of-the-art empirical techniques to the diagnostic process, 2) To explore the effect of a Methylphenidate (MPH) challenge on the attentional profile of the probands.  
Method: The attentional profile of a cohort (n=50) of preschool boys (between 5 and 6 year-old) with ADHD, is being assessed twice. Each participant is being exposed in our lab to both interventions, i.e., placebo and MPH, using a double-blind crossover design. During testing sessions the child performs a series of cognitive tasks, which are age compatible and displayed in the form of a computer game on the remote eye-tracking systems. The Attention Network Test for Children is a computer assessment task based on a target stimuli appearing in various conditions. The Emotional Day-Night Task tests the ability to choose between two stimuli, while ignoring distracting emotional stimuli.  
Results and conclusions: The results and conclusions of our research work will be presented and
discussed. Assessing preschoolers with objective tests, before and after an MPH challenge, contributes specifically to the detection of the inattentive components of ADHD which are frequently masked by the hyperactive-impulsive one.

References

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<tr>
<td>Title</td>
<td>ADHD In older adults: Epidemiological data on prevalence, comorbidity and physical health from the LASA study Amsterdam</td>
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<tr>
<td>Speaker</td>
<td>Kooij SJJ, Michielsen MM, Semeijn EJ, Deeg DJH, Comijs HC, Beekman AT</td>
<td>ADHD Clinic, PsyQ, The Hague, Netherlands</td>
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<tr>
<td>Abstract</td>
<td>Objectives: ADHD is a lifespan neurobiological disorder with childhood onset. Little is known about the development of ADHD in older people. Method: Data were used from the Longitudinal Aging Study Amsterdam (LASA). At baseline, 1494 participants were screened with an ADHD questionnaire and in 231 respondents a structured diagnostic interview (DIVA 2.0) was administered. Results: The estimated prevalence rate of syndromatic ADHD in older adults was 2.8%; for symptomatic ADHD the rate was 4.2%. ADHD was more prevalent in younger than in older olds. ADHD was associated with more anxiety and depressive symptoms cross-sectionally as well as longitudinally compared to controls. ADHD in older people was associated with chronic nonspecific lung diseases (CNSLD), cardiovascular diseases, and number of chronic diseases. ADHD was negatively associated with self-perceived health. Conclusion: Prevalence and comorbidity with anxiety and depression in older people with ADHD show similar patterns as in younger age groups. Regarding physical health there are indications that older people with ADHD may have worse health outcomes and die younger.</td>
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### Title:
**Women’s mental health**

**Chairperson**
Prof. Meir Steiner, MD, MSc, PhD, FRCPC, Departments of Psychiatry & Behavioural Neurosciences and Obstetrics & Gynecology, McMaster University, Hamilton, ON, Canada

**Abstract**
Clinical experience and epidemiologic studies indicate that some women may be at higher risk for developing mental disorders across the life span and especially during periods of intense hormonal fluctuations. These reproductive-related “windows of vulnerability” are a challenge for clinicians and researchers alike in working with female patients. This symposium will share some of the recent research in the etiology, diagnosis, and treatment of female-specific mental disorders. Jennifer Payne (Johns Hopkins School of Medicine, USA) will speak about epigenetic markers of postpartum depression. Elias Eriksson (University of Gothenburg, Sweden) will speak about past and recent studies on how gonadal hormones and serotonin neurons may interact in the regulation of sexual dimorphic behaviours such as sexual activity, aggression, maternal behavior, territorial behaviour and exploratory behavior. Susan Ayers (City University, London) will speak about post-traumatic stress disorder during pregnancy and the postpartum. And finally, Teri Pearlstein (Brown University, USA) will give an update on treatment of postpartum depression and an overview of a recently conducted sertraline vs. pill placebo vs. interpersonal psychotherapy study.

**Speakers**
1. **Prof. Jennifer L. Payne, MD**
   Department of Psychiatry, Johns Hopkins School of Medicine, Baltimore, MD, USA
2. **Prof. Elias Eriksson, MD, PhD**
   Department of Pharmacology, University of Gothenburg, Gothenburg, Sweden
3. **Prof. Susan Ayers, PhD**
   Maternal and Child Health, School of Health Sciences, City University London, London, UK
4. **Prof. Teri Pearlstein, MD**
   Departments of Psychiatry & Human Behavior and Medicine, Alpert Medical School, Brown University, Providence, RI, USA

### SPEAKER 1
**Title:**
Antenatal prediction of postpartum depression with blood DNA methylation biomarkers

**Speaker**
Johns Hopkins School of Medicine, Baltimore, MD, United States

**Abstract**

**Objective**
To identify epigenetic markers of postpartum depression.

**Methods**
We investigated estrogen mediated epigenetic reprogramming events in the hippocampus and risk for postpartum depression (PPD) using a cross species translational design. DNA methylation profiles were generated using methylation microarrays in a prospective sample of blood from the antenatal period of pregnant patients with mood disorders who would and would not develop depression postpartum. These profiles were cross-referenced with syntenic locations exhibiting hippocampal DNA methylation changes in the mouse responsive to long term treatment with 17β-estradiol (E2).

**Results**
DNA methylation associated with PPD risk correlated significantly with E2 induced DNA methylation change, suggesting that an enhanced sensitivity to estrogen based DNA methylation reprogramming exists in those at risk for PPD. Using the combined mouse and human data we identified two biomarker loci at the HP1BP3 and TTC9B genes that predicted PPD with an area under the receiver operator characteristic (ROC) curve (AUC) of 0.87 in antenatally euthymic women and 0.12 in a replication sample of antenatally depressed women. Incorporation of blood count data into the model accounted for the discrepancy and produced an AUC of 0.96 across both antepartum depressed and antepartum euthymic women.

**Conclusions**
The results of this study suggest that an increased sensitivity to E2-based epigenetic reprogramming related to hippocampal synaptic plasticity may represent a molecular mechanism of predisposition to...
PPD risk.

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<td>Title</td>
<td>Serotonin as a key modulator of reproductive behavior: Animal data and clinical implications</td>
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<td>Speaker</td>
<td>Elias Eriksson</td>
<td>University of Gothenburg, Gothenburg, Sweden</td>
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<td>Abstract</td>
<td>Accumulating evidence suggests that a major role for the brain neurotransmitter serotonin is to dampen sex steroid-driven behaviour such as anger/aggression and sex. In humans, this theory gains support from the marked effects observed upon acute administration of selective serotonin reuptake inhibitors; such treatment thus dampens both sex steroid-driven anger and irritability (as displayed by women with premenstrual dysphoria) and sexual behaviour (in both sexes) within hours after the onset of treatment. Interestingly, these observations are in perfect consonance with animal experiments showing the main effects of serotonin depletion in rodents to be to enhance aggression and sexual behaviour. If serotonin is of importance for the modulation of sex steroid-driven behaviour, it is tempting to suggest that it may also serve to uphold certain sex differences in behaviour; in line with this, it has been reported that serotonin depletion abolishes sex differences in sexual orientation and behaviour in rodents, and that it impairs maternal behaviour in females. In the same vein, we now report that sex differences in various animal models of anxiety, such as elevated plus maze and conditioned freezing, is also serotonin-dependent. It will be suggested that serotonin serves to shift focus of emotion and attention from sex, aggression and food intake to fear and flight (in the case of danger), and that it interacts intimately with sex steroids in this regard. The possible clinical consequences of this suggested serotonin-sex steroid interaction (e.g. with respect to the marked gender differences in serotonin-related psychiatric disorders) will be discussed.</td>
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<td>Title</td>
<td>Post-traumatic stress disorder during pregnancy and the postpartum</td>
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<td>Speaker</td>
<td>S. Ayers(^1), S. Bertullies(^1), R. Bond(^2), K. Wijma(^3)</td>
<td>(^1) City University London, London, United Kingdom (^2) University of Sussex, East Sussex, United Kingdom (^3) University of Linkoping, Linkoping, Sweden</td>
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| Abstract| Objective There is accumulating evidence that a proportion of women develop post-traumatic stress disorder (PTSD) as a result of a difficult or traumatic birth. The objective of this talk is to give an overview of PTSD in pregnancy and postpartum and report the results of a meta-analysis of risk factors associated with postpartum PTSD. Methods A systematic search was carried out on PsychInfo, PubMed, Scopus and Web of Science using PTSD terms crossed with childbirth-related terms. Additional studies were located through reference sections of obtained papers and citations of key publications. Studies were included if they reported primary research that examined factors associated with birth-related PTSD symptoms measured at least one month after birth to avoid confounding with acute stress disorder symptoms. Research on specific populations such as teenagers or pregnancy loss was excluded. Results Of the 792 records screened, 42 studies (N=20,448) from 12 countries fulfilled inclusion criteria. Pre-birth factors most strongly related to PTSD were complications in pregnancy (r = .52), depression (r = .51), fear of childbirth (41) and a history of PTSD (.39). Birth factors most strongly associated with PTSD were subjective birth experience (.59), lack of support from staff (.38), dissociation (.38) and operative birth (.34). PTSD was highly comorbid with postpartum depression (.60) and poor emotional health (.34). Moderator analyses suggest some factors become more or less important over time, and that effects are influenced by the clinical risk of the sample and the measure of PTSD used. Conclusion Postpartum PTSD is associated with a number of risk factors which can be conceptualized in a diathesis-
stress model where individual vulnerability factors interact with the events of pregnancy and birth to determine whether women develop postpartum PTSD.

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<tr>
<td>Title:</td>
<td>Update on treatment of postpartum depression</td>
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<td>Speaker</td>
<td>T. Pearlstein</td>
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<td>Alpert Medical School of Brown University, Providence, Rhode Island, USA</td>
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<tr>
<td>Abstract</td>
<td>This presentation will include a brief review of the epidemiology, risk factors, and preventative strategies for postpartum depression. Non-pharmacological treatment options for postpartum depression, including psychotherapy, will be discussed. The small number of controlled antidepressant and hormone therapy trials in postpartum depression will be reviewed. Even though results will not be available for this presentation, an overview of a recently conducted sertraline vs. pill placebo vs. interpersonal psychotherapy study will be presented. Current recommendations for psychotropic medication use with breastfeeding will be reviewed.</td>
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Title: **Women's mental health and the law**

Chairperson: Helen Herrman, M.D., Research Director, OYH Research Center, Melbourne - Australia

Co-chairperson: Michaela Amering, M.D., Department of Psychiatry and Psychotherapy, Medical University of Vienna, Austria

Abstract:

Over the past 4-5 decades, as a result of fiscal decisions and civil rights advances of the 1960s and 1970s, the psychiatrically hospitalized population has dramatically decreased and the incarcerated mentally ill population has dramatically increased. Gender differences are among the most consistent patterns in criminal behaviour and mental health problems: volumes of research indicate that while men are typically socialized to act out violently or aggressively against others (often resulting in crime and substance abuse) women are typically socialized to direct distress inward, in a “feminine” manner (often resulting in depression and other mental illnesses).

The objective of this symposium is:

- To review the literature on incarcerated female population: specific psychopathology, gender differences in patterns of offending, psychosocial risk factors;
- To review the available data on infanticide and filicide: prevalence of serious mental illness among filicidal mothers and personality disorder among filicidal fathers, gender differences between infanticide and filicide;
- To review the different jurisdictions and to draw a clinical picture of suicide and attempted suicide in developing countries: higher prevalence of young married women, high level of domestic violence, high level of psychiatric morbidity.

At the end of this symposium, participants will be aware of:

1. the need to improve assessment of the specific mental health needs of women offenders in custody or prisons, and to provide gender-responsive and age-appropriate interventions.
2. the need to address the greater stigmatization and harsher punishment within the judicial system when dealing with the so-called "deviant" criminal female behaviour.

Speakers:

1. Josyan Madi Skaff, M.D.
   Co-Chair WMH section – WPA, Head of Psychiatry Department, The Lebanese Hospital - Beirut – Lebanon
2. Donna Stewart, M.D.
   Director of Women's Health, University Health Network and University of Toronto – Canada
3. Unaiza Niaz, MD,DPM,FRCPsych,
   Chair, Section on Women's Mental Health, The World Psychiatric Association, President, Pakistan Society for Traumatic Stress Studies - Karachi, Pakistan

Session: Section Symposium | OVERALL ABSTRACT | Code | SYS093
---|---|---|---
Title: Crime, gender & mental disorders
Speaker: Josyan Madi Skaff, M.D.
Co-Chair WMH section – WPA, Head of Psychiatry Department, The Lebanese Hospital - Beirut – Lebanon
Abstract:

There are important mental health differences between incarcerated women and women in general; data from several studies suggest that as many as 80% of incarcerated women meet the criteria for at least one lifetime psychiatric disorder (Teplin et al., 1996; Jordan et al., 1996). A study by Ross, Glaser, & Stiasny,(1998), comparing incarcerated women matched by age and ethnicity to those in the community, found that incarcerated women have a significantly higher incidence of mental health disorders including schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorder; substance abuse or dependence, post-traumatic stress disorder (PTSD) and depression appear to be some of the most common mental health problems for female prisoners.
Another major finding from research is that incarcerated women are more likely than their male counterparts to report extensive histories of physical, sexual, and emotional abuse (Messina, Burdon, Hagopian, & Prendergast, 2006); surveys conducted among incarcerated women have also shown a strong link between childhood abuse and adult mental health problems, particularly depression, post-traumatic stress, panic, and eating disorders (Messina & Grella, 2006). Female prison and jail inmates have many more mental health problems than do male prisoners. A study by James and Glaze, (2006) showed that twenty-three percent of females in state prisons and local jails said that they had been diagnosed with mental disorders by mental health professionals in the past year: this is nearly three times the number of male inmates (8%) who had been told they had mental disorders. Teplin, Abram, and McClellan (1996) found that most incarcerated women with psychiatric disorders did not receive treatment.

Addressing the mental health needs of women offenders involves a gender-responsive approach that includes comprehensive services that take into account the content and context of women’s lives and promotes a continuity-of-care model that integrates substance abuse, trauma, and mental health.

This presentation will review the relationship between Crime, Gender and Mental Health Disorders according to the available literature and will come up with recommendations concerning the mental health needs of women offenders.

References


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**Session:**

**Section Symposium**

**SPEAKER 2**

**Code**

**SYS093**

**Title:**

Infanticide and filicide: Legal considerations for psychiatrists

**Speaker**

Donna Stewart, M.D.
Director of Women's Health, University Health Network and University of Toronto – Canada

**Abstract**

Background: Infanticide, the murder of a child in its first year of life, is fortunately now rare in developed countries. It is most commonly committed by the mother, who is frequently mentally ill. Filicide, the murder of a child beyond age one, is more commonly committed by a male, often the mother’s partner.

Methods: This presentation will review the literature on infanticide and filicide with a focus on the mental health and legal issues that arise.

Results: The maternal diagnosis for infanticide is most often bipolar affective disorder (postpartum psychosis or depression) while the partner’s diagnosis is most often a personality disorder or substance abuse. In filicides, the maternal diagnosis is most often depression or a personality disorder and the partner’s diagnosis is most often a personality disorder or substance abuse. Legal criminal codes vary by jurisdiction for maternal infanticide with some countries recommending only mental health care, while others recommend the death penalty. The criteria for a legal insanity defence also vary by jurisdiction.

Conclusion: Psychiatrists need to understand the common psychiatric diagnoses associated with infanticide/filicide and the jurisdictional law related to these conditions and the legal definition of insanity. Treatment will depend on the underlying psychiatric diagnosis.

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**Session:**

**Section Symposium**

**SPEAKER 3**

**Code**

**SYS093**

**Title:**

Suicide and attempted suicide and the law

**Speaker**

Unaiza Niaz, MD,DPM,FRCPsych,
Chair,Section on Women's Mental Health, The World Psychiatric Association, President,Pakistan Society for Traumatic Stress Studies - Karachi, Pakistan
### Abstract

Historically suicide has been treated as a criminal matter in many parts of the world. However, in western societies, social secularization has led to the decriminalization of individual suicides, though the act is still stigmatized and discouraged.

While a person who has successfully committed suicide is beyond the reach of the law, there can still be legal consequences in the cases of treatment of the corpse or the fate of the person's property or family members. In recent times, attempted suicide, though a failed act has gained more importance (than the suicide, a successful act) since it is considered as an offence and is punishable under the Penal codes of several countries (India, Pakistan, Sri Lanka, Indonesia, Bangladesh, Maldives, Malaysia, Thailand).

In the Western World, laws against suicide (and attempted suicide) prevailed in English common law until 1961. In Canada, suicide is no longer an offence since 1972, when the Criminal Code of Canada was adopted by the Parliament of Canada. In USA, till the late 1960s, eighteen U.S. states lacked laws against suicide.

Many studies on common mental disorders, deliberate self-harm (DSH) and suicide from developing countries, highlight the over-representation of women, particularly young married women in these studies! (1) In South India, suicide rates amongst young women were reported as 148/100,000, making it one of the highest in the world. (2) The male to female ratio in suicides is also much narrower—in China they are reversed. These studies suggest that, unlike the West where marriage is protective, in many developing countries it is a significant source of stress for women leading to higher psychiatric morbidity and suicidal behavior.

Factors associated with higher psychiatric morbidity and suicidal behavior in women in developing countries include early age at marriage, lack of autonomy in choosing male partner (arranged marriage), pressure to have children early in marriage (in many cases for a male offspring), economic dependence on husband and the joint family system. Domestic violence is also a serious problem in developing countries. (3). Under these circumstances, the young married woman's position is severely compromised, making her vulnerable to psychiatric morbidity and suicidal behavior.

Globally, approximately one million people kill themselves every year. The World Health Organization (WHO) has declared suicide a major global public health problem and called on member states to devise and implement national suicide prevention strategies. In developing countries, a number of factors impede the implementation of successful preventive programmes. Regrettably, in the developing countries the legal aspects are further adding to the remorse of survivors of suicide (attempted suicide) particularly the women, and their families, who remain the worse sufferers!

### References

### OVERALL ABSTRACT

**Title:** Mental health implication of social isolations

**Chairperson:** Dr. Shigenobu Kanba; Kyushu University; Fukuoka, Japan.

**Abstract**

Social isolation is increasingly recognized as an area of focus in mental health. Clinicians note it as a prominent, cross-cutting symptom in mental illnesses ranging from schizophrenia and autism spectrum disorders to PTSD and major depressive disorder. Epidemiologists and clinical researchers have demonstrated social isolation and loneliness are associated with substantial mortality and morbidity. Basic scientists continue to elucidate biological mediators of the deleterious effects of social isolation, including via increased inflammation and stress hormone levels. Media commentators caution the public about epidemics of loneliness and social withdrawal in modern societies.

In this symposium, we bring together multidisciplinary and international perspectives to highlight current understanding and recent research on social isolation as it relates to mental health. First, we will clarify definitions of social isolation, social withdrawal, social support, and loneliness. Then, we will address how social isolation fits within current diagnostic systems like the DSM-5. Next, we will address specific clinical syndromes that illustrate issues in social isolation, including autism spectrum disorders and the Japanese syndrome of social withdrawal called hikikomori. Over the course of the symposium, we will review research findings from epidemiological, psychological, and biological perspectives. Additionally, presenters will examine manifestations of social isolation along the age spectrum, from autism spectrum disorders in childhood to loneliness in adults. Consideration will be given to the development of social isolation and factors contributing to its etiology—both biological and sociocultural.

**Speakers**

1. Dr. Renato Alarcon  
   Department of Psychiatry and Psychology, Mayo Clinic College of Medicine; Rochester, Minnesota, USA; Universidad Peruana Cayetano Heredia, Lima, Perú.
2. Dr. Terry Brugha  
   Department of Health Sciences, University of Leicester; Leicester, United Kingdom
3. Dr. Masaru Tateno  
   Tokiwa Child Development Center, Tokiwa Hospital; Department of Neuropsychiatry, Sapporo Medical University, School of Medicine; Sapporo, Japan.
4. Dr. Alan R Teo  
   Health Services Research & Development Service, Portland VA Medical Center; Oregon Health & Science University; Portland, OR, USA
5. Dr. Takahiro A Kato  
   Department of Neuropsychiatry, Graduate School of Medical Sciences; Kyushu University; Fukuoka, Japan.

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### SPEAKER 1

**Title:** Social isolation and its place in DSM-5: Clinical and cultural considerations

**Speaker:** R.D. Alarcón¹,²  
¹Mayo Clinic College of Medicine, Rochester, MN, USA  
²Universidad Peruana Cayetano Heredia, Lima, Perú.

**Abstract**

Objectives: Social isolation is a component of a variety of clinical psychiatric conditions, in need of conceptual clarifications. This process requires better definitions, examination of its diagnostic impact and studies on how culture may contribute to a revision of its clinical significance and/or to a reaffirmation of its various interpretations in different regions of the world. This analytical view configures the overall purpose of the presentation.

Methods: An examination of the clinical entities included in DSM-5 allows the identification of social isolation and its assignment as a primary/endogenous component (i.e., symptom) vs. a secondary/exogenous characterization (i.e., stigma, discrimination). From the cultural perspective, the comparison of variables associated with the above definitions, and the applicability of DSM-5’s cultural concepts of distress will serve to further describe the various configurations of social isolation.

Results: Depression is the clinical entity that best represents in DSM-5 the consideration of social...
isolation as a defining symptom, i.e. a primary or clearly implicit clinical component. On the other hand, schizophrenia leads, in most cases, to social isolation as an imposed or secondary characteristic. The weight of cultural factors in this distinction and with other entities is different in nature but similar in their consequences. In turn, social isolation may be a component of some cultural syndromes, the expression of idioms of distress or, in some cases, could be considered as a causal attribution of clinical occurrences.

Conclusions: Social isolation entails a variety of roles within clinical entities of the most current nosological classification when seen from a cultural perspective. It also has eventual therapeutic implications to be discussed.

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Session: Regular Symposium  | SPEAKER 2  | Code  | SY119
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Title: Loneliness among adults with mental disorder: Results from the adult psychiatric morbidity survey in England

Speaker: T. Brugha
University of Leicester, Leicester, United Kingdom

Abstract

Objectives: Loneliness can affect people at any time and for some it can be an overwhelming feeling leading to negative thoughts and feelings. The current study, based on the Adult Psychiatric Morbidity Survey in England, 2007, quantified the association of loneliness with a range of specific mental disorders and tested whether the relationship was influenced by formal and informal social participation and perceived social support.

Methods: Using a random probability sample design, 7,461 adults were interviewed in a cross-sectional national survey in England in 2007. Common Mental Disorders were assessed using the revised Clinical Interview Schedule; the diagnosis of psychosis was based on the administration of the Schedules of the Clinical Assessment of Neuropsychiatry, while loneliness was derived from an item in the Social Functioning Questionnaire.

Results: Feelings of loneliness were more prevalent in women (OR = 1.34, 95% CI 1.20-1.50, P < 0.001) as well as in those who were single (OR = 2.24, 95% CI 1.96-2.55, P < 0.001), widowed, divorced or separated (OR = 2.78, 95% CI 2.38-3.23, P < 0.001), economically inactive (OR = 1.24, 95% CI 1.11-1.44, P = 0.007), living in rented accommodation (OR = 1.73, 95% CI 1.53-1.95, P < 0.001) or in debt (OR = 2.47, 95% CI 2.07-1.50, P < 0.001). Loneliness was associated with all mental disorders, especially depression (OR = 10.85, 95% CI 7.41-15.94, P < 0.001), phobia (OR = 11.66, 95% CI 7.01-19.39, P < 0.001) and OCD (OR = 9.78, 95% CI 5.68-16.86, P < 0.001). Inserting measures of formal and informal social participation and perceived social support into the logistic regression models did significantly reduce these odds ratios.

Conclusions: Increasing social support and opportunities for social interaction may be less beneficial than other strategies emphasising the importance of addressing social cognitions as an intervention for loneliness.

References


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Session: Regular Symposium  | SPEAKER 3  | Code  | SY119
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Title: Social withdrawal in autism spectrum disorders

Speaker: M. Tateno¹,²
¹ Tokiwa Child Development Center, Tokiwa Hospital, Sapporo, Japan
² Department of Neuropsychiatry, Sapporo Medical University, School of Medicine, Sapporo, Japan

Abstract

Objectives: Hikikomori is defined as a severe form of social isolation in which persons become recluses in their own homes, avoiding various social situations for at least six months. The nationwide surveys in Japan reported that the total number of hikikomori was about 230,000. Recent studies have demonstrated that hikikomori could be related to various psychiatric or developmental disorders. The aim of this study was to understand the perception of hikikomori amongst multi-professions in medicine.

Methods: A total of 1,038 subjects were requested to complete a questionnaire regarding hikikomori...
phenomenon. Besides the questions that asked the degree of agreement to the 10 opinions about hikikomori, psychiatrists and pediatricians were asked what they felt would be the most applicable psychiatric diagnosis of hikikomori.

Results: While some differences in the perception of hikikomori existed, all subjects tended to disagree with the statement, “hikikomori is NOT a disorder”. Regarding the underlying psychiatric or developmental disorders of hikikomori, approximately 30% of psychiatrists chose schizophrenia as the most applicable psychiatric diagnosis for hikikomori, whereas 50% of pediatricians chose neurotic or stress-related disorders. Both groups answered that Autism Spectrum Disorders could be one of the common reasons of hikikomori.

Conclusions: The results of our study suggest that there is a relationship between hikikomori and developmental disorders. Our other studies revealed that ADHD tendency measured by self-report questionnaire and severity of Internet addiction, which results in social isolation, had significant correlation. Taken together, we conclude that the hikikomori phenomenon could be related to developmental disorders.

### Abstract

**Objectives:** Hikikomori, a form of social withdrawal first reported in Japan, may exist globally but cross-national studies of cases of hikikomori are lacking. The aims of this study were to identify individuals with hikikomori in multiple countries and describe diagnostic and psychosocial features of the condition.

**Methods:** Participants were recruited from sites in India, Japan, Korea, and the U.S. Hikikomori was defined as a six-month or longer period of spending almost all time at home and avoiding social situations and social relationships, associated with significant distress/impairment. Lifetime history of psychiatric diagnosis was determined by the Structured Clinical Interview for the DSM-IV Axis I and Axis II Disorders. Additional measures included the Internet Addiction Test, UCLA Loneliness Scale, Lubben Social Network Scale (LSNS-6), and Sheehan Disability Scale (SDS).

**Results:** Thirty-six participants with hikikomori were identified, with cases detected in all four countries. Avoidant personality disorder (41%), major depressive disorder (32%), paranoid personality disorder (32%), social anxiety disorder (27%), posttraumatic stress disorder (27%), and depressive personality disorder (27%) were the most common diagnoses. 68% had at least two psychiatric diagnoses. Individuals with hikikomori had high levels of loneliness (UCLA Loneliness Scale M=55.4, SD=10.5), limited social networks (LSNS-6 M=9.7, SD=5.5), and moderate functional impairment (SDS M=16.5, SD=7.9).

**Conclusions:** Hikikomori exists cross-nationally and can be assessed with a standardized assessment tool. Individuals with hikikomori have substantial psychosocial impairment and disability, and a history of multiple psychiatric disorders is common.
Objectives: Social isolation has long been highlighted in Japan, as a problematic social phenomenon especially among youth, termed “hikikomori (social withdrawal syndrome)”. We have recently suggested that hikikomori is increasingly prevalent not only in Japan but also in various countries with different socioeconomic backgrounds. Recently, basic neuroscientists continue to elucidate biological mediators of the deleterious effects of social isolation, including via increased inflammation and stress hormone levels. The underlying pathophysiology of hikikomori has not been well understood, and to our knowledge, no experimental studies of hikikomori have been conducted. Microglia, as immune cells in the brain, release inflammatory cytokines and free radicals, and over-activation of microglia has been suggested to contribute to various psychiatric disorders including schizophrenia and autism. We have recently reported that minocycline, an antibiotic drug with microglial inhibitory effects, modifies the risk-taking social decisions of healthy Japanese males. The above facts indicate that bio-psycho-social factors seem to be mutually influencing the hikikomori phenomenon, while hikikomori hypotheses have been proposed solely focusing on sociocultural aspects.

Methods: To clarify the interaction between biomarkers, risk of social isolation and social decision-making, Japanese university students were conducted a series of experiments including trust game (one of the monetary economic games), assessment of social withdrawal tendency, and various psycho-social scales. Blood samples were collected, and biomarkers including inflammatory makers were measured.

Results: We have found some interesting outcomes linking to risk of social withdrawal (Data were not shown in this abstract because of unpublished data).

Conclusions: We believe that our novel translational approach will shed new light on the underlying pathways of hikikomori.
### OVERALL ABSTRACT

**Title:** Efficacious web-based psychological treatments for major mental disorders

**Chairperson:** Andreas Maercker, Division of Psychopathology & Clinical Intervention, University of Zurich, Zürich, Switzerland

**Abstract**

Two decades of developments in the area of web-based (also internet or online-based) interventions for mental disorders have resulted in a broad variety of new psychotherapies that enlarge psychiatrists’ repertoire to successfully treat major mental disorders. The symposium brings together leading experts, developers and researchers on web-based interventions that successfully passed phase 2 and/or already running in phase 3 clinical trials. Some of these are already incorporated into selected national mental health programs.

The symposium will present latest protocols, RCT or meta-analytic results on depressive disorders, anxiety and fear-related disorders, trauma and stress-related disorders and eating disorders. Speakers are from various European countries (Germany, The Netherlands, Switzerland, United Kingdom, Spain—to be confirmed). The web-based programs presented are Deprexis©, MyTraumaRecovery, INTERBED for obesity and binge eating disorders amongst others.

Problems of implementation of these therapies into national health service systems will be finally discussed, i.e. by describing its implementation in selected European countries.

### Speakers

1. Thomas Berger  
   University of Bern, Bern, Switzerland
2. Manfred Fichter  
   Schoen Klinik Roseneck, Prien, Germany; Dpt. Psychiatry, Univ. Munich (LMU), Germany
3. Andreas Maercker  
   Division of Psychopathology & Clinical Intervention, University of Zurich, Zürich, Switzerland
4. Pim Cuijpers  
   Department of Clinical Psychology, VU University Amsterdam, The Netherlands; EMGO Institute for Health and Care Research, VU University and VU University medical center Amsterdam, The Netherlands

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### SPEAKER 1

**Title:** Internet-based interventions for social anxiety disorder - An overview and results from a recent randomized controlled trial

**Speaker:** T. Berger¹, A. Schulz¹, T. Stolz², J. Böttcher²

¹ University of Bern, Bern, Switzerland  
² Free University of Berlin, Berlin, Germany

**Abstract**

Objectives

Social anxiety disorder (SAD) is one of the most researched disorder in the field of internet-based treatments. Today, more than 30 studies from several research groups have been published, with promising outcomes. This presentation will give a brief overview of the current evidence on internet-based treatments for SAD, along with the presentation of the results of an ongoing randomized controlled trial in which an individually versus group guided self-help treatment for SAD is compared.

**Methods**

A total of 150 adults with a diagnosis of SAD are randomly assigned to either a waiting-list control group or one of two active treatment conditions, in which participants use the same internet-based self-help program, either with individual support by a therapist or therapist-guided group support. In the group condition, 6 participants communicate with each other in an integrated discussion forum under the guidance of a therapist. The primary outcome variables are symptoms of SAD and diagnostic status after the intervention (3 months). Secondary outcomes include general symptomology, depression and quality of life. Process variables such as group processes and the working alliance are also explored.

**Results**

The study will be finished in August 2014 and results will be presented.
Conclusions
SAD is a condition for which strong empirical support for the efficacy of Internet-based treatment from several research groups exists. However, there is room for optimizing and improving Internet-based treatments for SAD, as a considerable number of patients do not recover fully from treatment. The current presentation explores possibilities to improve treatment by evaluating an internet-based self-help treatment in a group format.

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<td>Speaker</td>
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<td>² Dpt. Psychiatry, Univ. Munich (LMU), Germany</td>
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<tr>
<td>Abstract</td>
<td>Objective: To study the longer term effects of an internet-based CBT intervention for relapse prevention (RP) in anorexia nervosa.</td>
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<td>Methods: 258 women randomized to the RP intervention group (full and partial completers) or the control group were assessed for eating and general psychopathology. Multiple regression analysis identified predictors of favorable course concerning Body Mass Index (BMI). Logistic regression analysis identified predictors of adherence to the RP program.</td>
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<td>Results: Most variables assessed showed more improvement for RP than for the control group. However, only some scales reached statistical significance (bulimic behavior and menstrual function, assessed by expert interviewers blind to treatment condition). Very good results (BMI) were seen for the subgroup of “full completers” who participated in all nine monthly RP internet-based intervention sessions. “Partial completers” and controls (the latter non-significantly) underwent more weeks of inpatient treatment during the study period than “full completers”, indicating better health and less need for additional treatment among the “full completers”. Main long-term predictors for favorable course were adherence to RP, more spontaneity, and more ineffectiveness. Main predictors of good adherence to RP were remission from lifetime mood and lifetime anxiety disorder, a shorter duration of eating disorder, and additional inpatient treatment during RP.</td>
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<td>Conclusion: Considering the high chronicity of AN, internet-based relapse prevention following intensive treatment appears promising.</td>
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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 3</th>
<th>Code</th>
<th>SY148</th>
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<tr>
<td>Title:</td>
<td>My trauma recovery: A self-help web-based program for post-traumatic stress disorder – Lessons from two RCTs</td>
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<tr>
<td>Speaker</td>
<td>Z. Wang², J. Wang³, A. Maercker¹</td>
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<td></td>
<td>¹ Division of Psychopathology &amp; Clinical Intervention, University of Zurich, Zürich, Switzerland</td>
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<td></td>
<td>² Department of Psychology, School of Philosophy, Wuhan University, Wuhan, China</td>
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<td>³ School of Psychology, Beijing Normal University, Beijing, China</td>
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<tr>
<td>Abstract</td>
<td>Objective Guided self-help interventions for PTSD are a promising tool for dissemination of contemporary psychotherapeutic treatment. This study investigated the efficacy of the Chinese version of a guided self-help program for traumatized persons (CMTR) in an urban, well-educated and a rural, less-educated sample. Methods: In the urban context, 90 survivors of different trauma types were recruited via Internet advertisements and allocated for a randomized controlled trial with a waiting list control condition. In the rural context 93 survivors mainly of the 2008 Sichuan earthquake were face-to-face recruited for a parallel RCT in which the website intervention was conducted in a counseling center and guided by volunteers. Primary outcome measure was the Posttraumatic Diagnostic Scale (PDS); secondary outcome measures were general psychopathology, coping self-efficacy, and general functioning. Results: For the urban sample, findings indicated a significant group×time interaction in posttraumatic</td>
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symptoms severity. CMTR reduced posttraumatic symptoms significantly with high effect size after one-month treatment (d=.81) and the reduction was sustained over a 3-month follow-up (d=.87). In the rural sample, the group×time interaction was also significant in posttraumatic symptoms severity. Posttraumatic symptoms decreased significantly after treatment (d=1.34) and during follow-up (d=.99). Additional outcome measures indicated a range of positive effects, in particular in the urban sample. Differences in the effects in the two RCTs are exploratory explained by sociodemographic, motivational and setting feature differences between the two samples.

Conclusions: These findings give support for the short-term efficacy of a self-guided program in two different populations and contribute to the literature that self-help web-based programs can be used to provide mental health help for traumatized persons.

Session: Regular Symposium
Title: Acceptability and effectiveness of web-based treatment of depression
Speaker: P. Cuijpers
Department of Clinical Psychology, VU University Amsterdam, The Netherlands
EMGO Institute for Health and Care Research, VU University and VU University medical center Amsterdam, The Netherlands

Abstract
Objectives. The Internet offers several new ways of developing, implementing and disseminating evidence-based interventions for depression. In the past decade a considerable number of treatments have been developed and several dozens of randomized controlled trials have been conducted, showing that these interventions are effective.

Methods. We conducted several meta-analyses of studies examining the effects of Internet-based treatments for depression compared to control groups. The results of these meta-analyses will be summarized. The latest meta-analysis is an Individual Patient Data meta-(IPD) analysis in which the effects of 18 randomized trials are examined in order to assess the effects of these interventions, and to examine effect moderators.

Results. Several meta-analyses show that Internet-based treatments are effective in depression. Direct comparisons with face-to-face treatments do not indicate that there are relevant differences between the two treatment formats. In the IPD meta-analysis, a total of 18 studies with 2,077 participants, with information on 45 potential moderators were included. The difference in standardised depression scores between treatment and control groups at post-intervention was 0.93 (95% CI: 0.76~1.10), with low heterogeneity (I²=4; 95% CI: 1~28). The only significant moderator was severity of depression at baseline, with larger effects when baseline severity was higher. No other moderator was found to be significant, including age and level of education.

Conclusions. Internet-based interventions are effective in reducing depressive symptoms. There is no indication that the effects of Internet-based interventions differ from those of face-to-face treatments. The effects are larger in more severely depressed participants.
Title: Neurobiological understanding of manic-depressive illness

Chairperson: Prof. Konstantinos N. Fountoulakis. Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki. Thessaloniki, Greece.

Co-chairperson: Prof. Juan José López-Ibor. Department of Psychiatry, School of Medicine, CIBERSAM. Complutense University of Madrid. Madrid, Spain.

Abstract: The treatment of bipolar disorder is among the most challenging issues in contemporary psychiatry. The neurobiological basis of bipolar disorder and possible therapeutical targets remain relatively elusive. The aim of this symposium is to provide an overview of the available data, ranging from animal models to the most recent results in the treatment of this impacting pathology. In the first presentation, the importance of integrating various approaches to create better animal models for the development of novel therapeutic options will be discussed. The second speaker will critically analyze the role of neuroinflammation in the pathophysiology of bipolar disorder, delineating the path from neurobiology and staging to clinical implications. In the third presentation, involvement of the glutamatergic system in bipolar depression pathophysiology will be discussed, broadening our view of the neurochemical background of this illness beyond the monoaminergic hypothesis, and potential new ways to its treatment. Finally, an innovative model representing multiple levels of interaction between the major neurotransmitter systems, in the attempt to identify mode of action of successful antidepressant treatment of bipolar depression, will be presented.

Speakers:
1. Prof. Haim Einat
   Tel Aviv-Yaffo Academic College, Tel-Aviv, Israel.
2. Dr. Dina Popovic
   Bipolar Disorders Unit, Clinical Institute of Neuroscience, Hospital Clinic, University of Barcelona. IDIBAPS, CIBERSAM. Barcelona, Spain.
3. Dr. Xenia Gonda
   Department of Clinical and Theoretical Mental Health, Department of Pharmacology and Psychotherapy, Semmelweis University, MTA-SE Neurochemistry Research Group. Laboratory of Suicide Prevention and Research, National Institute for Psychiatry and Addictology. Budapest, Hungary.
4. Prof. Konstantinos N. Fountoulakis
   Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki. Thessaloniki, Greece.

Session: Regular Symposium
Title: From molecules to organisms - Integration of different approaches to model bipolar disorder
Speaker: Haim Einat
Tel Aviv-Yaffo Academic College, Tel-Aviv, Israel.
Abstract: Objectives: The limitations of available animal models for bipolar disorder (BPD) are repeatedly mentioned as the bottleneck of BPD research. Indeed, frequently used models and tests are far from ideal and at best model only some facets of BPD. An ideal model, one that will encompass the entire scope of the disorder and will have high construct (or etiological) validity for mechanistic studies and high predictive (treatment) validity for screening novel interventions, will probably not be available until we get a much better understanding of the underlying pathophysiology of BPD and the mechanisms by which effective medication exerts its therapeutic effects. Yet, work invested in attempts to improve modeling, resulting in new interesting ways to explore BPD and its treatments. Methods and Results: Some important approaches were developed in the context of BPD modeling and include: (1) Targeted mutation models and reverse translation; (2) Identification of specific strains that are advantageous for modeling domains of the disorder; (3) Searching for the right species with the best homology to humans for components of a disorder and (4) Exploring individual variability in responses to manipulations or treatments as a way to explore susceptibility and resilience. Additionally, more
Behavioral tests were developed or applied to help distinguish between BPD-like and healthy-like animals. Conclusions: The different approaches should be combined together to offer better modeling tools that will provide ways to further understand the pathophysiology of BPD and assist in identifying novel treatment targets as well as in screening of potential drugs. Better models can clearly lead to better understanding of BPD and better understanding of the disorder will in turn lead to the development of better models that will be even more helpful in research that will eventually help in developing the best ways to assist afflicted individuals overcome this devastating disorder.

Session: Regular Symposium  
SPEAKER 2  
Code: SY149

Title: Neuroinflammation and bipolar disorder

Speaker  
Dina Popovic  
Bipolar Disorders Unit, Clinical Institute of Neuroscience, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain.

Abstract  
Bipolar disorder (BD) can be hypothesized as a disease of cumulative allostatic states where allostatic load increases progressively as mood episodes occur over time. The mediators of allostatic load include genes, neurotrophic factors, neurotransmitters, hormone, immune-inflammatory system and oxidative stress. Although essentially related to normal function and protection of the brain, the mediators of allostasis are also associated with increased risk of systemic damage and neuron cell endangerment, when excessive. Thereafter, abnormal activation in function of the inflammatory network has been implicated as both causative and consequential in BD symptomatology. Recent evidence suggests an important role of inflammatory components in the pathophysiology of the disease, as well as a possible link between neuroinflammation and peripheral toxicity. Furthermore, neurotrophins and inflammatory cytokines can be considered as neurobiological markers implicated in neurodegeneration and cognitive impairment in BD. This presentation will provide a comprehensive overview of the role of neuroinflammation in pathophysiology of bipolar disorder, with a special focus on its practical implications.

Session: Regular Symposium  
SPEAKER 3  
Code: SY149

Title: The NMDA system and its involvement in bipolar illness

Speaker  
Xenia Gonda  
Department of Clinical and Theoretical Mental Health, Semmelweis University  
Department of Pharmacology and Pharmacotherapy, Semmelweis University  
MTA-SE Neurochemistry Research Group  
Laboratory of Suicide Prevention and Research, National Institute for Psychiatry and Addictology

Abstract  
Glutamate is the major excitatory neurotransmitter and the most abundant neurotransmitter in the central nervous system exerting an effect on virtually all central nervous neurons, making glutamatergic transmission critical to nervous system functions in healthy processes and psychiatric pathologies as well. Besides its well-known role in learning and neuroplasty, neurodegenerative disorders and excitotoxicity, glutamatergic neural circuits were also found to be disturbed in schizophrenia, and several lines of more recent evidence also implicate similar dysfunction as contributing to the pathophysiology of bipolar disorder as well. Genetic studies indicating an association between GRIN1, GRIN2A and GRIN2B gene polymorphisms encoding NMDA receptor subunits point to a hypoglutamatergic state involved in bipolar disorder pathogenesis. Post mortem studies showed decreased NMDA receptor density in the prefrontal cortex and reduced NMDA mediated glutamatergic activity as well as abnormal NMDA receptor composition in bipolar patients. Data also suggest slower NMDA-receptor kinetics in bipolar disorder which would lead to NMDA receptors being incapable of processing increased stimuli during manic episodes contributing to disorganisation and may also provide an important link for the neurodevelopmental hypotheses of bipolar illness. Furthermore, data also point to a profound role of the glutamatergic system in the mechanism of action of antidepressants, antiepileptic mood stabilisers and lithium. Lithium could exert its action via reducing the affinity of glutamate to the NMDA receptor while...
antidepressants may increase this affinity. Although the number of studies is limited so far, data thus indicate an involvement of the glutamatergic system in bipolar depression pathophysiology, broadening our view of the neurochemical background of this illness beyond the monoaminergic hypothesis, and also paving new ways to its treatment.

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<tr>
<td>Title:</td>
<td>Probable pathways of the pharmacological treatment of manic depression</td>
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<td>Speaker</td>
<td>Konstantinos N. Fountoulakis Assoc Profesor, Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki, Greece</td>
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<tr>
<td>Abstract</td>
<td>The treatment of bipolar depression is one of the most challenging issues in contemporary psychiatry. Currently only quetiapine and the olanzapine-fluoxetine combination are officially approved by the FDA against this condition. The neurobiology of bipolar depression and the possible targets of bipolar antidepressant therapy remain relatively elusive. We performed a complete and systematic review to identify agents with definite positive or negative results concerning efficacy followed by a second systematic review to identify the pharmacodynamic properties of these agents. The comparison of properties suggests that the stronger predictors for antidepressant efficacy in bipolar depression were norepinephrine alpha-1, dopamine D1 and histamine antagonism, followed by 5-HT2A, muscarinic and dopamine D2 and D3 antagonism and eventually by norepinephrine reuptake inhibition and 5HT-1A agonism. Serotonin reuptake which constitutes the cornerstone in unipolar depression treatment does not seem to play a significant role for bipolar depression. Our exhaustive review is compatible with a complex model with multiple levels of interaction between the major neurotransmitter systems without a single target being either necessary or sufficient to elicit the antidepressant effect in bipolar derpression.</td>
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<td><strong>Title:</strong> <strong>CBT with youth: New directions and fresh perspectives</strong></td>
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<td>Chairperson</td>
<td>R.D. Friedberg, Center for the Study and Treatment of Anxious Youth at Palo Alto University, USA.</td>
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| **Abstract** | Objectives: Cognitive behavioral therapy represents a first-line psychosocial treatment approach for most childhood psychiatric problems. The Treatment for Adolescents with Depression (TADS, 2003, 2004, 2005, 2007), Pediatric OCD Treatment Study (POTS, 2004), clinical trials for PTSD, (Choehn et al., 2004), GAD (Kendall et al., 1997) and disruptive behavior problems (Lochman et al. 2010), all document treatment efficacy. However, CBT is a treatment paradigm evolving to include new procedures and delivery methods. Accordingly, this symposium alerts attendees to emerging directions in CBT with youth.  

Methods: Three distinct but related presentations seamlessly integrate cogent principles. A new adaptation of CBT, Childhood Recycling Therapy, is described. Second, a brief 1-3 session for pediatric OCD is presented. Finally, integrating CBT services in school settings is explained.  

Results: Attendees leave the session with clinically practical and handy skills to augment their care of young patients.  

Conclusion: CBT is a dynamic and flexible treatment model that is increasingly housed in affective neuroscience departments. Attendees will come to appreciate the recent cutting edge developments in the field. |
| **Speakers** |  
| 1. Renato M. Caminha  
INTCC Brasil  
2. Teerakiat Jareonsettasin  
CAMHS, Colchester, UK  
3. Micaela Thordarson  
Center for the Study and Treatment of Anxious Youth at Palo Alto University, USA |

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<td><strong>Title:</strong> Childhood recycling therapy (CRT): A CBT intervention model</td>
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| **Speaker** | Renato M. Caminha  
INTCC Brasil |
| **Abstract** | Objective: CRT is a therapeutic method developed by Caminha and Caminha (2012). CRT is formed by two methods of interventions: the first one, used for clinical problems such as depression and anxiety and the other one as a preventive aspect, used in groups in schools, communities or ambulatories. CRT’s main structure consists of 3 instruments entitled Deck of Emotions, Deck of Thoughts and Deck of Behaviors. Such instruments use the basic principles that CBT uses in their axiomatic model. It was developed in order to formalize a whole, complete intervention with a child. Currently, this method is used in our ambulatory clinic at INTCC-RS and is integrated in our efficacy research protocols and PUCR’S. 

Method: The three decks as well as their application protocols are introduced. Additionally, the preliminary results of research about the CRT instruments is presented.  

Results: Attendees will leave the session with a basic overview of the three decks and a recognition of the preliminary results on effectiveness.  

Conclusion: CRT is an innovative adaptation of traditional CBT applicable to a wide variety of settings. |

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<tr>
<td><strong>Title:</strong> CBT for OCD: A three-session protocol</td>
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<td><strong>Speaker</strong></td>
<td>Teerakiat Jareonsettasin</td>
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CAMHS, Colchester, UK

**Abstract**

Objectives: Research over the past fifty years has yielded much progress in CBT for OCD, which consists of exposure with response prevention (ERP). Exposure works regardless of severity or chronicity of OCD. Having worked with a large number of patients, both adults and children, I propose a three-session CBT protocol for treating OCD. The three session is explained in the presentation. Methods: The first session includes assessment and socialization to the OCD treatment. In addition to the general psychiatric assessment, alert clinicians should identify avoidance profiles, ritual profiles, reassurance-seeking behavior, involvement of others in the rituals as well as personal and family dysfunction. Other key agenda items include measuring the severity of OCD, socialize the patient to the principle of exposure with response prevention. Naming the OCD thoughts, motivating the patient to have in-session exposure practice, working with the family to avoid accommodating to the disorder, assigning homework inviting the patient to list his/her avoidance and ritual profiles with level of anxiety (0-10) against the items on the lists. Finally, helping the patient to try exposure exercises is another key task. The second session primarily focuses on honing exposure skills, reviewing homework, problem solving, reinforcing successes, constructing further homework exercises, and obtaining feedback. In the third session, relapse prevention is emphasized. Further, the patient is prepared for setbacks via problem solving. Results: Attendees leave with an increased awareness of this unique 3 session protocol. Conclusion: OCD is a common yet debilitating condition in young patients. Applying an effective and time-efficient approach to care of these young patients is recommended.

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<tr>
<td>Title:</td>
<td>Simple as ABC, 123: CBT in schools</td>
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<td>Speaker</td>
<td>M Thordarson, M. Keller, R.D. Friedberg</td>
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<td></td>
<td>Center for the Study and Treatment of Anxious Youth at Palo Alto University</td>
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<tr>
<td>Abstract</td>
<td>Objectives: School based mental health services are rapidly becoming the new millennium’s child guidance clinics. Increasingly, individual and group therapy are being conducted in school based settings. Tynan and Woods (2013) highlight the need to not only increase availability of services but to also make mental health care convenient to consume. Delivery of treatment in the context of school services is an extremely effective way to create optimal opportunities for youth to receive the care they need (Kavanagh et al., 2009). School based services serve accessibility and decrease stigma. Moreover, providing therapy in natural contexts offers significant advantages. As the field moves towards increased implementation of CBT in school settings, it is critical to highlight the ways in which programs can adapt treatment to this new context while retaining treatment integrity and accountability. Methods: The extant literature on school based CBT programs is cogently summarized. Special emphasis is placed on the clinical applications of the literature. Case examples augment the discussion. Results: Attendees leave the session with increased knowledge and skills associated with school based CBT programs. Conclusion: As mental health care migrates to novel contexts such as school based settings, child psychiatrists need to increase their knowledge and skills in delivering and managing clinical services.</td>
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**OVERALL ABSTRACT**

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<tr>
<td>Title:</td>
<td><strong>Start the revolution with me!: CBT in the new era</strong></td>
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<td>Chairperson</td>
<td>R.D. Friedberg, Center for the Study and Treatment of Anxious Youth at Palo Alto University, USA</td>
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| Abstract | Objectives: Cognitive behavioral therapy (CBT) with adult psychiatric patients experiencing a variety of psychopathological disorders represents a gold standard psychotherapy. Once considered a circumscribed approach limited to unipolar depression, CBT is spreading its theoretical and clinical wings to effectively treat anxiety disorders, personality disorders, schizophrenia, eating disorders, and substance abuse disorders. This symposium aims to teach attendees CBT procedures useful in treating schizophrenics, working with families with multiple members diagnosed with serious mental illness, and intervening with personality disorders.  

Methods: Three presentations delivered by experts in CBT-based modalities form the core of the symposium. The first presentation details the theoretical rationale and clinical course of Family Cognitive Behavioral Therapy with adult patients diagnosed with severe mental illnesses (Bipolar I, Major Depression, PTSD). The second presentation discusses the growing application of CBT to schizophrenic spectrum disorders. In particular, emphasis is placed on early intervention as a way to prevent relapse. The third presentation describes a novel approach and creative approach to changing core beliefs or schemas in distressed patients. This treatment model called Trial-based Cognitive Therapy is earning increasing empirical support and clinical interest across the globe.  

Results: Attendees will leave the session with practice friendly information they can add to their clinical repertoires.  

Conclusion: The continued infusion of fresh treatment procedures and modalities in CBT promise to revolutionalize patient care. |
| Speakers | 1. Marisa Keller  
Center for the Study and Treatment of Anxious Youth at Palo Alto University, Palo Alto, California, United States  
2. Elena Rasskazova  
Mental Health Research Center, Moscow State University, Moscow, Russia  
3. Irismar R. de Oliveira  
Department of Neurosciences and Mental Health, Federal University of Bahia, Salvador, Bahia, Brazil |

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**SPEAKER 1**

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<th>Session:</th>
<th>Regular Symposium</th>
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| Title:   | Cognitive behavioral family therapy with adult family members | M. Keller, M. Thordarson, R. Friedberg  
Center for the Study and Treatment of Anxious Youth at Palo Alto University, Palo Alto, California, United States |
| Speaker  | M. Keller, M. Thordarson, R. Friedberg  
Center for the Study and Treatment of Anxious Youth at Palo Alto University, Palo Alto, California, United States |
| Abstract | Objectives: This presentation illustrates the application of cognitive behavioral family therapy through a case example of a family of adult patients diagnosed with severe mental illnesses.  

Methods: The demographics of the case, theoretical rationale for cognitive behavioral family therapy, and clinical course are described. This ethnically diverse family included four adult family members, each of whom was diagnosed with a serious mental illness. Additionally, medical complications were present. Serious risk factors also emerged including multiple family members with current and historical suicidal ideation and attempts. Cognitive behavioral family therapy was indicated to address family patterns of maladaptive cognitions, deficits in perspective taking, lack of problem solving abilities, and experiential avoidance. The application of individualized case conceptualization to a family with complex symptomatology is described. Treatment included psychoeducation, self-monitoring, cognitive restructuring, experiments and exposures over the course of nine months of weekly family sessions. Innovative in-session activities used to facilitate treatment goals and enhance family participation are |

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described.

Results: This family demonstrated marked improvement in symptomatology including an elimination of suicidality, improvement in mood in all adult family members, increased perspective taking, improved independent ability to resolve conflict within the family, and increased compliance with individual clinical goals.

Conclusions: This case highlights the effective adaptation of cognitive behavioral family therapy for adult family members. As the gold standard of psychotherapy, cognitive behavioral interventions continue to demonstrate effectiveness for a broad range of clinical concerns. Continuing to revolutionize the implementation of cognitive behavioral therapy within a theoretical pure framework assures that CBT will remain at the forefront of evidence-based patient care.

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<tr>
<td>Title: CBT methods as early intervention for schizophrenic patients after the first psychosis</td>
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<td>Speaker: E. Rasskazova Mental Health Research Center, Moscow State University, Moscow, Russia</td>
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<td>Abstract: Objectives: To reveal target goals of CBT interventions for the first psychosis in youth and CBT methods that effectively address them. Method: 39 male patients 17-27 years old recovering from their first psychosis were interviewed about their psychotic experience and readiness to participate in CBT. Then they filled Russian versions of Happiness Scale (Lyubomirsy, Lepper), COPE (Carver et al.), Symptom Checklist 90-R (Derogatis, Salvitz), Beck Cognitive Insight Scale (Beck et al.), Quality of Life and Enjoyment Questionnaire - version for mental illnesses (Ritsner et al.), Psychosis Recovery Inventory (Chen et al.), Automatic Thoughts Questionnaire (Hollon, Kendall). 25 were ready to participate in CBT and were randomly assigned to the intervention (8 bi-weekly sessions, N=14) and no intervention (N=11) groups. One month later they were interviewed about their experience during this month as well as filled all the questionnaires again. &quot;Refusal&quot; group (N=14) was measured only once and their data were used to reveal psychological correlates of refuse from CBT. Multiple case study design including qualitative analysis of session scripts and questionnaires was implemented to reveal target goals, typical difficulties and effective CBT methods. Kruskal-Wallis and Mann-Whitney comparisons were used to study CBT-related changes. Results: There was marginal improvement in life enjoyment in health and feeling domains and in compliance in intervention group (p&lt;.10). Qualitative analysis of sessions revealed typical target topics (e.g., fears related to psychotic experience, learning, relationship with parents, girlfriends, relationship with friends, alcohol intake, driving etc.) and methods that were effective for special goals (for instance, psychoeducation for compliance improvement and anxiety reduction, testing when psychotic experience is helpful and where is disturbing for delusion reduction). Conclusions: There is a specificity of CBT with young male patients recovery from their first psychosis in terms of typical topics, target goals and difficulties and effective strategies.</td>
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<td>Title: Trial-based cognitive therapy: A randomized trial comparing the empty-chair and the static formats</td>
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<tr>
<td>Speaker: I. R. de Oliveira Department of Neurosciences and Mental Health, Federal University of Bahia, Salvador, Bahia, Brazil</td>
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<td>Abstract: Background: Trial-Based Cognitive Therapy (TBCT) is a recently developed psychotherapeutic approach whose foundation is in cognitive therapy (CT). It differs from CT in that it has its own conceptualization, and simulates legal trials in which the patient role-plays the different characters in a tribunal. TBCT may be conducted using the empty chair format, or in the static format, in which the patient remains in the</td>
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same chair during the session.

Objectives: To assess the efficacy of TBCT in decreasing the attachment of the patients to their self-critical negative core beliefs (CBs) and corresponding emotions, and to assess the differential efficacy of TBCT employed in the empty chair relative to the static format.

Method: This is randomized study of patients (n= 39) having any psychiatric diagnosis. They were submitted to a 50-minute, one-session, simulation of a legal trial and their adherence to negative CBs and corresponding emotions after each step of TBCT first use were assessed. Comparisons involved TBCT used in the empty chair format relative to the static format. Statistical analyses involved a repeated measures mixed ANOVA and an ANCOVA, having the initial values (investigation) as the covariate.

Results: Results of the ANOVA indicated a significant main effect, meaning that significant reductions in percent values both in the credit given to the CBs and in the intensity of the emotions were observed at the end of the session (p< .001), relative to baseline (investigation phase). There was no significant interaction between time and treatment. The ANCOVA showed a significant difference in favor of the empty chair approach for both the belief credit and the emotion intensity (p= .04).

Conclusions: TBCT may help patients reduce the attachment to negative CBs and corresponding emotions. In this study, the empty chair format was more efficacious than the static format.
Over all abstract

Cultural aspects in mood disorders and suicide

Title: Cultural aspects in mood disorders and suicide
Chairperson Prof. Andrés Heerlein, Department of Psychiatry, Faculty of Medicine Clínica Alemana-Universidad del Desarrollo, Santiago, Chile.
Co-chairperson Dr. Adrian Mundt, Queen Mary, University of London, Wolfson Institute of Preventive Medicine & Charité Universitätsmedizin, Berlin

Abstract

Transcultural psychiatry aims at developing culture sensitive concepts for the assessment, treatment and prevention of mood disorders, trying to increase insight in culture-related factors and epidemiology. This symposium explores different aspects of mood disorders and suicide in Europe, Latin America and Africa. T. Okasha will review the interaction of ethnicity, socio-cultural factors and gender in pharmacotherapy of bipolar disorder. He will also discuss a recent study carried out in Egypt to estimate the frequency of bipolar disorder (BPD) among patients with a major depressive episode (MDE) and elucidate clinically-relevant factors predictive of bipolarity. M. Kastrup from Denmark will provide an overview of the WPA Educational Program on Depression in relation to culture, differences in symptomatology and other circumstantial factors having an impact on the appearance and outcome of the disorder. D. Moussaoui from Morocco will present three studies conducted in Casablanca: one on bipolar disorder and prostitution, and two others on the use of lithium in bipolar patients during Ramadan fasting month. A. Heerlein from Chile will present a study that compares the regional distribution of suicides across the continental Chile in the last decades and its relation to mood disorders. Preliminary results show that the cultural, the geographic and the seasonal distribution of suicides in Chile is heterogeneous and has great variability across the different regions and social groups. This symposium should help to promote clinical and academic discussions on depression, bipolar disorder and suicide and to achieve better results in the treatment and prevention of these pathological conditions.

Speakers
1. Prof. Tarek A. Okasha
   Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt. Secretary for Scientific Meetings, World Psychiatric Association.
2. Prof. Marianne Kastrup
   Competence Centre Transcultural Psychiatry, Psychiatric Center Ballerup, University of Copenhagen, Denmark
3. Prof. Driss Moussaoui
   Ibn Rushd University Psychiatric Centre, Casablanca, Morocco
4. Prof. Andrés Heerlein
   Unit of Psychiatry, Faculty of Medicine, Clínica Alemana-Universidad del Desarrollo, Santiago, Chile.

Session: Regular Symposium
Title: Cultural aspects in mood disorders and suicide
Speaker Prof. Tarek A. Okasha
Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt.

Abstract

Recent studies showed that with broadening of diagnostic criteria to include the whole spectrum of bipolar disorder a prevalence range of 3.0 –8.8% higher than is commonly believed. Bipolar disorder is under diagnosed and frequently misdiagnosed. Patients impaired insight into mania, failure to involve family members in the diagnostic process; inadequate understanding by clinicians of manic symptoms and lack of knowledge about the influence of ethnicity and socio-cultural factors are some reasons for this under diagnosis.

Bipolar disorder remains frequently misunderstood leading to inconsistent diagnosis and treatment. This presentation will review the interaction of ethnicity, socio-cultural factors and gender in pharmacotherapy of bipolar disorder by comparing the profile of bipolar disorders in among 3 different groups of patients Egyptian, Saudi and Asians living in Saudi Arabia and discussing the importance of patient ethnic background and its effect on developing mood disorders and the type of treatment used as well as discussing the importance of clinicians keeping in mind ethnic diversity for
better service for the specific populations that they treat. It will also discuss a recent study carried out in Egypt to estimate the frequency of bipolar disorder (BPD) among patients with a major depressive episode (MDE) and elucidate clinically-relevant factors predictive of bipolarity.

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<tr>
<td>Title:</td>
<td>Depression from a transcultural perspective: An overview of the WPA Educational Programme</td>
<td>Marianne Kastrup</td>
<td>Competence centre Transcultural Psychiatry, Psychiatric Center Ballerup, University of 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 the burden of depression is ranked number four in the global disease burden in women and seven in men. The burden of depression depends upon region, having a relatively smaller burden in poorer regions, thus 1.2% of the total burden in Africa compared 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-5, has facilitated such research. In the WHO collaborative study on the assessment of depressive disorders a core depressive symptomatology was found across participating centres, but with differences in the ranking of problems. Culture is said to have a pathoplastic effect on how depressive behaviour manifests itself, and often it is indicated that in patients who are from non-industrialised countries 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 WPA Educational Programme on Depression in relation to culture, differences in symptomatology, and with particular focus on the role of migration and other circumstantial factors having an impact on the appearance and outcome of the disorder.</td>
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<tr>
<td>Title:</td>
<td>Cultural aspects in bipolar disorder</td>
<td>Driss Moussaoui, Nadia Kadri, Siham Eddahby</td>
<td>Casablanca, Morocco</td>
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<td>Speaker</td>
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<td>Abstract</td>
<td>Only a few studies have been conducted in the field of cultural aspects in bipolar disorder, as compared to research done in cross-cultural aspects of depression or other psychiatric entities. Three studies conducted in Casablanca will be presented: one on bipolar disorder and prostitution, and two others on the use of lithium in bipolar patients during Ramadan fasting month. The first study concerned 80 female hospitalized bipolar patients who were interviewed on their sexual life. More than 14% of the patients recognized that they were living exclusively from money earned by prostitution. This is a fairly high figure if one thinks of the severe moral environment in Morocco. What usually happens is that families are so distressed by the sexual behaviour of the female manic patients, that their first reaction is complete rejection, obliging girls and women to enter prostitution in order to survive, and cutting all ties with the family. The second study concerned the use of lithium during Ramadan time. Once a year, fasting during a whole month is a religious obligation for Muslims around the world (one billion persons are concerned). The study enrolled 20 bipolar patients who were assessed during the 6 weeks of the study (before Ramadan, 2nd and 4th weeks of the fasting month and the first week after it ended) clinically and biologically. Females represented 55% of the sample. Mean age was 32.10±7.72 years, ranging from 21 to 57 years; the mean duration of illness was 7.85±4.03 years, ranging from 3 to 16 years. Mean duration of lithium therapy was 26±20 months, ranging from 3 to 60 months. The main results of this study were: -42% of the sample relapsed. Seventy per cent of them relapsed during the second week and the remaining ones at the end of Ramadan. These relapses did no have a positive association with plasma concentration of lithium; 71.4% of them had a manic episode.</td>
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Patients who did not relapse had insomnia and anxiety during the second and third weeks of the study. Side effects of lithium increased, and were observed in 48% of the sample, mostly dryness of mouth with thirst and tremor. This high figure of relapses in bipolar patients under lithium therapy can be explained, at least partially, by the important social changes occurring during Ramadan time. A replication of this study with 170 patients was done in 2012 with similar methodology and preliminary results will be presented.

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<tr>
<td>Title:</td>
<td>Cultural factors affecting the assessment, outcome and prevention of mood disorders and suicide</td>
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| Speaker  | Prof. Andrés Heerlein  
Unit of Psychiatry, Faculty of Medicine, Clinica Alemana-Universidad del Desarrollo Santiago, Chile. |
| Abstract | In many countries of the world, the prevalence of suicidal behaviors and suicides is rising, especially in countries living the transitional phase from traditional to modern societies. This is the case of the Republic of Chile, where suicide rates have been rising continuously in the last decades. Epidemiological research has demonstrated that mood disorders and suicide rates are close related, in many and different ways. In this context, the consideration of cultural and non-cultural factors has shown to be relevant not only for medical and scientific reasons but also for a better therapeutic management and prevention of suicide. Depressive symptoms and features of persons with suicidal behavior has been suggested to exhibit a significant variability in cross-cultural studies. But also geographic and latitudinal variables has been suggested as having some influence on suicidal behavior. This study compares the regional distribution of suicides across the Republic of Chile in the last decades. Some cultural and non-cultural features of the Chilean population who committed suicide in this period will be analyzed and presented. Conclusions: This study suggests that the cultural, the geographic and the seasonal distribution of suicide in Chile is heterogeneous and has great variability across the different regions and social groups. These observations could help to better understand the difference between cultural and non-cultural factors affecting suicide and its relationship to clinical outcome, prevention and treatment of suicidal behavior and mood disorders. |
**OVERALL ABSTRACT**

**Title:** Challenges in depression treatment adherence: Updating a complex psychiatric issue

**Chairperson:** Prof. Dr. Carlos De las Cuevas, Department of Psychiatry, University of La Laguna, Canary Islands, Spain.

**Abstract:** Psychiatrists face non-adherence as almost the norm in everyday clinical psychiatric practice. Non-adherence to antidepressant medications is a significant barrier to the successful treatment of depression in clinical practice and has been linked to poor treatment outcomes such as increased risk of relapse and recurrence, as well as increased healthcare costs. After four decades of adherence to treatments research, the literature shows that adherence to prescribed treatments in psychiatric practice is a multifactorial issue that includes patient-centred factors, therapy-related factors, healthcare system factors, clinician-patient alliance and communication factors, social and economic factors, and disease factors. However, despite the relevance of the contribution of that group of variables in predicting adherence, a considerable level of unexplained variance still remain. The primary aim of the Symposium is to address the challenges that a clinical psychiatrist has to face in order to ensure an adequate adherence of his/her depressive patients. The symposium will focus on: the analysis of perspectives, problems and progress in patients’ adherence to the treatment regimens prescribed; the difficulties involved in evaluating patients adherence in real clinical world; the role played by different psychological processes from the health belief model; and the importance of shared decision making in improving adherence and clinical outcomes in depressive patients. The symposium will bring researchers, academicians, and clinicians the opportunity to share their experiences, innovative ideas and research findings about the topic and to discuss the practical challenges encountered by them and the solutions adopted.

**Speakers**

1. Prof. Casimiro Cabrera  
   Department of Psychiatry, Queen's University, Kingston, Ontario, Canada  
2. Prof. Emilio J. Sanz  
   Departament of Clinical Pharmacology, University of La Laguna, Canary Islands, Spain  
3. Prof. Luis G. de Rivera  
   Professor of Psychiatry, Instituto de Psicoterapia e Investigación Psicosomática, Universidad Autónoma de Madrid, Spain.

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**SESSION: Regular Symposium**

**TITLE:** Patient adherence in the treatment of depression: Perspectives, problems and progress

**Speaker:** C. Cabrera Abreu 1 & C. De las Cuevas 2  
1 Queen's University, Kingston, Ontario, Canada  
2 University of La Laguna, Canary Islands, Spain

**Abstract:** This presentation will start with an attempt to chart the contemporary history of the term “Compliance” and its cognates. It also will be discussed the recently published guidelines concerning the assessment of adherence in patients with depressive disorders, dedicating its middle part to comment on the research and clinical methods to assess adherence in patients. The current consensus amongst experts can be summarized, from a clinical point of view, in a simple rule of thumb: enhancing adherence should depend on simple interventions originating from a multidisciplinary perspective and should include patients’ input. Despite its apparent simplicity, improving the assessment of adherence and favouring its enhancement can generate interesting ethical quandaries that will be approached in the light of the relatively new emergent notion of “moral distress.”

**References**


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<td>Title:</td>
<td>Methods for evaluating patient adherence to antidepressant therapy in the real world</td>
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<td>Speaker</td>
<td>E. J. Sanz, C. De las Cuevas</td>
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<td>University of La Laguna, Canary Islands, Spain</td>
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<tr>
<td>Abstract</td>
<td>Adherence to rationally prescribed medications is essential for effective psychopharmacotherapy. However, there is no ‘gold standard’ measure of medication adherence since all available methods have their limitations. Non-adherence may be measured directly or indirectly. Direct methods of assessing medication non-adherence detect the presence of the drug in a patient’s body using assays for the drug, its metabolites; or other markers in urine, blood, or other bodily fluids, but are used infrequently because of their cost and inability to provide feedback at the point of care. Moreover, results may be influenced by factors other than adherence such as drug or food interactions, physiological variability, dosing schedules and the half-life of the drug. Indirect methods measure medication non-adherence through behaviour developed by means of electronic drug monitoring, pill counts, pharmacy refills, medical record review, directly observed therapy, clinician assessment, and self-reports. The poor availability and the high cost of electronic monitoring of dosing schedules limit their feasibility. When considering pill counts, prescriptions may be filled some time before needed and patients may not accurately recall the date medications were started, drugs may not be stored in their original containers and/or tablets from other bottles may be added to the new container. Although self-report method could be related to a potential risk of misstatement or could involve response biases, it may provide a reasonably accurate estimate of adherence. Self-report method advantages include being brief, inexpensive, applicable in various settings, and able to provide immediate feedback at the point of care, as well as their ability to detect underlying issues contributing to non-adherence.</td>
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<td>Title:</td>
<td>Matched decision making: The new version of doctor-patient relationship</td>
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<td>Speaker</td>
<td>L. G. de Rivera ¹ &amp; C. De las Cuevas ²</td>
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<td>¹ Instituto de Psicoterapia e Investigación Psicosomática, Universidad Autónoma de Madrid, Spain.</td>
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<td>² University of La Laguna, Canary Islands, Spain</td>
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<td>Abstract</td>
<td>Although nearly two decades have passed since Cathy Charles and colleagues at McMaster University proposed the hypothesis that active patient participation in shared treatment decision-making process will result in a greater commitment and adherence to the selected treatment regimen than to a regimen selected by the physician alone, however, almost no studies are available at present time showing that shared decision-making actually results in patients improvement of treatment adherence that included medication adherence as an outcome. The authors propose a new version of doctor-patient relationship based on their study of the congruence between psychiatric patients’ preferred role in clinical decision-making and the role they usually experience in their psychiatric consultations, analysing its influence on adherence to prescribed treatment, in a simple of 967 consecutive psychiatric outpatients. Most psychiatric outpatients preferred a collaborative role in decision-making. Congruence was achieved in only 50% of the patients, with most mismatch cases preferring more involvement than experienced. Self-reported adherence was significantly higher in those patients in which preferences and experiences of participation in decision-making matched than in those patients who do not match, no matter they were empowered or disempowered.</td>
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**OVERALL ABSTRACT**

**Title:** Psychomotor symptoms in schizophrenia: Scrutiny of a forgotten syndrome

**Chairperson:** Bernard Sabbe, University Antwerp, Antwerp, Belgium

**Co-chairperson:** Wener Strik, University Hospital of Psychiatry, Bern, Switzerland

**Abstract**

In addition to positive, negative and cognitive symptoms, psychomotor symptoms can also be observed in schizophrenia. These symptoms are characterized by deficits in planning, initiation and execution of movements. Catatonia, motoric neurological soft signs, spontaneous extrapyramidal symptoms, psychomotor slowing and reduced motor activity are such symptoms. Although each of these psychomotor symptom clusters is still highly prevalent in schizophrenic patients, only few efforts have been made to differentiate these symptoms, investigate their course through the illness, evaluate their prognostic value and impact on the patients' functioning or disentangle their neurobiological correlates. Knowledge of this syndrome is further hampered by unclear nosology of its components. In the present symposium, several of these emerging issues are highlighted and the findings of ongoing research from different research groups focusing on psychomotor symptomatology in schizophrenia are presented.

**Speakers**

1. G. S. Ungvari  
   University of Notre Dame Australia, Perth, Australia  
2. M Morrens  
   University Antwerp, Antwerp, Belgium  
3. Manuel J Cuesta  
   Pamplona, Spain  
4. S. Walther  
   University Hospital of Psychiatry, Bern, Switzerland

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**SPEAKER 1**

**Title:** The relevance of classical literature to the psychopathology and nosology of catatonia

**Speaker:** G. S. Ungvari  
University of Notre Dame Australia, Perth, Australia

**Abstract**

Over the past two decades, there has been growing interest in the clinical aspects of catatonia. Catatonia is now frequently diagnosed and the number of signs and symptoms branded as ‘catatonic’ is steadily increasing extending the boundaries of catatonia further and further. Yet, the psychopathological concept of catatonia that should underpin its clinical description has been largely neglected. Consequently, diverse psychopathological phenomena such as ‘nudism’, ‘grasp reflex’ or ‘mutism’ are subsumed under catatonia only on the basis of tradition, or superficial similarities or response to benzodiazepines. Without psychopathological definition of catatonia there is no guidelines what would make a sign/symptom ‘catatonic’. No recent publication has attempted to define catatonia that would allow forming clinically valid catatonic syndrome(s) suitable for further clinical and treatment response studies and neurobiological investigations.

The main thesis of this presentation is that returning to the origins of catatonia as elaborated in classical papers would facilitate clinical and biological research by providing psychopathologically and clinically more valid and better-delineated syndrome(s). From Kahlbaum onwards, most classical authors - Neisser, Schule, Arndt, Kraepelin, Wernicke, Kleist, Bleuler, Bostroem, Leonhard, Gjessing and Baruk, just to mention a few - implied that catatonic signs and symptoms were persistent, albeit with fluctuating intensity over time. They were also cryptogenic, that is, they did not occur in response to, or in association with a mood disorder (as in depressive stupor), brain damage (as in brain stem infarct) or psychological trauma (as in psychogenic / conversion stupor). Drawing on these classical studies, eventually Jaspers conceptualized the psychopathological foundations of catatonia. In traditional clinical practice, diagnosing a catatonic syndrome required a complex psychopathological and clinical assessment and not just completing a rating scale over a few minutes.
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<tr>
<td>Title: Parsing the components of psychomotor functioning in schizophrenia</td>
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| Speaker: M Morrens  
University Antwerp, Antwerp, Belgium |
| Abstract: Psychomotor symptoms are those symptoms in which, rather than thinking or feeling, movement or action is the principal component, i.e., in which the planning, programming, and execution of movements play a dominant role. In schizophrenia, symptoms such as psychomotor slowing, catatonia and neurological soft signs fit this description, and are highly prevalent. Despite being considered core aspects of the illness in its earliest definitions, these phenomena were largely neglected after the introduction of the first antipsychotics in the 1950s. However, there has been a resurgence of research endeavors into the psychomotor domain during the past few decades, which demonstrate the enduring prominence of these symptoms in schizophrenia. Although there is a general consensus that psychomotor abnormalities have to be considered a heterogeneous construct, these abnormalities are generally studied and classified on a mere phenomenological base which results in a lack of clear conceptual boundaries. The nature of these psychomotor deficits, their interrelations as well as their relation with other symptom domains (positive, negative, depressive and cognitive symptoms) was investigated, as was the impact of psychopharmacological treatment on the psychomotor syndrome. We will present a overview on these studies. |

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<td>Title: Can spontaneous neuromotor signs predict cognitive impairment in first-episode psychosis?</td>
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| Speaker: Manuel J Cuesta  
Pamplona, Spain |
| Abstract: There is now growing evidence that neuromotor signs including neurological soft signs, catatonic features and extrapyramidal signs are highly prevalent in patients with first-episode psychosis (FEP). And that these diverse neuromotor signs are present before the beginning of antipsychotic drugs treatment. However, the neurocognitive correlates of neuromotor signs in this population remained to be clarified. In this presentation, we will review the specific and relative contribution of different types of neuromotor signs to cognitive impairment. Neuromotor and neuropsychological evaluations of FEP patients before the exposition to antipsychotic drug treatment and in the follow up from our ongoing studies will be examined. |

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<tr>
<td>Title: Neural correlates of gesture impairments in schizophrenia</td>
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| Speaker: S. Walther 1, S. Bohlhalter 2, A. Federspiel 1, R. Wiest 3, W. Strik 1, K. Stegmayer 1  
1. University Hospital of Psychiatry, Bern, Switzerland  
2. Dept. of Neurology, Luzern, Switzerland  
3 Institute of Diagnostic and Interventional Neuroradiology, Bern, Switzerland |
| Abstract: Objectives: Schizophrenia is associated with impaired social cognition and motor behaviour. We have previously demonstrated that schizophrenia patients present with gestural deficits comparable to those of patients with apraxia. These deficits are related to motor impairments and frontal lobe dysfunction. The aim of the present study was to identify the involved neural systems. Methods Comprehensive assessment of gesture function, motor behaviour and psychopathology was performed in 45 schizophrenia patients and 45 controls. Furthermore, subjects underwent MRI scanning using arterial spin labelling (ASL), diffusion tensor imaging (DTI) and functional MRI. Gesture |
recognition was tested using the Postural Knowledge Task (PKT), gesture performance was assessed with the Test of Upper Limb Apraxia (TULIA). Associations between gesture performance, gesture recognition and imaging parameters were calculated.

Results Patients perform poorer in gesture production and gesture recognition. Poor gesture recognition in patients is associated with reduced grey matter volume in the left anterior hippocampus and left inferior frontal gyrus (both at Family wise error correction p < 0.05). Poor gesture production is linked to reduced volumes of grey matter volume in left inferior frontal gyrus, left inferior parietal cortex and left anterior hippocampus. Perfusion and DTI data are still being analysed and will be presented at the conference.

Conclusions Preliminary analyses suggest that patients with gestural problems have reduced grey matter volumes in areas typically associated with apraxia, i.e. left inferior frontal gyrus. Thus, gestural impairments in schizophrenia seem to derive from disturbances in the motor control network.
## Session: Regular Symposium

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### Title: New perspectives on symptom dimensions of obsessive-compulsive disorder

### Chairperson
Prof. Starcevic Vladan, The University of Sydney and the Nepean Hospital, Sydney, New South Wales, Australia.

### Abstract
The purpose of this symposium is to present new findings related to symptom dimensions of obsessive-compulsive disorder (OCD). These findings improve our understanding of OCD, its diagnostic conceptualisation and ultimately, its treatment. OCD is a heterogeneous disorder that presents with a multitude of different symptoms. To date, hoarding, contamination and cleaning, symmetry and ordering symptoms, doubt and checking and unacceptable/taboo thoughts are the most well established OCD symptom dimensions. Principal components analysis has been the most widely used statistical technique to determine OCD symptom dimensions. Classically, this technique has yielded four OCD symptom dimensions, but improved methodology is increasingly supporting a model with five dimensions. Recent studies provide further support to the validity of OCD symptom dimensions. Thus, these dimensions have been associated with distinct clinical characteristics and comorbid disorders in large samples of patients with OCD. Studies have been conducted in various countries and support the cross-cultural validity of OCD symptom dimensions. Studies have also shown that OCD symptom dimensions are associated with distinct psychological processes, such as cognitive appraisals, interference and neutralising strategies. This suggests that OCD symptom dimensions have implications for psychological treatments. Research aiming to validate OCD symptom dimensions has also extended into the realm of endophenotypes. Finally, robust biological findings that have arisen from brain imaging and genetic studies support the validity of OCD symptom dimensions.

### Speakers
1. Dr V. Brakoulias
   The University of Sydney and the Nepean Hospital, Sydney, New South Wales, Australia.
2. A/Prof. Shyamsundar
   National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, Karnataka, India
3. Prof. A. Belloch
   Universidad de Valencia, Valencia, Spain
4. Prof. L. Fontenelle
   Institute of Psychiatry, Federal University of Rio de Janeiro (IPUB/UFRJ), Rio de Janeiro, RJ, Brazil; D’Or Institute for Research and Education, Rio de Janeiro, RJ, Brazil

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### Title: Obsessive-compulsive symptom dimensions: Are there four or five dimensions?

### Speaker
V. Brakoulias, V. Starcevic
The University of Sydney and the Nepean Hospital, Sydney, New South Wales, Australia.

### Abstract
Objectives: This presentation will discuss the evidence supporting symptom subtypes of obsessive-compulsive disorder (OCD). Specifically it will attempt to answer the question of whether there are four or five symptom dimensions of OCD.

Methods: Data will be derived from a literature review and the Nepean OCD Study. The Nepean OCD Study assessed 198 participants with OCD using the clinician-rated Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and the self-rated Vancouver Obsessional Compulsive Inventory (VOCI). Results of both the Y-BOCS and VOCI were subjected to principal components analysis (PCA). The resulting OCD symptom components (or dimensions) were then tested for associations with other important clinical variables.

Results: There are over 20 studies that have attempted to evaluate the symptom dimensions of OCD. Principal components analyses of the Y-BOCS have revealed both four and five factors. When these studies have analyzed the YBOCS at item level, rather than the category level, they have tended to result
in five factors. These symptom dimensions are: 1) hoarding, 2) contamination/cleaning, 3) Symmetry/ordering, 4) unacceptable/taboo thoughts and mental rituals, and 5) doubt/checking. The Nepean OCD Study has added to these findings by demonstrating five OCD symptoms dimensions using both the Y-BOCS and the VOCI. Significant associations between these five OCD symptom dimensions and important clinical characteristics support the validity of five OCD symptom dimensions.

Conclusions: There appears to be more support for five OCD symptom dimensions rather than four. Five symptom dimensions allows for the distinction of unacceptable/taboo thoughts from doubt/checking symptoms, which would otherwise be combined in a four-factor model of OCD symptoms.

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<td>Title: Symptom dimensions in obsessive-compulsive disorder and their association with clinical characteristics and comorbid disorders</td>
<td>A. Shyam Sundar, T. Kandavel, A. V. Cherian, U. Baruah, B. Viswanath, J. C. Narayanaswamy, S. B. Math, Y. C. J. Reddy</td>
<td>National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, Karnataka, India</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Heterogeneity of obsessive compulsive disorder (OCD) clinical phenotype can be reduced to discrete but overlapping symptom dimensions. Although attempts are being made to study the neural correlates of the symptom dimensions, their clinical correlates are understudied. We examine whether factor-analysis driven symptom dimensions have unique relationship with clinical characteristics and comorbidity patterns of OCD.</td>
<td>Methods: We conducted exploratory factor analysis (principal component analysis with varimax rotation) using tetrachoric correlation matrices of the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist (Y-BOCS-SC) using data from 802 consecutive patients who consulted a specialty OCD Clinic in India. In addition to the major symptom categories, we also included major miscellaneous obsessions and compulsions (&gt;10%) in the factor analysis. We employed regression analysis to examine the relation between symptom dimensions and clinical characteristics.</td>
<td>Results: A five factor solution provided the most satisfactory result, explaining 60% of the variance: symmetry/hoarding, superstitious fears/behaviors, doubts/checking, contamination/washing and forbidden thoughts dimensions. The symmetry/hoarding and the superstitions dimension were associated with younger age of onset and female gender, while the doubts/checking dimension was associated with family history of OCD, poor insight and male gender. Superstitions fears/behaviors dimension was associated with depressive disorder, dysthymia, panic disorder, agoraphobia and generalized anxiety disorder (GAD). Forbidden thoughts was associated with social phobia while GAD was also associated with doubts/checking dimension.</td>
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<td>Conclusions: While our symptom dimensions are similar to the ones previously reported, superstitious fears/behaviors dimension has not been reported hitherto. Our study demonstrates relatively specific association between certain symptom dimensions of OCD and clinical characteristics supporting the view that symptom dimensions could be employed to reduce heterogeneity. Symptom dimensions could be routinely used in treatment, genetic and neurobiological studies.</td>
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<th>Session: Regular Symposium</th>
<th>SPEAKER 3</th>
<th>Code</th>
<th>SY159</th>
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<td>Title: Emotional consequences and dysfunctional appraisals associated with the different OCD symptom dimensions: The grass is always greener on the other side</td>
<td>A. Belloch, G. García-Soriano</td>
<td>Universidad de Valencia, Valencia, Spain.</td>
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</table>
Abstract

Objectives. Cognitive proposals about the mediating role of misinterpretations and emotional reactions in the escalation of normal unwanted intrusive thoughts to clinical obsessions have, to date, received general support. However, few studies have analyzed the relevance of these variables taking into consideration obsessional contents and disorder severity. Our objectives are, first, to examine whether the emotional consequences and dysfunctional appraisals about obsessions are associated with OCD severity, and second, to analyze whether these emotions and appraisals differ depending on the content of the most disturbing symptom dimension.

Methods. After identifying their most upsetting obsession, 61 OCD patients (50.8% men; mean age±SD=35.23±12.59 years; YBOCS=25.45±6.89) assessed the associated distress and dysfunctional appraisals.

Results. YBOCS-obsessions showed significant associations of the most disturbing obsessions with their emotional impact (r=0.37; p≤0.01) and the dysfunctional appraisals patients ascribed to them (r=0.30; p≤0.01). Nonetheless, no significant relationships were observed between YBOCS-compulsions, emotional distress, and appraisals. There were no differences across patients in their emotional reaction taking into account the symptom dimensions. However, large effect size differences appeared in the dysfunctional appraisals. Patients with aggressive obsessions scored higher than those with other obsessional contents on over-importance of thoughts (Cohen’s d=0.71). Patients with doubt/checking symptoms scored higher than the others on the importance of thought control (d=0.86). Patients with superstitious/magical obsessions scored higher than those without these obsessions on thought-action fusion (d=1.38), over-estimation of threat (d=1.24), and responsibility for preventing harm (d=0.97). Finally, patients with contamination/washing symptoms obtained the lowest scores on the dysfunctional appraisals.

Conclusions. Regarding severity, the results suggest that obsessions are more distressing and dysfunctionally appraised than compulsions. Contrary to cognitive proposals about OCD, not all the dysfunctional appraisals about symptoms are relevant to OCD symptom dimensions, and patients differ on their misinterpretations of their symptoms based on their content.

Session: Regular Symposium

Speaker

L.F. Fontenelle 1,2, M.S. da Victoria 1, F.B. Kohlrausch 3, I. Giori 3, I.G. Barbosa 4, A.L. Teixeira, 4 J. Moll 2

1. Institute of Psychiatry, Federal University of Rio de Janeiro (IPUB/UFRJ), Rio de Janeiro, RJ, Brazil.
2. D’Or Institute for Research and Education, Rio de Janeiro, RJ, Brazil.
3. Institute of Biology, Fluminense Federal University, Niterói, RJ, Brazil.
4. Institute of Biological Sciences, Federal University of Minas Gerais, Belo Horizonte, MG, Brazil.

Abstract

Objectives: A number of studies have suggested that obsessive-compulsive disorder (OCD) may in fact be a set of similar and co-occurring neuropsychiatric syndromes, each associated with distinctive neurobiological underpinnings.

Methods: In this study, we will present an overview of our studies concerning neurocognitive (i.e. dot probe task), neurogenetic (i.e. association studies), neuroimmunological (i.e. cytokine profiles), neurotrophic [i.e. brain-derived (BDNF), nerve growth (NGF), and glial cell-derived (GDNF) neurotrophic factors] and neuroimaging (i.e. fMRI during mood induction) correlates of different OCD symptom dimensions.

Results: In a attentional bias study using the dot probe task, there was a positive correlation between reaction time in incongruent trials and severity of checking (indicating disengagement bias) and a negative correlation between reaction time in congruent trials and ordering (indicating hypervigilance bias). Relationships between rs1019385 (GRIN2B) and the presence of checking/hoarding and between rs301434 (SLC1A1) and the presence of hoarding were found in an association study. In terms of OCD immune activation, while the levels of soluble tumor necrosis factor receptor-1 correlated positively with the severity of washing, eotaxin-2 levels correlated negatively with the severity of hoarding. In relation to neurotrophic factors, we identified a statistically significant positive correlation between both NGF and GDNF and severity of washing. Finally, in a neuroimaging study involving the provocation of different moral emotions in OCD patients and healthy controls, OCD patients exhibited increased activity within the insula and amygdala regions during the performance of disgust and guilt-provoking tasks, respectively.
Conclusions: We found some evidence suggesting that different symptom dimensions of OCD have distinct neurocognitive, neurogenetic, neuroimmunological, neurotrophic, and neuroanatomical correlates. However, whether different dimensions of OCD have more in difference than in common remains to be established in future studies.
**Session:** Regular Symposium  
**Title:** **Towards an integral vision of the neurocognitive disorders, Alzheimer's disease and other dementias**

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<tr>
<th>Chairperson</th>
<th>Dr. Prof. Ruby C. Castilla-Puentes. Adjunct Professor at Temple University and Medical Director-Strategic Medical Affairs &amp; Medical Sciences at Depuy/Synthes, Philadelphia, PA, US.</th>
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<td>Co-chairperson</td>
<td>Dr. Prof. Jorge Pla Vidal. Director In-Patient Psychiatric Unit, Associated Professor, Clinica, Universidad de Navarra, Pamplona, Spain.</td>
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**Abstract**

Research in the last 20 years has led to a greatly improved understanding of what dementia is, who gets it, and how it develops and affects the brain. This new research hope to improve the lives of people affected by the dementias and may eventually lead to ways of preventing or curing these disorders. The American Psychiatric Association (APA) released in 2013 the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The updated manual replaces the term “dementia” with major neurocognitive disorder and mild neurocognitive disorder. That said, the APA acknowledges that because the word dementia is in common use and is easily understood by everyone, it will likely remain in use. The terms major neurocognitive disorder and minor neurocognitive disorder are likely to be used only by some health care professionals and organizations. However, not all care professionals and organizations are likely to use the new term.

There are many factors that can cause symptoms of dementia. Potentially reversible dementia symptoms include those caused by depression, stroke, traumatic brain injury, certain medications, and even bladder infections. Irreversible and progressive dementias include Alzheimer’s disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.

While the search for disease-modifying therapies continues, the speed and accuracy of diagnosis at the foundation of patient-centred care is of equal importance. The symposium offers an overview of current development in this promising therapeutic field. Approaches to the data-driven development of treatments across the dementia continuum will be presented. The emerging evidence on dementia biomarkers and the evolving clinical criteria will be discussed.

**Speakers**

1. Dr./Prof. Miguel Habeych  
   Director Clinical Neurophysiology, University of Pittsburgh. Pittsburgh, PA, US  
2. Dr./Prof. Jorge Tellez Vargas  
   World Federation of Societies of Biological Psychiatry, Bogota, Colombia.  
3. Dr./Prof. Carlos Leon-Andrade  
   Medical Director, Psychiatry Department Hospital Metropolitano. Quito, Ecuador  
4. Dr./Prof. Bernardo Ng  
   Sun Valley Behavioral Med Ctr, Imperial, CA, US  

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**Session:** Regular Symposium  
**Title:** Is depression different among patients with Alzheimer’s disease and vascular dementia?

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<tr>
<th>Speaker</th>
<th>M. Habeych ¹ and R Castilla-Puentes ²,³</th>
</tr>
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</table>
|         | ¹ University of Pittsburgh, Pittsburgh, PA, USA  
|         | ² Temple University, Philadelphia, PA, USA  
|         | ³ Depuy-Synthes-Strategic Medical Affairs & Medical Sciences, West Chester, PA, USA |

**Abstract**

Objectives: Alzheimer’s disease (AD) and vascular dementia (VaD), are entities which together account for approximately 80% of dementias. Limited information exists on the potential differences in the subtype of depression between both conditions. To compare the subtypes of depression between patients with VaD and AD.

Methods: Using the Integrated Healthcare Information Services (IHCIS) database, analysis was conducted on 3,672 patients 60 years or older with dementia identified from January 1st to December 31, 2001. Dementia subgroups (VaD and AD) and depression were defined using ICD-9 criteria. Demographics variables and types of depression in the year of follow-up were compared between patients with AD and VaD.
Results: Included were 725 patients with VaD and 2,947 patients with AD. Overall the VaD group exhibited significantly higher prevalence of depressive disorders, compared with the AD group (44.14% vs 38.53%; \( \chi^2 = 210.321, p < 0.0001 \)). Similarly patients with VaD exhibited significantly higher prevalence in the following subtypes of depression: Major depressive disorder recurrent episode (13.8% vs 5.0%; \( \chi^2 = 68.9, df = 1, p = 0.0001 \)); Dysthymic disorder (3.8% vs 1.9%; \( \chi^2 = 8.6, df = 1, p = 0.003 \)); Adjustment disorder, depressive (1.8% vs 0.7%; \( \chi^2 = 4.8, df = 1, p = 0.028 \)); and Depressive disorder, not otherwise specified (22.6% vs 12.2%; \( \chi^2 = 45.9, df = 1, p < 0.0001 \)). The prevalence of the depression coded as Depressive Psychosis (using ICD-9 criteria), had the lowest prevalence and did not differ between the two groups (less than 1% in both groups; \( \chi^2 = 0.07, df = 1, p = 0.93 \)).

Conclusions: These results confirm that compared with AD, patients with VaD have greater prevalence of depression. Subtypes of depression, MDD, depressive disorder, NOS, dysthymia and adjustment disorder with depressive features are also more frequent in VaD. This study highlights the need to refine diagnostic of depression in dementia patients. Rigorous assessment of psychiatric symptoms in VaD and AD should be part of good clinical practice.

References

Session: Regular Symposium | SPEAKER 2 | Code | SY163
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Title: Cardiovascular disease and cognitive disorder: what is the relationship? Speaker: JE. Tellez-Vargas
Colombian Society of Biological Psychiatry, Bogota, Colombia

Abstract: Objectives: In recent years, there has been a surge of scientific research examining the impact that cardiovascular disease (CVD) risk factors have on cognition. The most commonly studied risk factors have been blood pressure, diabetes, and smoking, as well as metabolic-related conditions such as obesity. Methods: This presentation reviews the recent empirical evidence of the effect that these risk factors have on brain structure and cognition. We then discuss implications of these findings, including functional consequences as well as the importance of the management of these risk factors in preventing progression to cerebrovascular disease and dementia. Results: The prevalence of CVD risk factors increase exponentially with age and are often overlooked as a source of cognitive changes that are otherwise thought to be part of the ‘normal’ aging process. Associated cognitive changes are observed even at levels of risk that would be considered subclinical by current diagnostic convention, and are often significant enough to interfere with daily functional abilities. Conclusions: More importantly, if not controlled, CVD risk can lead to further decline, including cerebrovascular disease and dementia. Thus, it is critically important to consider these factors in the elderly and we recommend more routine cognitive screenings, particularly when CVD risk factors are involved.

Session: Regular Symposium | SPEAKER 3 | Code | SY163
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Title: Management of behavioral symptoms in elderly people with or without dementia Speaker: C. Leon-Andrade
Hospital Metropolitano, Quito, Ecuador

Abstract: Objective: To review treatment of behavioural symptoms in Elderly population with and without dementia. Methods: Review of bibliography of recent review papers and original articles. Results: This review discusses alternatives to drugs, indications for appropriate use of drugs, frequently encountered side effects of drugs, and considerations for those with neuroleptic sensitivity. An approach that employs a combination of environmental and pharmacologic interventions to address disruptive behaviour in people with and without dementia will be discussed. Conclusion: Optimal treatment of behavioural disturbances in patients with or without dementia involves nonpharmacologic approaches and using medications with demonstrated efficacy. Pharmacologic
treatment should target only those symptoms or behaviours that respond to medication. This approach minimizes excessive medication use and reduces adverse outcomes.

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<tr>
<td>Title:</td>
<td>Identification and management of apathy in patients with dementia</td>
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<td>Speaker</td>
<td>B. NG</td>
<td>Sun Valley Behavioral Med Center, Imperial, CA, USA</td>
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<td>Abstract</td>
<td>Objectives: Apathy is a common but not exclusive neuropsychiatric manifestation of dementia. It is associated with reduced functional level, decreased response to treatment, poor illness outcome, caregiver distress/frustration, and chronicity. It is as well, unfortunately under recognized and undertreated in the demented patient. Methods: For this symposium published evidence in physiopathology, identification and management of apathy was reviewed. Also, clinical evidence of treatment response to management of dementia patients with apathy at our center was reviewed. Results: Although existing evidence is not scientifically robust, there are numerous publications in the subject First; there is supportive evidence of the hypothesis that apathy is the behavioral manifestation of a frontal sub cortical circuit syndrome. Second, the clinical manifestations of the apathy, can be operationally defined as affective (lacking in emotions), behavioral (inactive, chores abandoned), or cognitive (no interest in the activities of others). Fourth, there are both pharmacological and non-pharmacological measures to manage apathy. A review of a case series of patients treated at our geriatric center will be presented. Conclusion: Apathy is usually related to changes in affective, behavior, and cognition. It is associated with behaviors that have previously been shown to affect patient safety, independence, and quality of life; with concomitant impact in the caregiver. Clinicians dedicated to the care of dementia patients, have to keep in mind that based on the limited published evidence, it is hard to generalize the findings, and therefore need to be creative in 1) early identification of apathy in older patients and particularly in those with cognitive deficit and dementia, 2) apply treatment initiatives available in the literature, and 3) when the patient is not responding adequately be open to other treatment options.</td>
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### OVERALL ABSTRACT

**Title:** Forensic psychiatry in Pakistan

**Chairperson:** Dr. Casi Cabrera, Associate Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada

**Abstract**

Pakistan is located in South Asia with a geographical area of approximately 800,000 square kilometers and a population of 180,808,000. The population is projected to reach 210.13 million by 2020 and to double by 2045. It is the sixth most populous nation in the world. The law in Pakistan is an amalgamation of prior British colonial and Islamic Law. Forensic psychiatric matters are very much present in Pakistan as anywhere else in the world. The challenge here is compounded by a lack of will to devote resources for these matters and fewer psychiatrists ready to take on this field as a career path. Our session will look at the different facets on a topic rarely discussed before.

**Speakers**

1. Dr. Tariq Hassan
   Assistant Professor, Department of Psychiatry, Division of Forensic Psychiatry, Queen’s University, Kingston, Ontario, Canada
2. Dr. Asad Nizami
   Assistant Professor, Institute of Psychiatry, WHO Collaborating Centre for Mental Health, Rawalpindi Medical College, Rawalpindi, Pakistan.
3. Dr. Sarosh Khalid-Khan
   Associate Professor, Department of Psychiatry, Division of Child and Adolescent psychiatry, Queen’s University, Kingston, Ontario, Canada
4. Dr. Nadeem Mazhar
   Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada
5. Dr. Tariq Munshi
   Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada

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**Title:** Evolution of forensic psychiatry in Pakistan

**Speaker:** Dr. Tariq Hassan
Assistant Professor, Department of Psychiatry, Division of Forensic Psychiatry, Queen’s University, Kingston, Ontario, Canada

**Abstract**

There is an urgent demand forensic psychiatric services in Pakistan. The current meager supply of psychiatrists with a forensic interest cannot keep up with demand. Highlighting this important discipline is also met with understandable anxiety relating to public outcry for certain types of forensic cases and how to mitigate the risk to psychiatrists. Large institutions in Pakistan though have mechanisms in place to address the mentally ill offender can still learn from the experience of the West. I researched this issue by interviewing Heads of Departments of Psychiatry in Karachi and Lahore and faculty members in Rawalpindi. I also research published material on the Pakistan Penal Code and the Mental Health Ordinance (Pakistan) 2001 and how these have been used for the mentally ill offender. There is hardly any literature that looks at forensic psychiatry in Pakistan in terms of its current context and future plans. This presentation on my research looks at appraising the current trends of forensic psychiatry in Pakistan. By doing so, the discipline can aim for higher standards in this field across multiple forums in Pakistan. There is an impending need to highlight this discipline within psychiatry and implement far-reaching goals. Greater education of our psychiatry residents, judges and lawyers in smoothing the transition for such patients between psychiatry and the judicial system. Greater public awareness is needed on mental illness and the forensic mentally ill. Regular sharing of forensic practices between institutions to learn from one another will allow standardizing practices across the country.
<table>
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<th>Title</th>
<th>Legislation and mental disorder in Pakistan – Practical challenges</th>
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| Speaker                      | Dr. Asad Nizami  
Assistant Professor, Institute of Psychiatry, WHO Collaborating Centre for Mental Health, Rawalpindi Medical College, Rawalpindi, Pakistan. |
| Abstract                     | In Pakistan, all criminal offences are charged under the Pakistan Penal Code (PPC) which drew its origin from 1860 on behalf of the Government of British India as the Indian Penal Code. Currently, the PPC is now an amalgamation of British and Islamic Law. Until 2001, the laws in Pakistan relating to mentally ill were guided by the Lunacy Act of 1912, which was inherited from the British colonial occupiers in the Sub Continent. In collaboration with the international and national mental health fraternity, a new legislation, the Mental Health Ordinance, came into effect in Pakistan in 2001. Most of the laws in the Mental Health Ordinance 2001 were adopted from the laws in the Mental Health Act 1983 of the UK. Since its promulgation and implementation, apart from administrative difficulties, the civil society also posed fears and apprehension in implementing the Mental Health Ordinance. In Pakistan, Islam plays a major role in determining the value system of Pakistani society, and the treatment of individuals who are mentally ill is greatly affected by the society’s strong religious and ethical values. Therefore, there are reservations while implementing and practicing the Mental Health Ordinance in Pakistan and the society has reservations in categorization of mental health disorders and their definitions, treatment places that are outlined, as well as types of treatments that are limited in the ordinance. In some cases, select members of the public demand their own form of justice against the accused which, unfortunately, can have fatal consequences. |

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<tr>
<td>Title</td>
<td>Forensic child and adolescent psychiatry in Pakistan</td>
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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                     | In Western countries, prevalence of psychiatric disorders in children and adolescents are known to be high. In developing countries like Pakistan the prevalence and range of psychiatric disorders seen in children is similar to those seen in the West. It is known worldwide that it is important to detect emotional and behavioural problems early so treatment can be implemented. Having a mental illness elicits social stigma in all parts of the world. In a country like Pakistan, this stigma is rooted in a large population that has high rates of illiteracy and who prefer to consult faith healers and spiritual healers before visiting mental health professionals. There is great shortage in Pakistan of trained and specialist mental health professionals with paediatricians and neurologists covering a broad range of neuropsychological disorders. Professionals faced with developing children’s mental health services in Pakistan are faced with many challenges. Forensic Psychiatry, where the interface of psychiatry and the law meet, is still in the initial developing phase in Pakistan. Forensic Child Psychiatry services are virtually nonexistent. In this presentation, the existing services in Child and Adolescent Forensic Psychiatry in Pakistan will be reviewed. In addition, the challenges of developing such a service with limited resources in a developing country like Pakistan will be discussed. Future directions and plans for such a service will be elaborated upon. |

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<td>Title</td>
<td>Substance use in Pakistan prisons population</td>
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| Speaker                      | Dr. Nadeem Mazhar  
Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada |
| Abstract                     | Current or past use/abuse of psychoactive substances appears to be more prevalent among prison populations worldwide. There are not many studies looking at the prevalence in Pakistan prison populations. The limited evidence available suggests that a significant proportion of inmates have drug addiction issues. Majority of drug addicts still have access to psychoactive substances inside the jail. The data also supports higher prevalence of communicable diseases among substance using prisoners and |

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inadequate treatment due to either lack or diversion of necessary funds. There is apparent lack of harm reduction strategies and efforts for reformation. There appears to be a need for development of effective screening programs, education and treatment of substance using inmates. This is highlighted by marked rise in HIV seropositivity among intravenous drug users in Pakistan. Models of rehabilitation in prisoners, including use of opioid agonist therapies, vocational training and education could be adopted from other countries.

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<td>Title: Community mental health services in Pakistan – Reducing reoffending</td>
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| Speaker: Dr. Tariq Munshi  
Assistant Professor, Department of Psychiatry, Queen’s University, Kingston, Ontario, Canada |
| Abstract: Pakistan’s mental health policy was last reviewed in 2009 in a joint collaboration with the World health Organization. According to the report, community based residential facilities and day treatment facilities are not available. The current literature shows that effective community mental healthcare can reduce the chances of violent and non-violent reoffending. Patients in Pakistan are most often looked after by their families with poor access to effective community mental health care. It is highlighted that drug dependence and abuse was on the rise and most patients were being treated by doctors with no mental health training. The findings suggested need to develop feasible, cost-effective, community level interventions, which can be integrated into existing healthcare systems. A community service model in Lahore at a facility called Fountain House provides social, vocational and residential services to individuals with chronic schizophrenia. This facility has been providing important community psychiatric services since 1971. There has been increasing awareness of psychiatric illnesses on both public and professional levels in Pakistan. There has been great emphasis laid on the education and training of medical and related professionals in recent years. A community research initiative concluded that efforts to integrate mental health into primary care need to be accompanied by educational activities in order to increase awareness reduce stigma and draw attention to the availability of effective treatment. It is therefore imperative to develop community mental health services to provide quality care to the affected individuals with mental health issues and support their families with possibly forming a joint partnership to reduce potential reoffending in the community. |
**Training Child Psychiatrists In Cbt: Recommended Metrics And Methods**

**Chairperson**: R.D. Friedberg, Center For The Study And Treatment Of Anxious Youth At Palo Alto University, USA

**Abstract**

**Objective:** Many child and adolescent psychiatry fellowship programs have initiated CBT training for their residents. Despite this laudable development, ambiguity abounds concerning the content of this curriculum as well as how to measure fellows’ competence in CBT. Moreover, the availability of faculty competent to train residents in CBT is extremely variable. There is no apparent consensus on the best teaching and supervision practices. Finally, cultural vicissitudes complicate training, dissemination, and clinical practice. Accordingly, the presentations in this symposium seek to narrow the knowledge and skill gaps in training supervisees in CBT.

**Methods:** Three presentations delivered by experts from three different countries teach attendees concepts, principles, and procedures. Thordarson, Keller, and Friedberg review the extant measures for assessing supervisee competence in CBT and recommend a new measure. Ularnitinon addresses the challenges associated with limited time and resources in a developing country and mastering the evidence-based skills of the Western world. Her presentation focuses on the state of training for child psychiatrists in Thailand. Finally, Pereira presents a creative teaching method that utilizes characters from theatre, literature, and film to teach supervisees principles of CBT.

**Results:** Attendees learn skills to creatively teach skills to child psychiatrists, evaluate supervisee progress, and learn about CBT training in Thailand.

**Conclusion:** Developing effective pedagogical metrics and methods are essential to proper training.

**Speakers**

1. Micaela Thordarson
   Center for the Study and Treatment of Anxious Youth at Palo Alto University, USA
2. Siriat Ularnitinon
   Queen Sirikit National Institute of Child Health, Bangkok, Thailand
3. Melanie Pereira
   Private Practice, Porto Alegre, Brazil

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**Evaluating Child Psychiatric Fellows’ Competence in CBT: Lead And Gold Standards**

**Speaker**

M. Thordarson1, M. Keller1, R.D. Friedberg
Center for the Study and Treatment of Anxious Youth at Palo Alto University, USA

**Abstract**

**Objectives:** Residency training programs are requiring psychiatrists to develop competency in CBT. However, definitions of competence vary (Sburlati et al., 2011). Evaluation of clinician competence in the practice of CBT is a critical component, both to training and assurance of quality care. While a number of competency measures exist for CBT with adults, debate continues on measurement targets and methods. Competency measures for conducting CBT with youth are at the very beginning stages. Accordingly, this presentation reviews the state of science and practice of evaluating competence in CBT with children and adults.

**Methods:** Current measures in use for assessment of clinician competence are reviewed. Strengths and weaknesses of each instrument are examined and discussed. A new measure for assessing competence in CBT with youth in development in the United States is introduced. Challenges presented by lack of measures are discussed and ways of meeting these challenges are recommended.

**Results:** Attendees gain in-depth information regarding the importance of competence evaluation and valid methods with which to assess psychiatrists’ skillsets for practice of CBT with patients.
Conclusions: CBT remains the preeminent psychosocial modality of treatment. Training programs and supervisors must begin to utilize objective and valid measures of clinician competence in order to guarantee patients receive the best dose of treatment.

References

Session: Regular Symposium  SPEAKER 2  Code  SY166
Title: Demagnifying The Challenges Of Scarcity, Cultural Gaps, And Language Barriers; A Trainee’s Perspective
Speaker  Siriat Ularntinon  Queen Sirikit National Institute of Child Health, Bangkok, Thailand
Abstract  Objective: Working under limited time demands and available resources in a different socio-cultural context as well as mastering an evidence based psychotherapeutic skill of the Western world presents multiple challenges. This presentation articulates these challenges as well as offering ways to meet these crucibles.
Method: CBT principles and techniques are explained and applied to demagnifying the challenges of training. In particular, using CBT practices to overcome the binocular trick of shortcoming is illustrated. Finally, use of self-reflective CBT to maximize learning experiences is discussed.
Results: Attendees increase their knowledge of the challenges of training CBT therapists in Thailand and acquire ways to potentiate this training.
Conclusion: CBT is a flexible system of psychotherapy and shows promise in various cultures.

Session: Regular Symposium  SPEAKER 3  Code  SY166
Title: The Use Of Cinematic, Literary, And Theatrical Arts In Teaching CBT
Speaker  Melanie Pereira  Private Practice, Porto Alegre, Brazil
Abstract  Objective: Finding creative teaching methods for training supervisees in CBT is frequently challenging. This presentation offers several suggestions to enliven training.
Method: The use of several fictional characters from cinematic, literary, and theatrical arts as patients is described. Ways to construct an effective pedagogy around these exercises are recommended.
Results: Attendees learn innovative ways to train their supervisees in CBT.
Conclusion: The use of fictionalized patients is an engaging and flexible way to teach CBT.
Title: **Psychodynamic psychotherapy: Practical applications in the daily practice of psychiatry**  
*(Symposium Sponsored by the American Academy of Psychoanalysis and Dynamic Psychiatry)*

Chairperson: Eugenio M. Rothe, M.D. USA

Abstract

**Objectives**

Psychodynamic psychotherapy interventions are ubiquitous to the everyday practice of psychiatry. This presentation will highlight some practical applications of psychodynamic psychotherapy in a variety of common clinical situations.

**Methods**

This presentation will describe the applications of psychodynamic interventions in the psychopharmacological medication visit, in the inter-phase of psychiatry with medicine and surgery, in the supportive treatment interventions with underprivileged and with some culturally diverse patients and in helping with medication adherence with psychiatrically-ill adolescents. An empirical study on the use of psychodynamic intermittent visits to the psychiatrist will also be presented.

**Results**

Psychodynamic psychotherapy helps patients by focusing on the expression of affect and emotion, the exploration of attempts to avoid distressing thoughts and feelings, the identification of recurrent thoughts and patterns, the discussion of past experiences, the focus on interpersonal relationships and the exploration of fantasy life (1). The opportunity to apply psychotherapeutic interventions to help psychiatric patients presents itself in a variety of clinical situations.

**Conclusions**

Empirical evidence supports the efficacy of psychodynamic psychotherapy and patients who receive psychodynamic therapy maintain their therapeutic gains (1). Psychodynamic psychotherapeutic principles can be easily applied in a variety of clinical situations and should continue to be an integral part of the practice of psychiatry.

**References**


**Speakers**

1. Eugenio M. Rothe M.D.
2. Silvia Olarte, M.D.
3. Michael Blumenfield, M.D.
4. J. Raul Condemarin, M.D.
5. Joan Tolechin M.D.
conflicts are addressed and, like other psychotherapies, the patient is treated with respect, honesty and a commitment to the therapeutic relationship.

Results:
Supportive psychotherapy is a form of therapy that is well suited to treat underprivileged individuals and families, immigrants and refugees of diverse cultural backgrounds who present to community clinics and social agencies. In addition to their intra-psychic conflicts, these individuals often times face problems that are extra-psychic, such as poverty, social and political oppression and abuses of power in relationships that threaten to overwhelm their coping capacities (2).

Conclusion:
Most psychiatrists already perform Supportive Psychotherapy with many in their daily practices, but are often not aware of the methodology involved and the purpose and goal of their interventions. It is important and useful for clinical psychiatrists to revisit the theory and applications that govern Supportive Psychotherapy in order to become more self-aware of their interactions with patients, to improve their clinical skills and more effectively help their patients.

References


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<thead>
<tr>
<th>Session: Regular Symposium</th>
<th>SPEAKER 2</th>
<th>Code</th>
<th>SY169</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Intermittent visits to the psychodynamic psychiatrist: An innovative long term therapy</td>
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<tr>
<td>Speaker:</td>
<td>Silvia Olarte, M.D.</td>
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<tr>
<td>Abstract:</td>
<td>Objectives: At the end of the presentation attendees will: Understand psychodynamic psychiatry, its evolution from psychoanalysis, its relationship to other verbal therapies, and its intermittent use in the treatment of psychiatric illnesses. Methods: A survey of patient treated with intermittent long term psychodynamic therapy suffering from non psychotic DSM V diagnosis, including personality disorders will be discussed and compared to current practice patterns of psychodynamic psychiatrists Results: Patients engaged best with a therapeutic approach framed by psychodynamic principles incorporating supportive cognitive techniques, with clear therapeutic boundaries and active participation by the psychodynamic psychiatrist. They welcomed the possibility of interruption with reinstatement of contact upon need. Psychodynamic psychiatrists treat patients with a multiplicity of diagnosis incorporating all available verbal treatment modalities. They are versed in psychopharmacology; they participate in manage care programs or have sliding scale fees. Their frequency of visits is flexible while preserving the 45 minutes session. Conclusions: Psychodynamic psychiatrists most often utilize an eclectic psychotherapeutic approach incorporating supportive, cognitive and psychodynamic techniques and theories plus psychotropic medication when needed. Patients respond positively to flexible eclectic approaches and benefit from intermittent as per needed contact with psychodynamic psychiatrists.</td>
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<tr>
<td>Title:</td>
<td>Psychodynamic psychiatry at the interface with medicine &amp; surgery</td>
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<tr>
<td>Speaker</td>
<td>Michael Blumenfield, M.D.</td>
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<tr>
<td>Abstract</td>
<td>This presentation will discuss the early theories of Freud at the beginning of the 20th century as well as Engle’s theories of the 1960s about the onset of disease related to “Giving Up.” It will extend to more modern research how psychological stress impacts physical health through the pituitary-adrenal axis, psycho-endocrine pathways and the autoimmune system. The latest thinking about depression as a systemic disease will be discussed particularly in regard to heart disease, HIV and diabetes. The psychological meaning of physical illness, trauma and hospitalization will be examined as well as the defense mechanisms of denial and regression in this regard. Examples of the use psychodynamic therapy interventions in the medically and surgically ill patient will be given, specifically: Time Limited Psychotherapy (Mann), Psychodynamic Life Narrative (Viderman) and Understanding Patients Phantasy About Illness (Blumenfield). If time permits, there will be discussion of the doctor-patient relationship in terms of transference and countertransference as well as review of these concepts in special situations such as: factitious disease, severe pain, amputations, obstetrical complications, ethical dilemmas and unanticipated illness, especially in children.</td>
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<th>Session:</th>
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<tr>
<td>Title:</td>
<td>Psychodynamic psychiatry for the psychopharmacologist</td>
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<td>Speaker</td>
<td>J. Raul Condemarin, M.D.</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Understand the psychodynamic aspects of pharmacotherapy and the role of psychodynamic psychotherapist when prescribing medications. Methods: A case example will be presented to illustrate the use and effectiveness of psychodynamic psychopharmacology in the treatment of a patient with major depression, PTSD, panic disorder and co-morbid chronic medical condition and poor adherence to treatment. Results: Patient with treatment resistant illness that had poor response to pharmacotherapy and supportive therapy significantly improved when psychodynamic factors were incorporated to psychopharmacologic treatment. Psychodynamic psychopharmacologic approach enhanced medication adherence and treatment outcome in this client. Conclusion: Psychodynamic factors play a major role in prescribing medications. Psychodynamic psychopharmacology integrate nicely the role of biological factors, psychodynamic principles and the important role of meaning when prescribing medications in patients when treatment resistant illnesses.</td>
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<th>Session:</th>
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<tr>
<td>Title:</td>
<td>Helping psychiatrically-ill Adolescents and their families accept medication</td>
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<td>Speaker</td>
<td>Joan Tolchin M.D.</td>
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<td>Abstract</td>
<td>Objectives Most general psychiatrists at some point in their practice treat adolescents with serious psychiatric disorder such as Major Depressive or Bipolar Disorder. Helping them adhere to their medication regimen is a challenging issue that involves the physician's collaboration with both patient and family. This presentation will discuss various clinical interventions that will be helpful in how to deal with these issues.</td>
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<td>The author will discuss issues such as how the teen needs to experience the psychiatrist as a supportive healer who can help the adolescent comprehend the illness and its treatment. Adolescents need to learn that alcohol and street drugs can undermine recovery. The patient and the parents may benefit from learning about well-known individuals in society who have successfully dealt with similar illness, especially given that the adolescent can feel stigmatized by the illness and its treatment.</td>
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<td>Results and Conclusions:</td>
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<td>The adolescent patient is dealing with a major developmental step and a serious medical illness at the same time. Regardless of bravado, adult appearance, and negativism, the adolescent patient is often frightened and needs support and care from the psychiatrist as well as the family.</td>
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Title: Parental alienation: A critical problem for families in many countries

Chairperson: Professor William Bernet, Vanderbilt University, Nashville, Tennessee, United States

Abstract: Parental alienation (PA) is a pathological family dynamic that usually occurs when parents are engaged in a high-conflict separation or divorce. PA is a mental condition in which a child allies himself strongly with an alienating parent and rejects a relationship with the target parent without legitimate justification. Almost every mental health professional who works with children of divorced parents acknowledges that PA affects thousands of families and causes enormous pain and hardship. PA has been described in the worldwide mental health and legal literature. It is represented in the International Classification of Diseases by diagnoses such as parent-child relational problem, child affected by parental relationship distress, child psychological abuse, and induced delusional disorder.

Speakers:
1. Dr. Lena Hellblom Sjögren
   Testimonia, Rimbo, Stockholms län, Sweden
2. Dr. Olga Odinetz
   Association Contre L’aliénation Parentale, Paris, France
3. Dr. Asunción Tejedor Huerta
   Dialogo Gabinete Psicológico, Mieres, Spain
4. Dr. José Vera Gómez
   National University of Asunción, Paraguay
5. Dr. Christian T. Dum
   Beide Eltern e. V., Munich, Germany

Title: Parental alienation: A violation of human rights

Speaker: L. Hellblom Sjögren
Testimonia, Rimbo, Stockholms län, Sweden

Abstract: Objectives: Determine whether children’s human rights are violated as a result of parental alienation (PA) in Sweden. Methods: Compare the United Nations Universal Declaration of Human Rights and the Convention on the Rights of the Child with the results of many cases of PA, which have been studied in Sweden for 20 years. Results: After the Second World War, when Eleanor Roosevelt and others wrote the UN Universal Declaration of Human Rights, it was self-evident to prescribe every human being’s right to family life. This fundamental human right is violated when a parental part, without substantiated cause, separates a child from the other parental part and influences the child to reject that parent. The process of such an alienation can be described as cutting off half of the child’s root system, thus causing the child constant stress with negative consequences for the child’s, and all family members’, well-being, both psychologically and physically. Conclusions: The harm of PA is not yet accepted as a violation of the human right to family life, but some progress can be noticed in the Swedish legal system recently, as custody has been given to the parent who under-stands the importance of the child’s need of and right to have close contact with both parents.

Title: Parental alienation awareness in France: From training courses to court decisions

Speaker: O. Odinetz
### Abstract

**Objectives:** Determine how mental health and legal professionals, police officers, the courts, and government agencies in France address the problem of parental alienation (PA).

**Methods:** Review of professional literature regarding PA, court decisions regarding PA, and conferences and training programs regarding PA for mental health and legal professionals and police officers.

**Results:** In France, professionals use parental alienation (PA) or parental alienation syndrome (PAS) to describe severe alienation situations; they use “loyalty conflict” for mild and medium cases. Court decisions have been mentioning PA diagnosis since 2002 to determine custody and visitation rights, educational measures, family therapy, and placement in very severe cases. These decisions are based on the superior interest of the child and the protection of the child in danger. Experts agree that extremely severe PA cases involve parents suffering from personality disorders or mental illnesses. This concerns parents of both genders.

Since 2007, multidisciplinary conferences on PA have taken place and numerous articles have been published by professionals in law and mental health. PA situations have been discussed in Ombudsman for Children annual reports in 2008 and in 2013. Training courses are regularly offered for attorneys and social workers. Police officers of the National Gendarmerie School have been trained regarding PA situations. In 2011, the French state was convicted of gross negligence and denial of justice in a severe PA case after an ECHR condemnation. In 2013, PA was recognized by the Court of Cassation as a major element that justifies a new referral to the Court of Appeal.

**Conclusions:** There are many indications that PA is taken seriously by professional organizations, courts, and government agencies in France.

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### Session: Regular Symposium

**SPEAKER 3**

**Title:** Helping families recover from parental alienation

**Speaker:** A. Tejedor Huerta
Dialogo Gabinete Psicológico, Mieres, Spain

**Abstract**

Objectives: Develop a treatment program for children and families affected by parental alienation (PA).

Methods: After exploring the treatments available for individuals affected by PA, the author and her colleagues developed a new intervention that includes all family members, including the children, the preferred parent, and the rejected parent.

Results: In the Spanish market we can find stories and games for children explaining the separation of their parents and the changes it can cause for them. However, all those we have reviewed do not delve into dysfunctional situations that may occur or procedures that can help children who are trying to prevent or combat the damaging effects of the manipulations and interferences they can receive from their parents. The Intervention Program for Victims of Parental Interference is a therapeutic intervention for the whole family, which helps children achieve stability and personal development and guides parents in handling the discomfort seen in their children. This program is divided into three modules (divorce, parent-child relationships, and parental interference), consisting of twelve units. The program can be used in counseling individuals or in homogeneous groups. For young children, the units include material consisting of animal motifs (“Teddy’s Family”) in various family situations.

Conclusions: If possible, it is desirable to include all family members in the treatment of PA.

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### Session: Regular Symposium

**SPEAKER 4**

**Title:** New laws regarding parental alienation in Latin America

**Speaker:** J. Vera Gómez
National University of Asunción, Asunción, Paraguay

**Abstract**

Objectives: Determine how legislatures in Latin America have addressed the problem of parental alienation (PA).

Methods: Review recent legislation regarding PA that has been considered or actually enacted in Brazil, Chile, Mexico, and Paraguay.

Results: Despite abundant scientific data and evidence on PA cases, in Latin American countries it is still a new subject, unknown by mental health professionals and especially by psychiatrists. How-ever, forensic psychiatrists see that the creation of specific laws is necessary so that our skills will be validated. A significant progress in terms of legislation was the law enacted in August 2010 in Brazil, a pioneer country in the creation of a specific law on this issue. An important document was the Declaration of the Latin American Union of
Organizations of Psychology (October 5, 2011), in which researchers said that PA is a common event in Latin America and cited progress in some countries. On June 16, 2013, in Chile the Senate approved the Shared Tuition Act, also known as “Father Love Law” by the organization that prompted the legislation. In Mexico, some states also have advanced in terms of laws on PA, such as the initiative to amend the Civil Code of the State of Guanajuato regarding PA and the initiative to amend the Federal Civil Code of Mexico. In Paraguay, a committee of the Representatives Chamber is working on the creation of a law to protect the bond between children and their parents in cases of conflictive separations. Conclusions: Despite these advances, the way to go is still hard and long in this fight against PA and parental alienation syndrome. Above all, it is required to fight people who see these problems with an ideological bias, not from clinical or forensic practice.

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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th><strong>SPEAKER 5</strong></th>
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<tr>
<td>Title:</td>
<td>Parental alienation research in many countries</td>
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<td>Speaker</td>
<td>C. T. Dum Beide Eltern e. V., Munich, Germany</td>
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<td>Abstract</td>
<td>A common objection to parental alienation (PA) is that it is a theory that lacks an empirical basis, usually without suggesting, however, in any way what kind of research could disprove or support it. The most often discussed controversy about the existence of PA, as a syndrome in particular, seems rather irrelevant, as there can be no doubt that there are high conflict cases, with the child in the middle of it, and the real object is for mental health professionals and family courts to know how to assess the testimonies of parents and children in such cases and how to resolve the conflict at the earliest point possible, before an autonomous disorder can develop in the child. The scientific method as spelled out by Karl Popper, for example, requires that starting from common experience, clinical observations, and in the case of PA also family case law, one first develops hypotheses that must be non-tautological, that is, are in principle also falsifiable by an empirical study. Although there is no standard diagnostic procedure yet for the selection of a suitable and statistically significant cohort for PA studies, which is moreover often limited by ethical, legal, and practical considerations, a considerable number of pertinent empirical PA studies have nevertheless been carried out already. The simplest criterion for pre-selection of a suitable sample and a control group that had been used in empirical studies, is whether contact between child and nonresidential parent still takes place or not. However, lack of contact may have various reasons that need to be illuminated. The empirical studies carried out so far in various countries will be summarized, with an outlook on possible further studies.</td>
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**Session:** Regular Symposium  | **OVERALL ABSTRACT**  | **Code**  | SY173  
---|---|---|---
**Title:** Quality of life in patients with dementia and cognitive impairment

*Chairperson*  
Josep Lluís, Conde-Sala, University of Barcelona, Spain

**Abstract**  
Dementia is a significant public health concern due to its high prevalence, the serious consequences for patients, and the burden it places on families. Given the enormous costs to the individual and the family that derive from the chronicity and severity of the disease one of the key objectives of the services offered to patients and their relatives is therefore to maintain quality of life. 
The concept of and emphasis placed on the quality of life of patients (QoL-p) with dementia has emerged particularly over the last decade, and evaluation of this aspect has been progressively included as part of clinical guidelines for treating dementia patients. Since 2001 the Group for Harmonization of Dementia Drug Guidelines and the Alzheimer’s Society has recommended the evaluation of quality of life to verify the efficacy and appropriateness of therapeutic interventions, not only from the patient’s perspective but also from that of family caregivers or professionals. Nevertheless, there remains a need to clarify certain issues related to the estimation of QoL-p, the factors associated with it, and the extent to which it is a valid indicator of the adequacy of therapeutic interventions. The proposed symposium on quality of life and cognitive impairment in patients with dementia would bring together several researchers who have investigated these topics in recent years. The specific issues that would be addressed are as follows:  
- Presentation of the Symposium. General aspects of quality of life in dementia (chair)  
- The perceived quality of life of patients with Alzheimer’s disease: Discrepancy between patients and caregivers  
- The role of non-cognitive factors in the ratings of people with dementia and caregivers’ quality of life  
- Quality of Life in Institutionalized Older Adults with Dementia: follow-up study  
- Quality of life in patients with mild cognitive impairment

**Speakers**
1. Oriol Turró-Garriga  
   Institut d'Assistència Sanitària (IAS), Salt, Girona, Spain
2. Marcia Cristina Nascimento Dourado  
   Center for Alzheimer’s disease, Institute of Psychiatry, Federal University of Rio de Janeiro, Brazil
3. Carmen Rodríguez-Blázquez  
   National Centre of Epidemiology and CIBERNED, Institute of Health Carlos III, Madrid, Spain
4. Helena Sofia Bárrios  
   University of Lisboa, Portugal

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**Session:** Regular Symposium  | **SPEAKER 1**  | **Code**  | SY173  
---|---|---|---
**Title:** The perceived quality of life of patients with Alzheimer's disease: discrepancy between patients and caregivers

*Speaker*  
O. Turró-Garriga  
Institut d'Assistència Sanitària (IAS). Salt, Girona, Spain

**Abstract**  
Objectives: This study aimed to identify the factors associated with any changes in ratings of the quality of life of patients (QoL-p) and any discrepancies between patient and caregiver ratings of QoL-p.  

Methods: Three-year follow-up of a cohort of non-institutionalized patients (n = 119). QoL-p was assessed by the Quality of Life in AD (QoL-AD) scale. We analyzed the influence of functional and cognitive status and behavioral problems in patients, and burden and mental health in caregivers. Repeated measures analysis was applied to the scores of patients and caregivers on the QoL-AD, and to the discrepancies between them.

Results: Generally, patients’ own ratings remained stable over time (F3,116 = 0.9, p = 0.439), whereas caregiver ratings showed a decline (F3,116 = 9.4, p <0.001). In the analysis of discrepancies, patients...
with anosognosia gave higher ratings (F1,117 = 11.9, p = 0.001), whereas caregiver ratings were lower when the patient showed greater agitation (F1, 117 = 13.0, p <0.001), apathy (F1,117 = 15.4, p <0.001), and disabilities (F1,117 = 17.1, p <0.001), and when the caregiver experienced greater burden (F1, 117 = 9.0, p = 0.003) and worse mental health (F1, 117 = 10.1, p = 0.003). The patient's depression was not associated with discrepancies in perceived QoL-p (NPI: F1,117 = 2.0, p = 0.159); in both patients and caregivers, depression in the patient had a negative effect on ratings of QoL-p.

Conclusions: Patient ratings of QoL-p remain generally stable over time, whereas those of caregivers show a decline, there being significant discrepancies in relation to specific patient and caregiver factors.

References

Session: Regular Symposium
Title: The role of non-cognitive factors in the ratings of people with dementia and caregivers’ quality of life
Speaker: Marcia Cristina Nascimento Dourado
Center for Alzheimer’s disease, Institute of Psychiatry, Federal University of Rio de Janeiro, Brazil
Abstract
Objectives: This study aimed to identify the differences between people with dementia (PwD) and family caregivers QoL.
Methods: Using a longitudinal design, we investigated QoL of 69 people with mild Alzheimer’s disease and their caregivers. We examined the influence of awareness of disease, cognitive status, mood, functionality, neuropsychiatric symptoms and burden. Univariate and multivariate regression analyses were conducted to examine the contribution of the various co-factors.
Results: At baseline, we observed that caregiver's QoL was associated to PwD QoL (t = 3.557, p <0.001) and mood (t = -3.673, p <0.001). PwD QoL was associated to caregiver's QoL (t = 5.087, p <0.001).
After one year, caregiver’s QoL was associated to awareness of disease (t = -2.196, p <0.05) and PwD mood (t = -2.242, p <0.05) and QoL (t = 3.696, p <0.001). PwD QoL was associated to caregivers’ QoL (t = 4.596, p <0.001).
Conclusions: In mild dementia, the cognitive impairment and functionality were not the primary factors that accounted in PwD and family caregivers’ ratings of QoL. Our findings suggested that there was an association between PwD and caregivers’ QoL over time. In addition, non-cognitive factors, such as awareness of disease and mood played an important role in PwD and caregivers’ QoL ratings.
References

Session: Regular Symposium
Title: Quality of life in institutionalized older adults with dementia: Follow-up study
Speaker: Carmen Rodríguez-Blázquez
National Centre of Epidemiology and CIBERNED, Institute of Health Carlos III, Madrid, Spain
Abstract
Objectives: There are few studies on longitudinal assessment of quality of life (QoL) of older adults with dementia living in nursing homes. This study aimed at assessing the change in QoL and identifying factors influencing QoL at follow-up in a sample of institutionalized older adults with dementia.
Methods: Longitudinal study on a sample of people aged ≥60, diagnosed with dementia and living in nursing homes in Spain, followed-up for 19 months. Measures included socio-demographic variables and the following scales: EQ-5D (Index and Visual Analogue Scale, VAS) and QOL-AD for QoL; Barthel Index for functional ability, Cornell Scale for depression; Spanish-version of the Mini-mental Status Examination (MEC), and Clinical Dementia Rating (CDR) for cognitive status; and number of medical chronic conditions. Linear regression models were built to predict change in QoL.

Results: The baseline sample was composed by 525 people, 82.67% women, 61.52% with severe dementia (CDR). Mean age was 85.59 (standard deviation, SD: 6.74) years, and QoL mean values were: 0.11 (SD: 0.38) for EQ-5D index; 51.54 (SD: 21.47) for EQ-VAS; and 27.26 (SD: 5.14) for QOL-AD. At follow-up, 274 people remained in the study, 81.75% woman, 67.44% with severe dementia. QoL scores were significantly lower at follow-up, although effect sizes were small (0.29-0.32), and worsened in more than a half of residents. Linear regression models showed that number of medical chronic conditions and QoL at baseline were predictors of EQ-5D Index and QOL-AD (explained variance: 29.22% and 26.02%).

Conclusions: Knowledge on QoL of institutionalized people with dementia can predict its evolution and help to promote preventive measures and interventions addressed at maintaining good health and QoL status.

References


Session: Regular Symposium | SPEAKER 4 | Code | SY173
Title: Quality of life in patients with mild cognitive impairment
Speaker: H. Sofia Bárrios, University of Lisboa. Portugal

Abstract
Objectives: It is controversial whether quality of life (QOL) is already disturbed in initial phases of cognitive decline, like Mild Cognitive Impairment (MCI). The objective of the present work was to ascertain whether patients with mild cognitive impairment have a decrease in the QOL as compared to healthy subjects. Additionally, we aimed to compare the reports of quality of life, depressive symptoms and satisfaction with life made by the subjects and by their informants, both in MCI patients and in healthy subjects.

Methods: 200 participants were enrolled, divided into MCI patients (n = 50), MCI informants (n = 50), recruited from a memory clinic and a dementia outpatient clinic, and controls (n = 50) and controls informants (n = 50), recruited in a family practice clinic. QOL was assessed with the Quality of Life in Alzheimer disease (QoL-AD) scale. Geriatric Depression Scale was used to assess depressive symptoms, and overall satisfaction with life was studied with Satisfaction with Life Scale.

Results: MCI patients had lower QoL-AD scores than controls (p <0.001). The QOL reported by patients with MCI was more favourable than the opinion of their informants (p = 0.007), whereas the reports of healthy controls and their informants were concordant. MCI patients reported significantly lower scores than controls in items related to mood, memory, family and friends, ability to do chores and enjoy oneself. MCI patients reported significantly higher depressive symptoms, than all other groups, but no differences in SWLS were found.

Conclusions: QOL of MCI patients was decreased as compared to healthy controls. The QOL reported by patients with MCI was better than the opinion of their informants, similarly to what is known in Alzheimer’s disease patients. QOL appears to be an important domain to be evaluated in studies in MCI.

References
**Session:** Regular Symposium  | **OVERALL ABSTRACT** | **Code** | SY174  
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**Title:** A person centered model of psychiatric rehabilitation in hospitaller sisters caring network  
**Chairperson** Manuel Martin-Carrasco (Spain).  
**Abstract** In the last decade, it has been an increasing awareness of person centered psychiatric rehabilitation as part of integral care for persons with severe mental disorders. Hospitaller Sisters constitutes a global caring network present in 24 countries and five continents. In this Regular Symposium, we present our model of person centered rehabilitation, as a fruit of more than 125 year of experience in psychiatric care.  
**Speakers** Francisco del Olmo (Spain). Giampaolo Perna (Italy). Edith Pomarol (Spain). Pedro Varandas (Portugal).  
--- | **SPEAKER 1** | **Code** | SY174  
**Title:** ATTITUDES FROM MENTAL HEALTH PROFESSIONALS TOWARD MENTAL DISORDERS  
**Speaker** Francisco del Olmo (Spain).  
**Abstract** NOT RECEIVED  
--- | **SPEAKER 2** | **Code** | SY174  
**Title:** EFFICACY OF SHORT-TERM PSYCHIATRIC REHABILITATION IN INPATIENTS WITH MOOD DISORDERS: NEUROPSYCHOLOGICAL AND PSYCHOSOCIAL OUTCOMES  
**Speaker** G. Perna 123, S. Daccò 1, F. Sacco 1, W. Micieli 1, D. Caldirola 1  
1. Villa San Benedetto Menni, Hermanas Hospitalarias, Albese con Cassano, Italy.  
2. Leonard Miller School of Medicine, University of Miami, Miami, USA.  
**Abstract** Objectives: The aim of this study was to investigate the efficacy of a Short-Term (4 weeks) Psychiatric Rehabilitation Program (S-T PsyRP) in a sample of inpatients with Mood Disorders. Neuropsychological performance and psychosocial functioning were the primary outcome measures.  
Methods: Eighty subjects with Major Depressive Disorder (n= 53) or Bipolar Disorder (type I/II, n = 39) were included. At the beginning and the end of the hospitalization, patients were administered a comprehensive neuropsychological battery (verbal and visual memory, working memory, attention, visual-constructive ability, language fluency, and comprehension), a psychosocial functioning assessment (Rehabilitation Areas Form, handbook VADO) and an evaluation of illness severity (Brief Psychiatric Rating Scale). The S-T PsyRP included a variety of activities aimed at promoting personalautonilies, interpersonal / social skills and self-care, without specific cognitive remediation interventions.  
Results Between the beginning and the end of the hospitalization, we found: a significant improvement (p<0.01) in all the neuropsychological tests, except for the comprehension of semantic information, in 4 out of 6 psychosocial areas of the RAF (“involvement in ward life”, “autonomies”, “self-care”, “self-management of health”) and in severity of clinical symptoms. No associations were found between the neuropsychological/psychosocial improvement and the amelioration of clinical symptoms.
Conclusions
Our preliminary study suggests that a general rehabilitative interventions lasting a few weeks, and not including specific cognitive remediation trainings, may induce significant amelioration in several domains of both neuropsychological and psychosocial functioning of hospitalized patients with MDD or BD. This approach may be a valuable tool in hospital clinical practice.

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<td>Title:</td>
<td>EFFECTS OF A COGNITIVE REHABILITATION PROGRAM IN SCHIZOPHRENIA. A NEUROPSYCHOLOGICAL AND NEUROIMAGING STUDY</td>
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<th><strong>SPEAKER 4</strong></th>
<th>Code</th>
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<tbody>
<tr>
<td>Title:</td>
<td>PERSON CENTERED PSYCHIATRIC REHABILITATION IN PORTUGAL</td>
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<tr>
<td>Speaker</td>
<td>Pedro Varandas (Portugal).</td>
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Session: Regular Symposium
OVERALL ABSTRACT
Code SY175

Title: Neurobiology of eating disorders: The role of inflammation, food craving and other addictive parameters

Chairperson
Prof. Francisco J. Vaz Leal, Facultad de Medicina y Complejo Hospitalario Universitario de Badajoz. Badajoz. Spain.

Abstract
The conceptualization of eating disorders as complex conditions at a neurobiological level has led clinicians and researchers to pay attention to areas of study that were not traditionally considered. As a consequence, in recent years new areas of research have emerged. This is the case of immunological research, and specially of research applied to the inflammatory processes that may underlie eating disorders, and also the case of the studies aimed to explore the interface of eating disorders and addictive disorders. In this context, the proposed symposium aims to review the neurobiological parameters related to inflammatory processes, as well as food craving and other addiction-related symptoms. In the last eight years, in the context of the Congress of the Spanish Association of Psychiatry and the Spanish Association of Biological Psychiatry, the speakers have been promoting annual symposia, intended to review the latest contributions and research reports in the field of eating disorders.

Speakers
2. Prof. Luis Rojo Moreno. Hospital Universitario La FE. Universidad de Valencia, Valencia. Spain
3. Dr. Luis Beato Fernández. General Hospital, Ciudad Real. Spain

Session: Regular Symposium
SPEAKER 1
Code SY175

Title: Is inflammation relevant in eating disorders?

Speaker
Dra. Marina Díaz Marsá. Hospital San Carlos. Universidad Complutense, Madrid. Spain

Abstract
1. Objetives: Biological markers of the TCA have not been identified but interaction between biological vulnerability and environmental factors is increasingly evident. In this line, the stress and trauma seem to be related to dysfunction of the inflammatory cascade, which would increase the risk of oxidation and neuronal death. Eating disorders have been identified traumatic history that can condition stress and it seems that they could determine changes in inflammatory response as well as influence the clinical presentation of these disorders. During the presentation, these themes will be developed and own research data will be presented in this field.

2. Méthods. A bibliographic update on studies of dysfunction, inflammatory markers and the existence of a traumatic history and stress in the TCA will be made for the presentation. In addition, will present the results of the study conducted in these patients at the Hospital Clínico San Carlos on inflammatory markers, oxidative stress and its relationship with clinical dimensions.

3. Results. Eating disorders seem to have dysfunctions in the inflammatory response and this dysfunction seems to relate with a greater impulsivity of patients, the presence of depressive symptoms and identification of greater number of traumatic history.

4. Conclusions. The presence of trauma in the TCA appears to be associated to dysfunctions of the inflammatory cascade and greater oxidative stress which may constitute a biological marker in these patients.

References
- Agnello E, Malfi G, Costantino AM, Massarenti P, Pugliese M, Fortunati N, Catalano MG, Palmo A.
**Tumour necrosis factor alpha and oxidative stress as maintaining factors in the evolution of anorexia nervosa. Eat Weight Disord. 2012;17:e194-9.**

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<th><strong>SPEAKER 2</strong></th>
<th>Code</th>
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<tr>
<td>Title: Addictive phenomenology and eating disorders</td>
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<tr>
<td>Speaker: Prof. Luis Rojo Moreno, Dr. Luis Rojo Bofill</td>
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<tr>
<td>Hospital Universitario La FE. Universidad de Valencia, Valencia. Spain.</td>
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<tr>
<td>Abstract</td>
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<td>1. Objectives: Over the last decade, there has been an increasing interest on the addictive patterns of the eating disorders’ behaviours. Even if we ignore the possibility of certain foods having addictive properties and we focus on the behavioural aspects of eating disorders, evidences in this regard can be found. Specifically, binge eating, hyperactivity and even food intake restriction, can be explained as addictive behaviours.</td>
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<td>3. Results: The original factorial analysis (parallel analysis)  of both YFAS and its Spanish version were similar (explained variance of 36.97%; internal consistency α=0.90). Cases of addiction among eating disorder patients: 69.2%; cases among controls: 4.9%. Excellent psychometric properties of the food intake restriction addiction scale were found: explained variance, 43%; α=0.918; cases of addiction to food intake restriction: 74.6%, positive results among controls: 4.4%. An analysis by diagnoses was carried out.</td>
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<td>4. Conclusions: Evidences supporting an addictive phenotype of eating disorders were found.</td>
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<td>- Gearhardt, AN., Corbin, WR. and Brownell, KD. Preliminary validation of the Yale addiction Scale. Appetite,2009; 52: 430-436.</td>
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<th>Session: Regular Symposium</th>
<th><strong>SPEAKER 3</strong></th>
<th>Code</th>
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<tr>
<td>Title: Personality and food craving in eating disorders</td>
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<tr>
<td>Speaker: Dr. Luis Beato Fernández, Dr. T. Rodriguez-Cano. General Hospital, Ciudad Real. Spain</td>
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<td>Abstract</td>
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<td>1. Objectives. The objective is to study whether the dimensions of temperament and character evaluated with the ‘Temperament and Character Inventory’ (TCI) had and influence on the dimensions of craving, evaluated with the ‘Food Craving Questionnaire State/Trait’ (FCQ), in eating disorders patients (ED).</td>
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<td>2. Methods. Sixty-five women diagnosed of ED were included in the study: 31 (47.7%) AN, 12 (18.5%) BN and 22 (33.8 %) eating disorder no otherwise specified (EDNOS). Factorial analysis was conducted to search differences between diagnostic groups regarding the different FCQ scores. Multivariate analysis of variance and multiple regression analysis were used to study the influence of TCI on FCQ scores.</td>
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| 3. Results. The dimension of temperament most associated with craving as a trait was the subscale of harm avoidance ‘Anticipatory Worry’ (HA1), (Multiple Regression Analysis β=2.8, 95% CI 0.2, 3.2; F=5, p &lt; 0.05; (7.5% of variance). The subscale of the dimension self-directedness ‘Responsibility’ (R1), was protective for the craving as a trait (β= -0.4, 95% CI -5.1, -0.6) F=8.7, p &lt; 0.01; (14.4% of...
4. Conclusions From a multidimensional perspective, traits that lead to craving in people with ED, have more influenced by personality characteristic related with excessive worrying pessimism, shyness and being fearful, doubtful, and easily fatigued. Interestingly, the responsibility component of self-directedness dimension of character is a protective factor of several variables of craving.

**OVERALL ABSTRACT**

**Title:** Cultural sensitivity: Enhancing quality and humane care

**Chairperson:** Silvia W. Olarte, MD, New York Medical College Valhalla, New York, USA

**Abstract**

**Objective**

Cultural sensitivity is crucial to successful engagement and treatment of patients. While presenting information relevant to diverse subpopulations, this presentation offers an opportunity to abstract and synthesize concepts relevant to developing cultural sensitivity.

**Method:**

This symposium will present information relevant to subpopulations within our diverse communities. Nuances in the way such information is acquired and used will be illustrated in clinical vignettes. Presenters will abstract and synthesize principles of treatment in such homogeneous sub-populations. We will discuss the treatment of Latinas in the San Francisco Bay Area; Adolescents and Adults with gastrointestinal disease with childhood trauma and chronic embarrassing bowel symptoms in Pittsburgh and Boston; Female police officers of Latina descent and lesbian sexual orientation in the New York area; treatment of Latina patients with substance abuse seen in the VA system, and working with multiple members of extended families in a fundamentalist Jewish community. Short clinical vignettes posing common clinical problems will stimulate active participation and discussion.

**Results:**

Traditionally, the concept of cultural competency improves the ability of members of different cultural, ethnic, or even age-based groups to communicate by enhancing mutual knowledge of belief systems, language, customs, values, and institutions. We hope to contribute to this discussion by elucidating the specific elements of several unique sub-populations, and directing attendees to abstract general principles for the development of culturally sensitive mental and physical health care. These presentations will illustrate how cultural knowledge of patients, beyond the traditional/expected cultural frame allows for superior treatment engagement, sound continuity of care, enhances outcomes and improves treatment prognosis.

**References**


**Speakers**

1. Christina Khan MD, PhD  
   Stanford University School of Medicine, Stanford, CA, USA
2. Eva Szigethy MD, PhD  
   University of Pittsburgh, Pittsburgh, Pennsylvania, USA
3. Patricia I. Ordorica MD  
   Roskamp Institute, Sarasota, FL, USA
4. Lourdes Dominguez MD  
   Columbia University, College of Physicians and Surgeons, New York, New York, USA
5. Sherry Katz-Bearnot, MD  
   Columbia University College of Physicians and Surgeons, New York, New York, USA
Methods:
Twenty-nine girls ages 8-12 living in a low-income urban setting were recruited to the intervention group from their after-school program. A comparison group will be recruited from local community centers in summer 2014. An eight-session intervention including two sessions with parents and six sessions with girls were conducted after-school at two elementary schools. Each session included psychoeducation on mindfulness and sleep hygiene, guided mindfulness practice, and dance/movement exercises, with each session building on skills learned in previous sessions. Participants were given weekly home tasks including sleep tracking and encouragement of daily mindfulness practice. Self-report questionnaires and a diagnostic interview were administered with participants and their parents to assess demographic, baseline, and outcome variables of interest pre, post, and 3-months post-intervention. Data analysis was conducted using SPSS software.

Results:
Data entry and analysis is ongoing. Follow-up assessments will be done in June 2014 and 3-month follow-up in September 2014. Preliminary observations include progressive ability of participants to engage in mindfulness practice.

Conclusions:
It is expected that participation in the intervention group will enhance mindfulness and factors associated with resilience in at-risk pre-adolescent girls. Results of this study will be used to refine the MDMT intervention for greater adaptation to this population and possible integration into the after-school curriculum. Results will contribute to knowledge about preventive interventions with at-risk youth.

References

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<tr>
<td>Title:</td>
<td>The hidden shame of inflammatory bowel disease: Childhood trauma and bowel symptoms in adulthood</td>
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<tr>
<td>Speaker</td>
<td>E. Szigethy</td>
<td>University of Pittsburgh, Pittsburgh, Pennsylvania, United States</td>
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<td>Abstract</td>
<td>Objectives: 1) Review relationship between trauma and bowel symptoms in chronic gastrointestinal diseases like inflammatory bowel disease (IBD) and irritable bowel disease (IBS). 2) Explore relationship between depression, illness narratives, and culture in female adolescents and adults with IBD; 3) Discuss psychosocial approaches to alleviate suffering and improve gastrointestinal symptoms in this population.</td>
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<td>Methods: Material from three sources were used. 1) comprehensive review of the medical literature 2) clinical registry evaluating illness perceptions, trauma history, depression and disease activity in adult females with IBD seen in a behavioral clinic over a two year period. 3) Studies evaluating changes in depression, illness experience, and disease activity in adolescents randomized to cognitive behavioral therapy (CBT) or supportive psychodynamic therapy (SPDT).</td>
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<td>Results: There is solid evidence that early life trauma and abuse can increase the risk of gastrointestinal and emotional distress later in life. Adults with IBD have high rates of depression, anxiety and somatization disorder which have been associated with a worse IBD course. Culturally-sensitive psychotherapy and hypnotherapy were effective in reducing emotional distress and bowel dysfunction in female adults with history of trauma. In adolescents with IBD, both types of psychotherapy were associated with improving depression, including symptoms of cognitive despair, but CBT was more effective than SPDT in improving IBD-related inflammation and also in increasing optimism in illness narratives. Therapist empathy and improved perceived control in patients were important treatment predictors.</td>
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<td>Conclusions: Childhood adversity can lead to emotional and gastrointestinal distress in female patients with IBD. Psychosocial interventions can be effective in reducing distress, improving illness experience, and improving disease activity.</td>
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Session: Regular Symposium
Title: The impact of culture on addiction treatment and prevention among Latinas
Speaker: P. Ordorica
Roskamp Institute, Sarasota, FL USA

Abstract
Objectives:
By 2050 it is estimated that nearly one of every three Americans will be of Latino descent. Research has shown that compared to other USA ethnic groups, Latinos experience negative consequences of substance disorders disproportionately including intimate partner violence, incarceration, homelessness, HIV/AIDS and other medical consequences. The impact of culture in the treatment and prevention of addiction has not been adequately researched and there are few well-designed studies to date that systematically address culturally competent treatment and prevention modalities among Latinas in the USA.

Methods and Results:
This presentation will provide a comprehensive review of the literature and essential directions for research in addressing the relevance of cultural competence in the treatment and prevention addiction specifically among Latinas.

Conclusions:
We hope to contribute to the knowledge base by presenting state of the art known effective culturally competent modalities to promote prevention and improve treatment outcomes among Latinas. The need for the development and testing of effective treatments for addiction among Latinas will be discussed as essential in our research agenda in addiction treatment and prevention efforts.

References
Amaro H, Arevalo S, Gonzalez G, Szapocznik J, Iguchi MY. Needs and scientific opportunities for research on substance abuse treatment among Latino adults [Special issue] Drug and Alcohol Dependence. 2006;84:S64-S75. 10.1016/j.drugalcdep.2006.05.008

Session: Regular Symposium
Title: Latina lesbians serving in the New York police department: The confluence of cultures
Speaker: L. Dominguez
Columbia University, New York, United States

Abstract
Objective:
Individuals who are members of multiple subcultures must negotiate challenges where these cultures conflict. This presentation offers insight into the subcultures of law enforcement, gender, sexual orientation, and Latina ethnic minority status in the United States and how cultural competence impacts psychotherapy with these patients.

Method:
As a result of the psychological aftermath of 9/11 for New York Police Department First Responders, the New York Police Foundation partnered with Columbia University’s Department of Psychiatry in order to provide mental health services to NYPD officers for a period of 10 years. Five Latina police officers who also identified as lesbian were provided psychiatric care by the presenter.

Results:
Characteristics of this group will be examined, along with crucial aspects of their conflicts with identity, gender role, and the coming out process in the law enforcement environment. Also considered will be impact on job performance as well as relationships with intimate partners, family, friends, and social networks. Knowledge of and an understanding of the influences of the four subcultures: ethnicity,
gender, sexual orientation, law enforcement was crucial to providing them with appropriate psychiatric care. The broader implications to psychiatric treatment of individuals influenced by multiple subcultures within larger cultural groups will be broached.

Conclusions:
Knowledge of and understanding of the influences of multiple subcultures within larger cultural groups is crucial to providing psychiatric treatment to individuals influenced by multiple subcultures within such larger cultural groups

References
Hasell, K., & Brandl, S. An Examination of the Workplace Experiences of Police Patrol Officers: The Role of Race, Sex, and Sexual Orientation. Police Quarterly, 12, 408

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<th>Session:</th>
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<th>Code</th>
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<td>Title:</td>
<td>The family psychiatrist: Principles and pitfalls</td>
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<td>Speaker</td>
<td>S.Katz-Bearnot</td>
<td>Columbia University College of Physicians and Surgeons, New York, New York, USA</td>
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<td>Abstract</td>
<td>Objectives: Although an uncommon practice, psychiatrists provide care to multiple members and constellations of members of families. Such clinicians are considered the “Family Psychiatrist”. Attendees will learn the psychological characteristics of families who cannot be referred to other clinicians. Principles which inform the delivery of this kind of patient care will be delineated and the difficulties will be discussed.</td>
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<td>Methods: The literature on psychiatric care delivery in small rural communities will be reviewed as it has relevance to define the ethical issues that arise in such treatments. Although case examples, even highly disguised, cannot be presented in this setting, principles of treatment can be abstracted. Attendees will be encouraged to present case material illustrative of the ethical principles guiding such care.</td>
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<td>Results: Principles of care delivery to be discussed include: Maintaining therapeutic neutrality; creating functional, flexible, and appropriate boundaries; improving communication; promoting patient autonomy and growth; as well as managing conflicts of interest. Relevant countertransference issues will be examined and discussed in the session.</td>
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|                   | Conclusions: By adhering to the principles presented, one may ethically treat multiple members and constellations of members of families, and function as the “Family Psychiatrist”.


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## OVERALL ABSTRACT

**Title:** Intimate partner violence and mental health

**Chairperson**
Prof Helen Herrman MD, University of Melbourne, Australia

**Co-chairperson**
Prof Marta Rondon MD, Cayetano Heredia University, Lima, Peru

**Abstract**
Objectives: Intimate partner violence (IPV) is a global public health concern that contributes to mental disorders in women, men and children. This symposium will include IPV in women, men and children and its association with common psychiatric disorders. The perpetration of IPV by people with mental illness will also be described. The role of psychiatrists in services, prevention and policy will be discussed.

Methods: Literature reviews, WHO guidelines, position papers and expert opinions on prevalence, management and policy relating to IPV and mental disorders will be presented in an international context.

Results: Recent WHO Guidelines (2013) and other documents provide the best current clinical advice to mental health professionals dealing with IPV. Research shows a high prevalence of mental disorders (depression, posttraumatic stress disorder, anxiety, psychosis and substance abuse) following IPV and a high prevalence of IPV history in psychiatric inpatients and outpatients internationally. Individuals with mental illness may also perpetrate intimate partner violence.

Conclusions: Psychiatrists and other mental health professionals across the world need to be familiar with the prevalence and optimal management of IPV and its association with many mental disorders. The role of psychiatrists in providing clinical service and advice to policy makers will be discussed.

**References**


**Speakers**
1. Prof Donna Stewart MD
   University Health Network, Toronto, Canada
2. Prof Harriet MacMillan, MD
   McMaster University, Hamilton, Canada
3. Sian Oram, PhD
   Lecturer, Kings College London’s Institute of Psychiatry, London, UK
4. Assistant Prof Simone Vigod, MD
   Women’s College Research Institute, Toronto, Canada
5. Professor Louise Howard, MD
   South London and Maudsley NHS Foundation Trust, London UK

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## SPEAKER 1

**Title:** Intimate partner violence: Prevalence, risk factors and consequences

**Speaker**
Donna E. Stewart MD, FRCPC
University Health Network Department of Psychiatry, University of Toronto, Canada

**Abstract**
Introduction: Intimate partner violence (IPV) is a global public health problem with severe health consequences. Mental health sequelae are common and psychiatrists need knowledge to identify and appropriately treat patients who experience IPV.

Results: IPV prevalence figures vary widely internationally from 15-71% in the WHO and PAHO surveys. Risk factors are broad and cover individual, community and cultural factors, including gender inequality. Mental health sequelaes include depression, anxiety (+PTSD), sleep and eating disorders, chronic pain, sexual disorders, self-harm and psychosis. There is poor adherence to recent WHO Clinical and Policy Guidelines.

Conclusions: Psychiatrists and other mental health providers need to identify patients who experience IPV and treat according to evidence-based guidelines.

References
**Abstract**

Introduction: Mental illness is associated with increased risk of violence towards others, but little is known about the link between mental illness and the perpetration of intimate partner violence (IPV) and intimate partner homicide (IPH).

Methods: (1) Systematic review and meta-analysis of the prevalence and risk of IPV perpetration among men and women with diagnosed psychiatric disorder. Random effects meta-analysis was used to calculate pooled unadjusted odds ratios by gender and psychiatric disorder. (2) Consecutive case series of all convicted perpetrators of intimate partner homicide (IPH) in England and Wales between 1997 and 2008, using data from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

Results: The systematic review included seventeen studies, and found significantly increased risk of lifetime IPV perpetration among men and women across a range of psychiatric diagnoses. Evidence on risk of past year IPV was limited. One fifth of IPH perpetrators (n=1,180) had symptoms of mental illness at the time of offence, of whom 30% had past year contact with mental health services. Prevalence of previously identified IPH risk factors was lower among perpetrators with symptoms of mental illness at the time of homicide compared with those without.

Conclusions: Psychiatric disorders are associated with increased unadjusted odds of lifetime IPV perpetration, and a significant minority of IPH perpetrators are mentally ill at the time of homicide. An individual patient data meta-analysis is planned to investigate the relationship between IPV and mental illness further.

**References**


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**Session:** Regular Symposium  
**Speaker:** Professor Louise M Howard MRCPsych PhD  
Institute of Psychiatry, King’s College London

**Title:** How can mental health services address IPV experienced by patients?

**Abstract**

Introduction: There is a high prevalence of domestic violence experiences in psychiatric patients but that there are many barriers to disclosure for patients, and a significant lack of knowledge and competence among mental health professionals in how to respond to this domestic violence.

Methods: A complex intervention, which included integration of domestic violence advocate educators within community mental health services, was developed using the MRC framework for the development and evaluation of complex interventions. Development work included systematic reviews, qualitative research and a pilot observational study.

Results: Community mental health teams which were allocated to the intervention identified significantly more patients who were victims of domestic violence and referred more patients to the domestic violence advocates. At 3 month follow up, patients under the care of intervention teams were significantly less likely to be experiencing abuse and had fewer unmet health needs.

Conclusions: Integration of mental health services with domestic violence services may improve outcomes for patients experiencing domestic violence, thus building on training and care pathway recommendations made by NICE (2014) and WHO (2013) guidance. A cluster trial will be starting in 2015.

**References**

Title: Treatment of psychiatric disorders during pregnancy

Chairperson: Sylvia Gaviria MD, CES University, Medellin, Columbia
Co-chairperson: Josyan Madi Skaf MD, The Lebanese Hospital, Beirut, Lebanon

Abstract
Objectives: To review the optimal treatment of common psychiatric disorders (unipolar depression, bipolar disorder, schizophrenia and substance abuse) during pregnancy focusing on risks and benefits.

Methods: An international synthesis of current literature, treatment guidelines and expert guidelines in best practices and pharmacologic safety concerns in managing psychiatric disorders during pregnancy.

Results: Untreated psychiatric illness in pregnancy poses its own risks to the mother, fetus and family. However, safety concerns also exist in the treatment of unipolar depression, bipolar depression, schizophrenia and substance abuse during pregnancy. These concerns include maternal (obesity hypertension, gestational diabetes, and bleeding) and fetal concerns (spontaneous abortion, teratogenicity, stillbirth, preterm birth, low birth weight, withdrawal syndrome, neonatal adaptation and long term development).

Conclusions: The rapid development in this field requires psychiatrists in all regions of the world to know current information on risks and benefits of treating common psychiatric disorders during pregnancy to facilitate optimally balanced decision making by women and their psychiatrists.

References

Speakers
1. Donna E. Stewart MD
   University Health Network, Toronto, Canada
2. Marta Rondon MD
   Cayetano Heredia University, Lima, Peru
3. Anita Riecher-Rossler MD
   Psychiatric University Clinics, Basel, Switzerland
4. Leslie Buckley MD, MPH, FRCPC
   Head, Addiction Services, University Health Network, Assistant Professor, University of Toronto, Toronto, Canada

Title: Treatment of unipolar depression during pregnancy

Speaker: Donna E Stewart MD, FRCPC
University Health Network Department of Psychiatry, University of Toronto

Abstract
Introduction: Approximately 13% of women report depression during pregnancy. The evidence-based management of unipolar depression during pregnancy will be presented.

Methods: Systematic review of literature on evidence-based management of unipolar depression during pregnancy.

Results: There are 3 evidence-based questionnaires for the detection of risk of depression during pregnancy (EPDS, PHQ, NICE). There are substantial maternal and fetal risks associated with untreated and undertreated depression. Both IPT and CBT are effective treatments for mild to moderate depression, and sometimes severe depression. Both TCA’s and SRI drugs are relatively safe but there is evidence for increased miscarriage, preterm birth, neonatal adaptation difficulties, persistent pulmonary hypertension.
of the newborn and fetal cardiac septal defects in exposed fetuses.

Conclusions: Patients should be educated about the risks of untreated depression, the efficacy of IPT/CBT and the apparently low risk of antidepressants for treating moderate to severe depression during pregnancy. Psychiatrists should be aware of recent studies and evolving evidence and institute evidence-based care for unipolar depression during pregnancy. The patient’s chart should document the discussion of treatment risk and benefits and the patient’s informed choice.

References
2. Stewart DE, Vigod SN. Fetal effects of SRI exposure. UpToDate 2014.

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<th>Session: Regular Symposium</th>
<th>SPEAKER 2</th>
<th>Code</th>
<th>SY186</th>
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<tr>
<td>Title: Management of women with bipolar illness during pregnancy</td>
<td>M.B. Rondón Universidad Peruana Cayetano Heredia e Innpares, Lima, Perú</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To offer evidence-based guidelines to respond to the needs of bipolar women who are or wish to get pregnant.</td>
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<td>Methods: The known risk of teratogenicity and perinatal complications resulting from common mood stabilizing agents (lithium, carbamazepine and valproate) will be discussed.</td>
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<td>Results: Perinatal episodes in the affective spectrum are common. The relative risk of a bipolar episode is uncertain but discontinuation of medication increases the risk of relapse post-partum. Bipolar episodes during pregnancy increase the risk of obstetric complications, preterm birth and small for gestational age (SGA) infants. Continued use of lithium during pregnancy helps to reduce relapse, and recommencing it immediately after delivery reduces recurrences. The teratogenicity of lithium is lower than previously thought. Anticonvulsants, particularly valproate cause teratogenicity and neonatal problems. Conventional non sedative antipsychotics are safe and a good alternative when mood stabilizers are discontinued. There is limited information on the effects of newer antipsychotics. Antidepressants on the other hand, seem to cause more problems than previously anticipated: SGA infants, teratogenicity and neonatal toxicity, including persistent neonatal pulmonary hypertension. However, using them throughout the pregnancy may decrease the risk of a depressive episode.</td>
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<td>Conclusions: Clinicians have to present the most up-to-date evidence to the patient and negotiate with her and her family the management of symptoms, taking into account the reproductive wishes of the woman and her partner, and balancing the risks of using medication and the consequences –for mother and product- of having a new episode.</td>
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<tr>
<td>Title: Treatment of schizophrenia during pregnancy</td>
<td>Anita Riecher-Rössler University of Basel Psychiatric Clinics, Basel, Switzerland</td>
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<tr>
<td>Speaker</td>
<td>Anita Riecher-Rössler University of Basel Psychiatric Clinics, Basel, Switzerland</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To review the optimal management of schizophrenic psychoses in and around pregnancy and to discuss the emerging role of preconception counselling.</td>
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<td>Methods: Review of literature and expert guidelines.</td>
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</table>
Results: The optimal management of schizophrenic psychoses starts with counselling of all women in the fertile age group with vulnerability for psychosis (genetic risk, previous or current illness) regarding optimal conditions for getting pregnant. During pregnancy psychiatric-psychotherapeutic treatment not only has to be effective but also to minimize the risks for the unborn and balance benefits and risks for mother and child. This means it has to use all non-pharmacological possibilities of intervention and select medication, if needed, very carefully and according to current state of knowledge. It has to be phase-specific, taking care of the risk of congenital malformations especially in the first 12 weeks, the risk of fetal retardation or neonatal adaption later on. And it has to be interdisciplinary, including obstetricians, midwives etc. Delivery should be planned well in advance and in hospitals with neonatal intensive care facilities.

Conclusions: As more and more women with schizophrenic psychoses get pregnant, knowledge about optimal management prior to and during pregnancy is of utmost importance.

References

Session: Regular Symposium
Speaker 4
Title: Substance use in pregnancy
Speaker: Leslie Buckley, MD, MPH, FRCPC
Head, Addiction Services, University Health Network, Assistant Professor, University of Toronto, Toronto, Canada

Abstract
Introduction: Alcohol and substance use disorders remain prevalent in pregnancy despite decades of evidence about serious consequences of exposure for the developing fetus. Knowledge about the epidemiology and management of these disorders is essential for optimizing maternal and child outcomes in this population.

Methods: This symposium will review: (1) the epidemiology of alcohol and substance use disorders in pregnancy; (2) neonatal consequences of in-utero exposure to alcohol, marijuana, opioid and cocaine; and (3) recent advances in the detection and management of alcohol, marijuana, opioid and cocaine use disorders.

Results: Alcohol and substance use in pregnancy are commonly reported, and alcohol and substance use disorders may complicate up to 10% of pregnancies. Neonatal consequences of in-utero exposure include teratogenic effects, problems with neonatal growth, obstetrical complications, neonatal withdrawal syndromes and long-term child developmental effects. Specific screening tools for pregnant women can be used, and effective management strategies that function both to treat the mother and reduce harm to the fetus and infant. Strategies can be conceptualized within a stepped care approach depending on the identified substance and the severity of the disorder, ranging from psychoeducation and non-directive counseling to psychotherapeutic and pharmacological substitution methods.

Conclusions: Prevention and management of alcohol and substance use disorders in pregnancy require a comprehensive and non-judgmental approach to detection and treatment. Existing research supports that optimization of maternal and neonatal outcomes in this population is possible. As such, all providers providing antenatal care should be aware of how to identify those at-risk and initiate appropriate care pathways for treatment.

References
### OVERALL ABSTRACT

**Title:** The science of the agitated patient: Evaluation and treatment

**Chairperson:** Scott L. Zeller, MD Alameda Health System, Oakland, California, USA

**Abstract**
Psychiatric patients frequently present with agitation. It is a common problem throughout the world with various treatment modalities including restraint, seclusion and chemical treatment. Treatment is essential to ensure proper evaluation, minimize injury to staff and patients and begin the therapeutic process. There has been little consensus on this topic until the American Academy for Emergency Psychiatry published an extensive document on this topic, termed the Best Practices in the Evaluation and Treatment of Agitation (BETA). The findings of the BETA project were recently published. The goal of this course is to enhance the approach to dealing with agitated patients based on the BETA findings. The course proposal is composed of four essential topics in the evaluation and treatment of agitation: the proper evaluation of agitated patients, use of de-escalation techniques, understanding the social, familial and environmental context and use of chemical treatment. The course will use case presentations to highlight the key concepts and leave time for questions.

**Speakers**
1. Michael P. Wilson, MD, PhD
   University of California, San Diego; San Diego, California, USA
2. Kimberly Nordstrom, MD, JD
   University of Colorado, Denver, Colorado, USA
3. Julien J. Cavanagh de Carvalho, MD
   Paris Descartes University, Paris, France

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### SPEAKER 1

**Title:** Evidence-based evaluation of the agitated patient

**Speaker:** M. Wilson
University of California San Diego, San Diego, California

**Abstract**

**Objectives**
Numerous medical and psychiatric conditions can cause agitation. There are varying recommendations for medical testing of psychiatric patients in the emergency department (ED).

**Methods**
Much of the existing literature on medical evaluation will be surveyed, including recent recommendations by the American Association for Emergency Psychiatry on the medical triage and workup of agitated patients. Real-life cases from the University of California San Diego Department of Emergency Medicine will illustrate medical mimics of psychiatric disease.

**Results**
A number of studies offer varying and sometimes contradictory recommendations about the medical workup of psychiatric disease, and none have examined in detail the precise sensitivity of different components of the medical evaluation.

**Conclusions**
Existing but limited literature supports a complete history & physical of psychiatric patients in the ED. Laboratory testing, however, should be targeted to the underlying condition. New onset psychiatric disease or psychiatric disease in a patient with concerning past medical history should be presumed to be agitation from a general medical condition.

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### SPEAKER 2

**Title:** Use of de-escalation and pharmacologic treatment

**Speaker:** Kimberly Nordstrom, MD, JD
Medical Director, Psychiatric Emergency Services, Denver Health Medical Center, Colorado USA,
Assistant Professor, University of Colorado Denver, Colorado, USA, President, American Association for Emergency Psychiatry

### Abstract

**Objective:** Participants will learn current treatments for agitation, in the form of non-coercive de-escalation techniques, as well as medication options.

**Method:** The American Association for Emergency Psychiatry created guidelines for best practices in the evaluation and treatment of agitation, through review of evidenced-based research and consensus.

**Results:** Conventional methods of treating agitated patients, including routine restraints and involuntary medication, have been replaced with a much greater emphasis on a non-coercive approach. This approach is outlined and described as the “10 Domains of De-escalation.” When it comes to treating patients with medication, there is no such thing as ‘one-size fits all’. Understanding that agitation can be caused by multiple underlying problems and fitting the treatment for the patient problem is key.

**Conclusions:** The AAEP found consensus around the need and use of de-escalation techniques as an integral part of treatment and should be considered first-line to those who are mild to moderately agitated. Medication should be used wisely and the clinician should begin with treating the underlying cause.

### References


<table>
<thead>
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<th>Session: Regular Symposium</th>
<th>SPEAKER 3</th>
<th>Code</th>
<th>SY187</th>
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**Title:** Understanding the social, familial and environmental context

**Speaker**
Dr. Julien J. Cavanagh de Carvalho  
Paris Descartes University, France

**Abstract**

**Objectives:** Examine the impact of the social, familial, and environmental contexts in the evaluation and treatment of agitated patients.

**Method:** Review of literature, case reporting.

**Results:**

With Project BETA (Best Practice in Evaluation and Treatment of Agitation), the American Association for Emergency Psychiatry proposed in 2012 a common core of evaluation and treatment techniques to approach the agitated patient(1). These recommendations and strategies were designed to be universal but nonetheless need to be conformed to the local cultural reality of each place where they are implemented. Through the experience of several clinicians in different psychiatric emergency departments, we’ll examine the impact of cultural, familial, and social environments as aggravating or relieving factors for agitated patients. We’ll specifically examine the following questions: Do involuntary hospitalization laws have an impact on clinicians’ practices in agitation management? Should the patient’s family be involved in the first response to agitation? Does having police present in the emergency department help prevent outbreaks of violence? Is socioeconomic status a risk predictor of violence among agitated patients? Each of these questions will be approached with the presentation of a case report, an analysis of the existing literature, and a broader consideration of ethical issues.

**Conclusion:**

Project BETA offers a framework for evaluation and treatment recommendations that needs to interface with the cultural and social environment in which it is applied. The presence and involvement of the family is the norm or required by law in certain cultures, it is forbidden by privacy laws in others—it can relieve a patient’s anxiety but also exacerbate it(2). The presence of law enforcement is usually a
stabilizing factor but can also exacerbate ideas of persecution and have an impact on future compliance with care. At least in Western societies, socioeconomic status is a predictor of the outbreak of violence.

Title: **Nosological status of the cycloid psychoses: past, present and future**

Chairperson: Dr. Rafael Fernández García-Andrade. Institute of Psychiatry and Mental Health. Hospital Clínico San Carlos./ Faculty of Medicine. Complutense University. Madrid, Spain.

Abstract:

Since the early 20th century, the cycloid psychosis is a diagnostic concept that has been gradually accepted in many countries. Such a concept includes some acute, recurrent, and benign psychotic disorders whose symptoms are neither typically affective nor schizophrenic but basically polymorphous. The first diagnostic criteria for cycloid psychoses were described by Leonhard (1962), who concluded that this concept represents a group of acute and self-limited psychotic disorders that could be diagnosed on the base of a transversal evaluation of the clinical features. Afterwards, several authors pointed out that the complete development of a manic or depressive syndrome would be an exclusion criterion, but this idea has been strongly refuted. Despite the nosological relevance of the cycloid psychoses, the current psychiatric classification systems have conferred little importance to the diagnosis and clinical validity of these syndromes. The studies that have examined empirically the nosological relation between the cycloid psychoses and the consensus criteria have consistently shown that the cycloid psychoses do not correspond with any category in DSM-5 and ICD-10. As a result, the majority of the cycloid psychoses are diagnosed within these systems as brief reactive psychosis, schizophreniform disorder, schizoaffective disorder, nonspecific psychotic disorder, or mood disorder with psychotic symptoms. In summary, the aim of this symposium is to review the history of the concept, determine the clinical validity of the cycloid psychoses, analyze its current nosological status, and propose some emerging preliminary recommendations for future psychiatric diagnostic systems.

Speakers

1. Dr. Alberto Rodriguez Quiroga
   Hospital Gregorio Marañon. Madrid, Spain
2. Dra. Lina Maria Oviedo Peñuela
   Universidad del Rosario. Bogotá, Colombia
3. Dr. Ricardo Camarneiro Silva
   Universidade Nova de Lisboa. Lisboa, Portugal

Session: Regular Symposium

Title: **Karl Leonhard's cycloid psychosis: The history and development of a concept**

Speaker: Dr. Alberto Rodriguez Quiroga
Hospital Gregorio Marañon. Madrid, Spain.

Abstract:

The aim of this presentation is to review the history of the concept and determine the clinical validity of the cycloid psychoses. The first diagnostic criteria of cycloid psychoses' were described by Leonhard in 1961, who conducted a thorough clinical description, concluding that they were a group of acute and self-limiting psychotic disorders that could be diagnosed based on a cross-evaluation of the clinical picture's characteristics. In 1981, Perris & Brokington developed the first operational diagnostic criteria to describe the disorder, which continue to be the most used criteria to date. Unlike the first diagnostic criteria described by Leonhard, Perris & Brokington's represent a "collection of symptoms", maintaining that the overlap of symptoms is the rule and therefore the classification of subtypes would not be suitable. Despite the fact that cycloid psychosis contains a high prevalence of affective symptoms, Perris considered it as a separate nosological entity and presented evidence to support the clinical diagnosis as well as its predictive validity. Subsequently, several authors have pointed out that the full development of a manic or depressive syndrome would be exclusion criterion, but this idea has been soundly refuted, confirming what some authors believe to be a part of an affective disorder. From a nosological perspective, the key question as to the validity of the cycloid psychosis' diagnosis is if it defines a clearly distinct syndrome from both schizophrenia and atypical affective illnesses. In a nosological study done by Peralta & Cuesta five different nosological hypothesis are considered, in order that the cycloid psychosis would be: 1) a form of schizophrenia; 2) a form of affective illness; 3) an undefined heterogeneous disorder; 4) an independent nosological entity; 5) an intermediate form between...
**Session:** Regular Symposium  | **SPEAKER 2**  | **Code** | SY195  

**Title:** Clinical features of the cycloid psychoses in a first psychotic episode sample: Assessment tools for the diagnosis

**Speaker**
Dra. Lina Maria Oviedo Peñuela
Universidad del Rosario. Bogotá, Colombia

**Abstract**
Introduction: The cycloid psychoses have not been included in the modern classifications—what makes scientific research difficult. The aim of the present study is to investigate the presence and specific characteristics of the cycloid psychoses in a broad sample of first psychotic episodes. Methods: Seventy patients diagnosed with one-year first schizophrenia episode, schizophreniform disorder, or schizoaffective disorder were studied (mean age, 27.9 years old; SD±6.34). The detection of the possible cases of cycloid psychosis was done according to the Perris and Brockington operational criteria. Two groups of “cycloid” (n=11) and “non cycloid” (n=59) patients were compared according to demographic and clinical variables, and possible diagnostic variables were evaluated by the ROC curves. Results: Significant differences were found between cycloid and non cycloid groups for a number of clinical variables: prodromic symptoms (p<0.001), PANSS total score (p=0.003), PANSS-P (p=0.009), PANSS-GP (p=0.001), total score for mania by EVMAC (p=0.001), and CDSS for depression (p=0.004). ROC curves were significant for PANSS-GP (AUC=0.791, p=0.002), EVMAC (AUC=0.938, p=0.001), and CDSS (AUC=0.770, p=0.005). A sensitivity/specificity study demonstrated a negative predictive value for PANSS-GP (93.88%), EVMAC (96.30%), and CDSS (93.88%). Conclusions: According to these results, cycloid psychoses might represent differentiated and well-defined clinical entity.

**Session:** Regular Symposium  | **SPEAKER 3**  | **Code** | SY195  

**Title:** Nosological status of cycloid psychosis (DSM-5 AND ICD-10): Exploring the borders of the schizoaffective spectrum. Recommendations for future diagnostic systems

**Speaker**
Dr. Ricardo Camarneiro Silva
Universidade Nova de Lisboa. Lisboa, Portugal.

**Abstract**
The concept of cycloid psychosis includes some acute, recurrent and benign psychotic disorders whose symptoms are not typically affective or schizophrenic, but essentially polymorphous. Despite the clinical, prognostic and therapeutic relevance of cycloid psychosis, both the ICD-10 (1993) and the DSM-5 (2013) have given very little importance to the diagnosis of these syndromes. It is shown that the clinical value of cycloid psychosis seems evident, since it defines a specific clinical syndrome with a characteristic symptomatic pattern that predicts a good interepisodic recovery and which distinguishes it from the rest of first psychotic episodes. It could be thought that many of the first psychotic episodes that evolve into bipolar disorders could really be cycloid psychosis. Therefore, the detection of possible cases of cycloid psychosis during the first psychotic episodes, could largely predict the possibility of ultimately developing what would be classified according to the current (DSM-5) nosological systems as: 1) bipolar disorder or 2) schizophrenic spectrum disorder. Even though the clinical and heuristic value of the concept of cycloid psychosis seems obvious, as well as its prognostic relevance and its therapeutic implications, the neurobiological basis of the disorder are still to be established and should be studied.
Session: Regular Symposium

OVERALL ABSTRACT

Title: Clozapine: The art of prescribing

Chairperson
Daniel Cohen, Dutch Clozapine Collaboration Group, Castricum, The Netherlands; Department of Community Mental Health, Mental Health Organization North-Holland North

Abstract
Clozapine is indicated for treatment-resistant schizophrenia, bipolar disorder, aggression and addiction. Unfamiliarity with the incidence, prevalence, prevention and treatment of its side-effects impairs many clinicians to prescribe clozapine. The main purpose of this symposium is to provide mental health care professionals working in the fields mentioned above, with the state of the art knowledge on all these facets involved. Strategies for bypassing therapy non-compliance are being discussed. This symposium is given by psychiatrists who for the past ten years have been unpaid members of the Dutch Clozapine Collaboration Group, an expert group that is for free accessible for all questions related to clozapine, posed either by mental health professionals, family members of patients.

Speakers
1. P.F.J. Schulte
   Dutch Clozapine Collaboration Group, Castricum, The Netherlands; Mental Health Service Noord-Holland-Noord, Alkmaar, The Netherlands
2. D. van Dijk
   Dutch Clozapine Collaboration Group, Castricum, The Netherlands; Mental Health Service Rivierduinen, Leiden, The Netherlands
3. D. Cohen
   Dutch Clozapine Collaboration Group, Castricum, The Netherlands; Department of Community Mental Health, Mental Health Organization North-Holland North
4. B. Bakker
   Dutch Clozapine Collaboration Group, Castricum, The Netherlands; Parnassia Bavo Group, Castricum, The Netherlands
5. J.P.A.M. Bogers
   Dutch Clozapine Collaboration Group, Castricum, The Netherlands; Mental Health Service Rivierduinen, Leiden, The Netherlands

Session: Regular Symposium

SPEAKER 1

Title: Agranulocytosis in clozapine: Myths and facts

Speaker
P.F.J. Schulte 1,2
1. Dutch Clozapine Collaboration Group, Castricum, The Netherlands
2. Mental Health Service Noord-Holland-Noord, Alkmaar, The Netherlands

Abstract
Objectives
To give a brief overview on clozapine’s hematological risks

Methods
Narrative review of the literature.

Results
Before the introduction of mandatory white blood cell counts to prevent agranulocytosis, the incidence of this serious complication in Europe was 1 to 2% per year. The absolute mortality due to agranulocytosis among clozapine users nowadays varies between 1:10,000 (VS) and 1:26,000 (GB). In the widest study so far (Honigfeld et al. 1998), the incidence of agranulocytosis in a population of nearly 100,000 patients, the incidence of agranulocytosis was 0.38% (N=382), of whom only 12 died. Due to early detection, the mortality of new-onset agranulocytosis has drastically dropped from 32% to below 5%. However, the increased risk of agranulocytosis is concentrated in the first half year. Thereafter, the risk of agranulocytosis in clozapine therapy is comparable to that with other antipsychotic drugs, for which no monitoring protocol or monitoring obligation exists (Schulte 2006). These scientific data were not available at the time of the introduction of obligatory white blood cell monitoring. The currently available evidence has spurred the Dutch Clozapine Collaboration Group to modify the existing monitoring protocol to a lowered monitoring frequency of 3-4 times a year if the competent and
well-informed patient wishes to do so. For the rare cases of agranulocytosis, the question of clozapine rechallenge is the most logical and frequently posed question and therapeutic dilemma. The risk of leukopenia or agranulocytosis with such an off-label rechallenge is increased but has been shown to be feasible with lithium addition.

References

Session: Regular Symposium | SPEAKER 2 | Code SY196
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Title: Grinded in porridge and other strategies to enhance clozapine administration in non-compliant patients
Speaker: D. van Dijk1,2
1 Dutch Clozapine Collaboration Group, Castricum, The Netherlands
2 Mental Health Service Rivierduinen, Leiden, The Netherlands
Abstract: Objectives
About one-third of people, suffering from schizophrenia, is therapy-resistant and therefore clozapine is indicated because of its superiority in treating most invalidating symptoms due to psychosis. Besides many side-effects, clozapine is also associated with agranulocytosis, which requires life-long monitoring, and generates prescription-resistance in psychiatrists and incompliance in patients. Because of absent sense of illness, suspiciousness, hostility and/or fear for (side)effects many patients, even when compulsory treatment is necessary, try to neutralize our pharmacotherapy by spitting out pills, vomiting after ingestion or by developing almost magician-like technics to make medication disappear. Daily intramuscular injections can be the only solution for some very resisting patients but can be harmful for those concerned. Interventions, based on fundamental principles of psychotherapy, are developed to prevent that ultimate step. Methods
When early effects don’t show, or when pills are found outside the patient, incompliance should be considered. To avoid a negative, punishing, attitude in exploring incompliance, all possibilities of the reason that clozapine is not resorbed, are discussed. ‘Jumping pills’, instead of ‘spitting patients’ are usually the reason for ineffectivity. In our clinic, clozapine is grinded and put on a spoon of custard or porridge and administered under supervision. To preserve, as much as possible, the autonomy of the patient, clozapine is titrated in consultation with the patient. Side effects dependent on level and titration speed will be minimalized. Results
In the past years 50 patients, that could not be compliant, were treated in this way. Most of the patients recovered and showed effective blood levels of clozapine. Conclusions
When clozapine is necessary in treating a patient, different strategies will be presented to enhance compliance without the need for, probably harmful, daily intramuscular administration.

Session: Regular Symposium | SPEAKER 3 | Code SY196
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Title: Separating chaff from wheat. evidence-based obligatory screening of side-effects in Clozapine treatment
Speaker: D. Cohen1,2
1 Dutch Clozapine Collaboration Group, Castricum, The Netherlands
2 Department of Community Mental Health, Mental Health Organization North-Holland North
Abstract: Objectives
The introduction of clozapine has been plagued by a very unfortunate coincidence of lethal cases of agranulocytosis. Since clozapine’s superiority has been confirmed, clozapine’s reintroduction has been accompanied by strict monitoring guidelines. In the two decades, cardiomyopathy, diabetic ketoacidosis (DKA) and ileus have reported as lethal, treatment emergen side effects. Comparison of incidence and mortality rates have of these 4 side-effect is missing. We provide an overview of the literature of serious, potentially lethal side-effects of clozapine, with a resulting guideline for clinicians.

Methods
The English-available literature in PubMed or MEDLINE was search for the period of 1976-201 for studies on the incidence of agranulocytosis, cardiomyopathy, diabetic keto-acidosis and ileus/gastro-intestinal. From the resulting 16 studies the 1-year incidence, mortality in the whole population and the mortality in the incident cases was calculated.

Results

<table>
<thead>
<tr>
<th>Side-effect</th>
<th>Incidence</th>
<th>Mortality</th>
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<tbody>
<tr>
<td>Agranulocytosis</td>
<td>3.8 – 8.0‰</td>
<td>0.1 - 0.3‰</td>
</tr>
<tr>
<td>DKA</td>
<td>1.2 - 3.1‰</td>
<td>0.2 - 4.4‰</td>
</tr>
<tr>
<td>GIH</td>
<td>3 %</td>
<td>0.6‰</td>
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<tr>
<td>Myocarditis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>7 - 34‰</td>
<td>0-1.2‰</td>
</tr>
<tr>
<td>Other countries</td>
<td>0.07 -0.6‰</td>
<td>0-0.2‰</td>
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Conclusions
Out of the four potentially lethal side-effects of clozapine, agranulocytosis attracts most attention. The obligatory WBC-count helps to prevent its lethal complications. The lower incidence of DKA, which occurs nearly exclusively in the first 3 months of clozapine treatment, warrants preventive screening. This is easily done, by monthly assessment of fasting plasma glucose during the first 3 months of clozapine treatment. GIH occurs nearly as frequently as agranulocytosis. Preventive measures are either routinely combining macrogol laxative with every clozapine prescription or by incorporating assessment of bowel frequency at every visit. For reasons as yet unclear, myocarditis and cardiomyopathy is an exclusively Australian/New-Zealand problem that does not warrant screening on routinely screening in the rest of the world.

References

Session: Regular Symposium
Title: Side-effect and somatic illness in clozapine treatment: Detection and treatment
Speaker: B.Bakker, 1,2
1. Dutch Clozapine Collaboration Group, Castricum, The Netherlands
2. Parnassia Bavo Group, Castricum, The Netherlands
Abstract
Objectives
Clozapine has proven to be the most effective antipsychotic drug in treatment of schizophrenia. However it has some serious side effects and treatment related somatic illness.

Methods
A review of detection and treatment of side-effects and clozapine related somatic illness.

Results
Agranulocytosis is a potentially lethal effect. However, not all patients with granulocytopenia develop an agranulocytosis. A recount in the afternoon can contribute to differentiate between a malign or benign granulocytopenia. A bolus-infusion with hydrocortisone i.v. is a second option for the differentiation between a benign and malign granulocytopenia.

Most patients develop obstipation which in rare cases can develop into an ileus. Macrogol laxative is the advised therapy for this side-effect of clozapine.

A myocarditis is seen in the first month after starting clozapine. Its presence is difficult to diagnose as there are no clear symptoms of heart failure in most of the cases. Cardiomyopathy is diagnosed only later during treatment and is probably the result of an earlier myocarditis. Treatment is like that of heartfailure with diuretics, ACE-inhibitors and possible corticosteroids.
Diabetic keto-acidosis can start in a short time after initiating clozapine-treatment when there is mostly no weight gain. Treatment consists of insulin injection and fluid-infusion. Hypersalivation is a significant side-effect present in about one-third of the patients. It is stigmatising and can affect their quality of life. The etiology is unclear. Intervention with anticholinergic medication are often disappointing and potential systemic adverse effects limits the effectiveness of this class of medications.

Orthostasis can be dealt with by giving the proper behavioral advise. Pharmacological treatment can be effective with fludrocortisone.

Urine incontinence and enuresis is a well-known side effect of clozapine. Oxybutinin and desmopressin can be effective pharmacological interventions.

Metabolic syndrome (weight gain, dyslipidaemia, hyperglycaemia, hypertension) needs preventive screening. Treatment includes diet, statines, oral diabetics and anti-hypertensive treatment.

References

Session: Regular Symposium
Title: Beyond clozapine: A review of the literature for Clozpaine-resistance

Speaker
J.P.A.M. Bogers1,2
1 Dutch Clozapine Collaboration Group, Castricum, The Netherlands
2 Mental Health Service Rivierduinen, Leiden, The Netherlands

Abstract
Objectives
A brief overview on pharmacotherapeutic options in clozapine resistance to enable physicians to make a rational decision in clozapine-refractory patients

Methods
A narrative review of the literature.

Results
On augmentation strategies with antipsychotics, lithium or other mood stabilisers meta-analyses have been published. Besides several pharmacotherapeutics have been investigated on their efficacy in therapy refractory schizophrenia. The evidence is limited. Most trials have small numbers, have not been replicated or report conflicting results. Still, for daily practise, some options seem to add opportunities to our limited number of choices. Although not very convincing, meta-analyses report on positive results for antipsychotic combinations, lithium, lamotrigine and topiramate, what has been discussed elsewhere. Estrogens, omega fatty acids, antidepressants, NSAID’s, acetylic acid and some other substances have been investigated on, sometimes with hopeful results. When schizophrenia patients proof to be clozapine-resistant every additional option is welcome, because clozapine is the last evidence bases treatment option. Next treatment steps necessarily include some trial and error. Important to remember is to evaluate those steps properly and to end treatment trials in time, when not effective.

Conclusion
Beyond clozapine some treatment options are feasible, although the evidence is sometime weak and success is far from guaranteed. Still, in difficult to treat patients some trial and error is justifiable.

References
**Session:** Regular Symposium  
**OVERALL ABSTRACT**  
**Code:** SY202

| Title: | The usefulness of clinical electrophysiology in psychiatry |

| Chairperson | Oliver Pogarell, Ludwig-Maximilian University of Munich, Munich, Germany |

| Abstract | Searching for a biological marker of relapse in alcohol dependence: a possible role for the NoGo P300 event-related potential?  
On behalf of the WPA Psychophysiology Section, we would like to submit the following symposium proposal to debate about the usefulness of different electrophysiological tools in psychiatric daily clinical practice. In this view, Pr. Boutros (Chair of the Section, USA) will discuss the role of the standard electroencephalogram in the diagnosis and the management of psychiatric disorders. Then, Dr Arns (The Netherlands) will debate about the potential role of alpha power and alpha peak frequency in the prediction of medication treatment outcome. Dr Wichniak (Poland) will discuss the role of sleep studies in the diagnosis and management of psychiatric disorders. Finally, Dr Campanella (Belgium) will highlight the potential role of cognitive event-related potentials in the management of psychiatric disorders. This symposium will be chaired by the Co-Chair of the Section, Dr O.Pogarell (Germany). |

| Speakers | 1. M. Arns  
Research Institute Brainclinics, Nijmegen, The Netherlands; Dept. of Experimental Psychology, Utrecht University, Utrecht, The Netherlands  
2. N. Boutros  
University of Missouri in Kansas City, Kansas City, Missouri, USA  
3. A. Wichniak  
Third Department of Psychiatry, Institute of Psychiatry and Neurology, Warsaw, Poland  
4. S. Campanella  
Laboratoire de Psychologie Médicale et d’Addictologie, ULB Neuroscience Institute (UNI), CHU Brugmann-Université Libre de Bruxelles (U.L.B.), Belgium |

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**Session:** Regular Symposium  
**SPEAKER 1**  
**Code:** SY202

| Title: | EEG Alpha asymmetry as a gender-specific predictor of outcome to acute treatment with different antidepressant medications in the randomized ISPOT-D Study |

| Speaker | M. Arns\(^1,2\)  
\(^1\) Research Institute Brainclinics, Nijmegen, The Netherlands  
\(^2\) Dept. of Experimental Psychology, Utrecht University, Utrecht, The Netherlands |

| Abstract | Objectives: Measures of alpha electroencephalogram activity often –but not always– differentiate depressed patients from normal controls. Further, some evidence suggests that overall antidepressant response may be associated with greater baseline alpha electroencephalogram activity. This study aimed to determine whether occipital alpha and frontal alpha asymmetry would distinguish outpatients with major depression from controls, whether these measures behave as overall and differential predictors of outcome to a Selective Serotonin Reuptake Inhibitor and a Serotonin Norepinephrine Reuptake Inhibitor, and to explore the effects of gender on these patterns.  
Methods: In the international Study to Predict Optimized Treatment Response in Depression (iSPOT-D), a multi-center, international, randomized, prospective open-label trial, 1008 major depressive disorder participants were randomized to escitalopram, sertraline or venlafaxine-extended release. The study also recruited 336 healthy controls. Treatment response was established after eight weeks using the 17-item Hamilton Rating Scale for Depression. The resting electroencephalogram was measured at baseline in the eyes closed and eyes open conditions.  
Results: No differences in electroencephalogram alpha for occipital and frontal cortex, or for alpha asymmetry, were found in participants with major depressive disorder compared to controls. Alpha in the occipital and frontal cortex were not associated with treatment outcome. However, a gender and drug-class interaction effect was found for frontal alpha asymmetry (F4-F3). Relatively greater right frontal alpha (less activity) in women only was associated with a favourable response to the Selective Serotonin Reuptake Inhibitors escitalopram and sertraline. No such effect was found for the Serotonin Norepinephrine Reuptake Inhibitor venlafaxine-extended release.  
Conclusions: In women only, pretreatment alpha electroencephalogram predicted response to Selective |
Serotonin Reuptake Inhibitors, but not to venlafaxine-extended release. Future studies should separately analyze effects in alpha for men and women.

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<th>SPEAKER 2</th>
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<td>Title:</td>
<td>Role of the standard EEG in diagnosis and management of psychiatric disorders</td>
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<tr>
<td>Speaker</td>
<td>N. Boutros</td>
<td>University of Missouri in Kansas City, Kansas City, Missouri, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The main objective of this presentation is to review the indications for obtaining a standard EEG (sEEG) in the course of diagnosing and managing psychiatric patients. Methods: Relying on already published review articles addressing this issue the most supported indications are highlighted. The pitfalls in ordering and interpreting the results are also highlighted. Results: The most supported indication is suspicion of a delirious process. The next most supported indication is suspicion of an epileptic activity contributing to the clinical picture. This suspicion is aroused in the presence of episodic symptoms like unprovoked panic attacks, and episodic aggressive behavior. Psychostimulant treatment unresponsive AD/HD patients and children presenting with autistic symptoms can also benefit from evaluating for the presence of epileptic activity. The use of the sEEG in the work-up for dementia is not as strongly supported except for the evaluation of possible major depressive disorder as a contributor or the cause of the memory deficit. The literature strongly suggests that a normal EEG would be incompatible with a mid to advanced stage Alzheimer’s Disease. Conclusions: Significant literature already exists supporting a limited but important role for the sEEG in the evaluating and managing psychiatric patients. There are obvious gaps in the literature that are in need of further research. Most notably is the defining of the significance of the detection of epileptic discharges in treating non-epileptic psychiatric patients.</td>
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<tr>
<td>Title:</td>
<td>The role of sleep studies in the diagnosis and management of psychiatric disorders</td>
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<td>Speaker</td>
<td>A. Wichniak</td>
<td>Third Department of Psychiatry, Institute of Psychiatry and Neurology, Warsaw, Poland</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Sleep is a complex biological process that involves cyclic changes of brain activity and is regulated by numerous neurotransmitters that reciprocally influence each other. For these reasons, sleep is a sensitive biomarker of brain functioning. The aim of this presentation is to review the role of sleep studies in psychiatric disorders. Methods: The literature on sleep in psychiatric disorders was evaluated. Patterns of sleep disturbances associated with categories of psychiatric illnesses and indications for sleep studies in psychiatric patients will be presented. Results: The most studies on sleep were performed in patients with affective disorders. Depending on the severity of depression sleep disturbances are reported by 60 – 90% of patients. While disturbances of sleep continuity and diminished slow wave sleep are common in many mental disorders e.g. schizophrenia and anxiety disorders, disturbances of REM sleep were believed to be more specific for depression. Short REM latency was even proposed as a psychobiological marker for primary depressive disease. Although later studies did not confirm this suggestion and showed that no single sleep variable has absolute specificity for any particular psychiatric disorder sleep studies are still regarded as providing important biomarkers. Conclusions: Sleep recordings are helpful for diagnosing and managing psychiatric patients. They provide also valuable biomarkers that can be used for research and drug development.</td>
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<td>Title: Searching for a biological marker of relapse in alcohol dependence: a possible role for the Nogo p300 event-related potential?</td>
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<td>Speaker: S. Campanella, Laboratoire de Psychologie Médicale et d’Addictologie, ULB Neuroscience Institute (UNI), CHU Brugmann-Université Libre de Bruxelles (U.L.B.), Belgium</td>
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| Abstract: **Objectives:** The relapse rate for many psychiatric disorders is staggeringly high, indicating that treatment methods combining psychotherapy with neuropharmacological interventions are not entirely effective. The complexity surrounding the treatment of mental illness is illustrated by alcohol dependence, which constitutes one of the most severe and widespread public health problems. During clinical trials, placebo control groups showed a relapse rate of up to 85%, even if hospitalized until complete remission of the physical withdrawal symptoms. Therefore, in psychiatry, there is a current push to develop alternatives to psychotherapy- and medication-based approaches.  

**Methods:** At the end of a three-week detoxification cure, thirty patients were confronted with a contextual Go-Nogo task during an event-related potentials recording (32 channels). A three-months follow-up was pursued in order to verify whether patients relapsed or not.  

**Results:** Among these 30 patients, 16 disclosed relapse in the three-month period. Relapsers can only been differentiated from non-relapsers and matched controls on the basis of a higher NoGo P300 amplitude.  

**Conclusions:** The higher difficulty for inhibition indexed by a higher NoGo P300 may be a good predictor of relapse in alcohol dependence. Programs aiming at increasing cognitive control should be developed. |
Biomarkers of antidepressant treatment outcome

Mood disorders comprise common, severe, disabling illnesses, characterized by a range of distinct affective pathologies. Substantial progress has been made in elucidating the neurobiology of mood disorders, especially of Major Depressive Disorder (MDD), through research in both animal models and humans. Nevertheless, the translation of this knowledge to clinical application in novel therapeutics or pathophysiology-based nosology is lagging. Neurobiological systems implicated in the pathophysiology of these disorders are likely implicated in responses to active treatments. First, this symposium will examine the role a multifunctional protein of the extrinsic apoptotic pathway and a unique regulator of cell life and death, the Fas-Associated protein with Death Domain (FADD) adaptor, as a possible marker of MD. Secondly, the implications of the cognitive neuropsychological model of antidepressant drug action will be evaluated. Specifically, evidence from studies examining effects of drugs that predominantly potentiate serotonin or noradrenaline will be considered. In addition, data will be presented examining the relationships between the function of executive and emotional-cognitive integration mechanisms and responses to antidepressant administration in adult samples. Finally, experimental results will be presented that assess the formation and sustenance of placebo responses in Major Depression, and the involvement of these mechanisms in recovery from depression.

Speakers
1. Dr. Maria Julia Garcia-Fuster
   Neuropharmacology, University of the Balearic Islands, Palma de Mallorca, Spain
2. Dr. Abbie Pringle
   Department of Psychiatry, University of Oxford, Oxford, United Kingdom.
3. Dr. Scott A. Langenecker
   Department of Psychiatry, The University of Illinois at Chicago, Chicago, United States of America
4. Dr. Marta Peciña-Iturbe
   Department of Psychiatry and Molecular and Behavioural Neuroscience Institute, University of Michigan, Ann Arbor, United States of America.

Brain Fadd in major depression and depression-like behavior in rats: Effects of antidepressant treatments

Objectives: The literature suggests a link with major depression (MD) and enhanced brain apoptosis (neurons and glia), mainly through the activation of the intrinsic mitochondrial apoptotic pathway, and reports the effects of antidepressants on neuroprotection. The goal was to study FADD adaptor, a multifunctional protein of the extrinsic apoptotic pathway and a unique regulator of cell life and death, as a possible marker of MD.

Methods: This study quantified the basal status of FADD forms (pro-apoptotic FADD, non-apoptotic p-FADD, and pro-survival p-FADD/FADD ratio) and the effects of antidepressant medications (detected in blood/urine samples) in postmortem prefrontal cortex (PFC/BA9) of MD and matched-controls by Western blot analysis. Rats were treated with selected antidepressant drugs and phenotyped for depression-like behavior (forced-swim test, FST).

Results: In MD, p-FADD, but not total FADD, was increased (26%, n=24: all MD subjects) when compared to matched-controls. In antidepressant-free MD, p-FADD/FADD ratio was increased (50%, n=10), but not in treated-subjects (n=14). In contrast, chronic desipramine (10 mg/kg) and fluoxetine (3 mg/kg) in rats (2 weeks) upregulated p-FADD and p-FADD/FADD ratio in brain cortex. Interestingly, FADD content in rat brain positively correlated with depression-like behavior index (i.e., increased...
immobility/decreased active time), while p-FADD did it negatively (i.e., decreased immobility/increased active time).

Conclusions: The neurochemical adaptations of brain FADD (increased p-FADD and pro-survival p-FADD/FADD ratio) could play a major role to counteract the known activation of the mitochondrial apoptotic pathway in MD. Paradoxically, p-FADD/FADD ratio was upregulated in antidepressant-treated rats, suggesting the induction of anti-apoptotic actions. Moreover, pro-apoptotic FADD and anti-apoptotic p-FADD correlated in an opposite manner with depressive-like behavior index, suggesting FADD as a possible marker for depression-phenotype in rats. These contrasting findings in human and rat brains could be related to drug interactions with specific molecular dysfunctions in MD that are not present in normal laboratory rats.

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<tr>
<td>Title:</td>
<td>A cognitive neuropsychological model of antidepressant drug action: Implications for treatment development and prediction of treatment outcome</td>
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<td>Speaker</td>
<td>A Pringle</td>
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<td></td>
<td>Department of Psychiatry, University of Oxford</td>
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Abstract: Objectives: The ability to match individual patients to tailored treatments, and to predict efficacy early in treatment, has the potential to greatly improve outcomes for individuals suffering from major depression. Experimental medicine models suggest that the primary mode of action of successful antidepressant treatment may be to remediate negative biases in emotional processing. Such models may provide a useful framework for interrogating the specific psychological effects of antidepressants, and may provide biomarkers for therapeutic efficacy.

Methods and Results: Here, the evidence for, and implications of, the cognitive neuropsychological model of antidepressant drug action are evaluated. Specifically, evidence from studies examining effects of drugs which predominantly potentiate serotonin or noradrenaline is considered.

Conclusions: It is argued that antidepressants targeting serotonin and noradrenaline may have some specific actions on emotion and reward processing which could be used to improve tailoring of treatment and prediction of treatment outcome.

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<td>Title:</td>
<td>Unreveling the role of the subgenual anterior cingulate in the course of major depressive disorder</td>
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<td>Speaker</td>
<td>Scott A. Langenecker¹, David Hsu², Lisanne Jenkins¹, Rachel Jacobs¹, Jon-Kar Zubieta²</td>
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<td>¹The University of Illinois at Chicago, ²The University of Michigan</td>
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Abstract: Objectives: Increasing evidence suggest that the subgenual anterior cingulate (SGAC) plays an important role in the modulation of mood, prediction of treatment response in major depressive disorder (MDD), and in treatment resistant MDD. Despite the evidence collected to date, there is not yet a unified understanding of what role the SGAC plays in the experience of MDD nor is there an understanding of why it is important for treatment response and wellness in some patients with MDD and not others. The talk will cover existing evidence for which patients the SGAC plays a role in the experience of and perpetuation of MDD.

Methods and Results: Three studies will be presented briefly, highlighting the diverging links of the SGAC to mood, MDD and treatment response. This includes links to negative memory bias, recent negative life stress in study one, prediction of treatment response using BOLD responses in SGAC during successful cognitive control in study two, increased SGAC activation in active MDD with links to disrupted emotion perception in study two, that is no longer present in remitted MDD in study three, and increased functional connectivity of the SGAC to the cognitive control network in remitted MDD in study three.
## Conclusions:
The SGAC plays an integral role in the experience and perpetuation of negative mood, highlights a critical node in where salience, emotion, and cognitive control networks converge in those experiencing or at risk for MDD.

## Abstract

### Objectives:
Placebo response rates in antidepressant (AD) trials for adults have been reported at 31%, compared with an average of 50% response rates to medication, and they have risen at a rate of 7% per decade over the past 30 years. Besides the perspective that placebo effects confound RCTs, evidence from the field of placebo analgesia points to neurobiological systems that when activated by positive expectations and maintained through reward learning are capable of inducing physiological changes that lead to the experience of analgesia and changes in emotional state. However, the neurobiological mechanisms of placebo effects in patients with mood disorders have been largely unexplored.

### Methods:
Here we will present data on 35 unmedicated patients with depression who underwent a two-week cross-over RCT of two identical placebos (described as active and inactive) and positron emission tomography with the selective µ-opioid radiotracer [11C] carfentanil, followed by a 10-week open-label treatment with citalopram.

### Results:
We observed that depression severity at baseline (QIDS-16SR scores) were associated with increase opioid receptor availability in the medial thalamus (mTHA), nucleus accumbens (NAc) and subgenual anterior cingulate cortex (ACC). After placebo administration, reductions in depression symptoms were associated with increases opioid release in regions classically involved in the neurobiology of depression: mTHA, NAc, subgenual and rostral ACC; and cortically, the medial prefrontal cortex, anterior insula and amygdala. Behavioural placebo responses and placebo-induced changes in µ-opioid receptor availability were associated with better AD treatment outcomes after 10 weeks. Additionally, remission rates were significantly higher in placebo responders compared to placebo non-responders.

### Conclusions:
These results suggest that µ-opioid neurotransmission during placebo administration can be measured to predict treatment outcome in depression, resulting in a new and innovative approach to improve ‘assay sensitivity’ and advance the field on biomarkers of treatment outcome in depression.
Title: Current advances and innovations in electroconvulsive therapy

Chairperson: Prof. Edward Shorter. University of Toronto, Toronto, Canada

Abstract

Objectives: To present new scientific advances in ECT, including underlying mechanism, utility in bipolar affective disorder, catatonia and autism, as well as an important parental perspective.

Methods: Review of clinical care and research.

Results: Multiple unique advances are found in the field of ECT across diagnosis and age. fMRI studies of melancholic depression treated with ECT have demonstrated significant increase in hippocampal volume, substantiating the role of hippocampal neurogenesis after ECT. The expanding utility of ECT in bipolar affective disorder is evidenced through the strong correlation between BPAD and catatonia, encouraging timely assessment and treatment of these highly ECT-responsive conditions. Increasing evidence further documents the profound benefit of ECT in autism complicated by catatonia, including cases of extreme repetitive self-injurious behavior. Previously confined to full-body immobilizing equipment, these patients demonstrate remarkable reduction in self-injury with dramatic functional improvement and ability to return to their families and communities following treatment with ECT.

Conclusions: Exciting developments from many different angles emphasize the ongoing relevance of ECT.

References


Speakers

1. Dr. Tom Bolwig
   University of Copenhagen, Copenhagen, Denmark
2. Dr. Pascal Sienaert
   University of Kortenberg, Leuven, Belgium
3. Dr. Lee Wachtel
   Kennedy Krieger Institute, Johns Hopkins School of Medicine, Baltimore, USA
4. Amy S.F. Lutz
   Villanova, USA
previously found to be decreased in depression (3) suggests formation of progenitor cells. The rise in creatin points to an increase in metabolism. The stability of N-AA points to preservation of cellular integrity. The results underscore a specific role of the hippocampus in the process of seizure activity, but more data are needed for a fuller understanding of the relative importance of the many regions being activated during and after ECT.

References

Session: Regular Symposium | Speaker 2 | Code | SY207
---|---|---|---
Title: ECT in catatonia and bipolar affective disorder
Speaker: Dr. Pascal Sienaert
University of Kortenberg, Leuven, Belgium
Abstract: Objectives:
-to discuss the preferential link between catatonia and mood disorders, bipolar disorder in particular.
-to improve clinical knowledge on how catatonia presents in bipolar disorder, and the effects of treatment, using video material.
Methods:
Review of historic and modern scientific literature.
Results:
The link between bipolar disorder and catatonia was already observed by Kahlbaum, who wrote that in most cases catatonia manifests itself in the first stages with an easily recognizable clinical picture of melancholia, often preceded by mania. A quarter of the patients diagnosed with the catatonic subtype of schizophrenia fulfill research criteria for an affective disorder. Approximately a third of patients presenting with manic or mixed episodes will exhibit a range of catatonic symptoms. The prognosis of catatonia is good, regardless of the underlying cause, but it is best in mood disorders. Conversely, the presence of catatonic symptoms may indicate a more severe course of the bipolar disorder (1). Apart from benzodiazepines and ECT, it remains elusive which pharmacological agents are to be used preferentially in patients with bipolar disorders who have experienced catatonia.
Conclusions:
Patients with severe bipolar disorder should be examined routinely for catatonia because it is easily recognisable and treatable, and has a good prognosis.
References

Session: Regular Symposium | Speaker 3 | Code | SY207
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Title: ECT for self-injurious behavior in autism
Speaker: Dr. Lee Wachte
Kennedy Krieger Institute, Johns Hopkins School of Medicine, Baltimore, USA
Abstract: OBJECTIVES: To review the novel conceptualization of repetitive self-injury in autism as an alternate symptom of catatonia, with correlating treatment implications for electroconvulsive therapy.
METHODS: Review of the current literature on self-injury in autism, its relation to catatonia, and treatment with electroconvulsive therapy, along with several current case examples with illustrative
video footage.

RESULTS: Defined as any self-directed act that results in tissue damage, self-injury occurs regularly in individuals with autism, seriously impairs physical health and global functioning, and requires prompt treatment. First-line treatment interventions include behavioral, psychotropic and combined treatment paradigms, yet not all patients are responsive to these models. The concomitance of catatonia in autism spectrum disorders has been increasingly documented, with patients showing both psychomotor retarded and agitated catatonic states, with repetitive self-injury recognized within the latter. A growing number of these patients have been successfully treated with electroconvulsive therapy after years of failed interventions, demonstrating dramatic behavioral improvement and ability to safely return to their families and communities.

CONCLUSIONS: Repetitive self-injury in autism is increasingly recognized along the catatonia spectrum and may be markedly alleviated with ECT, conferring profound patient benefit.

References


Session: Regular Symposium  SPEAKER 4  Code  SY207

Title: ECT in autism: A parental perspective

Speaker
Amy S.F. Lutz
Villanova, USA

Abstract
Objectives: to discuss the dramatic improvement in the quality of life of an autistic boy and his entire family following the introduction of ECT to treat aggressive and self-injurious behaviors. Other cases involving the use of ECT to treat dangerous behaviors in the developmentally disabled will also be included.

Methods: personal experience and interviews.

Results: ECT has been remarkably effective in treating aggressive and self-injurious behaviors in the developmentally disabled, allowing adolescents seemingly destined for restrictive residential placements to remain safely at home.

Conclusions: Psychiatrists and parents that care for developmentally disabled individuals with dangerous behaviors should be educated about the efficacy of ECT in treating these behaviors, and ECT should be accessible to those families who desire to pursue it.

References
# Catatonia: An eminently recognizable and treatable syndrome

**Chairperson**
Dr. Lee Wachtel. Kennedy Krieger Institute/Johns Hopkins School of Medicine. Baltimore, USA

**Abstract**
Objectives: To further delineate the readily diagnosable and treatable neuropsychiatric syndrome of catatonia.

Methods: Literature review, clinical and research experience.

Results: The term "catatonia" was coined in 1874 by Kahlbaum, yet historically its phenomena belong to the psychiatric symptom pictures of the ages. However, observation and psychiatric interview may not suffice to detect the catatonic syndrome, and catatonic signs should be elicited during a focused physical examination. The most robust argument for identifying catatonia as a separate syndrome is that it has a specific treatment with proven efficacy, namely benzodiazepines or electroconvulsive therapy (ECT), irrespective of the underlying etiology. It is further noted that Down syndrome, which may co-occur with autism, may be a risk factor for the development of catatonia.

Conclusions: Catatonia is common and highly responsive to treatment, with a variety of clinical presentations qualifying as catatonic.

**References**

**Speakers**
1. Prof. Edward Shorter  
   University of Toronto, Toronto, Canada
2. Dr. Pascal Sienaert  
   University of Kortenberg, Leuven, Belgium
3. Dr. Gabor Gazdag  
   Semmelweis University, Budapest, Hungary
4. Dr. Neera Ghaziuddin  
   University of Michigan, Ann Arbor, MI

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# The history of catatonia

**Speaker**
Prof. Edward Shorter  
University of Toronto, Toronto, Canada

**Abstract**
Objectives: to demonstrate the historic lack of visibility of catatonia as a diagnostic category

Methods: A systematic search of the literature in several languages over the last century and a half

Results: For only brief periods of time has catatonia been visible as a distinct diagnostic entity: before the term was coined in 1874, it went by a variety of names, such as catalepsy; in 1899 Emil Kraepelin made it a subclass of dementia praecox (schizophrenia); only in DSM-5 (2013) has it become fully visible again.

Conclusions: Important diagnoses are much more subject to the vicissitudes of history than is generally realized.

**References**
### Title: Catatonia in Down syndrome

### Speaker: Dr. Neera Ghaziuddin  
University of Michigan, Ann Arbor, MI

### Abstract

**Objectives:** Some patients with Down syndrome are noted to experience unexplained deterioration in behavior, mood, activities of daily living (ADLs) and intellectual functioning. Correct diagnosis and treatment has the potential to improve the lives of these individuals.

**Method:** Four cases are reported who had experienced such decline. All routine laboratory test results were negative. Based on the presence of multiple motor disturbances (slowing and/or increased motor activity, grimacing, posturing), the cases were diagnosed with unspecified Catatonia and were treated with anti-catatonic treatments (benzodiazepines and electroconvulsive therapy).

**Results:** Three of four cases were treated with a benzodiazepine combined with electroconvulsive therapy (ECT), while one case responded to benzodiazepine alone. All four cases achieved their baseline functioning.

**Conclusions:** Catatonia may be an important cause of unexplained deterioration in a yet unknown number of patients with Down syndrome. Physicians who provide treatment to this group of patients may be unfamiliar with the Catatonia diagnosis, resulting in misdiagnosis and years of morbidity. Large scale studies are essential to identify the frequency of this disorder so that prompt recognition and treatment are made available.

### References

### OVERALL ABSTRACT

**Title:** Depression, suicide and suicide prevention in Hungary

**Chairperson**
Prof. Zoltán Rihmer, Semmelweis University, Budapest, Hungary and National Institute of Psychiatry and Addictions, Budapest, Hungary.

**Co-chairperson**
Dr. Dóra Forintos-Perczel, Department of Clinical Psychology, Semmelweis University, Budapest, Hungary

**Abstract**
Depression and suicidal behaviour is a major public health problem everywhere but particularly in Hungary where till 2000 the suicide rate was highest in the world. In spite of the fact that suicidal behaviour is very complex, multicausal human behaviour with several psychiatric-biological, psychosocial and cultural components, international and Hungarian data consistently show that around 90 percent of suicide victims and suicide attempters have at least one current Axis I mental disorder (major depression 56-87%, substance-use disorders 26-65% and schizophrenia 6-13%) at the time of the suicide event. The strong relationship between suicide attempts and depression has been also found both in clinical and population-based epidemiological studies in Hungary.

Epidemiological studies, conducted about 25 years ago showed that underdiagnosis of depression and low access to health-care are significantly associated with high suicide mortality in Hungary. However, in agreement with the findings of the Swedish Gotland study two most recent Hungarian findings also showed that education of GPs, other healthcare workers and the public on the diagnosis and treatment of depressive disorders resulted in marked decline in suicide mortality of the region served by trained GPs. These increased psychiatric activity beyond the local prevention projects regarding depression and suicide is one of the main factors resulting in a marked (almost 50 percent) decline in suicide mortality in Hungary in the last 30 years. Recently, problem solving training as an evidence based intervention in attempted suicide has also been introduced in outpatient clinical psychology services. Results indicate that it can effectively contribute to the prevention of further suicide attempts.

This symposium will overview the past and most recent Hungarian studies on the clinical psycho-social and genetical aspects of the complex relationship between depression, suicidal behaviour and suicide prevention. Our aim is also to highlight the conclusions may be useful for other communities with high suicide rates.

**Speakers**

1. Prof. Zoltán Rihmer, Semmelweis University, Budapest, Hungary and National Institute of Psychiatry and Addictions, Budapest, Hungary
2. Dr. Peter Dome, Semmelweis University, Budapest, Hungary and National Institute of Psychiatry and Addictions, Budapest, Hungary
3. Dr. Dóra Forintos-Perczel, Gyöngyi Ajtay Dep. of Clinical Psychology, Semmelweis University, Budapest, Hungary
4. Dr. Xenia Gonda, Semmelweis University, Budapest, Hungary and National Institute of Psychiatry and Addictions, Budapest, Hungary
5. Dr. György Purebl, András Székely, Prof. Zoltán Rihmer Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary

Results: In spite of the fact that suicidal behaviour is very complex, multicausal human behaviour with several psychiatric-biological, psycho-social and cultural components, similarly to international data, Hungarian studies consistently show that around 90 percent of suicide victims and suicide attempters have at least one current Axis I mental disorder (major depression 56-87 %, substance-use disorders 26-65 % and schizophrenia 6-13 %) at the time of the suicide event. The strong relationship between suicide attempts and depression has been also found both in clinical and population-based epidemiological studies in Hungary. Epidemiological studies, conducted about 25 years ago showed that underdiagnosis of depression and low access to health-care are significantly associated with high suicide mortality in Hungary. However, in agreement with the findings of the Swedish Gotland study two most recent Hungarian findings also showed that education of GPs, other healthcare workers and the public on the diagnosis and treatment of depressive disorders resulted in marked decline in suicide mortality of the region served by trained GPs. These increased psychiatric activity beyond the local prevention projects regarding depression and suicide is one of the main factors resulting in a marked (almost 50 percent) decline in suicide mortality in Hungary in the last 30 years (1).

Conclusion: Data from Hungary also show that untreated depression is the major cause of suicide and early detection and appropriate treatment of depressive disorders is one of the most promising ways of suicide prevention.

References
Studies show that improving problem solving abilities can effectively decrease the number of suicide attempts (1). In our study we investigated the effectiveness of the Problem Solving Training (PST) and compared it to standard treatment.

Methods: N=92 patients (diagnosis: major or recurrent depression) with a history of one or more suicide attempts participated in the study. N=46 patients were assigned to outpatient PST group and 46 patients received standard psychiatric treatment. Measures: Beck Depression Inventory, Beck Hopelessness Scale, MEPS and Folkman-Lazarus Ways of Coping Scale.

Results. Post PST assessments showed a significant decrease in depression (p<0,001) and hopelessness (p<0,05), and significant increase of problem analysis and goal orientation scores (p<0,05). Comparing the 2 groups we found that depression and hopelessness decreased in both groups; however, problem solving abilities improved only in the PST group (p < 0,001).

Conclusions. Our results show that PST can be effective in the improvement of problem solving skills and can effectively contribute to the prevention of repeated suicide attempts. Problem solving training as an evidence based intervention is recommended to use in mental health services (2).

References

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### Affective temperaments in the emergence of suicidal behaviour: Pathoplastic role and contribution of genetic factors

**Speaker**
Dr. Xenia Gonda  
Semmelweis University, Budapest, Hungary and National Institute of Psychiatry and Addictions, Budapest, Hungary

**Abstract**
Although the majority of suicides are related to affective disorders, not all mood disorder patients commit suicide, which raises the question which features of affective lability or affective illness predispose to self-destructive behaviour. One very useful concept in understanding affective illness and affective psychopathology, and considering it from a spectrum aspect is the model of affective temperaments, which views affective temperaments as subaffective and subclinical manifestations and possibly precursor states of mood illnesses. Affective temperaments show important associations with various diverse disease features including type, course, prognosis and outcome of the illness, and have been found to be related to suicidal behaviour as well. Earlier it was demonstrated in several countries using diverse methodological approaches and different samples that presence of affective temperaments carrying a depressive component (depressive, irritable, cyclothymic and anxious) is a risk factor for suicide, while presence of hyperthymic temperament was shown to be a protective factor. However, different affective temperaments lead to the emergence of suicidal behaviour via distinct mechanisms. Understanding the nature of the relationship between affective temperaments and suicide, as well as those mechanisms and pathways through which affective temperaments lead to suicidality may help to develop a more comprehensive model for suicidal behaviour both within and outside of the framework of mental illness, as well as may pave the way to improved approaches and tools for screening and prediction, and, ultimately, towards effective prevention of suicidal behaviour.

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### Multi-level approaches against depression and suicide in Hungary. What could we learn from countries with traditionally high suicide rates?

**Speaker**
Dr. György Purebl, András Székely, Prof. Zoltán Rihmer  
Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary

**Abstract**
Objective: As characterized traditionally high suicidal rate, numerous suicide prevention programs were established in Hungary in the past three decades. After some initiatives mainly based on GP training, the Institute of Behavioural Sciences of the Semmelweis University, Budapest joined the four-level intervention program of the European Alliance Against Depression (EAAD) in 2004. In the framework
of EAAD a multi-level approach was adopted and two intervention programs were implemented. Aim of the programs was the evaluation of the effectiveness of the multi-level approach in Hungary. 

Method: Two multi-level (EAAD 2004-2006, OSPI 2008-2012) and a GP consultation intervention programs were implemented in two Hungarian cities with traditionally high suicide rate, and in Budapest. In EAAD and OSPI implementations were executed on four different levels: training for GPs, community facilitators, special help for high-risk groups, and public campaign. Effectiveness was measured by suicide rates in EAAD and suicidal acts in OSPI, compared to the control regions. Data were collected from the Hungarian Central Statistical Office and from the registers of local hospitals. In the framework of the GP consultation program a psychiatrist was asked to participate “on site” half-day weekly in the GP care, in the GP’s office for one year.

Results: For the duration of the program in EAAD the suicide rate went down from 30.1 per 100,000 in 2004 to 13.2 in 2005 (-56.1 %), 14.6 in 2006 (-51.4 %) and 12.0 in 2007 (-60.1 %). This decrease of annual suicide rates in the city of intervention after the onset of the intervention was significantly stronger than that observed in Hungary (p=.017). Men had the same decrease in suicide rates as. In OSPI we could observe changes among males in the types of suicide attempts. There was a significant increase in the telephone-hotline calls and the utilization of psychiatric services, although the cultural attitudes about depression and suicide have not changed significantly. During the GP consultation program the number of depressive patients treated effectively only in primary care was significantly increased, less number of patients were hospitalized or were referred to psychiatric services.

Conclusion: The multi-level approach is an effective method for decreasing suicide rate probably due to the utilization of both low-threshold services and specialized care. The number of effective treatments in primary care could be also enhanced by the increased support of GP’s
Title: Biological rhythms in psychiatry

Chairperson: Prof. Ana Adan, Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain

Abstract: During the last decades, the study of the circadian rhythmic expression associated to major health problems has been a growing research area. The findings of circadian rhythmic impairments in several mental disorders, related to poor therapeutic responses and more relapses, is of great theoretical interest with relevant clinical contributions. Currently, there is no doubt about the importance to take into account rhythmic impairments in psychiatric disorders such as major depression, bipolar disorder and addiction with and without mental disorders comorbidity, given that it provides benefits in the clinical management of patients. The individual difference in circadian rhythmicity, namely circadian typology or chronotype (morning-, neither-, and evening-type) has been demonstrated to be a protective factor (morning type) or a risk factor (evening type) to develop unhealthy habits and more serious psychiatric symptomatology which get worse the social and occupational roles of these individuals.

The present symposium will discuss the current hypothesis in order to delineate the current state of knowledge on this question. The chronobiological approaches promoting the rhythmic synchronization will be presented. Such approaches can be incorporated easily to both preventive and therapeutic interventions in mental health. The clinicians should incorporate circadian rhythmicity in the assessment protocols in order to provide treatment when it is needed.

Speakers:
1. Prof. Maria Paz Hidalgo
   Laboratório de Cronobiologia HCPA/UFRGS-Brasil
2. Dr. Benicio Frey
   Department of Psychiatry and Behavioural Neurosciences, McMaster University, Canada.
3. Dra. Irina Benaiges
4. Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain.
5. Prof. Ana Adan
   Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain.

Session: Regular Symposium | Title: Circadian rhythms in depression

Speaker: M.P. Hidalgo 1, 2
1. Laboratório de Cronobiologia HCPA/UFRGS, Brasil.
2. Departamento de Psiquiatria e Medicina Legal da Faculdade de Medicina da Universidade Federal do Rio Grande do Sul, Brasil.

Abstract: Objectives: Demonstrate the evidence of how clock is an integrative system involved in mood.

Methods: We will review the connections among environment rhythm (zeitgeber), clock system and mood. The result of our epidemiologic, clinical and experimental studies will be discussed. The clinical tools are based on the analysis of actigraphy and 6-sulfatoximelatonin (aMT6s) measures.

Results: We will present the evidence of the relation between clock system and depression. In our laboratory, we have demonstrated that depressive symptoms are correlated with eveningness, when social jetlag is observed in healthy subjects. Social jetlag is defined as the difference between weekdays and workdays in sleep phase and it is, also, related to obesity and metabolic alteration. In a clinical sample, we observed a positive correlation between depressive symptoms and the increase in nocturnal aMT6s levels. Another important environment variable is the total time of sunlight exposure, in an epidemiological study, we observed that the amount of time that humans were exposed to sunlight was directly related to their pro-inflammatory cytokine interleukin-6 (IL-6) levels, and depressed subjects differed in their IL-6 levels depending on the amount of time they were exposed to sunlight.

Conclusions: The light/dark cycle is an important factor to the maintenance of life. The presents of this rhythm determine the ideal period to procreate, to forage for food and to rest(1). It is necessary, to human physiology, the exposure to dark periods. For example, melatonin is only produced during periods of
complete darkness. Consequently, light pollution may provoke chronodisruption, which is reflected in metabolic syndromes, and behavior disorders(2).

References

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<th>SPEAKER 2</th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>Circadian rhythms in bipolar disorder</td>
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<td>Speaker</td>
<td>B. N. Frey 1,2</td>
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<tr>
<td></td>
<td>1 Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, Canada</td>
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<td></td>
<td>2 Mood Disorders Program and Women’s Health Concerns Clinic, St. Joseph’s Healthcare Hamilton, Hamilton, ON, Canada</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Disruption in circadian rhythms is a core clinical feature in the course of bipolar disorder (BD). Previous studies have reported significant dysregulation in the rhythmicity of hormonal secretions, temperature, and sleep and activity during episodes of depression and mania. Moreover, recent genetic work has revealed differences in various circadian rhythm genes between individuals with BD and healthy controls. The objective of this presentation is to review the neurobiology and clinical implications of circadian rhythms disruption in bipolar disorder.</td>
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<td>Methods: We will conduct a critical review of the genetic, molecular biology, and clinical studies carried out in individuals with bipolar disorder. We will also review and discuss treatment studies and opportunities for future research in the area.</td>
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<td>Results: Both manic and depressive episodes can be triggered by disruptions in sleep/wake cycles, and sleep disruption is characteristic and predictive of mood episodes. Studies assessing objectively measured sleep parameters using actigraphy have revealed significant sleep disturbances in bipolar disorder not only during mood episodes but also during remission. Our group and others have shown that abnormalities in circadian rhythms beyond sleep (e.g., disruptions displayed in eating patterns, hormonal secretion, social rhythms and daily activity) are also present in individuals with bipolar disorder. Circadian rhythms can be objectively measured by means of the non-invasive technique actigraphy. Recent studies have shown that actigraphic parameters are highly correlated with polysomnography in both bipolar disorder and healthy controls. Molecular biology studies have found that mood stabilizers can modulate gene expression and intracellular pathways associated with circadian regulation.</td>
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<td>Conclusions: Circadian rhythms and sleep disturbances have a profound negative impact on daily functioning and quality of life in individuals suffering from bipolar disorder. Thus, treatment strategies involving assessment and improvement of sleep abnormalities and circadian rhythm disturbances are critical in the management of this major mental illness.</td>
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<tr>
<td>Title:</td>
<td>Circadian rhythmicity in addiction</td>
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<td>Speaker</td>
<td>I. Benaiges</td>
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<td>Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain</td>
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<td>Abstract</td>
<td>Objectives: Several studies have documented abnormalities in the circadian organization of sleep-wake cycles in patients with Substance Use Dependence (SUD) causing lesser Health Related Quality of Life (HRQL). This affection can persists for a long time once drug use has ceased1. Given the high rates of comorbidity between SUD and Schizophrenia (SZ), we aimed at describing the circadian rhythmic organization related to HRQL measures as well as to explore the influence of age’s patients and SUD duration in sleep-wake cycles.</td>
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Method: We studied peripheral temperature rhythm, along 48 hours, in a sample of 35 male patients suffering from SUD and 35 patients with comorbid SZ (SZ+). All patients had an average of 9 months of abstinence. The temperature record was made by the iButton sensor placed on the wrist, a non-invasive reliable and valid method, which allows to study the temperature cycle in normal living conditions. The data was analyzed by the Circadian Ware program.

Results: Both groups showed an impaired circadian functioning compared to normative data without difference between them. Such impairments were associated to worse physical HRQL. Those patients of an older age and those with a major length of SUD showed less quality of wake time and less stability of the rhythm. Such rhythmic impairments were more pronounced in the SZ+ group.

Conclusions: Circadian rhythmicity is impaired in SUD patients with and without comorbid SZ. Our results suggest the age and SUD duration as associated variables to the circadian impairment, with a negative impact on physical HRQL. Further research is needed in this field with potentially basic and practical implications in the treatment of SUD patients, especially those with comorbid SZ.

References

Session: Regular Symposium  SPEAKER 4  Code SY211
Title: Chronotype and mental health
Speaker  A. Adan 1,2
1 Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain.
2 Institute for Brain, Cognition and Behavior (IR3C), Spain

Abstract
Objectives: Circadian typology (morning-, neither-, and evening-type) is an individual difference related not only to rhythmic expression of biological and behavioral parameters, but also to habits, life-style and personality characteristics. Moreover, in the last two decades, circadian typology was also associated to several mental disorders. The objective of this presentation is to review the state of the art in this topic.

Methods: We conduct a qualitative review of the findings published in the main databases (ISI, Scopus and Medline), in English, from 1990 to 2014. Alongside the current explanatory hypothesis, we discuss the interest of the clinical management of the rhythmic aspects in mental health approaches.

Results: The literature show that individuals with evening-type typology exhibit a greater prevalence of seasonal affective disorder, mayor depression and suicide attempts, bipolar disorder, schizophrenia, sleep disorders, addictive behaviors and attention deficit hyperactivity disorder than morning-type individuals. Regarding eating disorders, bulimia and hyperphagia are more frequently evening-type typology while anorexia is frequently morning-type typology. In this line, evening-type is considered as a risk factor whereas the morning-type would be a protective factor for the development of several mental disorders. This could be a result of clock gene polymorphisms, social jet lag and some personality traits as impulsivity and disinhibition.

Conclusions: Circadian typology must be considered in prevention programs in order to avoid the establishment of an extreme evening typology. The assessment of circadian typology in patients with mental disease is of great interest since it is related to the onset, course, remission and relapses of several mental health problems. In cases of impaired rhythmical circadian functioning, the inclusion of chronobiological approaches (behavioural habits, bright light therapy, and melatonin supplementation) in the therapeutic management may benefit treatment response.
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<tr>
<td>Title:</td>
<td>Structural and dimensional approach to narcissism, psychopathy and borderline personality disorders</td>
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<td>Chairperson</td>
<td>Dr. Vicente Rubio. Unidad de Trastornos de la Personalidad. Hospital Real y Provincial Nuestra Señora de Gracia. Zaragoza, Spain</td>
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<td>Abstract</td>
<td>Four problems usually cited with respect to the categorical personality disorders diagnostic model are: excessive diagnostic co-occurrence and the opposite problem of inadequate coverage, heterogeneity among the same category and absence of a justified threshold with normality. Trying to address these problems DSM-V proposed an alternative hybrid model (dimensional – categorical) to stimulate research on this topic. On this hybrid model the following three disorders from cluster B personality disorders (dramatic, emotional or erratic disorders) survived as categorical diagnosis: Borderline, Narcissistic and Antisocial (-psychopathic). These three diagnoses have been present in DSM since DSM-III. What makes them so stable as diagnostic categories through DSM history, but at the same time so heterogeneous and co-occurring? Can they be described in a dimensional way? Does dimensional and structural assessment facilitate discrimination of individual differences helping to make treatment “matching” formulations? How can the psychiatrist assess and treat them integrating both structural and dimensional approaches? In this symposium we will address all these questions integrating current scientific knowledge and clinical state of the art.</td>
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| Speakers | 1. Dr. Leonello Forti. Povisa Hospital. Vigo, Spain  
2. Prof. Cesare Maffei Servizio di Psicologia Clinica e Psicoterapia dell'Istituto Scientifico H San Raffaele. Milano, Italy  
3. Dr. Gerardo Flórez Unidad de Conductas Adictivas. Complejo Hospitalario Universitario de Ourense. Ourense, Spain  
4. Dr. Francisco Alberdi Psychotherapeutic Clinic, Psychiatric Centre Copenhagen, University Hospital of Copenhagen. Copenhagen, Denmark. |

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<td>Title:</td>
<td>Dimensions and structure tell us much more than categories</td>
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<td>Speaker</td>
<td>Dr. Leonello Forti. Povisa Hospital. Vigo, Spain</td>
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<td>Abstract</td>
<td>Aims: Categorical approach for Personality Disorders (PD) has been criticized during the last twenty years. This handicap is more evident in cluster B PD (Narcissistic, Antisocial, Borderline and Histrionic). During this period, a lot of reliable alternative dimensional models have been developed, and at the same time the structural approach has been improved. DSM-5 tried to include dimensional (PDI-5) and structural concepts (Self-Others Dysfunction) in section III, but has also been very criticized. Three constructs are still very problematic: Psychopathy, broader than Antisocial PD; Narcissism, broader than Narcissistic PD; and Borderline Organization, broader than Borderline PD. Methods: In this presentation the speaker will show why and how Dimensional and Structural approach give more information about the patient than categorical diagnosis. Results: First, Structure may help to decide psychotherapeutic strategies. Second, dimensions allow us to distinguish different phenotypes in each construct. Third, being Dimensions and Structure very close to Neuro-Behavioural Systems, they help the clinician to decide pharmacological interventions. Conclusions: Adopting a Dimensional and Structural approach will improve current scientific knowledge on the Personality Disorders field and will help to develop new research and clinical approaches.</td>
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### Session: Regular Symposium  
**SPEAKER 2**  
**Code:** SY212

**Title:** Narcissism, structural and dimensional approach

**Speaker**  
Prof. Cesare Maffei  
Servizio di Psicologia Clinica e Psicoterapia dell'Istituto Scientifico H San Raffaele. Milano, Italy

**Abstract**  
**Aims:** The term “narcissism” is controversial because, starting from the time when Freud used it, it has assumed different meanings. Speaking about a structural approach means that there is a link between the structure of personality and characteristics concerning the quality of object relations. Consequently the adaptive or maladaptive characteristics of personality determine the characteristics of normal versus pathological narcissism. Is this perspective opposite to a dimensional view of narcissistic characteristics?  
**Methods:** The study of Narcissism from a structural and dimensional approach.  
**Results:** In reality they’re two complementary ways of looking at the same object.  
**Conclusions:** If the structure characteristics of personality are situated in a dimensional perspective also the narcissistic features can be described in a continuum going from healthy narcissism to the most severe narcissistic pathology (malignant, psychopathic).

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### Session: Regular Symposium  
**SPEAKER 3**  
**Code:** SY212

**Title:** Psychopathy, a dimensional and structural approach beyond the antisocial category

**Speaker**  
Dr. Gerardo Flórez  
Unidad de Conductas Adictivas. Complejo Hospitalario Universitario de Ourense. Ourense, Spain

**Abstract**  
**Aims:** Predatory aggression opposite to impulsive aggression is a planned behavior usually free from frustration, immediate threat and autonomic arousal. This type of aggression has been related to psychopathy (Siever, 2008). Longitudinal data in children show that callous – unemotional traits such as lack of guilt and empathy, and shallow affect predict poorer psychosocial adjustment than antisocial behavior (Viding & McCrory, 2012). Hence, should antisocial and criminal behavior, a construct were both predatory and impulsive aggression are included, be considered a core feature of psychopathy?  
**Debate is high on this topic (Viding & McCrory).**  
**Method:** The content validity of the Spanish language Comprehensive Assessment of Psychopathic Personality CAPP), a dimensional model were antisocial and criminal behavior is not included, was evaluated using Confirmatory Factor Analysis (CFA).  
**Results:** Confirmatory Factor Analysis (CFA) found that the Attachment and Behavioral domains were clearly unidimensional with the other domains requiring the removal of one or two symptoms before an acceptable fit to a unidimensional model could be achieved.  
**Conclusions:** Removing a few non prototypical symptoms it was possible to achieve unidimensional measurement for all the CAPP domains. These results replicate previous research in other countries with different cultures and different languages. A dimensional with no antisocial evaluation assessment of psychopathy like the CAPP is stable across different countries supporting the idea that dimensions related to callous – unemotional traits and not to criminal behavior are central to the psychopathy construct.

**References**  

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### Session: Regular Symposium  
**SPEAKER 4**  
**Code:** SY212

**Title:** Significance of categorical or dimensional diagnosis of personality disorders for the psychotherapeutic work with borderline patients

**Speaker**  
Dr. Francisco Alberdi
### Psychotherapeutic Clinic, Psychiatric Centre Copenhagen, University Hospital of Copenhagen, Copenhagen, Denmark

#### Abstract

**Aims:** It is known that one of the driving forces for the development of DSM-III and the nomothetic categorical diagnosis was the need for improving the reliability of the diagnostic work. Unfortunately, the improvement of the reliability was not followed by a corresponding improvement in diagnoses validity (PDM 1). The problems were further complicated with DSM-IV by the observed pronounced comorbidity between several Axis I and Axis II disorders, and the significant proportion of patients who met the criteria for several personality disorders at once.

**Methods:** These problems have both epidemiological, theoretical and therapeutic implications. We will concentrate on the influence the categorical nomothetic diagnosis has had on the development of diagnosis-specific manualized psychotherapies and the problems this poses to the therapeutic work.

**Results:** Categorical nomothetic diagnosis is a confusion for the psychotherapeutic work with Borderline patients.

**Conclusions:** Psychotherapy is essentially ideographic, and the nomothetic approach may prevent the therapeutic process. Finally, we will outline the modern integrative or trans-diagnostic therapeutic trends (Gallagher et al, 2012) and the renewed interest in the psychoanalytic and psychodynamic ideographic or person-centered therapies (Frosch, 2011)

#### References


### Title
Recent worldwide trends and patterns in nonmedical use of prescription opioid and opioid disorders

### Chairperson
Professor Viviane Kovess-Masfety, Head of EA 4069 Paris Descartes University Research Unit, EHESP School for Public Health Department of Epidemiology and Biostatistics, Paris

### Co-chairperson
Dr. Marta Torrens, Head of Addiction Unit, INAD-Parc de Salut Mar, Barcelona, Spain

### Abstract
Nonmedical use of prescription opioids (NMUPO) and prescription opioid (PO) disorder is a public health crisis worldwide. This workshop brings together leaders from the USA, Australia and Lebanon in the field of NMUPO who will present recent findings on: a) NMUPO and opioid use disorder secondary to NMUPO in adolescents and young adults based upon data from the 2002-2011 U.S. National Survey on Drug Use and Health (NSDUH); b) emerging trends on nonmedical Oxycontin use in Australia; c) longitudinal patterns of NMUPO based on four waves of U.S. regional (Secondary Student Life Survey) and national samples (Monitoring the Future data) of middle and high school students, and d) patterns of nonmedical prescription opioid use among youth and young adults in Lebanon, including associations with other substance use and motives for nonmedical use; By the end of this session participants will be able to better understand the prescription opioid epidemic worldwide as well as longitudinal patterns NMUPO, prevalence and trends on opioid use disorders, and the association of NMUPO with other risk behaviors. The presented findings have implications for both prevention and treatment of nonmedical prescription opioid use worldwide.

### Speakers
1. Silvia S. Martins
   Associate Professor of Epidemiology, Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY, USA
2. Dr. Louisa Degenhardt
   Professor, National Alchohol and Drug Research Centre, University of New South Wales, Sydney, Australia
3. Sean E. McCabe
   Research Associate Professor, Substance Abuse Research Center, University of Michigan, Ann Arbor, MI, USA
4. Lilian A. Ghandour
   Assistant Professor of Epidemiology and Biostatistics, American University of Beirut, Beirut, Lebanon

### Title
Recent trends in nonmedical prescription opioid use and prescription opioid use disorder in the usa among adolescents and young adults

### Speaker
Silvia S. Martins¹, Julian Santaeullà¹, Miriam C. Fenton¹, Carla L. Storr², Katherine M. Keyes¹, Lilian A. Ghandour¹, Deborah S. Hasin¹
¹Columbia University. ²University of Maryland, ³American University of Beirut.

### Abstract
Objectives: To examine trends in non-medical prescription opioid (PO) use, abuse and dependence among 12-17, 18-25 and 26-34 year olds in the USA from 2002 to 2012. Methods: secondary data analysis of data from the National Survey on Drug Use and Health (NSDUH). Data came from 12-17 years old (N=199,750) 18-25 years old (N= 204,570) and 26-34 year-olds (N=61,853). Prevalence across time of past-year nonmedical PO use, DSM-IV PO abuse and dependence and DSM-IV PO disorder (abuse/dependence) among nonmedical users were examined and compared via weighted logistic regression models. Results: Past-year prevalence of nonmedical PO use was generally lower among respondents aged 12-17 years (6.18% to 7.79%) and 26-34 (6.18% to 7.82%), than those aged 18-25 (9.76% to 12.44%). Since 2002, past-year use has significantly decreased among adolescents only. The prevalence of past-year opioid abuse among nonmedical PO users was between 9.10-15.18% across all age groups. There were significant increases in abuse across time only among 12-17 year-olds and among 18-25 year-olds. Prevalence of past-year opioid dependence among nonmedical PO users was, in
general, higher among 18-25 (5.49% to 15.41%) and 26-34 (5.21-15.70%) year-olds than among 12-17 year-olds (6.58% to 10.40%). There were significant increases across time across all three age groups (more pronounced in the older age groups). Conclusions: Despite the past-year use prevalence rates having remained flat or even significantly decreased, disorders secondary to nonmedical use of POs, have increased in the past decade among adolescents and young adults in the USA.

**Session:** Regular Symposium  | **SPEAKER 2** | **Code** | SY214
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**Title:** The national opioid medications abuse deterrence (nomad) study: monitoring the impact of the reformulated OxyContin® in Australia

**Speaker**
Louisa Degenhardt, Briony Larance, Raimondo Bruno, Nicholas Lintzeris, Ivana Kihas, Toni Horder, Elena Cama, Robert Ali, Michael Farrell
University of New South Wales, Sydney, Australia

**Abstract**
Objectives: There is increasing concern in a number about pharmaceutical opioid use and harms, driven by increases in injection, iatrogenic dependence and overdose. There are growing efforts by pharmaceutical companies to develop formulations that are less prone to hazardous use, dependence and diversion. In Australia, a new formulation of OxyContin® tablets was introduced onto the market on April 1st 2014 and replaced the existing controlled-release formulation. This study is monitoring changes in misuse and diversion of OxyContin®.

Methods: There are several components of this work: 1) Routine data sources (sales, prescriptions, overdose deaths); 2) Analysis of data from the Illicit Drug Reporting System (IDRS)), and 3) A prospective cohort of people who regularly misuse or tamper with pharmaceutical opioids. A cohort of 600 people who use pharmaceutical opioids monthly or more frequently, and who report currently injecting, snorting, chewing or smoking pharmaceutical opioids (n=300 Sydney, n=150 in Hobart, and n=150 in Adelaide) was recruited and interviewed prior to the introduction of the new formulation. Recruitment was through multiple methods, interviews were conducted in person with trained clinical interviewers.

Results: Baseline findings from the cohort component will be presented

Conclusions: These are the most detailed data on patterns of opioid misuse and their attractiveness for tampering ever collected in Australia

**Session:** Regular Symposium  | **SPEAKER 3** | **Code** | SY214
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**Title:** Two longitudinal studies of prescription opioid use, misuse and diversion among adolescents in the United States

**Speaker**
S.E. McCabe; B.T. West; C.J. Boyd
University of Michigan, Ann Arbor, Michigan, USA.

**Abstract**
Objectives: Medical and nonmedical use of prescription opioids have increased over the past two decades among U.S. adolescents. Two longitudinal studies examined the patterns of prescription opioid use, misuse and diversion during adolescence.

Methods: A national sample of U.S. high school seniors (n = 27,268) and a regional sample of middle school students (n = 1,076) were each followed longitudinally across four waves via self-administered questionnaires.

Results: Approximately 11.6% of the national sample and 13.4% of the regional sample reported past-year nonmedical use of prescription opioids in at least one of the four waves. Approximately 35.2% of the regional sample was prescribed opioids at least once over the 4-year period. Among those prescribed opioids, 61.7% reported appropriate medical use while 38.3% reported some form of misuse including diversion (11.6%), medical misuse (19.9%), and/or nonmedical use of prescription opioids (21.7%) over the 4-year period. The majority of nonmedical users had been prescribed opioids by a health professional during the 4-year period. Among those who reported nonmedical use in at least one wave in the national sample, 69.0%, 20.5%, 7.8%, and 2.7% reported nonmedical use at one, two, three, and four waves, respectively. Several baseline variables were associated with greater odds of multiple waves of nonmedical use including race (White), truancy, binge drinking, marijuana use, and more recent cohorts.

Conclusions: Although most prescription opioid misuse appears to be non-continuing, a minority of
adolescents report misuse across multiple waves and have elevated odds of substance abuse. There is heterogeneity in prescription opioid misuse during adolescence and health professionals who prescribe opioids have direct contact with the majority of adolescents who misuse prescription opioids.

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<td>Nonmedical use of prescription opioids among youth in Lebanon: findings, cross-cultural comparisons and implications</td>
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<td>Speaker</td>
<td>Lilian A. Ghandour, PhD MPH¹; Donna El Sayed, MPH¹; Nasser Yassin, PhD²; Rima Afifi, PhD³; Silvia S. Martins, MD⁴</td>
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<td>³-Department of Health Promotion and Community Health, American University of Beirut, Beirut, Lebanon</td>
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<td>⁴- Department of Epidemiology, Columbia University Mailman School of Public Health, New York, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Despite global concern, little is known about youth prescription opioid use outside the North Americas. The objective of this research was to assess prevalence, patterns of use, and drug using profile of nonmedical users of prescription opioid pain relievers in Lebanon, while underscoring their “motive” for nonmedical use. Methods: Data emanate from the only two recent cross-sectional surveys investigating nonmedical use of prescription drugs: the first (2010) among a representative sample of university students (n=570) attending a large private university in Lebanon, and the second (2011) among a representative sample of high school students (n=986) attending public and private high schools in the capital Beirut. In both surveys, students self-filled an anonymous IRB-approved questionnaire. Results: Opioid pain relievers were the drugs most commonly used nonmedically. Lifetime nonmedical use was 36.9% and 8.2% among university and high school students, respectively; past year use was 19.6% and 6.2%, respectively. The ratio of lifetime prevalence of nonmedical use to medical use in university students was 0.41. Very few reported nonmedical use only, and nonmedical users mostly used opioids for their intended therapeutic purpose. Parents and pharmacists (without a doctor’s prescription) were the top two sources for obtaining these drugs, and 15% of medical users reported diverting their medication. Compared to nonusers nonmedically, students who took PO nonmedically for nontherapeutic reasons were more likely to use various illegal drugs, but nonmedical users who took PO to relieve pain/help in sleep were only more likely to use marijuana (OR =2.5, 95% CI: 1.1, 5.4) and alcohol (e.g. alcohol abuse; OR = 3.8,95%CI=1.4,10.1). Conclusions: Despite distinct cultures and regulatory restrictions, our study corroborated findings from the US and Canada. Overall, our findings highlight the pressing need for more national surveys, increased parental awareness, and reinforcement of regulations regulating sale and availability of prescription drugs.</td>
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**Session:** Regular Symposium

**OVERALL ABSTRACT**

**Title:** Transcultural research of mental health in Eurasian region: New challenges of old problems (International Association of Ethnopsychologists and Ethnopsychotherapists)

**Chairperson**
Sagat Altynbekov – Republican Scientific-Practical Center of Psychiatry, Psychotherapy and Addiction Psychiatry, Almaty, Kazakhstan

**Co-chairperson**
Irina Kupriyanova, Mental Health Research Institute SB RAMSci, Tomsk, Siberia, Russian Federation

**Abstract**
Transcultural research of mental health in the Eurasian region acquires distinct contours and opens new prospects. The transcultural analysis allows improving the assessment of mental disorders and addictive behavior in groups of urbanized and remote from industrial areas population, belonging to various cultures and races, living in different climatic-geographical regions, under conditions of unstable life and psychological distress. It is typical for some regions of Russia, especially for its east frontier territories and places of living of Russian migrants in other countries. In this symposium, various pathologies of mental health are considered in theoretical, clinical, biological aspects of transcultural psychiatry, the data received in Russia, China, Kazakhstan and Germany are compared.

**Speakers**
1. Prof. Nikolay Bokhan  
   Mental Health Research Institute SB RAMSci, Tomsk, Russia, Academician of RAMSci
2. Dr. Igor Loginov  
   Far Eastern State Medical University, Khabarovsk, Russia
3. Dr. Valentina Lebedeva  
   Clinics, Mental Health Research Institute SB RAMSci, Tomsk, Russia
4. Prof. Sagat Altynbekov  
   Republican Scientific-Practical Center of Psychiatry, Psychotherapy and Addiction Psychiatry, Almaty, Kazakhstan  
   Prof. Tatiana Bokhan  
   National Research “Tomsk State University”, Tomsk, Russia

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**Session:** Regular Symposium

**SPEAKER 1**

**Title:** Ethnoterritorial problems of dependence among aboriginal population of eastern region of Russia

**Speaker**
N. Bokhan, L. Aftanas  
Mental Health Research Institute SB RAMSci, Tomsk, Russia

**Abstract**
Relevance. Intense character of narcological situation in ethnically diverse region of east Russia and high frequency of medico-social consequences of alcoholism determine relevance of ethnoterritorial research. Material and methods. Ethnoterritorial model of study of alcohol problems was narcological situation among the population of the Republic Tyva (RT) that belongs to East-Siberian economic region and is divided into 19 administrative-territorial kozhuuns (areas). The prevailing part of the population are Tuvinians - 253,3 thousand persons (77 %), including Tuvinians-Todzhints (constitute one of the smallest people of the North) - 4,5 thousand persons, Russians - 61.4 thousand persons (20 %); Tuvinians belong to Altay language family and enter into Turkic language group. Traditional religion of Tuvinians is the Buddhism with shamanism elements. Clinical-dynamic parameters of heterogeneity of alcohol dependence in 155 patients of Tuvinian and Russian nationalities with psychotic and non-psychotic (lucid) disease forms are studied.

Results. The highly progressive type of course of alcoholism in Tuvinians has been identified at late, as compared with Russians, age of onset of systematic alcohol use. Clinical manifestation of withdrawal syndrome occurs at advanced age than in Russians (at 37,7 and 29,6 years; p=0,00004), but malignantly in average after 2-2,5 years of systematic alcohol use. Psychotic forms of alcoholism predominate in Tuvinians with earlier onset of systematic alcohol use and formation of basic syndromes of the disease (7 and 5 years, respectively) than in Tuvinians with lucid alcoholism.

Conclusions. Tuvinians reliably later than Russians try for the first time, and also start to use alcohol systematically, but type of the course of alcoholism in them acquires highly progressive character with
likely development of psychotic forms of alcoholism. Ethnocultural competence about clinical heterogeneity of formation of dependence broadens possibilities of therapy with ethnodifferentiated rehabilitative influence.

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<th>Session: Regular Symposium</th>
<th>SPEAKER 2</th>
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<tr>
<td>Title:</td>
<td>Transcultural research of depressions in Russia and China</td>
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<tr>
<td>Speaker</td>
<td>I. Loginov, E. Solodkaia, S. Savin, Hu Jian Far Eastern State Medical University, Khabarovsk, Russia</td>
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<tr>
<td>Abstract</td>
<td>Objectives. Creating information models of suicidal behavior in adolescents on the Russian far-east and the northern China. Computer information model of society based on the description of game-theoretic approach to complex conflict systems. Methods. Information Modeling, ethnographic method. Research objectives: Develop game-theoretic descriptive model of antisocial behavior of adolescents in culturally different countries. Identify stable statistical relationships between control and ruled psychocorrection parameters. Determine quasicultural exposure to increase resistance to suicide in adolescents. Results. A comparative survey in schools among adolescents: a questionnaire conducted through the process of reverse translation for correct interpretation of specific terms used in our study. In the Chinese group 25% had a tendency to suicidal behavior, 34.2% thought about the possibility of suicide. First among the factors shaping suicidal behavior - social and economic (difficulty entering the study and employment, low social security), followed by interpersonal factors (break with a partner), psychopathological family history, depression, high anxiety, alcoholism and drug use, factors social immaturity (responsibility, independence), loneliness. The Russian group 20% had a tendency to suicidal behavior, 24.6% of them thought about the possibility of suicide. The main cause of suicidal behavior in adolescents Russian - interpersonal factor (failed love, personally-family conflict), then the conflicts associated with antisocial behavior, and only then - the socioeconomic factors (material and living difficulties, conflicts related to education and career, drug addiction, substance abuse, anxiety disorders and depression). Conclusions. The method information modeling allows to investigate the causes of conflict between the individual teenager using game-theoretic methods and the most effective in treating suicidal behavior in teenagers aggressive information environment (kiberbullies), thereby reducing the level of suicidality in adolescents. Suicidal behavior among Chinese adolescents occurs because of fear of the future, and in Russian - the past. There is a need for more high-quality comprehensive prevention of suicidal behavior.</td>
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<tr>
<td>Title:</td>
<td>Mental health and psychosocial adaptation of Russian migrants in Germany</td>
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<tr>
<td>Speaker</td>
<td>V. Lebedeva, V. Mantler, V. Maerker Clinics, Mental Health Research Institute SB RAMSci, Tomsk, Russia</td>
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<td>Abstract</td>
<td>Background: Currently, transcultural psychiatry experiences its Renaissance. This is testified by growth of scientific publications in the field of transcultural and ethnic psychiatry. Undoubtedly, this interest is conditioned by increase of migration, breaking of old Europa borders, growth of ethnic minorities in countries of Europa. Material and methods: In this association, development of conceptual apparatus of transcultural psychiatry is of crucial significance for development of issues of therapy and prevention of mental disorders both in migrants and in representatives of ethnic minorities. In late 1990-th we have developed the concept of ethnic system of identification under which we mean sense of belonging to that or another ethnic group. Results: System of ethnic identification is functioning based on ethnic operational system that involves language, customs, habits, traditions, stereotypes of behavior etc. Undoubtedly, this ethnic system of identification is a part of system responsible for identification of personal “Self”. It is known that in case of disorganization of system of “Self-identification” various mental disturbances are developing. Migration and specific problems of adaptation may be a cause of disturbance of functioning of system of ethnic identification and, finally, of system of “Self-identification” with development of various mental</td>
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disorders.
Conclusion: Indicated ideas have served as a basis for development of classification of mental disorders in migrants as well as of new psychotherapeutic program.

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<tr>
<td>Title:</td>
<td>Telepsychiatry: experience of ethnocultural research of mental health of Kazakhstan and Siberia</td>
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<td>Speaker</td>
<td>S. Altynbekov¹, T. Bokhan²</td>
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<td>¹Republican Scientific-Practical Center of Psychiatry, Psychotherapy and Addiction Psychiatry, Almaty, Kazakhstan</td>
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<tr>
<td>²National Research “Tomsk State University”, Tomsk, Russia</td>
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| Abstract | Objective: Study of clinical and social-psychological aspects of mental disorders associated with somatic diseases with distinguishing the basic pathogenetic factors and development of stepwise therapeutic programs. 
Material and methods: Analyzed material - persons seeking for psychiatric help at primary care units on eastern frontier territories of Kazakhstan and Russia. Factorial analysis has identified the most significant factors (somatic-vegetative, psychopathological syndromes, somatic pathology, age peculiarities) in formation of combined mental and somatic diseases. With account for specifics of the contingent of patients, age structure, therapeutic-diagnostic complex of general primary care units, stepwise rehabilitative programs have been developed. 
Results: Basic stages of therapy have been distinguished: initial, basic and maintenance. Rehabilitative programs have been developed and introduced: for patients with neurotic disorders, organic mental disorders, personality disorders, affective disorders, alcohol dependence, and separately for persons of younger and elder age. Basic principles of rendering of medical assistance have been structured: complexity, sufficiency, individual-differentiated approach, continuity, cooperativeness. 
Conclusions: Use of base of general somatic primary care units, integrative approach during rendering of specialized psychiatric assistance to patients with mental disorders appeared to be most effective and lesser economically expensive as compared with institutional assistance at a profile institution. |
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<th>OVERALL ABSTRACT</th>
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<td><strong>Title:</strong> Epigenetic, genetic and neurobiological determinants in the development of suicidal behavior</td>
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<td>Chairperson</td>
<td>Prof. Yogesh Dwivedi, University of Alabama at Birmingham, Birmingham, Alabama, USA</td>
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<td>Abstract</td>
<td>Suicide is a major public health concern. Thus, identification of the risk factors associated with suicide is of high importance. The long-sought understanding of the neurobiology of suicide is advancing rapidly, as novel mechanistic concepts are being evolved. Molecular and genetic approaches by revealing genes that may be undergoing dysfunctional regulation, have added a new dimension to the exploration of the neurobiology of suicide. The proposed symposium aims to address novel concepts which may help identifying risk factors predisposing a person to suicidal behavior. Gustavo Turecki (McGill University, Canada) will demonstrate a strong linkage of childhood abuse-induced epigenetic DNA modifications to suicidal behavior. Dr. Dan Rujescu (University of Halle, Germany) will discuss the role of intermediate phenotypes in suicide, primarily focusing on genetic association studies of aggression and neuroticism and their relationship with suicidal behavior. Dr. Virginia Willour (University of Iowa, USA) will discuss the first ever exome-wide sequencing study of suicidal behavior, and will present findings of rare and uncommon functionally important genetic variants involved in the susceptibility to suicide. Dr. Jussi Jokinen (Karolinska Institutet, Sweden) will present data showing a strong link between the low level of CSF oxytocin and heightened risk of serious suicide attempts. The research endeavors to be presented could lead to a breakthrough in identifying the causative factors associated with suicide and in the development of novel site-specific therapeutic agents.</td>
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| Speakers | 1. Prof. Gustavo Turecki, McGill Group for Suicide Studies, Douglas Hospital Research Centre, Montréal, Canada  
2. Dr. Virginia Willour  
  University of Iowa, Iowa City, Iowa, USA  
3. Prof. Dan Rujescu  
  Department of Psychiatry, University of Halle, Germany  
4. Dr. Jussi Jokinen  
  Karolinska Institutet, Stockholm, Sweden |

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<th>Session: Regular Symposium</th>
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<td><strong>Title:</strong> Epigenetic regulation of the anterior cingulate cortex by childhood maltreatment</td>
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| Speaker | Pierre-Eric Lutz, Gary G Chen, Raphaël Poujol, Alpha B Diallo, Michael J Meaney, Carl Ernst and Gustavo Turecki  
  McGill Group for Suicide Studies, Douglas Hospital Research Centre, Montréal, Canada |
| Abstract | Objectives: Childhood maltreatment (CM) is a global problem of significant proportion that affects children of all ages, race, economic, and cultural backgrounds. There is a strong relationship between CM and negative mental health outcomes, particularly depression, suicide and associated behaviors. The anterior cingulate cortex (ACC) is a crucial brain region for the encoding of adverse life experiences, and for the regulation of affective state that is differentially activated in individuals who experienced CM. In this study, we investigated methylation changes occurring in the ACC as a function of CM in individuals who died by suicide.  
  Methods: We characterized genome-wide DNA methylation patterns in the ACC using reduced representation bisulfite sequencing (RRBS), and its correlation with the expression of related genes, as measured by RNA-Seq. Using brain post-mortem tissues available through the Douglas-Bell Canada Brain Bank, we compared 27 depressed suicide completers with a history of severe CM, with 26 psychiatrically normal individuals with no history of CM. Information on psychiatric diagnoses and history of CM were obtained for all subjects through psychological autopsies.  
  Results: A total of 67% of sequences were aligned, with an average of 21.25M (0.9M) and 21.90M (0.8M) reads were sequenced, respectively, for suicides with histories of CM and controls. The analysis
was conducted using 800bp windows. Over one hundred genomic regions were differentially methylated between groups at genome-wide significant level (FDR corrected). Many of these differentially methylated sequences were clustered in genomic regions associated with functional implications.

Conclusions: These results provide us with interesting leads into biological processes differentially regulated by the early-life environment, some of which may help us better understand behavioral dysregulation frequently present in individuals with histories of CM, and may suggest possible new avenues for intervention.

Session: Regular Symposium
Title: Whole-exome sequencing in attempted suicide
Speaker: V.L. Willour
University of Iowa, Iowa City, Iowa, USA
Abstract
Objectives: The goal of the attempted suicide whole-exome sequencing project is to identify coding variants associated with suicidal behavior using data generated on bipolar suicide attempters and bipolar non-attempters. In the first two years of the study, we completed the analysis of the sequencing data from the first 474 attempters and 631 non-attempters.

Methods: The whole-exome sequencing project involved sequence capture of exons of 19,768 genes followed by high-throughput next-generation sequencing. The sequence data was then processed using a custom built bioinformatics pipeline and functionally annotated.

Results: The analysis comparing the sequence data from the attempters to the non-attempters identified 1704 variants (out of 954,528 variants) that were associated with attempted suicide at an odds ratio > 5.0. We also tested for genes with elevated rates of rare variants in attempters as compared to non-attempters, an analysis which identified 380 genes with an odds ratio > 5.0, including the fibroblast growth factor gene FGF17 (OR 4.83; p-value 0.00026).

Conclusions: While these results are based on a moderate number of samples and thus would not survive correction for the ~20,000 genes on the whole-exome mapping panel, they highlight the value of using whole-exome data to search for suicidal behavior susceptibility genes. Further work is proposed in a sample that will be much expanded and thus far more powerful.

Session: Regular Symposium
Title: Genomic studies and intermediate phenotypes in suicide
Speaker: Dan Rujescu
Department of Psychiatry, University of Halle, Germany
Abstract
Objectives: Family and twin studies show a clear heritability of suicidal behavior. Therefore, we investigated the role of a comprehensive set of genes in this behavior. Their selection was driven by results from post mortem and genetic studies.

Methods: 250 suicide attempters with various psychiatric disorders were compared with 3000 volunteers, which were randomly selected from the general population. All subjects were administered standard psychiatric interviews including SCID as well as self-report questionnaires for anger-related traits. Especially, aggressive-impulsive behavior has been studied and associations with these intermediate phenotypes will be presented. Additionally a large-scale gene expression analysis using cDNA-microarrays to identify new candidate-genes for suicide was conducted.

Results: We found several genes to be differentially expressed in the orbitofrontal cortex of suicide completers. Cross-validation experiments using quantitative RT-PCR validated a few genes so far.

Conclusions: These genes have been genotyped in our patients and controls and associations with...
suicidal behavior and intermediate phenotypes, like aggression and impulsivity will be presented.

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<td>Title:</td>
<td>CSF Oxytocin and heightened risk of serious suicide attempts</td>
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<td>Speaker</td>
<td>J. Jokinen¹, A. Chatzittofis¹, P. Nordström¹, K. Uvnäs-Moberg², M. Åsberg¹</td>
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<td>¹. Karolinska Institutet, Stockholm, Sweden</td>
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<td>². Swedish University of Agriculture, Skara, Sweden</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Oxytocin is an important modulating neuropeptide in regulation of social interaction. One human study has reported a negative correlation between CSF oxytocin levels, life history of aggression and suicidal behaviour. We hypothesized that CSF oxytocin levels would be related to suicidal behaviour, suicide intent, lifetime interpersonal violence and suicide risk.</td>
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<td>Methods: 28 medication free suicide attempters and 19 healthy volunteers participated in this cross sectional and longitudinal study. CSF and plasma morning basal levels of oxytocin were assessed with specific radio-immunoassays. The Beck Suicide Intent Scale (SIS), the Freeman scale and the Karolinska Interpersonal Violence Scale (KIVS) were used to assess suicide intent and lifetime violent behaviour. All patients were followed up for cause of death. The mean follow-up was 21 years.</td>
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<td>Results: Suicide attempters had lower CSF oxytocin levels compared to healthy volunteers. In suicide attempters CSF oxytocin showed a significant negative correlation with the planning subscale of SIS. CSF oxytocin showed a significant negative correlation with suicide intent, the planning subscale of SIS and Freeman interruption probability in male suicide attempters. Correlations between plasma oxytocin levels and the planning subscale of SIS and Freeman interruption probability were significant in male suicide attempters. Lifetime violent behaviour showed a trend to negative correlation with CSF oxytocin. In the regression analysis suicide intent remained a significant predictor of CSF oxytocin corrected for age and gender whereas lifetime violent behaviour showed a trend to be a predictor of CSF oxytocin. Oxytocin levels did not differ significantly in suicide victims compared to survivors.</td>
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<td>Conclusions: Low CSF oxytocin levels may be related to heightened risk of serious suicide attempts.</td>
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**Session:** Regular Symposium  | **OVERALL ABSTRACT** | Code | SY220
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**Title:** Novel findings on the epidemiology of alcohol use and misuse around the world: Investigating trajectories, phenotypes and emerging problems

**Chairperson:** Silvia S. Martins, MD, PhD, Associate Professor of Epidemiology, Department of Epidemiology, Mailman School Of Public Health, Columbia University, New York, United States

**Abstract**

Alcohol use is highly prevalent in all continents and is a major public health problem worldwide. Recently, sophisticated epidemiological studies have generated results with important practical implications. This symposium brings together leaders in the field of alcohol epidemiological research who will present recent findings on the investigation of: a) different categorical phenotypes based upon the DSM-5 criteria of alcohol use disorders among past-year weekly alcohol users, using data from the São Paulo Megacity Mental Health Survey, as part of the World Mental Health Survey Initiative in Brazil; b) racial/ethnic differences in alcohol use during the transition from adolescence to adulthood, using data from the National Longitudinal Study of Adolescent Health of United States; c) gender differences in trajectories of alcohol abuse from adolescence to young adulthood, using longitudinal data from the TEMPO study which has been conducted in France; d) increased harmful consumption by middle, high school and university students in Lebanon, based on SAD survey findings; and e) examine the association between the contexts of adolescent alcohol use and binge drinking in Australia with data from a prospective cohort study. By attending this session participants will gain essential knowledge on what have been discussed by experts regarding trends of alcohol use and misuse based on recent epidemiology investigations that have been carried out in countries with very different alcohol use cultures.

**Speakers**

1. Laura Helena Silveira Guerra de Andrade  
   Medical School of University of São Paulo, São Paulo, SP, Brazil
2. Katherine M. Keyes, PhD  
   Mailman School of Public Health, Columbia University, New York, NY, United States
3. Maria Melchior, PhD  
   INSERM U1018, Université Versailles Saint Quentin, Villejuif, France
4. Lilian Gandhour  
   Faculty of Health Sciences, American University of Beirut, Beirut, Lebanon
5. Louisa Degenhardt,  
   National Alcohol and Drug Research Centre, University of New South Wales, Sydney, Australia

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**Session:** Regular Symposium  | **SPEAKER 1** | Code | SY220
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**Title:** Investigating dimensionality and measurement bias of DSM-5 alcohol use disorder in a representative sample of the largest metropolitan area in South America

**Speaker**

João Mauricio Castaldelli-Maia, MD, PhD  
Arthur G. Andrade, MD, PhD  
Maria C. Viana, MD, PhD  
Silvia S. Martins, MD, PhD  
Laura H. Andrade, MD, PhD

1 – Department of Psychiatry, Medical School, Universidade de São Paulo, São Paulo, SP, Brazil  
2 – Department of Neuroscience, Medical School, Fundação do ABC, Santo André, SP, Brazil  
3 – Department of Social Medicine, Federal University of Espírito Santo, Vitória, ES, Brazil  
4 – Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY, USA

**Abstract**

Objectives: Given the recent launch of a new diagnostic classification (DSM-5) for alcohol use disorders (AUD), we aimed to investigate its dimensionality and possible measurement bias in past year alcohol users who had at least 1 drink per week in the 12 months prior to the interview. Data came from São Paulo Megacity Project collected between 2005-2007, which is part of World Mental Health Surveys. Methods: Firstly, exploratory factor analysis (EFA) was carried out to test for the best dimensional structure for DSM-5 AUD. Then, item response theory (IRT) was employed to investigate the severity
and discrimination properties of each criterion of DSM-5 AUD. Finally, differential functioning of the 11 DSM-5 AUD criteria were investigated by the socio-demographic variables income, gender, age, employment status, marital status and education. All analyses were performed in Mplus software taking into account complex survey design features. Results: A one-dimensional model had the best fit in EFA. IRT results showed that "Time spent" and "Activities given up" has the highest discrimination and severity properties. Moreover, "Larger/Lon ger" distinguished from the other criteria and had the lowest value of severity, but an average value of discrimination. Some direct effects of socio-demographic variables were found only on "Social/Interpersonal", "Withdrawal", “Physical/Psychological”, “Craving” and "Quit/Control" Conclusion: This study reinforces a DSM-5 AUD continuum. However, the DSM-5 AUD criteria had a quite different severity and discrimination profiles, and some direct effects of gender, age and employment status were found, what could rend some meaasurement bias. These are valuable information for professionals working with treatment and prevention of alcohol disorders.

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<td>Title: Racial/ethnic differences in alcohol use across the life course: An explanation of health disparities?</td>
<td>Km Keyes; T Vo; M Wall; S Suglia; S Martins; S Galea; D Hasin Columbia University, New York, NY, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Little is known about the consistency of race/ethnic differences in prevalence of alcohol use across the life course. Understanding patterning of alcohol use by race across age is critical to inform prevention and intervention efforts and to fully elucidate potential health disparities arising from problematic substance use. Methods: Data were drawn from the National Longitudinal Study of Adolescent Health (Wave 1 N=20,705; Wave 4: 15,701). Participants were interviewed at four waves, beginning at mean age 16 through mean age 29, regarding frequency and quantity of alcohol use in the past 12 months. At-risk drinking was defined as any instance of 5+ drinks per drinking occasion or 14+ drinks per week on average for men, and any instance of 4+ drinks per drinking occasion or 7+ drinks per week on average for women. Random effects models tested differences-in-differences to determine interview wave (waves 1-4) by race interactions, controlling for age, parents’ highest education and income, public assistance, urbanicity. Models were estimated separately by sex. Results: In all waves, whites were more likely to use alcohol, and engage in at-risk alcohol use. There was no evidence of convergence or cross-over (i.e., greater prevalence in blacks only at later ages) in alcohol outcomes. By Wave 4 (mean age 29.9), whites were 2.1 times as likely to engage in any alcohol use (95% C.I. 1.67-2.75) and 1.4 times as likely to engage in at-risk drinking (95% C.I. 1.15-1.81). There were no race by wave interactions for any alcohol-related outcome. Conclusions: Among both men and women, whites were more likely than blacks to use alcohol and evidence at-risk or heavy alcohol use, as well as higher drinking quantity and frequency across time. Racial differences in alcohol use are unlikely to explain health disparities in the United States.</td>
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<td>Title: Trajectories of alcohol use from adolescence to adulthood and associated factors: Data from France</td>
<td>M. Melchior 1,2, A. Yaogo 1,2, E. Fombonne3, F. Lert4,5 1. INSERM, UMR_S 1136, Pierre Louis Institute for Epidemiology and Public Health, F-75005, Paris, France 2. Sorbonne Universités, UPMC Univ Paris 06, UMR_S 1136, Pierre Louis Institute for Epidemiology and Public Health, F-75005, Paris, France 3. Oregon Health &amp; Science University, Oregon, USA 4. INSERM, U1018, Centre for Research in Epidemiology and Population Health, CESP, F-94807, Villejuif, France 5 University of Versailles Saint-Quentin, UMRS 1018, F-94807, Villejuif, France</td>
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Objectives Alcohol abuse is frequent in adolescence. However, in most cases, individuals decrease their level of alcohol consumption during the transition to adulthood. Yet in some cases, alcohol abuse persists into adulthood, potentially causing health, familial, occupational, and social damages. We studied trajectories of alcohol abuse from adolescence to young adulthood aiming to identify factors associated with persistence in a community based study of young adults in France.

Methods Data for this study come from the TEMPO cohort study based in France (n=674 participants aged 22-35 years in 2009), whose parents also participate in a longitudinal cohort study (GAZEL). Adolescent alcohol abuse was assessed in 1999 (ages 12-26 years), by the number of episodes of drunkenness in the preceding 12 months (< vs. <=3). Adult alcohol abuse was assessed in 2009 using the WHO AUDIT. Logistic regression analyses were stratified on age, sex, childhood family income and controlled for childhood temperament, parental history of high alcohol use, and the quality of family relations.

Results 11.7% of study participants reported alcohol abuse in adolescence; among them, 69.2% did not show signs of alcohol abuse ten years later. Nonetheless, adolescent alcohol abuse was associated with an increased likelihood of alcohol abuse in adulthood (multivariate OR: 4.27, 95% CI 2.21-8.24) and this association appeared stronger in participants who were older than 16 at the time of the baseline measurement (multivariate OR: 15.53 vs. 3.95 in participants younger than 16 at baseline), in women (multivariate OR: 6.76 vs. 3.06 in men) and in participants who came from families with low income (multivariate OR: 11.86 vs. 2.49 in participants from intermediate/high income families).

Conclusions Our results suggest that in most cases adolescent alcohol abuse tends to desist in young adulthood; nonetheless, women and youths from socioeconomically disadvantaged families may be vulnerable to long-term alcohol-related problems.
children reduces their likelihood of engaging in risky drinking; further, little work has examined the risks of drinking in less supervised contexts.

Methods: Australian prospective longitudinal cohort of 1943 adolescents with 6 assessment waves at ages 14-17 years. Drinkers were asked where and how frequently they drank. Contexts were: at home with family, at home alone, at a party with friends, in a park/car, or at a bar/nightclub. The outcomes were prevalent and incident risky drinking (>5 standard drinks (10g alcohol) on a day, past week) in early (waves 1-2) and late (waves 3-6) adolescence.

Results: 44% (95%CI: 41-46%) reported past-week risky drinking on at least one wave. Fifteen percent reported drinking repeatedly (3+ times) with their family in early adolescence (95% CI: 14-17%). Those repeatedly drinking with family also had increased likelihood of repeated drinking in other contexts. Adolescents who drank 3+ times with family in early adolescence were more likely to report risky drinking in later adolescence (RR 2.2, 95%CI: 1.8-2.8); these effects remained after adjustment for potential confounders (adj. RR 1.9; 95%CI: 1.5-2.4). There was also an indication that drinking with family increased the likelihood of incident risky drinking for those drinking in most other contexts.

Conclusions: Our results suggest that consumption with family does not protect against risky drinking. Parents who wish to minimise risky drinking by their adolescent children should also limit their children’s opportunities to consume alcohol.
**Title:** Inter-sectional symposium on science in person-Centered care

**Chairperson:** Mohammed T. Abou-Saleh, Qatar Addiction Treatment and Rehabilitation Centre, Aspetar, Doha, Qatar and the Department of Psychiatry, St George’s, University of London, London, UK

**Co-chairperson:** Juan E. Mezzich, New York University, New York, USA

**Abstract**

The articulation of science and humanism has been documented (1) as present since the very beginnings of the World Psychiatric Association (WPA). Such articulation is a cornerstone of the initiative on person-centered psychiatry launched at the 2005 General Assembly of WPA, and was stimulus for the subsequent involvement of many of its Scientific Sections (2). It has been extended more recently to general medicine in collaboration with the World Medical Association, World Health Organization, International Alliance of Patients’ Organizations among many others through six annual Geneva Conferences from which an International Network, now International College, on Person-centered Medicine has emerged. It publishes an International Journal of Person Centered Medicine to foster research and scholarship in the field. From a study sponsored by WHO, key concepts underlying person-centered medicine include ethical commitment, holistic scope, cultural sensitivity, relationship focus, individualized treatment, common ground for diagnosis and care, people-centered systems of care, and person-centered health education and research.

The present Inter-Sectional Symposium a group of representatives of WPA Scientific Sections will offer presentations on how the principles and perspectives of person-centered psychiatry and medicine may inform their corresponding areas of scientific work.

**References**


**Speakers**

1. Mohammed T. Abou-Saleh
   Qatar Addiction Treatment and Rehabilitation Centre, Aspetar, Doha, Qatar and the Department of Psychiatry, St George’s, University of London, London, UK
2. Ihsan M. Salloum
   University of Miami Leonard M. Miller School of Medicine, Miami, USA
3. Bulent Coskun
   Faculty at Psychiatry Department of Kocaeli University Medical School Kocaeli, Turkey
4. Wolfgang Gaebel
   Kliniken Der Heinrich Heine-Universität Düsseldorf, Düsseldorf, Germany

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**Session:** Regular Symposium

**Title:** Genomic personalized medicine and whole person-centered medicine: The WPA biological psychiatry section and person-centered care

**Speaker:** Mohammed T. Abou-Saleh, Qatar Addiction Treatment and Rehabilitation Centre, Aspetar, Doha, Qatar and the Department of Psychiatry, St George’s, University of London, London, UK

**Abstract**

Recent advances in genetics have provided new knowledge on the genetic contribution to the aetiology, diagnosis and treatment of medical and psychiatric disorders. Moreover the applications of these advances for medical practice have ushered in the concept of genomic personalized medicine for integration into person-centered diagnosis and care. Studies have demonstrated the impact of genomics on the validity of diagnosis e.g. personalized cancer medicine and the growing contribution of genomics to the study of responses to pharmaceuticals. In mental health studies have reported on the utility of CYP450 genetic polymorphisms in predicting therapeutic effects of psychotropics. Also studies of the pharmacogenetics of alcoholism and nicotine have reported promising results for...
polymorphisms in the OPRM1 and CYP2A6 genes for predicting response to naltrexone and to nicotine replacement therapy respectively. We propose to integrate the genomics of psychiatric disorders into the informational bases of the person-centered integrative diagnosis (PID) (Mezzich et al, 2010): genomics as intrinsic biological contributors to ill health. Moreover genomics will enhance the predictive validity and utility of psychiatric diagnosis. Consequently, diagnosis and treatment depend on an integrative person-centered approach that recognizes the intertwined relationship among biological and psychosocial processes endorsing the primacy of the whole person-centered medicine

References

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<th>Session:</th>
<th>Regular Symposium</th>
<th><strong>SPEAKER 2</strong></th>
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<tr>
<td>Title:</td>
<td>Person-centered diagnosis in the Latin American psychiatric diagnostic guide</td>
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<td>Speaker</td>
<td>Ihsan Salloum, Juan Mezzich, Angel Otero, Javier Saavedra, WPA Classification and Diagnostic Evaluation Section</td>
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<td>Abstract</td>
<td>Person-centered diagnosis is a key feature of the Revised Version of the Latin American Psychiatric Diagnostic Guide (GLADP-VR) [1]. This has been recently published by the Latin American Psychiatric Association (APAL) through its Diagnostic and Classification Section, in collaboration with the WPA Classification and Diagnostic Formulation Section and other international organizations. The GLADP-VR diagnostic model is aimed at presenting a diagnosis of health and not only of diseases and is composed of the following levels: Health Status (from disorders and disability to well-being, all measured with standardized instruments), Health Contributors (risk factors and protective factors), and Health Experience and Values. It includes categorical, dimensional and narrative elements and involves the interactive engagement of clinicians, patients, and families. The GLADP-VR is culturally-informed and represents an application of the Person-centered Integrative Diagnosis Model developed by the WPA Classification and Diagnostic Formulation Section in collaboration with the International College of Person Centered Medicine.</td>
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<tr>
<td>Title:</td>
<td>How can wpa section on education contribute to improvement of person centered psychiatry</td>
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<tr>
<td>Speaker</td>
<td>Bulent Coskun MD Chair of WPA Section on Education in Psychiatry; Faculty at Psychiatry Department of Kocaeli University Medical School Kocaeli Turkey</td>
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| Abstract | The movement on Person Centered Psychiatry, so old rooted but so newly discovered once more deserves much attention at various aspects of education in psychiatry. Although roots go back to ancient times for having humans at the center of science, developments in technology and focusing on diseases rather than on the person has mislead the attitudes of physicians for centuries. WPA’s role on the re-discovering of person centered psychiatry is crucial. So as members of Section on Education in Psychiatry, we believe we have important duties in this regard. 

The Section on Education in psychiatry, focuses on undergraduate, postgraduate, public education and primary care and medicine issues during its activities as areas of interest. No doubt, each of the mentioned areas are directly related to the person either receiving treatment (or help in general terms) or anyone being trained for prevention and treating other human beings. 

During the presentation, some examples of practical implications about this approach will be discussed. |
| References | Mezzich J E, Salloum IM, Cloninger CR at all. (2010) Person Centered Integrative Diagnosis: |
Session: Regular Symposium | **SPEAKER 4**
---|---
Title: Person-Centered perspectives from the WPA schizophrenia section
Speaker: Wolfgang Gaebel  
Kliniken Der Heinrich Heine-Universität Düsseldorf, Düsseldorf, Germany
Abstract: The purpose is to characterize the role that the principles of person-centered medicine may play in schizophrenia research and care. In schizophrenia, the individual’s personal history and his/her attitudes and actual life experiences shape the phenomenology of hallucinatory and delusional experiences. Also, concomitant social factors like stigmatisation or unemployment modulate and co-determine the presentation and functional consequences of schizophrenia. It is the individual’s unique combination of all these factors which lead to a conclusive clinical picture and ultimately to a diagnosis of schizophrenia. For a person-centered research into the causes and course determinants of schizophrenia, a holistic approach needs to encompass all these factors. Current models of schizophrenia center on the neurobiology of schizophrenia or cognitive and other psychological processes. A personalized approach will bring new life to schizophrenia research by advocating a more comprehensive approach to research designs in that social and personal biographical data may be used as additional elements of analysis. On the treatment level, a person-centered psychiatry will bring new key advancements to studying individual genetic factors which regulate drug metabolism, and also to consider not only symptom control, but also aspects of life quality, functioning in everyday life and role fulfillment as key outcome components of clinical trials. For mental healthcare research, similar outcome criteria will take center stage in a person-centered care perspective. Employing the principles of person-centered care from the diagnosis to treatment and healthcare research will be a main provider of ample fresh ideas to the field of schizophrenia research.
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<tr>
<td>Title:</td>
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<td><strong>Translational approach to optimization of treatment with anti-craving medication in alcoholics: Genetic, metabolic and human lab studies of predictors of acamprosate response</strong></td>
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<td>Chairperson</td>
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<td>Frank, Johan, Karolinska Institutet, Department of Psychiatry and Psychology, Sweden</td>
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<td>Abstract</td>
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<td>Alcoholism is one of the most significant problems contributing to death, disability and lost productivity worldwide. Medications for treatment of alcoholism are available, yet few treatment-seeking alcoholics are using medications. The lack of biomarkers allowing identification of potential responders and monitoring treatment progress is among most common reasons for infrequent use of medications. This symposium will present the results from clinical, preclinical and model studies focussed on discovery of the genetic and metabolic biomarkers, which correlate with treatment response to acamprosate, which is a market leader among antidipsotropic medications. Presented results will be discussed in the context of importance of translational approach to development of novel approaches to alcoholism treatment, allowing individualized selection of treatment options available at present time and development of novel treatments targeting newly identified treatment targets.</td>
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<tr>
<td>Title:</td>
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<td>Clinical and genetic markers associated with the length of sobriety in human alcoholics treated with acamprosate</td>
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<td>Speaker</td>
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<td>V.M. Karpyak(^1), J.M. Biernacka(^1,2), J. Geske(^2), G. Jenkins(^2), J.M. Cunningham(^3), J. Rüegg(^4), O. Kononenko(^5), A.A. Leontovich(^6), O. Abulseoud(^7), D. Hall-Flavin(^1), L.L. Loukianova(^1), T.D. Schneekloth(^1), M. Skime(^7), J. Frank(^6), M.M. Nüthen(^7), M. Rietschel(^8), F. Kiefer(^9), K. Mann(^8), R. Weinshilboun(^9), M.A. Frye(^1) and D.S. Choi(^1), J.M. Biernecka(^1), J. Geske(^2), G. Jenkins(^2), J.M. Cunningham(^3), J. Rüegg(^4), O. Kononenko(^5), A.A. Leontovich(^6), O. Abulseoud(^7), D. Hall-Flavin(^1), L.L. Loukianova(^1), T.D. Schneekloth(^1), M. Skime(^7), J. Frank(^6), M.M. Nüthen(^7), M. Rietschel(^8), F. Kiefer(^9), K. Mann(^8), R. Weinshilboun(^9), M.A. Frye(^1) and D.S. Choi(^1); V.M. Karpyak(^1), J.M. Biernacka(^1), J. Geske(^2), G. Jenkins(^2), J.M. Cunningham(^3), J. Rüegg(^4), O. Kononenko(^5), A.A. Leontovich(^6), O. Abulseoud(^7), D. Hall-Flavin(^1), L.L. Loukianova(^1), T.D. Schneekloth(^1), M. Skime(^7), J. Frank(^6), M.M. Nüthen(^7), M. Rietschel(^8), F. Kiefer(^9), K. Mann(^8), R. Weinshilboun(^9), M.A. Frye(^1) and D.S. Choi(^1); V.M. Karpyak(^1), J.M. Biernacka(^1), J. Geske(^2), G. Jenkins(^2), J.M. Cunningham(^3), J. Rüegg(^4), O. Kononenko(^5), A.A. Leontovich(^6), O. Abulseoud(^7), D. Hall-Flavin(^1), L.L. Loukianova(^1), T.D. Schneekloth(^1), M. Skime(^7), J. Frank(^6), M.M. Nüthen(^7), M. Rietschel(^8), F. Kiefer(^9), K. Mann(^8), R. Weinshilboun(^9), M.A. Frye(^1) and D.S. Choi(^1)</td>
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<td>Abstract</td>
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<td>Objectives: Acamprosate supports abstinence in some alcohol dependent subjects; yet, predictors of response are unknown. To identify response biomarkers, we investigated associations of abstinence length with polymorphisms in candidate genes in glycine and glutamate neurotransmission pathways and genes previously implicated in acamprosate response. Methods: Association analyses were conducted in the discovery sample of 225 alcohol dependent subjects treated with acamprosate for three months in the community based treatment programs in the United States. Data from 110 alcohol dependent males treated with acamprosate in the study PREDICT were used for replication of the top association findings. Statistical models were adjusted for relevant covariates, including recruitment site and baseline clinical variables associated with response. Results: In the discovery sample, shorter abstinence was associated with increased intensity of alcohol craving and lower number of days between last drink and initiation of acamprosate treatment. After adjustment for covariates, length of abstinence was associated with the GRIN2B rs2058878 ((p=4.6\times10^{-5})). In the replication sample, shorter abstinence was associated with increased craving, increased depressive mood score, and higher alcohol consumption. Association of abstinence length with GRIN2B rs2058878 was marginally significant ((p=0.0675)); as in the discovery sample, the minor A allele was...</td>
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associated with longer abstinence. Furthermore, rs2300272, which is in strong linkage disequilibrium with rs2058878, was also associated with abstinence length (p=0.049).

Conclusions: This is the first report of a replicated association of genetic markers with the length of abstinence in acamprosate-treated alcoholics. Investigation of the underlying mechanisms of this association and its usefulness for individualized treatment selection should follow.

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**Session:** Regular Symposium  
**Title:** High serum glutamate levels associated with positive response to acamprosate in human alcoholics  
**Speaker:** H.W. Nam\(^1,2\), V.M. Karpyak\(^2\), D.J. Hinton\(^3\), J.R. Geske\(^4\), M.L. Prieto\(^7\), O.A. Abulseoud\(^2\), J.M. Biermacka\(^3,4\), M. A. Frye\(^7\), and D.S. Choi\(^1,2,3\)  
\(^1\)Department of Molecular Pharmacology and Experimental Therapeutics  
\(^2\)Department of Psychiatry and Psychology  
\(^3\)Molecular Neuroscience Program  
\(^4\)Department of Biomedical Statistics and Informatics, Mayo Clinic College of Medicine, Rochester, Minnesota, 55905.

**Abstract**  
Objectives: Alcohol use disorders (AUD) impose major public health and social problems. While acamprosate is an FDA approved medication for AUD, treatment outcome is not uniform in all patients. To improve therapeutic response, it is critical to develop clinically useful biomarkers that can assist in treatment selection.  
Methods: We employed a pharmacometabolomics approach to identify serum biomarkers associated with positive acamprosate response in patients with AUD. Out of the 120 subjects, 71 maintained continuous abstinence from ethanol drinking (responders), while 49 relapsed (non-responders) following 12-week acamprosate treatment. Serum metabolites were analyzed both at baseline and at a 12-week follow up visit.  
Results: Acamprosate responders have significantly higher baseline serum glutamate levels than non-responders (P < 1.3 × 10^-3). Furthermore, responders appear to have active glutamine synthetase (GS) metabolism, which is not evident in non-responders.  
Conclusions: Our findings demonstrate that elevated baseline serum glutamate levels might serve as a biomarker for predicting acamprosate response.

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**Session:** Regular Symposium  
**Title:** The effects of acamprosate on alcohol-cue reactivity and alcohol priming in dependent patients  
**Speaker:** A. Hammarberg  
Karolinska Institutet, Department of Clinical Neuroscience, Centre for Psychiatry Research, Addiction Centre Stockholm, Sweden

**Abstract**  
Objectives: Acamprosate is a widely utilized, efficacious treatment for relapse prevention in alcohol-dependent patients; yet, little is known regarding its therapeutic mechanism of action. The aim of the present study was to examine the effect of acamprosate on cue reactivity and alcohol priming in alcohol-dependent patients.  
Methods: In a double-blind design, 56 treatment seeking patients were randomized to 21 days of either acamprosate or placebo treatment and then participated in a series of cue- and alcohol-priming sessions. Alcohol cues consisted of a mixture of alcohol related visual, tactile, olfactory, and auditory stimuli. Non-alcohol-related cues were contextually similar but had no connection to alcohol. In the alcohol-priming procedure, patients were provided with an alcohol drink of their own choice at a dose corresponding to 0.20 gr. EtOH/kg bodyweight. Subjective, physiological, and biological measurements were recorded before and after each test session. Following study completion, all patients were referred to formal treatment.  
Results: The results showed that acamprosate attenuated the subjective craving induced by alcohol priming in comparison to placebo-treated patients. Furthermore, acamprosate reduced alcohol-induced elevation in blood-cortisol levels. Lastly, there was a negative correlation between acamprosate plasma levels and alcohol craving following a priming drink. No effects of acamprosate on cue reactivity, or on the acute rewarding and sedating effects of the priming drink, were observed.
Conclusion: These results suggest a potential mechanism by which acamprosate mediates its therapeutic effect in the treatment of alcoholism, by attenuating the urge to drink following an alcohol slip.

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<td>How can the predictive value of animal models of alcoholism be improved?</td>
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<td>Speaker</td>
<td>B. Soderpalm&lt;sup&gt;1,2&lt;/sup&gt;, M Ericson&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>&lt;sup&gt;1&lt;/sup&gt;Sahlgrenska Academy, Gothenburg, Sweden</td>
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<td>&lt;sup&gt;2&lt;/sup&gt;Sahlgrenska University Hospital, Gothenburg, Sweden</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Alcohol intake and ethanol’s mechanisms of action in the brain have been extensively studied in animal models. We have for example shown that glycine receptor activation in the nucleus accumbens (nAc) and, secondarily, activation of nicotinic receptors in the ventral tegmental area are involved in the dopamine (DA) activating effects of ethanol, and that manipulations of these receptor populations powerfully modulate ethanol intake in the rat. However, when brought to clinical trial the glycine concept failed, whereas both a negative and a positive study are available with respect to the nicotinic concept. Several other pharmacological agents have throughout the years been promising in animal models but failed in the clinic. One reason for these discrepancies could be that the construct validity of the animal models is low. Lately, the pathophysiology of alcoholism has been partly revealed in i.a. brain imaging studies, indicating hypodopaminergia in the striatum, reduced blood flow in the frontal cortex, elevated brain glutamate levels during withdrawal, and reduced GABAergic neurotransmission. We have set out to explore how well our animal model captures these features.</td>
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<td>Methods: Two-bottle free choice chronic access in the rat, in vivo microdialysis, rt-PCR.</td>
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<td>Results: DAD2, but not DAD3, receptor mRNA was down-regulated by chronic ethanol intake, and chronic ethanol and chronic elevation of glycine levels may reduce basal DA levels in nAc. Studies are ongoing exploring interactions between chronic glycine receptor activation and the endogenous opioid system, as well as glutamatergic and GABAergic alterations.</td>
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<td>Conclusions: Our model captures some of the features of human alcoholism. Our aim is to continue to study the neurochemical alterations produced by this model and to modify it in order to increase its construct validity.</td>
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Title: **Translational approach to investigation of the opioid system in stress depression and addiction: From basic science to clinical practice**

Chairperson: Ögren, Sven Ove, Karolinska Institutet, Department of Neuroscience, Sweden

Abstract: Evidence indicates that alterations in the endogenous opioid neurotransmission, including kappa-opioid receptor (KOR) and its ligands dynorphins (DYN) contribute to excessive alcohol seeking and consumption. In alcohol-dependent humans and rodent models, neuroadaptations in DYN/KOR system involve regions which integrate processes related to different behavioral domains that, when dysregulated by alcohol exposure, can serve as a basis for many of the phenotypes associated with alcohol dependence. These include but are not limited to alcohol craving, stress reactivity, social dysadaptation, anxiety and depression. Discovery of biomarkers associated with such dysregulation may allow identification of vulnerability for the alcohol dependence and provide guidance for development of individualized treatment recommendations. This symposium will present the results from clinical, preclinical and molecular genetic studies focussed on discovery of genetic, epigenetic and neuroimaging correlates of alterations in DYN/KOR system which may contribute to alcohol dependence and related phenotypes.

Speakers:
1. Victor M. Karpyak  
   Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA  
2. Georgy Bakalkin  
   Department of Pharmaceutical Biosciences, Uppsala University, Uppsala, Sweden  
3. Rajita Sinha  
   Department of Psychiatry, Yale University, New Haven, CT, USA  
4. Andreas Zimmer  
   Institute for Molecular Psychiatry, University of Bonn, Sigmund-Freud-Str. 25, 53127 Bonn, Germany

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Title: **Gender effects on association between PDYN sequence variation with alcohol dependence and related phenotypes**

Speaker: Victor M. Karpyak, Stacey J. Winham, Joanna M. Biernacka, Jennifer Geske, Julie M. Cunningham, Osama A. Abulseoud, Daniel K. Hall-Flavin, Larissa L. Loukianova, Terry D. Schneekloth, Mark A. Frye, Georgy Bakalkin, Doo-Sup Choi

Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA  
Department of Health Sciences Research, Mayo Clinic, Rochester, MN, USA  
Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN, USA  
Department of Pharmaceutical Biosciences, Uppsala University, Uppsala, Sweden  
Department of Molecular Pharmacology and Experimental Therapeutics, Mayo Clinic, Rochester, MN, USA.

Abstract: Introduction: The dynorphin/kappa-opioid receptor (DYN/KOR) system recruited during alcohol withdrawal plays an important role in the development and persistence of alcohol dependence. We have demonstrated an association of PDYN haplotypes including the rs2281285 single nucleotide polymorphism (SNP) with alcohol dependence and propensity to drink in negative emotional situations (Karpyak et al. 2013). We have also demonstrated that rs2281285 is associated with a propensity to drink in order to avoid emotional or somatic discomfort associated with alcohol withdrawal (Preuss et al 2013). Given that both of these phenotypes may contribute to relapse in alcoholics, we investigated the potential association of rs2281285 with relapse.

Methods:
The Illumina GoldenGate SNP assay was used for genotyping of 13 PDYN and 10 OPRK1 SNPs in 816 alcohol-dependent subjects treated in programs affiliated with Mayo Clinic, Rochester, Minnesota. Follow up data about alcohol use or abstinence within 12 months after treatment was available for 202 self-reported European Americans. Logistic regression was used to test for an association of relapse with genetic variants. Cox proportional hazards models were used to test for associations with time until relapse.

Results:
The minor rs2281285 G allele was associated with relapse within 12 months (OR=1.740, p-value=0.0362) and with time until relapse (HR=1.437, p-value=0.0375). Further analysis indicated that association between rs2281285 G and relapse is gender specific (HR=1.717, p-value=0.0366 in females and HR=1.215, p-value=0.4128 in males).

Conclusions:
Our findings support the association of PDYN rs2281285 G allele with alcohol dependence, propensity to drink in negative emotional situations and post-treatment relapse. Future studies should investigate functional mechanisms underlying the role of different alleles in the rs2281285 locus in these associations.

Session: Regular Symposium  
SPEAKER 2  
Code SY228

Title: The endogenous opioid system in the pathological human brain: Mutations and molecular dysregulations

Speaker G. Bakalkin; T. Yakovleva; I. Bazov.  
Department of Pharmaceutical Biosciences, Uppsala University, Uppsala, Sweden

Abstract Molecular dysregulations in the endogenous opioid system (EOS) may be induced by alcohol consumption in specific neurocircuitries, involve specific subtypes of opioid receptors and differentially contribute to the initiation and maintenance of alcohol dependence. We recently demonstrated that the EOS is altered in brain areas relevant for cognitive control of addictive behavior in human alcohol dependent subjects (Bazov et al., 2011; Taqi et al., 2011). Prodynorphin (PDYN) mRNA and dynorphins in the dorsolateral prefrontal cortex (dl-PFC), kappa-opioid receptor (KOR) mRNA in orbitofrontal cortex and dynorphins in hippocampus were found to be upregulated in alcoholics. Activation of the kappa-opioid receptor by up-regulated dynorphins in alcoholics may underlie in part neurocognitive dysfunctions relevant for addiction and disrupted inhibitory control.

Dynorphins may also induce effects that are not mediated through opioid receptors; they are generally excitatory and may lead to neurodegeneration. This role of dynorphins is emphasized by the identification of missense mutations in PDYN that cause profound neurodegeneration in human brain underlying the spinocerebellar ataxia type 23, a dominantly inherited neurodegenerative disorder (Bakalkin et al., 2010). Most mutations are located in the dynorphin sequence. Generalized pathological changes induced by these mutations demonstrate a fundamental role of these peptides in regulation of neuronal functions and survival in the human brain. Intrinsically neurotoxic dynorphins persistently upregulated in alcoholics, may disrupt neuronal functions and induce neurodegeneration in cortical circuits expressing these peptides, which may contribute to pathogenesis of this disorder.

Session: Regular Symposium  
SPEAKER 3  
Code SY228

Title: Kappa opioid receptor gene variants: Effects on stress reactivity, drug craving and addiction risk and relapse

Speaker Rajita Sinha and Ke Xu  
Department of Psychiatry, Yale University, New Haven, CT, USA

Abstract Aims: Kappa opioid receptor regulates human emotion and stress response via the activation of hypothalamic (the hypothalamic-pituitary-adrenal: HPA axis) and limbic brain circuits. Here, we investigated the relationship between a potential functional variant in OPRK1 and individual cortisol level in response to
stress, craving and the time to addiction relapse. To understand whether or not OPRK1 modulates stress neuronal circuitry, we further studied the effect of a promoter variant on neural response to stress in cocaine dependent individuals.

Methods:
Sixty-seven treatment-seeking African American cocaine dependent subjects were recruited for the study. One promoter variant, rs6980250 C>G was genotyped. We measured subjective craving and serum cortisol level following a laboratory imagery paradigm in neutral, stress and drug cue conditions. Using functional MRI, we scanned the genotype and demographically matched subjects to measure brain function in three conditions. All subjects were followed prospectively for 90 days to assess the treatment outcome. Linear Mixed Effect (LME) models were applied for data analysis to test main effects and interactive effects among different variables.

Results:
Rs6989250 modulated craving severity, cortisol levels, and neural responses to stress. Compared to G allele at rs6989250, the C allele that abolishes a transcription binding site in OPRK1 was linked to greater craving, higher cortisol level and hyperactivity of hypothalamus and midbrain regions in stress versus neutral conditions. Subjects carrying C allele relapsed more rapidly within 30 days after treatment, suggesting the importance of early intervention for these subjects.

Conclusions:
These results suggest that a promoter variant in OPRK1 alters HPA axis activity possibly via hyperactivation of the hypothalamic and midbrain regions. It is associated with increased stress-induced craving, cortisol responses and relapse risk in cocaine dependent individuals of African descent. Future studies are expanding these finding to larger sample and in other racial groups and also assessing OPRK1 gene variants for its contribution to stress-related addictive behaviors and risk of addiction. (Supported by R01-AA013892; UL1-DE019586; PL1-DA024859).

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Session: Regular Symposium  SPEAKER 4  Code  SY228

Title: Involvement of Dynorphin signaling in emotional memory formation

Speaker  Andras Bilkei-Gorzo and Andreas Zimmer  
Institute for Molecular Psychiatry, University of Bonn, Sigmund-Freud-Str. 25, 53127 Bonn, Germany

Abstract  It is essential for survival to remember dangerous events so that they can be avoided in the future. Thus, memories associated with emotionally arousing stimuli are particularly strong and vivid. However, to adapt to a changing environment it is also important to re-evaluate emotional memory-associated stimuli after re-exposure and to adjust behavioural responses accordingly. This behavioural flexibility can be assessed in animals using fear conditioning and extinction models. We were interested in the role of dynorphin in the modulation of emotional memories, because it is highly expressed in the central and basolateral amygdala as well as in the hippocampus, brain regions involved in emotional and fear responses. Dynorphin is released in aversive situations and peptide levels increase after exposure to emotionally arousing stimuli. Mice with a genetic disruption of dynorphin showed an enhanced cue-dependent fear conditioning, as well as delayed extinction in contextual and cue conditioning/extinction paradigms. The pharmacological blockade of kappa opioid receptors produced a similar effect. Other emotional memory functions were also affected by dynorphin. Thus, dynorphin-deficient mice showed a superior partner recognition ability, whereas their performance in the object recognition test was identical to wild-type mice. Importantly, a polymorphism in the human dynorphin encoding gene that is associated with a reduced expression of dynorphin also modulated fear conditioning and extinction, the activity of the amygdala, functional coupling between amygdala and the prefrontal cortex, and the intensity of stress responses during extinction in human volunteers. Our results therefore have clinical implications.
### OVERALL ABSTRACT

**Title:** **Apathy: A frequent but often forgotten syndrome in psychiatry**

**Chairperson:** Prof. Luis Agüera-Ortiz, Alzheimer Disease Research Unit. CIEN Foundation & CIBERSAM. Madrid, Spain.

**Abstract**

Apathy is commonly defined as a persistent deficit of motivation, feelings, emotions, or interests leading to a reduction in self-generated behaviors aimed at a goal. It can be present in several major psychiatric conditions including schizophrenia, mood disorders and dementia. Despite its great importance, apathy has received little attention until now. The symposium will highlight recent advances in the neurobiological and clinical characterization of apathy, development of the new diagnostic criteria, and different treatment options.

Research that aim to define distinct dysfunctions in motivational and cognitive processes underlying goal-directed behavior in patients with apathy based in behavioral and functional neuroimaging experiments suggest that this neurocognitive approach could provide a framework for investigating the mechanisms leading to apathy across different disorders.

The relationship between apathy and psychotic disorders will be presented, with a special focus on first episode psychosis patients and comparisons with patients with longer history of illness and other brain disorders. Results regarding the differences between clinician and patients’ own assessment of apathy will also be presented.

Apathy is also acknowledged to be an independent syndrome present in a variety of neurodegenerative conditions including dementia. Novel assessment and stimulation tools in this area using information and communication technologies will be shown.

Different modern treatment options will be discussed. As a framework for pharmacological treatments, the positive results from a very recent double blind placebo controlled trial to evaluate the effects of methylphenidate, a dopamine-enhancing compound, for the treatment of apathy in Alzheimer’s Disease will be presented.

**Speakers**

1. Prof. Stefan Kaiser  
Psychiatric Hospital, University of Zurich, Zurich, Switzerland.
2. Prof. Ann Faerden  
K.G Jebsen-center for psychosis research, Oslo University Hospital, Norway.
3. Prof. Philippe Robert  
Memory center / CoBTeK , Centre Edmond et Lily Safra, Institut Claude Pompidou, CHU University of Nice Sophia Antipolis, France.
4. Prof. Jacobo Mintzer  
Roper St. Francis Healthcare. Clinical Biotechnology Research Institute. USA

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### SPEAKER 1

**Title:** Apathy as a dysfunction of motivational and cognitive processes underlying goal-directed behavior

**Speaker:** S. Kaiser  
Psychiatric Hospital, University of Zurich, Zurich, Switzerland

**Abstract**

Objectives: Apathy can be defined as a quantitative reduction of goal-directed behaviour. Thus, disturbances of motivational and cognitive processes underlying goal-directed behaviour can potentially lead to the development of apathy. Here, we present a series of studies that aim to disentangle these processes on a behavioural and a neurobiological level in two samples of patients with schizophrenia.

Methods: For the behavioural study 31 patients with schizophrenia were recruited. Patients performed an effort-based decision making task assessing the willingness to work for a reward - a motivational process. They also performed an option generation task assessing the ability to generate options for actions in ill-structured situations – a cognitive process. For the neuroimaging study 25 patients with schizophrenia were recruited. They performed a modified choice reaction time task while undergoing functional magnetic resonance imaging, which allows assessment of ventral striatal activation during reward anticipation. In both studies apathy was measured with the motivation and pleasure facture of...
Brief Negative Symptom Scale.

Results: In patients with schizophrenia apathy was strongly and specifically associated with increased effort discounting, i.e. apathetic patients were less willing to work for a reward. Patients showed a reduction in the quantity and quality of options for action generated in ill-structured decision situations. Finally, activation of the ventral striatum during reward anticipation was reduced in patients with apathy. Importantly, all these results remained significant when controlling for antipsychotic dose, depression and other clinical variables.

Conclusion: Apathy is associated with motivational and cognitive processes underlying goal-directed behaviour in patients with schizophrenia. A dysfunctional representation of reward value in the ventral striatum might contribute to the motivational deficit. Regarding the neural basis of cognitive disturbances affecting goal-directed behaviour the lateral and anterior prefrontal cortex are potential candidates, but functional imaging tasks addressing decision-making in ill-structured situations are needed.

Session: Regular Symposium | SPEAKER 2 | Code | SY234

Title: Apathy in psychotic and other brain disorders: Can differences give rise to increased understanding of underlying mechanisms?

Speaker: A. Faerden
K.G Jebsen-center for psychosis research, Oslo University Hospital, Norway

Abstract

Objectives: Recent research both in patients with a first episode psychosis (FEP) and patients with an established diagnosis of schizophrenia have given clear evidence that a state of apathy or reduced motivation play a central role in the development of poor psychosocial functioning. Apathy is also a symptom found in other brain disorders. Apathy is defined as lack of goal directed behavior in the medical literature, but as lack of feeling in the dictionary. In order to come up with effective treatment it is important that the researcher/therapist understands how the patients perceive apathy. The aim of this presentation is to present current knowledge of apathy across disorders and how the researcher and patients assess apathy.

Methods: Papers were retrieved after a PubMed search with the key words apathy, psychosis, and brain disorders.

Results: Apathy was present in 50% of FEP patients, 23% of those with possible Parkinson’s disease (PD) and between 20 - 50% in those with possible or in the early stage of Alzheimer’s disease (AD). For FEP patient’s level of apathy decreased at follow up, for PD and AD there was an increase. For all disorders apathy had a high correlation with poor psychosocial functioning and two studies, one in FEP and one in AD found apathy to predict poor functioning at one-year follow up. For all three disorders apathy was more associated with male gender. Also across disorders apathy was associated to poor performance on neurocognitive tests of executive function.

Conclusions: There seems to be commonalities across disorders regarding male gender, early appearance in disease process, association to - and prediction of poor functioning and associations to poor executive function, but not other cognitive areas. Apathy in FEP patients assessed by the researcher and patients differed significantly in correlation to negative symptoms and prediction of poor functioning, but with close to equal correlation with depression. More knowledge is needed regarding how the affective-, cognitive- and motor systems are affected in apathy in order to come up with effective treatments.

Session: Regular Symposium | SPEAKER 3 | Code | SY234

Title: The pharmacological treatment of apathy – The Admet study

Speaker: J. Mintzer
Roper St. Francis Healthcare. Clinical Biotechnology Research Institute. Charleston, South Carolina, USA

Abstract

Objectives: In a recent crossover trial, methylphenidate treatment decreased apathy in Alzheimer's disease. We further assessed this finding in the Apathy in Dementia Methylphenidate Trial (ADMET).

Methods: Six-week, randomized, double-blind, placebo-controlled multicenter trial enrolling Alzheimer's disease participants (NINCDS-ADRDA criteria) with apathy assigned to methylphenidate 20 mg daily or placebo, conducted from June 2010 to December 2011. Primary outcomes were change in Apathy...
Evaluation Scale (AES) score and modified Alzheimer's Disease Cooperative Study-Clinical Global Impression of Change (ADCS-CGI-C). Secondary outcomes included change in Neuropsychiatric Inventory (NPI) apathy score, Mini-Mental State Examination (MMSE) score, and safety. Results: 60 participants were randomly assigned (29 methylphenidate, 31 placebo). At baseline, mean (SD) age = 76 (8) years, MMSE score = 20 (5), AES score = 51 (12), NPI total score = 16 (8), and 62% of the participants (n = 37) were female. After 6 weeks' treatment, mean (SD) change in AES score was -1.9 (1.5) for methylphenidate and 0.6 (1.4) for placebo (P = .23). Odds ratio for improvement in ADCS-CGI-C was 3.7 (95% CI, 1.3 to 10.8) (P = .02), with 21% of methylphenidate versus 3% of placebo rated as moderately or markedly improved. NPI apathy score improvement was 1.8 points (95% CI, 0.3 to 3.4) greater on methylphenidate than on placebo (P = .02). MMSE trended toward improvement on methylphenidate (P = .06). There were trends toward greater anxiety and weight loss > 2% in the methylphenidate-treated group.

Conclusions: Methylphenidate treatment of apathy in Alzheimer's disease was associated with significant improvement in 2 of 3 efficacy outcomes and a trend toward improved global cognition with minimal adverse events, supporting the safety and efficacy of methylphenidate treatment for apathy in Alzheimer's disease.

References


Title: **A paradigm shift in understanding of depression and suicide behavior**

Chairperson: Amresh Shrivastava, University of Western Ontario, London, Canada

Abstract: Newer findings from research in depressive disorder have advanced our knowledge and for pathophysiology and treatments. We have come a long way from neurotransmitter theory which was most popular biological mechanism discussed in eighties. However more advancement has also thrown more questions. Major challenge today remains synthesizing the data and develops a trajectory of pathophysiology. Neurobiological, neuroimaging, genetics and epigenetics have unfolded the fundamental pathology and alterations in development of brain. Most exciting information comes from biological changes due to psychosocial stress and social determinants. The mute question however remains: how and why social stress leads to biological changes? There seems to be a shift in understanding of psychopathology of depression from only a biological perspective towards finding out how sustained stress and traumatic experience change emotions to the extent of morbidity. It is significant to note that factors like resilience, neuroplasticity and cognition play a positive role in pathogenesis. These may also be able to explain a number of clinical syndrome, endophenotypes and diagnostic subgroups arising from common etiological factors. Researchers in this symposium will present their views about advancements in psychobiology of depression.

Speakers:
1. Ghanshyam N. Pandey  
   University of Illinois at Chicago
2. Gustavo Tafet  
   Maimonides University
3. Ned H. Kalin  
   University of Wisconsin
4. Amresh Shrivastava  
   University of Western Ontario, London, Canada

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Session: Regular Symposium  
Title: **Neuroimmune molecules in depression and suicide**

Speaker: Ghanshyam N. Pandey  
University of Illinois at Chicago

Abstract: Objectives: The suggested neuroimmune abnormalities in depression and suicide have been related to an increase in the levels of the proinflammatory cytokines in the serum of these patients. We have examined if abnormalities of cytokines and Toll-like receptors (TLRs), biological mediators of immune function, are dysregulated in the brain, plasma, and lymphocytes of depressed and suicide subjects. Methods: We determined the protein and mRNA expression of proinflammatory cytokines and TLR3 and TLR4 in the postmortem brain (prefrontal cortex, PFC) of 24 suicide victims and 24 normal control subjects, and in the plasma and lymphocytes of 24 drug-free hospitalized depressed (MDD) and 24 normal control subjects. Protein expression was determined using either ELISA or the Western blot, and mRNA expression using the qPCR technique. Results: We observed that the protein and the mRNA expression levels of IL-1β, IL-6 and TNF-α were significantly increased in the PFC of the teenage suicide victims, and also in plasma and lymphocytes of MDD patients compared with normal control subjects. We also observed that the protein and mRNA expression of TLR3 and TLR4 were significantly increased in the PFC of 24 depressed suicide victims compared with 24 normal control subjects. Conclusions: These studies indicate that the suggested immune function abnormalities in depression and suicide may be related to an increase in the levels of proinflammatory cytokines and TLRs in the peripheral tissue of MDD patients and in the brain of suicide victims.
### Symposium

**Title:** Neurochemistry of chronic stress  
**Speaker:** Gustavo Tafet  
Maimonides University  
**Abstract**  
Stress and depression are characterized by elevation of circulating cortisol, as well as by changes in physiological functions, mediated by the HPA axis. We hypothesized that abnormality of HPA axis, with increased levels of cortisol, may lead to serotonergic changes in chronic stress leading to anxious-depressive symptoms. We demonstrated that cortisol induces an increase in the expression of the serotonin transporter gene, associated with subsequent elevation in the uptake of serotonin. This stimulatory effect, produced upon incubation with cortisol in vitro, was observed in peripheral blood lymphocytes from normal subjects. We carried out studies to examine cortisol level and enhancement of serotonin uptake by cortisol in patients with generalized anxiety disorder and depression. We further studied changes in cortisol level with cognitive therapy (CT). A significant decrease in the HAM–A scores, along with significant changes in plasma cortisol levels, were observed after completion of treatment with CT in both groups. We concluded that neurobiological effects of chronic stress may involve enhancement of serotonin uptake by cortisol, due to increased HPA axis activation caused by stress. Psychopharmacological and psychotherapeutic approaches are considered.

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<tr>
<td>Title:</td>
<td>New advances understanding the developmental risk for anxiety and depression</td>
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</table>
| Speaker | Ned H. Kalin  
University of Wisconsin | | | |
| Abstract | Recent studies suggest that the risk for the development of anxiety and depressive disorders can be identified early in life. Translational research approaches using nonhuman primate developmental models have identified the early neural circuit alterations that underlie this vulnerability. Additionally, assessment of altered gene expression in the amygdala of at risk individuals suggests alterations in neurodevelopmental processes underlying amygdala neuroplasticity and learning. These studies provide evidence to support a paradigm shift in the treatment of anxiety and depression focused on early childhood interventions aimed at ameliorating alterations in neural circuits that underly the risk to develop anxiety and depression. | | |

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<tr>
<td>Title:</td>
<td>Resilience: An independent neurobehavioral construct for psychopathology</td>
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| Speaker | Amresh Shrivastava  
University of Western Ontario, London, Canada | | | |
| Abstract | Recent thinking is public health is towards positive psychiatry which argues for an outcome in which we can move towards wellness from illness and try to achieve an outcome which can provide social integration, personal contentment. There is growing evidence that positive psychological traits such as resilience, optimism, wisdom and social engagements are associated with significant positive health outcomes that include better overall functioning Recent investigations have sought to understand its neurobiology. In one of our study for examining psychopathology we hypothesized that resilience of a patient is also responsible for relapse and rehospitalization due to diminished ability to adapt to a number of psychosocial situations. The study shows that there is a critical window for effectiveness of resilience. It is observed that up to a certain level high resilience is protective against severity of psychopathology. However after a critical level, severity of psychopathology continues to increase despite presence of high resilience. This phenomenon could be possibly due to an ‘exhaustion effect’ caused by persistent symptoms of severe mental disorders. | | |
### OVERALL ABSTRACT

**Title:** Clinical staging in affective disorders

**Chairperson:** Juan José López-Ibor, Madrid Complutense University, Madrid, Spain

**Abstract**

Clinical staging is a system used in diagnosis that complements and modulates disease conceptualization, offering the possibility to better typify their clinical state, in order to improve illness evolution prediction and the administration of personalized treatments for each stage. Different models of clinical staging in psychiatric disorders have been proposed in recent years. Some research groups are working in the proposal of new models and trying to validate these with different biomarkers and with clinical and functional objective parameters. The main objective of this Symposium is to show and discuss relevant clinically staging models in the field of psychiatric disorders in general and in affective disorders in particular. Some of the main researchers in the field will show their most recent and significant findings in clinical staging of bipolar and depressive disorders. Additionally, the speakers will address the issue of clinical staging in psychiatric illness in relationship with clinical symptoms, evolution, functional status and its relevance to improve the knowledge of the underlying pathophysiology and development of specific treatment strategies for every stage.

**Speakers**

1. Patrick D. McGorry  
   Orygen Youth Health, Parkeville, Victoria, Australia
2. Maria Paz García  
   Universidad de Oviedo, Spain
3. Blanca Reneses  
   Instituto de Psiquiatría. Instituto de Investigación (IdISSC). Hospital Clínico San Carlos  
   Universidad Complutense. Madrid, Spain
4. Fiammetta Cosci  
   University Of Florence, Florence, Italy
5. Flavio Kapczinski  
   Visiting Professor of Psychiatry, UT at Houston, Texas, USA, Professor of Psychiatry, UFRGS,  
   Porto Alegre, RS, Brazil

### SPEAKER 1

**Title:** Clinical staging in psychiatric disorders

**Speaker:** Patrick D. McGorry  
Orygen Youth Health, Parkeville, Victoria, Australia

**Abstract**

**References**

### SPEAKER 2

**Title:** A new proposal of clinical staging in bipolar disorders

**Speaker:** Maria Paz García  
Universidad de Oviedo, Spain

**Abstract**

Bipolar disorder, due to its biological, clinical and functional characteristics, is an ideal entity for obtaining benefits from a staging model. Several models have been proposed but none of them includes important aspects related to bipolar disorder as physical health or quality of life. Taking into account the above, we conducted a naturalistic, multicentre, cross-sectional study of a cohort of patients (n= 233) with bipolar disorder. Demographic and clinical information were obtained from the
clinical records and patients. In addition the following evaluations were made: psychopathology - depression: HDRS, mania: YMRS, sleep-wake rhythm: COS, sexual functioning: CSFQ-14, suicidal behaviors: C-SSRS, clinical severity: CGI-BP-M-, cognition (SCIP), functioning (GAF, SF-36), quality of life (SF-36), and biological evaluation (anthropometrics, vital signs, blood analysis). Using artificial intelligence techniques we developed a staging model for bipolar disorder able to adequately classify patients with this disorder according to the progression of the illness.

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<tr>
<td>Title:</td>
<td>Staging of depressive disorders and its relationship with functional and clinical measures</td>
<td>Blanca Reneses</td>
<td>Instituto de Psiquiatría. Instituto de Investigación (IdISSC). Hospital Clínico San Carlos Universidad Complutense. Madrid, Spain</td>
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<tr>
<td>Abstract</td>
<td>A critical review of current models of clinical staging of depressive disorders and their potential contribution to routine clinical practice will be presented. Likewise we will discuss the results of a study whose main objective was to establish the correlation between the clinical staging model proposed by Hetrick and McGorry (modified by our group) with the severity of depression, the associated disability and the treatment resistance degree. It is a descriptive cross-sectional study carried out in a sample of 135 patients, 15 or more years old, with a diagnosis of DSM-IV- Major Depression (single or recurrent episode) that were in contact with the outpatient and inpatient Units of the Institute of Psychiatry of the San Carlos Clínico Hospital in Madrid. Socio-demographic and clinical variables were collected: diagnosis, global impression of illness, severity of depressive symptoms, functionality and disability degrees and resistance to treatment. In spite the sample size limitations, it can clearly note that clinical stage model correlates in a statistically significant way with the scores of the Clinical Global Impression (CGI), and especially with the Global Assessment of Function (GAF) and the resistance to treatment degree. We will discuss the utility of clinical staging model in the clinical practice and the interest to study the correlations between this proposed model and the established biomarkers of Major Depression.</td>
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<tr>
<td>Title:</td>
<td>Clinical staging in panic disorder</td>
<td>Fiammetta Cosci</td>
<td>University Of Florence, Florence, Italy</td>
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<td>Abstract</td>
<td>Fava and Kellner in 1993 described a staging model for panic disorder with agoraphobia based on the fact that, in a substantial proportion of patients, agoraphobia, hypochondriacal fears and beliefs, and generalized anxiety precede the first panic attack. However, for some patients the first panic attack can apparently occur without conspicuous prodromal symptoms, while anticipatory anxiety, phobic avoidance, and hypochondriasis may develop subsequently. For this reason, it is noteworthy to mention the hypothesis formulated by Sheehan and Sheehan in 1982-1983 which outlined a different staging process: stage 1 (sub-panic) characterized by panic attacks with limited symptoms; stage 2 (panic); stage 3 (hypochondriasis); stage 4 (single phobia, that is the setting in which panic occurs); stage 5 (social phobia); stage 6 (agoraphobia); stage 7 (depression). An updated version of the staging model of panic disorder is here proposed as well as a staging model of treatment resistance when panic is treated.</td>
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<td>Abstract</td>
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| Review the literature related to staging and neuroprogression in bipolar disorder.
| Methods  |
| A literature search on the topic was carried out using available databases in English language.
| Results  |
| Most of the studies found are cross-sectional and suggest that late-stage bipolar disorder present a more severe and refractory profile. This set of patients present an inferior response to lithium treatment as well as to group cognitive behaviour therapy. There is also evidence of more pronounced volumetric changes among late-stage patients.
| Conclusions  |
| There is clinical evidence supporting that patients with higher number of episodes present a differential profile in terms of response to treatment, functioning and volumetric changes in brain. This is consistent with the notion of neuroprogression that suggest that certain brain changes that take place before and after the beginning of the disorder may influence the course of illness and treatment outcomes. |
### Session: Regular Symposium

**OVERALL ABSTRACT**

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#### Title:

**Depression in diabetes: Patterns of comorbidity and impact on the course of diabetes**

**Chairperson**

Professor Norman Sartorius, Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

**Abstract**

People with type 2 diabetes are known to have an increased risk of developing mental health problems, including depression, anxiety and other forms of emotional and psychological distress: available evidence indicates that up to one third of people with diabetes suffer from sub-threshold or major depressive disorders. To date however, research in this field has mainly been cross-sectional and conducted in the United States, with few studies in other countries. Longitudinal studies are scarce and so causal pathways and care processes have yet to be determined. The US studies have suggested that the prognosis of both diabetes and depression – in terms of severity of disease, complications, treatment resistance and mortality – is worse for either disease when they are co-morbid than when they occur separately. Recently, with full support from the Dialogue on Diabetes and Depression (DDD), an international collaborative initiative focusing on the comorbidity of diabetes and depression, an international project involving 18 countries (the INTERPRET-DD study), has been launched to shed light on many issues related to the comorbidity of depression and diabetes. This symposium will provide data on this issue and will present the rationale and some preliminary data from the project.

#### Speakers

1. **Professor Gerhard Heinze**  
   National University of Mexico, Mexico City
2. **Dr Dusica Lecic-Tosevski**  
   School of Medicine, University of Belgrade, Belgrade, Serbia
3. **Dr Giovanni de Girolamo**  
   Saint John of god Clinical Research Centre, Brescia, Italy
4. **Dr Cathy E. Lloyd**  
   The Open University, Milton Keynes, United Kingdom

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### Session: Regular Symposium

**SPEAKER 1**

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#### Title:

Treatment needs of depressed patients comorbid with diabetes

**Speaker**

Gerhard Heinze  
National University of Mexico, Mexico City

**Abstract**

Objective In an extensive review of the literature of patients with depression and diabetes type II, we examine the special needs for treatment options in order to provide information to guide appropriate decisions.

Methods There are some heterogeneous proposals of treatments and interventions for depressed-diabetic patients. The data published were analyzed and some determination was taken in order to identify specific treatment and psychoeducation needs for this population.

Results Depressed-diabetic patients have less good health, poor control of their glycemia, poor quality of life, limited communication with their physician and poor adherence to treatment. Addressing this needs is essential. Some guidelines are necessary in order to detect and treat early depressive symptoms in diabetic patients so as improve health outcomes and reduce future complications.

Conclusion The patient with depression and coexisting diabetes should be treated as good as possible in an early stage of their illness.

**References**


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<td>Title:</td>
<td>Depression and diabetes - The role of personality and distress</td>
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<tr>
<td>Speaker</td>
<td>D. Lecic-Tosevski, O. Vukovic, N. Lalic</td>
<td>School of Medicine, University of Belgrade, Belgrade, Serbia</td>
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<td>Abstract</td>
<td>Background. It is believed that stress-related disorders or the so-called life style diseases are the cause of death in 70-80% of cases in developed countries while this rate is somewhat lower in developing countries. Personality represents one of the significant links for understanding stress, while the attempts to connect the types of personalities and illnesses originate back from Hippocrates who said that it’s far more important to know what person has a disease than what disease the person has. Studies that have explored the relation between Type D (distress) personality, depression and the course of diabetes mellitus (DM) type 2 are scarce and there is no adequate amount of data on the influence of D personality and depression on the course of DM type 2. Objectives. The aim of this study is to investigate cross-sectional association between Type D personality, depression and metabolic syndrome in patients with type 2 diabetes. Methods. Baseline and follow-up data collection at the Serbian site of the multicentric INTERPRET DDD study according to the protocol. In addition to that, the following instruments will be used: The D-Scale 14 (DS14) and The Medical Adherence Rating Scale (MARS). Results. The preliminary results of our study have shown that some components of metabolic syndrome were more prevalent in patients with Type D personality. Furthermore, 27% patients with type 2 diabetes could be classified as Type D personality. Conclusions. Type D personality was related with some components of metabolic syndrome in patients with type 2 diabetes. References</td>
<td>Lecic-Tosevski D, Vukovic O, Stepanovic J. Stress and personality. Psychiatriki 2011; 22:290-7. Nefs G, Pouwer F, Pop V, Denollet J. Type D (distressed) personality in primary care patients with type 2 diabetes; validation and clinical correlates of the DS14 assessment. J Psychosom Res 2012; 72:251-7.</td>
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<td>Diabetes and depression: Epidemiological findings from the world mental health survey initiative</td>
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<tr>
<td>Speaker</td>
<td>G. de Girolamo ¹, V. Bulgari ¹, L. Burti ² on behalf of the Italian INTERPRET-DD STUDY Group</td>
<td>Saint John of God Clinical Research Centre, Brescia, Italy University of Verona, Verona, Italy</td>
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<tr>
<td>Abstract</td>
<td>Objectives. i. To estimate 12-month prevalence of mood, anxiety and alcohol-use disorders among individuals with diabetes in general population sample across culturally and socio-economically different countries; ii. To identify which kinds of mental disorders are most strongly associated with diabetes after controlling for age and sex; iii. To analyse if associations are consistent across countries; iv. To investigate the joint effect of mental-physical co-morbidity on the probability of severe disability. Methods. From 2001 to 2004, 18 surveys were carried out in 17 countries (N=85,088): the Americas, Europe, the Middle East, Africa, Asia and the South Pacific. All interviews were carried out face-to-face by trained experimenters through the WHM-Composite International Diagnostic Interview and other standardized tools. This allowed to make reliable comparisons between different countries and health settings. Interviews were divided in: Part 1 (N=85,088) to assess mental disorders and Part 2 (N=42,697) to investigate additional information, such as chronic physical conditions. Associations were calculated by age-gender adjusted ORs. Results. i. Depression and anxiety disorders were more prevalent among individuals with diabetes (both type 1 and 2) than those without diabetes. The level of association of depression and diabetes was lower than that of most clinic-based studies (3-8% vs 10-15%). ii. Risk of mood and anxiety disorders was higher among individuals with diabetes, with an age-gender adjusted OR of 1.38 for depression (95% CI=1.15-1.66) and 1.20 for anxiety disorders (95% CI=1.01-1.42), confirming the findings of prior</td>
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studies. The prevalence of alcohol abuse/dependence was heterogeneous: only Ukraine showed a significant association (95% CI=1.0-21.7). iii. Strength of associations did not differ significantly across disorders or countries. iv. Physical-mental co-morbidity exerts modest synergistic effects on the odd of severe disability.

Conclusion. The WMH Survey provided the first worldwide population-based assessment of the prevalence of a large range of common mental disorders with diabetes.

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<th>SPEAKER 4</th>
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<tr>
<td>Title:</td>
<td>The international prevalence and treatment of diabetes and depression study: Pathways to care</td>
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<td>Speaker</td>
<td>C.E. Lloyd ¹, N. Sartorius,²</td>
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<tr>
<td>Speaker</td>
<td>¹. The Open University, Milton Keynes, United Kingdom</td>
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<tr>
<td>Speaker</td>
<td>². Association for the Improvement of Mental Health Programmes, Geneva, Switzerland</td>
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<tr>
<td>Abstract</td>
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<tr>
<td>Abstract</td>
<td>People with type 2 diabetes are at an increased risk of depression, however little is known about the pathways to care for people with these two long-term often devastating conditions in different countries. INTERPRET-DD (International Prevalence and Treatment of Diabetes and Depression study) investigates these issues in 16 countries in 4 continents.</td>
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<tr>
<td>Abstract</td>
<td>Adults with type 2 diabetes (n=200/country) are being recruited and followed up for one year to establish the prevalence of recognized and unrecognized depressive disorders. Current referral and treatment arrangements, as well as the correlates of depressive disorder, are being investigated. The one year incidence of depression in people with type 2 diabetes and the potential risk factors for the onset of depression will be examined. The relationship between the clinical diagnosis of depression and the reporting of depressive symptoms identified by two different screening tools (the 9-item Patient Health Questionnaire (PHQ-9) and the 5-item WHO Well-being questionnaire (WHO-5)) will also be examined.</td>
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<td>Abstract</td>
<td>Initial scoping has demonstrated that only ¼ of participating countries have current national guidelines for the treatment of co-morbid diabetes and depression. Furthermore, a wide range of screening tools and health care practitioners are involved in identifying people with depression. The mean age and duration of study participants was 53.2 and 8.9 years respectively, with equal proportions of males and females. Preliminary analyses suggest high sensitivity and specificity for the PHQ-9 and WHO-5.</td>
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<td>Main data collection is now ongoing and focuses on the identification of depressive disorders and their relationship with diabetes-related distress, socio-demographic factors, and biomedical indicators including diabetes complications and level of diabetes control. The second phase of the study will commence in October 2014 and will examine pathways to care as well as the incidence of depressive disorders over the follow-up period.</td>
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**Title:** Consensus and position statements on psychiatry, religion and spirituality

**Chairperson** Peter J. Verhagen M.D, GGZ Centraal Mental Health Care, Harderwijk, The Netherlands

**Co-chairperson** Simon Dein M.D. Ph.D, Honorary Professor University of Durham, UK; Visiting Professor in Psychology of Religion, Glendwr University, Wales, UK.

**Abstract**

**Objectives**

Position statements are adopted by psychiatric associations to state the position on important issues related to psychiatry, policy, and/or research. Such statements have been formulated on psychiatry, religion and spirituality by the national associations in the USA and UK. A more specified example was adopted by the American Association on Intellectual and Developmental Disabilities (2010). The quintessence of what needs to be expressed in these statements are the rights of patients to be respected in their personal history, tradition and current preferences. At the same time mental health professionals should be aware of the meaning of their own personal history, tradition and current preferences with regard to religion and spirituality.

**Methods**

The available statements will be reviewed critically in order to get a clear picture of the key points needed for an appropriate statement.

**Results**

The WPA Section on Religion, Spirituality and Psychiatry will present a new proposal, to be adopted as a WPA Section Statement in collaboration with as many WPA Scientific Sections as possible.

**Conclusion**

The aim of official statements is to contribute to the improvement of the quality and accessibility of mental health care. The same holds true for religion, spirituality and psychiatry. Future evaluations are needed to verify the impact of such statements.

**Speakers**

1. Simon Dein  
   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. Arjan Braam  
3. Stefano Lassi  
   Fondazione ODA Firenze Onlus, Florence, Italy; APPC Toscana, Florence, Italy
4. Peter J. Verhagen M.D  
   GGZ Centraal Mental Health Care, Harderwijk, The Netherlands
5. Alexander Moreira-Almeida  
   School of Medicine, Federal University of Juiz de Fora (UFJF), Brazil; WPA Section on Religion, Spirituality and Psychiatry
Abstract

Objectives
To critically examine the Royal College of Psychiatrists' position statement on religion and psychiatry.

Methods
Discussion of the above statement.

Results
The aims of this position statement are to affirm the value of considering spirituality and religion as a part of good clinical practice and to provide guidance which will clarify and affirm the boundaries of good practice. It draws upon the current evidence base, published debate, and the aspirations of service users as expressed in published surveys and informal contacts.

Conclusions
The position statement provides useful guidelines for psychiatrists.

References

Session:
Regular Symposium

Title:
Towards a multidisciplinary guideline religion, spirituality and psychiatry: What do we need?

Speaker
Arjan Braam 1,2, Carlo Leget 1, Piet Verhagen & members of the Centre for Religion, World View and Mental Health, Netherlands
1University of Humanist Studies, Dpt. Pastoral Counseling, Utrecht, The Netherlands
2Altrecht Mental Health Care, Dpt. Of Emergency Psychiatry, Utrecht, The Netherlands
3GGZ Centraal Mental Health Care, Harderwijk, The Netherlands

Abstract

1. Objectives
The field of Mental Health care harbours a long tradition of Healthcare Chaplaincy and Spiritual Counseling. Due to secularization and emphasis on individual meaning making, the profession of chaplaincy is subject to change. A Multidisciplinary Guideline on Religion, Spirituality (R/S) and Psychiatry will address: (1) organizing R/S consultation in contemporary patient care, (2) categorizing research findings, and (3) professionalism with respect to R/S in psychiatric practice and education.

2. Methods
The following areas of particular attention are selected: (1) values with respect to R/S, (2) R/S in mental health care practice, (3) R/S counseling, and (4) collaboration. Contents are derived from two sources: brainstorm sessions with key participants in the field of R/S and psychiatry, and reviews of R/S guidelines in other settings or countries.

3. Results
With respect to value discussions (1), there is a rich tradition of thought. For mental health care practice (2), there is some substance of empirical studies justifying the attention for R/S. Little research is available on the level of counseling practice (3)and collaboration. The existing guidelines in palliative medicine offer valuable insights, but are not complete with respect to matters such as stigmatisation.

4. Conclusions
Future steps include the verification of the core themes with specialists in the field, therapists, counselors, and patients.

References

Session:
Regular Symposium

Title:
Research on spirituality, mental health and resilience in caregivers: A review
Abstract

1. Objectives
Mental health is a fundamental element of the resilience and positive adaptation that enable people both to cope with adversity and to reach their full potential and humanity. The relationship between spirituality and resilience in caregivers has received relatively little attention in mental health. The aim of this study is to assess the influence of spirituality on mental health and resilience of caregivers.

2. Methods
The literature was searched using PubMed (1980-2013). We examined original research on religion, religiosity, spirituality, and related terms, mental health, psychiatry, resilience, coping, quality of life, caregivers and family published in the last 30 years.

3. Results
Among the 60 publications that met these criteria thirty-five (58.3%) found a relationship between level of religious/spiritual involvement and less mental disorders and higher resilience (positive), nineteen (31.7%) found mixed results (positive and negative), and six (10.0%) reported more mental disorder and lower resilience (negative).

4. Conclusions
Most studies (46.6%) focused on religion or religiosity in caregivers of people in end of life conditions. There is good evidence that religious involvement is correlated with better mental health and higher resilience in caregivers. Though resilience is a widely-used concept, studies vary substantially in their definition, and measurement and this makes the evaluation and comparison of findings extremely difficult. There is a need for further researches.

References
improvement of better understanding between any psychiatrist and patient.

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<tr>
<td>Title: Clinical implications of spirituality to mental health: Review of evidence and practical guidelines</td>
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<tr>
<td>Speaker</td>
<td>Alexander Moreira-Almeida¹ ²</td>
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<td></td>
<td>¹School of Medicine, Federal University of Juiz de Fora (UFJF), Brazil. ²WPA Section on Religion, Spirituality and Psychiatry</td>
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| Abstract                  | 1. Objectives  
Despite the empirical evidence of religiosity/spirituality (R/S)'s relationship to mental health and the recommendations to clinically integrate these research findings by professional associations, the application of this knowledge to clinical practice remains a challenge. This paper reviews the evidence available and provides evidence-based guidelines for spiritual assessment and for integration of R/S into mental health treatment.  
  2. Methods  
Pubmed searches with relevant terms uncovered 1,109 papers. We selected empirical and review papers that addressed assessment of R/S in clinical practice, as well as controlled clinical trials of the effects of spiritual interventions on mental health outcomes.  
  3. Results  
The most widely acknowledged and agreed upon application of R/S to clinical practice is the need to take a spiritual history (SH), which may improve patients’ compliance, satisfaction with care, and health outcomes. We found 25 instruments for taking a SH, several that were validated and of acceptable clinical utility. Regarding integration of R/S in treatment, most trials found that spiritual interventions such as meditation, focal groups and spiritually oriented psychotherapies were superior to control conditions (or other interventions).  
  4. Conclusions  
This paper concludes with practical guidelines for spiritual assessment and integration into mental health treatment, and suggestions for future research on the topic. |
**Title:** Can genetics help to understand adult ADHD?

**Chairperson:** Antoni Ramos-Quiroga, Department of Psychiatry, Vall d'Hebron Institut of Research, CIBERSAM, Barcelona, Spain; Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain

**Abstract**

The adult form of attention deficit/hyperactivity disorder (aADHD) has a prevalence of up to 5% and is the most severe long-term outcome of this common neurodevelopmental disorder. The main objective of this symposium is to share the last results of the "International Multicenter persistent ADHD Consortium (IMpACT)" about the genetics of aADHD. During the symposium, the first genome-wide association study (GWAS) on the persistent form of the disorder following individual genotyping will be presented. This study found suggestive evidence for the involvement of the FBXO33 gene in combined ADHD. These findings show that the ubiquitination machinery could be a new disease mechanism for ADHD. After that, it will be present the results of a genome-wide scan of adult ADHD using the newly available Illumina HumanExome12v1 chip. This is also the first exome-chip association study in adults with ADHD. On the other hand, the presence of comorbidity is high in ADHD. Despite controversies about the coexistence of the aADHD and Bipolar disorder, recent clinical as well as biological studies support the concept of comorbid aADHD and Bipolar disorder. The first ADHD-Bipolar disorder meta-analysis will be presented. The results show that aADHD and Bipolar disorder share genetic backgrounds. Finally, a study about the genetic epidemiology of emotional lability and its relationship to aADHD will be discussed. At the end of the symposium the assistants will achieve a compressive review of the most actual findings on the genetics of the ADHD in adulthood.

**Speakers**

1. Tetyana Zayats  
   Department of Biomedicine, University of Bergen, Bergen, Norway
2. Kimm J.E. van Hulzen  
   Radboud university medical centre, Nijmegen, The Netherlands; Donders Institute for Brain, Cognition and Behaviour, Nijmegen, The Netherlands
3. Marta Ribasés  
   Department of Psychiatry, Vall d'Hebron Institut of Research, Barcelona, Spain
4. Philip Asherson  
   Institute of Psychiatry, King’s College London, UK

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**Title:** An exome-chip association study in adult ADHD from the IMPACT consortium

**Speaker**

T. Zayats¹, K.K. Jacobsen¹, C. Jacob², S. Kittel-Schneider², M. Ribasès³, J.A. Ramos-Quiroga³, K.P. Lesch⁴, J. Buitelaar⁴, L. Kiemeney⁵, S. V. Faraone⁶, B. Neale⁷, B. Cormand⁸, B. Franke⁹, A. Reif⁹, J. Haavik¹, S. Johansson¹

¹Department of Biomedicine, University of Bergen, Bergen, Norway
²Dept. of Psychiatry, Psychosomatics and Psychotherapy, University of Würzburg, Würzburg, Germany
³Department of Psychiatry, Vall d'Hebron Institut of Research, CIBERSAM, Barcelona, Spain
⁴Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain
⁵Department of Psychiatry, Radboud University Nijmegen Medical Centre, Nijmegen, Netherlands
⁶Department of Genetics, University of Barcelona, Barcelona, Spain
⁷Departments of Psychiatry and of Neuroscience and Physiology, SUNY Upstate Medical University, Syracuse, USA
⁸Department of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA
⁹Program in Medical and Population Genetics, Broad Institute of Harvard and MIT, Cambridge, MA, USA

**Abstract**

Objectives: Attention deficit hyperactivity disorder (ADHD) is a highly heritable childhood onset neuropsychiatric condition that often persists into adulthood. Still, the genetic architecture of ADHD, and particularly ADHD in adults, is largely unknown. The purpose of this study was to perform an exome-wide scan of adult ADHD using the newly available Illumina HumanExome BeadChip, which allows...
inspection of >250,000 common and rare variants.

Methods: The analyses were carried out using DNA samples collected by the International Multicenter persistent ADHD Consortium (IMpACT). All participants were genotyped on the Illumina HumanExome BeadChip. Genotypes were called using Illumina GenomeStudio V2011.1 software, with additional genotype assignments implemented in zCall. Statistical analyses were divided into 4 steps: (1) association testing in the form of a single marker logistic regression using PLINK performed on common SNPs (MAF≥1%); (2) gene-level analysis of rare-variants (MAF<1%) implemented in SKAT; (3) enrichment (DAVID) analysis of the most significant regions (p<1e-04); and (4) assessment of protein-protein interaction (DAPPLE) of the proteins coded by candidate genes identified in steps one and two (p<1e-04). To account for multiple testing, Bonferroni correction was applied in steps one and two (corrected significance threshold p=1.05e-06), as well as permutation in steps three and four (significance threshold p=0.05).

Results: In total, 9,678 individuals (1,895 cases and 7,783 controls) were analyzed. The strongest signal from common SNPs was observed at rs9325032 in PPP2R2B (OR=1.27, p=1.18e-06). Analysis of rare variants revealed MYH9 (p=3.54e-06) as a potential candidate gene for adult ADHD. Evaluation of the possible interactions between the proteins encoded by candidate genes pointed towards RNF43 (p=0.0063) and APOBEC3F (p=0.012) genes. Enrichment analysis highlighted the network of ZNF423 transcription factor (p=5.73e-05).

Conclusion: This study provides new insights into the genetics of adult ADHD. Our results suggest cell growth and the development of glial and neuronal precursors in the brain as possible pathomechanisms involved in adult ADHD.

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<tr>
<td>Title:</td>
<td>Identification of nine risk loci with shared effects on attention-deficit/hyperactivity disorder and bipolar disorder</td>
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<tr>
<td>Speaker</td>
<td>K.J.E. van Hulzen1,2, C. Scholz2, PGC ADHD Working Group, PGC Bipolar Disorder Working Group, PGC Cross Disorder Group, B. Franke1,3, S.V. Faraone4, H. Weber2, A. Arias Vasquez2,4, A. Reif2</td>
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<tr>
<td>1. Radboud university medical centre, Nijmegen, The Netherlands</td>
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<td>2. University of Würzburg, Würzburg, Germany</td>
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<td>3. Donders Institute for Brain, Cognition and Behaviour, Nijmegen, The Netherlands</td>
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<tr>
<td>4. SUNY Upstate Medical University, Syracuse, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives</td>
<td>Attention-Deficit/Hyperactivity Disorder (ADHD) and Bipolar Disorder (BD) show co-morbidity in epidemiological studies, as well as family-based studies (1). Both are highly heritable, and sharing of predisposing genes has been postulated, but no consistent genetic overlap has been yet detected between the two disorders (2). For most patients with ADHD, the onset of disease is during childhood, whereas for BD the average age of onset differs between patients. In this study, we hypothesized that the etiological link between ADHD and BD is more evident in early-onset BD.</td>
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<td>Methods</td>
<td>For ADHD, we used results of the Psychiatric Genomics Consortium’s ADHD meta-analysis (MA) of nine genome-wide association studies (5,840 cases, 13,648 controls). For BD, we had genetic and phenotypic data for 10,430 cases and 14,379 controls available (Psychiatric Genomics Consortium) and selected the subjects with an age at onset &lt;21 years (6,077 cases, 15,223 controls). ADHD and BD data was combined in a cross-disorder MA. Findings were compared with findings from a cross-disorder MA without restriction for BD age at onset.</td>
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<td>Results</td>
<td>Analysis of the age-restricted sample detected genome-wide significant associations at two loci on chromosome 10 (p-value≤5×10^-8). Analysis of the sample without restriction for age at onset was significant at nine loci on chromosomes 1, 2, 3, 5, 10, 12 and 14. Comparing the two showed that both loci that were found in the analysis of the restricted sample also showed strong association (p-value≤1×10^-7) in the sample without age-restriction.</td>
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<td>Conclusions</td>
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Genetic overlap exists between ADHD and BD. Cross-disorder MA of ADHD with the age-restricted as well as the full BD sample yielded loci with shared effects in both disorders. Comparing the number of loci found in both analyses indicated that reducing the heterogeneity in the phenotype by applying the BD age-restriction did not result in an increase in power to detect overlap between ADHD and BD.

References


Session: Regular Symposium  SPEAKER 3  Code  SY253
Title: Case-control genome-wide association study of persistent ADHD identifies FBXO33 as a novel candidate gene for the disorder
Speaker  M. Ribasés, C. Sánchez-Mora, IMpACT Consortium
Department of Psychiatry, Vall d’Hebron Institut of Research, Barcelona, Spain
Abstract
Objectives: Attention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder with a strong genetic load. To date, genome-wide association studies (GWAS) of ADHD have been completed in six independent datasets, five of which consisting of pediatric samples, but none of them reported genome-wide significant associations. In an attempt to unravel novel genes for the persistence of ADHD into adulthood, we conducted for the first time a two-stage case-control GWAS in adults with ADHD.

Methods: The first phase included a discovery cohort of 607 adults with ADHD and 584 controls and top signals were subsequently tested for replication in three independent follow-up cohorts of 2,104 adult ADHD patients and 1,901 controls from the International Multicentre persistent ADHD Genetics CollaboraTion (IMpACT).

Results: Though none of the findings exceeded genome-wide thresholds for significance (PGC<5e-08) in the discovery set, we found suggestive evidence for the involvement of the F-box only protein 33 gene (FBXO33) in ADHD combined subtype in both the discovery cohort and in the joint analysis of both stages. FBXO33 is a member of the F-box protein family that acts as a substrate recognition component of a protein-ubiquitin ligase complex involved in targeting substrates for proteasomal degradation. We found additional evidence for the FBXO33 involvement in ADHD through a gene-wise association test and a pathway enrichment analysis that revealed significant results for the “protein ubiquitination” gene set (GO:0016567) in our genomic study. Risk alleles were associated with lower FBXO33 gene expression in HapMap lymphoblastoid cell lines and with reduced frontal grey matter volume in a sample of 1300 adult subjects from the Dutch Cognomics Resource Brain Imaging Genetics (BIG).

Conclusion: Our findings point for the first time at the ubiquitination machinery as a new disease mechanism for ADHD and establish a rationale for searching for additional risk variants in ubiquitination-related genes.

Session: Regular Symposium  SPEAKER 4  Code  SY253
Title: The genetic epidemiology of emotional lability and its relationship to ADHD
Speaker  P.Asherson
Institute of Psychiatry, King’s College London, UK
Abstract
Objectives: Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder affecting around 3-4% of adults. The disorder is characterised by severe and impairing levels of inattention and hyperactivity-impulsivity. Emotional lability (EL) is frequently seen to co-occur with ADHD, even in the absence of comorbidity. ADHD drug treatments are effective in reducing EL when treating ADHD. This raises the question of whether EL should be viewed as a third domain of psychopathology characterising ADHD.
Methods: Multivariate twin model fitting in three samples to investigate the phenotypic and genetic relationship of EL to the core symptoms of ADHD.

Results: EL is a highly heritable trait in children, adolescents and young adults. We found high phenotypic and genetic correlations between EL, hyperactivity-impulsivity and inattention suggesting shared genetic influences. Model fitting analyses suggested a common factor model in which a highly heritable latent trait loads onto all three domains of psychopathology.

Conclusions: Findings from clinical, treatment and genetic epidemiological studies all converge to indicate that EL reflects a core component of ADHD. This is particularly true in adults with ADHD where marked treatment effects of methylphenidate and atomoxetine on EL have been reported. Clinicians should be aware that EL linked to ADHD is an important source of emotional instability and a may be a treatable component of comorbid conditions such as borderline personality disorder and antisocial behaviour linked to reactive forms of aggression.
**Session:** Regular Symposium

**OVERALL ABSTRACT**

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**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**
- Giuseppe Tavormina (Italy).
- Nicolas Zdanowicz (Belgium).
- Marilisa Amorosi (Italy).
- Sandro Elisei (Italy).

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**Session:** Regular Symposium

**SPEAKER 1**

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**Title:** A DIAGNOSTIC-THERAPEUTIC EVALUATION OF 30 CASES REPORTS OF BIPOLAR MIXED STATES

**Speaker** Giuseppe Tavormina
President of "Psychiatric Studies Center" (Cen.Stu.Psi.)

**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 then 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.

Session: Regular Symposium | SPEAKER 2 | Code | SY257
Title: MOOD DISORDERS IN ADOLESCENTS: DIFFICULTIES FOR THE CONCEPTS, EPIDEMIOLOGY AND TREATMENT
Speaker: N. Zdanowicz¹, D. Jacques¹, Ch. Reynaert¹
¹ Université Catholique de Louvain, CHU Mont-Godinne, Psychopathology and Psychosomatic Dpt, Yvoir, Belgium
Abstract: 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.

Session: Regular Symposium | SPEAKER 3 | Code | SY257
Title: ADDICTION IN ADOLESENCE WITH MOOD DISORDERS
Speaker: Marilisa Amorosi, F. Ruggieri, G. Franchi, I. Masci
Mental Health Dept, Pescara, Italy
Abstract: Objectives - During adolescence, there is an increased chance of increased incidence of depression and the development of addictive/dependent behaviours such as pathological gambling, excessive Internet use and compulsive shopping. Here we present a psychoeducational approach in the schools of Pescara and Penne to identify and treat these problems.
Methods - Adolescence is an age of change, experimentation, research and exploration. The search for new sensations, and impulsivity, so typical of adolescence, if pushed to an extreme, constitute personality traits which render individuals mor susceptible to the development of pathological dependencies.
Results - Every student received three formative, theoretical and experiential meetings of two hours each in which they discussed and studied the following themes: pathological dependence, with particular reference to the new dependencies (technologies, gambling, compulsive shopping, etc), depression in adolescence, and risk taking behaviours. During the last session, we assessed the participants by administering two questionnaires about depression and about habits linked with dependence. The sample includes 712 subjects. The instruments used were the “Plutchik-Van Praag self-report Depression scale (PVP)” of Plutchik and Van Praag, aimed at the diagnosis of depressive states, and the “Questionario per la valuazione delle abitudini giovanili” (authors: Craparo, Epifanio and De Grazia): this second instrument was originally designed to study dependence related behaviours related to the use of the internet and video games, and was adapted by us with the addition of two further sections to identify behaviours linked with gambling and compulsive shopping.
Conclusions - In view of our experience over the last few years and after this first attempt at an 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.
### Title: DEPRESSIVE DISORDERS AND RESILIENCE

**Speaker**

Sandro Elisei\(^1\), Serena Anastasi\(^2\), Norma Verdolini\(^3\), Roberto Quartesan\(^1\)

\(^1\)Division of Psychiatry, Clinical Psychology and Rehabilitation, Department of Clinical and Experimental Medicine - University of Perugia, Italy  
\(^2\)School of Specialization in Psychiatry - University of Perugia, Italy

**Abstract**

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.

Methods - We conducted a review of the literature by inserting in PubMed the keywords resilience, vulnerability and depressive disorders.

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.

Conclusions - It is possible to improve the resilience of depressed subjects through pharmacological and psychotherapeutic interventions.
Use of global mental health assessment tool (GMHAT/PC) in primary care and general health settings

Chairperson: Dr PB Behere. Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences. Sawangi, Wardha, India.

Co-chairperson: Prof Aboue-Saleh Mohemmad. St Georges Medical School, London, United Kingdom.

Abstract

Early and accurate detection of mental health problems followed by an appropriate treatment and management would help to reduce the global burden on health caused by mental disorders. This is possible only if health professionals are trained to identify mental illness by using tools for screening. One way to approach this problem is to take advantage of modern technology such as computer-assisted methods particularly in low- and middle income countries. One of the aims of NHP was integration of mental health with general health. It is important to train the front line workers to identify existing mental illness in the community. The GMHAT/PC is a computerized clinical assessment tool developed to assess and identify mental health problems in primary and general health care. GMHAT-PC gives the diagnosis and the differential diagnosis according to ICD-10 criteria. It takes on an average about 13 minutes to cover all common mental disorders. Any health care professional (not necessarily psychiatrists) with adequate training can use it. Apart from screening & interviewing the cases for the presence of mental illness, the tool also serves as a reservoir of data. The tool serves as a servant & it is not the master. However, it can never substitute the expertise & opinion of a trained & experienced Psychiatrist. However, emphasis should be not only on how to train Health workers & professionals but also to educate them about the symptoms & signs in Psychiatry so that they may master the skill of identifying those in need & provide economical & timely intervention. The tool also had its own shortcomings like difficulty in identifying few of the common disorders like somatoform disorder & sleep disorder. Future research is needed to incorporate these important aspects to the GMHAT-PC for a better result in the field of Mental Health.

Speakers

1. Dr Anweshak Das
   Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences. Sawangi, Wardha, India
2. Dr Tejada, Paola
   University of Chester, Chester, United Kingdom
3. Dr Vimal Sharma
   University of Chester. Chester. United Kingdom
4. Dr Suyash Sinha
   Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences. Sawangi, Wardha, India

Mental well-being of medical students: Psychiatric morbidity in undergraduate students of a medical college in central India using global mental health assessment tool- primary care (GMHAT-PC)

Speaker: PB Behere1, A Das1, V Sharma2
1Jawaharlal Nehru Medical College, Wardha, Maharashtra, India
2University of Chester, Chester, United Kingdom.

Abstract

Objectives:
1. To find the prevalence and nature of psychiatric morbidity in undergraduate medical students and their help seeking behavior. 2. Whether the frequency of morbidity changes with subsequent years of education.

Methods:
It is a cross sectional study carried out at Jawaharlal Nehru Medical College (JNMC), Wardha. The sample size was 400 students, 100 each from first year to final year. The samples were randomly selected. The tool used was Global Mental Health Assessment Tool- Primary Care (GMHAT-PC). It is
a computer assisted tool that gives diagnosis close to ICD-10.

Results:
Out of the 245 students interviewed so far 119 (48.57%) were male and 126 (51.42%) were female. Of those interviewed 97 (39.5%) students had mental health problems. 12 (12.37%) had depression; 1 student (1.03%) had OCD whereas 20 (20.61%) students had anxiety. 35 (36.08%) students were found to have been suffering from stress. The primary cause of stress given by most of the students was academic pressure. 20(20.61%) students had social phobia such as presenting a case or speaking in public or in front of the whole class. 9 (9.27%) students had specific phobias. Out of the 97 students who had some mental health problems as diagnosed by GMHAT only 18 (18.55%) students sought help so far. The others have not yet received any help.

Conclusion:
Mental health problems affect nearly one in four medical students, yet only one third of those affected receive help. The provision of mental health assessment and help in most medical schools is absent or limited. This applies not only to India but in other parts of the world including UK and USA. A timely support and help can make a huge difference in their well-being and future career.

References

Session: Regular Symposium
Title: Reliability and validity of Spanish version of GMHAT/PC
Speaker 1. P. Tejada 1, L. Jaramillo 2
1. University of Chester, Chester, United Kingdom
2. National University, Colombia
Abstract
Objectives: The aim of this study is to assess the reliability and validity of Global Mental Health Assessment Tool /Primary Care -Spanish version in Colombia.
Methods: The study included participants ranging from normal to having severe mental illness. They were recruited from general health as well as mental health settings. Those in the mental health setting were expected to have a wide range of psychiatric diagnoses (anxiety disorders, depression, psychosis, bipolar
affective disorder, organic mental disorders, and other diagnosis). The study aimed to have approximately 50 patients with each of these diagnoses to form a sample of 300 patients. A further 100 participants were interviewed from the general health setting in order to complete the whole range i.e. normal as well as people with minor mental health problems. All patients were interviewed using GMHAT/PC and psychiatrists made a diagnosis applying ICD-10.

Results:
The mean duration of interview was around 15 minutes. Most patients were pleased that they were asked about every aspect of their mental health. The agreement between GMHAT/PC interview diagnoses and psychiatrists' clinical diagnoses was very high.

Conclusions:
GMHAT/PC Spanish version detected mental disorders accurately and it was feasible to use GMHAT/PC in Colombian settings.

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<tr>
<td>Title:</td>
<td>GMHAT/PC (Gibal Mental Health Assessment Tool) for international communities</td>
<td>VK Sharma¹, JRM Copeland²</td>
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<tr>
<td>Speaker</td>
<td></td>
<td>¹University of Chester and CWP NHS Foundation Trust, Chester, UK ²University of Liverpool, UK</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The objective was to carry out validation studies using different language versions of GMHAT/PC in the clinical populations of their respective countries. This included English, Hindi, Arabic and Netherlands versions in the UK, India, Abu Dhabi, and Brussels. Methods: Health professionals such as Nurses and Psychologists after training carried out GMHAT/PC interviews on patients in different settings. These patients were then independently assessed by experienced psychiatrists using ICD-10 diagnostic criteria. The GMHAT/PC diagnosis was compared with the Psychiatrists’ ICD-10 based diagnosis. Results: There was a good agreement between Psychiatrists’ diagnosis and GMHAT/PC diagnosis. The sensitivity and specificity ranged from 0.8-0.92. The GMHAT/PC was acceptable to the interviewers as well as patients. The mean time taken to carry out interviews was around 15 minutes. Conclusions: The GMHAT/PC can be a significant aid to general practitioners and other health professionals to make a quick, convenient, and comprehensive, standardised mental health assessment. A health professional by using GMHAT/PC, in about fifteen minutes, covers worries; anxiety and panic attacks; concentration; depressed mood, including suicidal risk; sleep; appetite; eating disorders; hypochondriasis; obsessions and compulsions; phobia; mania/hypomania; psychotic symptoms; disorientation; memory impairment; alcohol misuse; drug misuse; personality problems and stressors. Its use by other health professionals may help in detecting and managing mental disorders in primary care and general health settings in different countries as the results of cross cultural studies are very encouraging.</td>
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<tr>
<td>Title:</td>
<td>Correlation of outcome of global mental health assessment tool (GMHAT- PC) in assessment of psychiatric patients as compared to the psychiatrist’s diagnosis in a primary care of central India</td>
<td>PB Behere ¹, S.Sinha ¹, V Sharma²</td>
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<tr>
<td>Speaker</td>
<td></td>
<td>¹Jawaharlal Nehru Medical College, Wardha, Maharashtra, India ²University of Chester, Chester, United Kingdom.</td>
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<tr>
<td>Abstract</td>
<td>Objective: 1.To find out the validity of GMHAT-PC for diagnosis of Psychiatric disorder at Primary care level. 2.To study the feasibility of GMHAT-PC for diagnosis in primary care. Methods: Study site – Outreach clinic of Department of Psychiatry of Medical College Hospital in Central India.</td>
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Study design – Cross sectional study. Total of 270 patients were selected for study over a period of 1 year. Case of both Gender attending OPD & age fulfilling the selection criteria were approached for participation in the study. The data was collected electronically on the GMHAT-PC.

Results:
It takes on an average about 13 minutes to cover all common mental disorders, and leads to useful clinical output .There is a good level of agreement between the GMHAT-PC diagnosis & the Psychiatrist’s diagnosis. There is good sensitivity (98.18%) & specificity (72.22%).

Conclusion:
The findings of this study are encouraging and appear to support the view that with minimum training, one can use the computer-assisted program GMHAT/PC in different cultures in making a valid assessment and diagnosis of mental disorders. As the tool is easy to use & can be applied at various levels in the community, the Psychiatrist can use it at primary, tertiary & rural setup including mental health camps to screen cases of mental illness. This has other advantage that it is user friendly. The tool also had its own shortcomings like difficulty in identifying few of the common disorders like somatoform disorder & sleep disorder, but that is inevitable with any program which runs on computer. Future research is needed to incorporate these important aspects to the GMHAT-PC for a better result in the field of Mental Health. We conclude from this study, that GMHAT/PC can help health professionals in detecting mental disorders in low- and middle-income countries.
### OVERALL ABSTRACT

**Title:** Deep brain stimulation for psychiatric disorders

**Abstract**
Deep brain stimulation (DBS) has been an important advancement in the functional neurosurgery area in the last decades. It is an efficacious and safe surgical procedure for some movement disorders and has shown evidence of positive results for several psychiatric disorders such as severe, highly refractory obsessive-compulsive disorders (OCD), major depressive disorder (MDD) or Tourette syndrome (TS). Some other promising indications are addiction disorders, eating disorders and schizophrenia. Recently DBS of the anterior limb of the internal capsule/ventral striatum received European Medicines Agency and American Food and Drug Administration approvals for the treatment of resistant OCD. Different sites of stimulation are under discussion in OCD and in MDD. Advances in neuroimaging techniques and in the knowledge of the neurobiological basis of psychiatric diseases, especially the involvement of different neuronal circuits, are allowing the study of new treatment targets. DBS provides an opportunity not only to ameliorate clinical symptoms of psychiatric diseases but also to study mood, cognition and behavior in the brains of healthy subjects. The Symposium will bring together psychiatrists and neurosurgeons with the aim to discuss current topics of interest in the area and show new research addressing present and new indications, surgical procedures and possible novel targets of this promising procedure.

**Speakers**

1. Prof. Juan José López-Ibor  
   Hospital Clínico San Carlos. Complutense University. Madrid. Spain
2. Prof. Juan Barcia  
   Servicio de Neurocirugía. Hospital Clínico San Carlos. Complutense University. Madrid. Spain
3. Dr. Víctor Pérez  
   Instituto de Neuropsiquiatría y Adicciones. Hospital del Mar. Universidad Autónoma. Barcelona. Spain
4. Prof. Andrés Lozano  
   University of Toronto. Functional Neurosurgery Department. Toronto Western Hospital. Toronto. Canada

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### Session: Regular Symposium  
**Code:** SY262  
**Title:** Therapeutic targets with deep brain stimulation for psychiatric disorders  
**Abstract**
DBE is a therapeutic alternative that offers great treatment opportunities for refractory psychiatric illness and that may also contribute to a better understanding of the altered brain circuitry in them.

An updated review of current therapeutic targets used in different psychiatric diseases will be presented, in those in which there is more experience, such as OCD and depressive disorders, as well as in those in which DBE is in an experimental phase such as in addictive disorders, anorexia nervosa and schizophrenia.

Generally, efficacy data for DBE in obsessive and depressive disorders, agree on the fact that about 50% of patients have a good response, but for the moment being we cannot explain the lack of efficacy in the group with negative results. A possible hypothesis would be the lack of specificity of therapeutic targets and therefore the need for DBE to be framed within the so-called ‘personalized medicine’.

Psychiatrists treat constellations of symptoms in a disease and use specific pharmacological and psychotherapeutic treatments, for this reason we should look for therapeutic targets for DBE in an individual way to better adjust them to the microstructural variations in the neural circuitry of each individual and to the possible individual differences in specific neuronal connections.
At the moment there is emerging evidence on the potential differences between individuals regarding neural circuitry systems underlying OCD types according to the predominant symptoms. It is expected that future studies of anatomical interconnectivity between cortical and subcortical areas, physiologically relevant lead us to achieve better targets for the treatment of psychiatric illnesses. The combination of structural and functional MRI can help to identify specific targets for each patient using standardized instruments to stimulate and visualize the brain areas involved in the generation of symptoms.

References

Session: Regular Symposium
Title: The optimal target for deep brain stimulation in OCD is different for each patient. Personalized psychiatric surgery?
Speaker: Juan A. Barcia MD, PhD
Servicio de Neurocirugía . Hospital Clínico San Carlos. Complutense University. Madrid. Spain
Abstract: Despite efforts to improve techniques in psychiatric surgery, the results are still 50% of responses in OCD and depression. One of the possible causes of this low response rate is that all the patients are treated with the same target, while they are very heterogeneous diseases. In the case of OCD, some authors defend that stimulation of the right nucleus accumbens is sufficient to control the diseases, but reports exist that in some patients, stimulation of the left side only controls better the symptoms of OCD. Also, in a prospective series, we have shown that the best target is not at the accumbens or the ventral striatum, but each patient has an optimal stimulation spot along the caudate nucleus. This spot can be identified by stimulation the patient’s obsessions inside a functional magnetic resonance machine using the Maudsley Obsessive Compulsive Stimuli Set (MOCSS). This highlights personalized hyperactive areas in the prefrontal cortex that can be tracked to the caudate using tractography. This calls for the development of a personalized approach to targeting in psychiatric surgery, possibly applicable to other diseases.

Session: Regular Symposium
Title: Brain stimulation in treatment-resistant depressive disorders
Speaker: Víctor Pérez, Dolors Puigdemont, Maria J Portella, Joan Molet,
Department of Psychiatry. Department of Neurosurgery#. Hospital de la Santa Creu i Sant Pau, INAD Parc de Salut Mar
Universitat Autònoma de Barcelona (UAB), Barcelona. Institut d’Investigació Biomèdica Sant Pau (IIB Sant Pau).
Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM).
Abstract: The lack of alternatives to relieve the patient's suffering can be heavily discouraging for both patients and clinicians. This has been the case of refractory depression for many years. Indeed a considerable portion of patients with major depression will go on to suffer from chronic, severe, disabling and even life-threatening symptoms (especially for high suicidality). Therefore, there is a major need for therapeutic alternatives. DBS, while still in the early stages, represents a major advance to restore functionality and well-being to patients stultified by treatment resistant depression. The target selection is still underway and is perhaps one of the greatest challenges in treating TRD. This is probably due to the lack of well-validated animal models for major depression, and to date the choice has been mainly based on the effects of lesioning brain areas, and chancy discoveries while applying DBS to treat other conditions. The compelling data on DBS for treatment-resistant depression gives support to the concept that depression is a network disorder rather than an alteration of a single neurotransmitter or neuroanatomical location.
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<tr>
<td>Title:</td>
<td>Deep brain stimulation for treatment-resistant depression and Alzheimer’s disease</td>
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| Speaker | Andres Lozano  
University of Toronto. Functional Neurosurgery Department. Toronto Western Hospital. Toronto. Canada |
| Abstract | There is increasing evidence that the clinical manifestations of psychiatric and cognitive disorders are at least in part a consequence of malfunction within brain networks. While this principle is well established in neurologic disorders including epilepsy and Parkinson’s disease, there is nascent evidence that the same may be applicable to psychiatric disorders. In particular, disorders such as major depression, which is characterized by a variety of symptoms crossing cognitive, behavioral, affective and vegetative domains, may arise from disturbances in neural networks that interconnect multiple brain areas. We have used a biologically based and hypothesis-driven approach to unravel this circuitry to probe its function and to test specific brain areas for their potential usefulness as therapeutic targets. We have discovered that patients with treatment-resistant depression have a disturbance in brain function that is characterized by increased basal activity in the subgenual cingulate area coupled with decreased function in several frontal cortical areas.  
We have led the first trial of Deep Brain Stimulation (DBS) in patients with treatment-resistant depression and have discovered that in many patients the cerebral metabolic abnormalities can be corrected and that, in some cases, this leads to clinical improvements. We have expanded this work to animal models, and have shown that infralimbic stimulation in rodents has antidepression-like effects.  
With the advances in DBS in the treatment of depression, we have also embarked on treating other neuropsychiatric disorders including bipolar disease and anorexia and have recently launched the world’s first trial of DBS for Alzheimer’s disease. Future work in this area promises to not only unravel the biological underpinnings of depression and the symptoms of psychiatric disease and cognitive disorders but may also offer new hope for therapies for these disabling conditions. |
### The role of organized psychiatry in global mental health

**Chairperson:** Paul Summergrad, Tufts University School of Medicine and Tufts Medical Center, Boston, MA USA

**Abstract**

As the global burden of neuropsychiatric disorders rises, the urgent need for investment in global mental health grows concurrently. The World Health Organization (WHO) set a vision through its Comprehensive Mental Health Action Plan, in which mental health is valued, promoted and protected, mental disorders are prevented through early screening and intervention, and access to high quality care is abundant. Grand Challenges in Global Mental Health, led by the U.S. National Institute of Mental Health (NIMH), follows this vision with a goal of identifying barriers in global mental health. Lack of treatment resources and continued discrimination and stigma faced by those with mental illness present a clear need for the American Psychiatric Association (APA) and other national and international psychiatric organizations to become major voices in the ongoing international dialogue on global mental health.

Psychiatrists and their organizations must act along with foundations, other international bodies and governmental entities to plan for sustainable investment in global mental health, including a research, intervention, and human rights agenda. Given the important cultural determinants of health care and mental health, psychiatrists must collaborate to increase their understanding of how to best address unmet mental health needs and provide culturally-competent care. This approach can foster a respectful international coalition and promote and secure the integrity of the field by setting a global scientific standard.

In addressing its international responsibilities, APA seeks to collaborate with international psychiatrists and organizations to address the growing burden of mental disorders worldwide and invest in global mental health.

**Speakers**

1. D. Baron
   Keck School of Medicine, University of Southern California, Los Angeles, CA USA
2. J. McIntyre
   University of Rochester, NY USA
3. S. Levin
   American Psychiatric Association, Arlington, VA USA

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### The global burden of mental disorders

**Speaker:** D. Baron
Keck School of Medicine, University of Southern California, Los Angeles, CA USA

**Abstract**

Objectives:
The burden of mental disorders is a growing problem worldwide. The WHO and other mental health researchers have documented the acute need to address this crisis to help ease the financial and personal burden associated with mental illness. The goal of this presentation is to provide an overview of the extant literature on this topic and discuss global strategies to address this problem acutely, as well as developing a long-term plan. The important role of psychiatric associations, like the WPA and national psychiatric organizations, will be highlighted.

Methods:
A review of the current literature on this topic will be presented. Special emphasis will be made on the 2013 Lancet series and WHO statements and findings related to the global burden of mental illness.

Conclusion:
The global burden of mental disorders is significant in every country and in all patient populations. It has a dramatic impact on morbidity and mortality, and negatively effects health outcomes from physical diseases including cancer, heart disease and virtually all forms of illness. Addressing this problem is one of the grand challenges of global health. It has a significant impact on public health outcomes and the financial stability of health care budgets at every level. The need to develop more effective diagnostic and treatment delivery paradigms is essential.
Title: Quality assurance in global psychiatry
Speaker: J. McIntyre
University of Rochester, NY USA

Abstract

Objective:
To identify major initiatives by WPA to improve the quality of psychiatric care by focusing on quality improvement initiatives and to identify opportunities and challenges for further initiatives.

Methods:
The World Psychiatric Association with 135 member societies in 117 different countries and representing more than 200,000 psychiatrists is uniquely positioned to have a major impact on promoting quality improvement efforts in the delivery of high quality psychiatric care throughout the world. WPA, in joint efforts with national psychiatric associations, has focused on a number of quality improvement projects including work on stigma, depression in primary care, treatment of comorbid depression and diabetes, barriers to care and practice guidelines.

Results:
This presentation will focus on specific quality improvement initiatives. Barriers to the increased international implementation of these initiatives will be outlined and an agenda for overcoming these barriers proposed.

Conclusion:
WPA, joining with national psychiatric societies, can greatly aid in the implementation of quality initiatives internationally which will improve the quality of care for persons with mental illnesses.

Title: Organized psychiatry: American psychiatric association
Speaker: S. Levin
American Psychiatric Association, Arlington, VA USA

Abstract

Objective:
With over 200,000 psychiatrists around the world, the breadth of information and experience in the field of psychiatry is considerable. In order to maintain the high standard of psychiatry, and to generate a substantive and sustainable impact on the global burden of mental disorders, the opportunity for collaboration and exchange of information between psychiatrists in all settings around the world is an absolute necessity. The goal of this presentation is to provide an overview of organized psychiatry through the perspective of the American Psychiatric Association.

Methods:
The American Psychiatric Association focuses on fostering the exchange of knowledge and information in the field of psychiatry and the greater mental health community by developing a diverse membership base and strong partnerships with the medical community. Through communication and collaboration with sub-specialty physicians, allied health professionals, lawmakers and consumer organizations, a wide range of perspectives can contribute to the development and implementation of more effective initiatives at both a national and international level. Maintaining a network of personal connections through professional congresses and establishing relationships through the use of social media and the internet, is supported by the maintenance of a global network of professionals.

Results:
The exchange of knowledge between psychiatrists in a professional setting establishes a foundation strengthening a community of advocates and develops opportunities for collaboration on initiatives aimed to address psychiatry and global mental health.
Conclusion:
A network of psychiatrists around the world, through affiliation with various international organizations and institutes, enhances the effectiveness of a global community working together to serve its population to address the large issue of global mental health, together.
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<tr>
<td>Title:</td>
<td><strong>Advances in understanding the neurobiology of bipolar disorder: Focus on translational psychiatry</strong></td>
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<td>Chairperson</td>
<td>Maria Luisa Figueira, Portuguese Society of Psychiatry and Mental Health, Lisbon, Portugal</td>
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<td>Abstract</td>
<td>Bipolar disorder [BD] is characterized by vulnerability to episodic depression and mania and spontaneous cycling. Current challenge in BD treatment is translating the knowledge of neuronal plasticity and neurobiology into clinical practice. Neuroprogression and staging can have important clinical implications, given that early and late stages of the disorder appear to present different biological features and therefore may require different treatment strategies. The pathophysiological mechanisms of BD are not completely clarified and several hypotheses have already been formulated including the role of monoamines, gama amino butyric acid (GABA) and glutamate. GABA is the main inhibitory neurotransmitter while glutamate is the main excitatory neurotransmitter. Genes that play a role in GABA metabolism and in the activity of GABA neurons are very important to understand the GABA function, once they affect neurodevelopment and its dysfunctions may predispose to neuropsychiatric diseases. The two genes that are going to be study in this project are glutamic acid descarboxylase (GAD1) and reelin (Reln). This symposium will be focused on the translational paradigm involving biological mechanisms potentially associated with clinical subtypes of Bipolar disorders, with identification of bio-markers of diagnosis, treatment response and cognitive effects induced by pharmacological treatments.</td>
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| Speakers | 1. Maria Luisa Figueira  
Portuguese Society of Psychiatry and Mental Health, Lisbon, Portugal  
2. M V Zanetti  
Institute of Psychiatry, School of Medicine, University of São Paulo (HC-FMUSP), Brasil  
3. M Gerhart Soeiro-de-Souza  
Institute of Psychiatry, School of Medicine, University of São Paulo (HC-FMUSP), Brasil |

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<td>Pharmacological approaches in bipolar disorders and the impact on cognition</td>
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| Speaker | M Luisa Figueira  
Faculty of Medicine, University of Lisbon, Portugal |
| Abstract | Historically, the pharmacological treatments for BD have been associated with neurocognitive side-effects. We reviewed studies which assessed the impact of several psychopharmacological drugs on the neurocognitive function of BD patients. Despite methodological flaws in the older studies and insufficient research concerning the newer agents, some consistent findings emerged from the review; lithium appears to have definite, yet subtle, negative effects on psychomotor speed and verbal memory. Among the newer anticonvulsants, lamotrigine appears to have a better cognitive profile than carbamazepine, valproate, topiramate, and zonisamide. More long-term studies are needed to better understand the impact of atypical antipsychotics on BD patients’ neurocognitive functioning, both in monotherapy and in association with other drugs. Other agents, like antidepressants and cognitive enhancers, have not been adequately studied in BD so far. Pharmacotherapies for BD should be chosen to minimize neurocognitive side-effects, which may already be compromised by the disease process itself. Neurocognitive evaluation should be considered in BD patients to better evaluate treatment impact on neurocognition. A comprehensive neuropsychological evaluation also addressing potential variables and key aspects such as more severe cognitive deficits, comorbidities, differential diagnosis, and evaluation of multiple cognitive domains in longitudinal follow-up studies are warranted |

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Session: | Regular Symposium | SPEAKER 2 | Code | SY266 |
|----------|-------------------|-----------|------|-------|
### Title:
Neurobiological differences between Bipolar I and II Disorders: neuroimaging, neurotrophins levels and GSK3-B activity

### Speaker
M V Zanetti
Institute of Psychiatry, School of Medicine, University of São Paulo (HC-FMUSP), Brasil

### Abstract
The two main subtypes of BD, type I (BD-I) and type II (BD-II), differ in important clinical aspects such as phenomenology, time course and response to treatment. Surprisingly, the neurobiological correlates of BD-II and the pathophysiological differences between these subtypes are still poorly understood. For instance, while neuroimaging has led to a significant improvement in our understanding about the brain circuitry associated with BD, a great heterogeneity of findings is observed across different investigations and very few studies have focused on differentiating BD-I versus BD-II. Other biological factors also implicated in the pathophysiology of BD have not been investigated specifically in BD-I or BD-II. The enzyme glycogen synthase kinase 3 (GSK3) orchestrates several intra-cellular pathways, integrating the processes related to neuronal function – such as gene expression, neurogenesis, myelination, synaptic plasticity, energy production, inflammation, and neuronal death and survival. Preclinical models suggest that the activity of GSK3 also correlates with mood regulation, but few studies to date have assessed GSK3 activity in the peripheral blood of BD individuals (the main finding is the reduction of the inactive form of the enzyme relative to controls), none in BD-I versus BD-II. Neurotrophins are a group of cellular grown factors also involved in synaptic plasticity and neurogenesis, effect that is partly related to the modulation of activity of the GSK3. The brain-derived neurotrophic factor (BDNF) is the most extensively studied neurotrophin in BD and plasmatic levels of BDNF have been shown to be reduced in the acute phases of BD. Recent studies suggest that epistasis and epigenetic alterations affecting this gene are specifically associated with BD type II. Thus, the study of neurobiological aspects of BD-I and BD-II could contribute to the identification of biomarkers of diagnosis and treatment-response, besides improving our knowledge about the underlying pathophysiology of its clinical manifestations.

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| Title: | Association of GAD1 and RELN single nucleotide polymorphisms and cerebral levels of Gaba/Glutamate on magnetic resonance spectroscopy in bipolar patients | M Gerhart Soeiro-de-Souza
Institute of Psychiatry, School of Medicine, University of São Paulo (HC-FMUSP), Brasil | | |

**Abstract**
Background: Bipolar disorder (BD) has been consistently associated with glutamatergic and GABAergic abnormalities in the cerebral spinal fluid and brain tissue. The pathophysiological mechanisms of BD are not completely clarified and several hypotheses have already been formulated including the role of monoamines, gama amino butyric acid (GABA) and glutamate. GABA is the main inhibitory neurotransmitter while glutamate is the main excitatory neurotransmitter. Genes that play a role in GABA metabolism and in the activity of GABA neurons are very important to understand the GABA function, once they affect neurodevelopment and its dysfunctions may predispose to psychiatric diseases. The enzyme glutamic acid descarboxylase (GAD67) metabolizes glutamate in GABA in the pre synaptic neuronal regions and is coded by the gene GAD1. Reelin is secretory serine protease with dual roles in mammalian brain: embryologically, it guides neurons and radial glial cells to their corrected positions in the developing brain; in adult brain, Reelin is involved in a signaling pathway which underlies neurotransmission, memory formation and synaptic plasticity. Evidences from magnetic resonance spectroscopy (MRS) studies report elevated brain glutamate (Glu) and Glx (Glu+glutamine) in subjects with BD. MRS studies of GABA and glutamine (Gln) are not very extensive in BD due to due to difficulties in extracting data from spectra with overlapping resonant peaks. Methods: Thirty-eight euthymic BD type I patients (23 females; mean age 29.1 years) and thirty-five healthy controls (14 females, mean age 26.4 years) underwent proton magnetic resonance spectroscopy (1H-MRS) at 3T in the caudal anterior cingulate (CAC) (2x2x4.5cm3) using a two-dimensional JPRESS sequence with 100 TE steps and were genotyped for GAD1 and Reelin. Metabolites were quantified with ProFit program and values with CRLBs>15% were excluded from the statistical analysis. Results: GABA/Cr and Glu/Cr levels in BD were not different from controls; Gln/Cr and Gln/Glu ratio were respectively 11 and 16% higher in BD compared to controls. ml/Cr ratio was reduced in BD compared to controls. There was no difference in voxel segmentation among the two groups. Anticonvulsant medications demonstrated a trend to increase Gln/Cr ratio.
| Keywords: Bipolar disorder; clinical practice; genetics; psychopharmacology; translational psychiatry; cognition; neuroimaging. |
### Session: Regular Symposium

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<tr>
<th>Title:</th>
<th>Gene expression and neural circuits involved in psychiatric symptoms</th>
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| Chairperson | Prof. Magda Fahmy, Psychiatry, Suez Canal University, Ismailia, Egypt |

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<td>Psychiatric disorders present a unique challenge, even relative to other brain disorders, such as Alzheimer’s, Huntington’s, or Parkinson’s disease. We know much less about underlying genetic, molecular, cellular or the primary anatomical sites of the brain defects. This frustrating lack of progress requires us to confront the complexity of the brain. Given the complexity of neural circuits, there are many possible ways to disrupt them. Thousands of genes are involved in regulating neural development and function. It is not surprising, therefore, that disturbances in the structure and function of one or several of these genes can lead to broad and complex neuropsychiatric phenotypes. Thus, starting from a diagnosis and searching broadly for genetic causes that are commonly shared across all affected individuals is not likely to succeed, because a great deal of biological heterogeneity lies at the basis of circuit dysfunction. Circuit analysis is the study of the structure, function, and dysregulation of relevant neural circuits. We are now beginning to identify the possible locations of aberrant circuitry in some diseases, including depression, which is associated with hyperactivity in the subgenual cingulate region (Brodmann area 25) of the prefrontal cortex, anxiety states, where there is hyperactivity in the amygdala, and obsessive-compulsive disorder, where there is an abnormality in the striatum.</td>
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| 1. Prof. Ahmed Okasha  
Director of WHO Collaborating Center for Research and Training in Mental Health, Institute of Psychiatry, Ain Shams University, Cairo, Egypt |
| 2. Prof. Nahla Nagy  
Prof. Psychiatry, Ain Shams University, Cairo, Egypt |
| 3. Prof. Mohab Fawzi  
Prof. Psychiatry, Zagazig University, Zagazig, Egypt |

### Session: Regular Symposium

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| Title: | Neurocircuits, neurochemical and therapeutic implications of mood disorders |

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

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<td>The neural networks that putatively modulate aspects of normal emotional behavior have been implicated in the pathophysiology of mood disorders by converging evidence from neuroimaging, neuropathological and lesion analysis studies. Such findings hold major implications for models of the neurocircuits that underlie depression. In particular evidence from lesion analysis studies suggests that the medial prefrontal cortex MPFC and related limbic and striato-pallido-thalamic structures organize emotional expression. The presentation discusses these systems together with the neurochemical systems that impinge on them and form the basis for most pharmacological therapies. Since all patients with MDD and Bipolar disorder do not have the same symptoms, this implies that they may not all have the same malfunctioning circuits. Furthermore, since those patients treated with antidepressants commonly experience residual symptoms that prevent them from attaining complete remission, this implies that not all circuits are successfully targeted by treatment in such patients. The presentation will discuss briefly the neurocircuitry of mood disorders and its therapeutic implications.</td>
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<td>Title:</td>
<td>Neural circuits in schizophrenia, genomes and environmnetal interaction</td>
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<td>Speaker</td>
<td>Prof. Mohab Fawzi</td>
<td>Prof. Psychiatry, Zagazig University, Zagazig, Egypt</td>
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<td>Abstract</td>
<td>Many of the symptoms displayed by individuals with schizophrenia may arise from fundamental disturbances in the ability to accurately process emotionally salient sensory information. The neurotransmitter dopamine (DA) and its ability to modulate neural regions involved in emotional learning, perception, and memory formation has received considerable research attention as a potential final common pathway to account for the aberrant emotional regulation and psychosis present in the schizophrenic syndrome. Evidence from both human neuroimaging studies and animal-based research using neurodevelopmental, behavioral, and electrophysiological techniques have implicated the mesocorticolimbic DA circuit as a crucial system for the encoding and expression of emotionally salient learning and memory formation. While many theories have examined the cortical-subcortical interactions between prefrontal cortical regions and subcortical DA substrates, many questions remain as to how DA may control emotional perception and learning and how disturbances linked to DA abnormalities may underlie the disturbed emotional processing in schizophrenia. Beyond the mesolimbic DA system, increasing evidence points to the amygdala-prefrontal cortical circuit as an important processor of emotionally salient information and how neurodevelopmental perturbances within this circuitry may lead to dysregulation of DAergic modulation of emotional processing and learning along this cortical-subcortical emotional processing circuit.</td>
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Responses to change and migration: Grounding global mental health. Symposium: Social and cultural psychiatry: Co-sponsored WPA-TPS and "medical anthropology and psychiatry "section of the WASP.

Chairperson: Joseba Achotegui, Secretary of WPA-TPS, Prof. University of Barcelona, Spain, SAPPIR. University of Barcelona. Hospital de Sant Pere Claver, Barcelona, Spain


Abstract: Through migration and asylum trajectories, psychological defense mechanisms are inextricably linked to the impact of social determinants and to the confrontation of cultural representations. How to avoid the effects of stigmatization, which disqualify healthcare access policies? The clinical medical anthropology perspective provides recommendations for preventive solutions. Examples from 3 countries in Europe, France and Spain and Denmark illustrate how essential this prospective is for the organisation of healthcare delivery for psychological suffering or disorders.

Speakers:
1. Rachid Bennegadi
2. Kastrup, Marianne C.
   Competencecentre Transcultural Psychiatry, Psychiatric Centre Ballerup, DK-2900 Hellerup, Denmark
3. Stephanie Larchanché
   Anthropologist. Centre Minkowska. Paris, France
4. Joseba Achotegui
   Secretary of WPA-TPS, Prof. University of Barcelona, Spain, SAPPIR. University of Barcelona. Hospital de Sant Pere Claver, Barcelona, Spain

Title: “Re-organizing the clinic: Beyond culture and migration as pathology producing”

Speaker: Rachid Bennegadi

Abstract: Grounding global mental health entails acknowledging that migration and asylum dynamics constitute social determinants, among many, which shape individual responses to distress.

As a psychiatrist and anthropologist, how do I integrate dynamics of change and migration and their impact on patients as individual strategies resulting in individual adaptations?

This presentation aims at proposing concrete clinical tools to mobilize the relationship between culture and psychiatry within a systemic approach, and to provide a healthcare response that is most adequate to the patient’s demand.
**Session:** Regular Symposium  | **SPEAKER 2**  | **Code**  | SY286  
--- | --- | --- | ---  
**Title:** “Globalisation and its consequences for mental health”  
**Speaker**  
Kastrup, Marianne C.  
Competencecentre Transcultural Psychiatry, Psychiatric Centre Ballerup, DK-2900 Hellerup, Denmark  
**Abstract**  
Mental disorders contribute significantly to the Global Burden of Diseases as four out of the ten diseases with the highest burden are psychiatric. The major psychiatric disorders like schizophrenia and depression are found in all cultures and result in significant disability. Among the factors influencing the global mental health are poverty, conflicts, and migration that are characterized by loss and difficulties in adjustment. The consequences of globalization may be problematic for certain populations, in particular those that are vulnerable or come from less developed regions, and result in stress-related disorders. Research may play an important role for improving the mental health in low-income countries by focusing on practical intervention oriented aspects.

**Session:** Regular Symposium  | **SPEAKER 3**  | **Code**  | SY286  
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**Title:** “On de-stigmatizing the clinical encounter: the importance of training for healthcare professionals”  
**Speaker**  
Stephanie Larchanché  
Anthropologist. Centre Minkowska. Paris, France  
**Abstract**  
In France, the principle of universal access underlying the healthcare system heavily shapes the ways healthcare is organized and stigmatization construed. It suggests that stigmatization can be prevented by avoiding strategies tailoring “specific” mental health initiatives for immigrants and refugees. The challenge is that preventing stigmatization in healthcare partly requires rethinking the relationship between healthcare professionals and patients, not on the basis of culture, but on the basis of the uncertainties that the encounter with different cultural representations provokes. In that perspective, training is paramount. Instilling respect – not on the basis of cultural belonging, but on the basis of the confrontation of cultural representations each individual holds – is key to integrating immigrants and refugees to general healthcare delivery. In this presentation, I discuss how, by redefining cultural competence in a way to specifically target the effects of stigmatization, medical anthropology provides us with concrete tools to rethink training to healthcare professionals upstream.

**Session:** Regular Symposium  | **SPEAKER 4**  | **Code**  | SY286  
--- | --- | --- | ---  
**Title:** “Analysis of the data about the Ulysses Syndrome among immigrants in Spain”  
**Speaker**  
Joseba Achotegui  
Secretary of WPA-TPS, Prof. University of Barcelona, Spain, SAPPAR. University of Barcelona. Hospital de Sant Pere Claver, Barcelona, Spain  
**Abstract**  
Human migrations have been frequent phenomena throughout history; however, each migration presents its own unique characteristics. Today, the circumstances in which many immigrants come to developed countries are characterized by the stressful conditions they experience prior, during and after migration to the host country. 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 over many years as “The Ulysses Syndrome”. Its defining characteristics and case illustrations are included in this presentation.
I present the data of studies conducted in the public health network of mental health in Barcelona (Spain) that shows that the percentage of immigrants who experience the defining symptoms the Ulysses Syndrome is 14.4%. This data shows the importance of using this diagnosis to avoid the misdiagnosis of these immigrants using culturally insensitive standardized methods, when in fact what they suffer is a reactive crisis in response to very intense stress directly related to the process of migration.
### Residential facilities: are they promoting recovery or are they ‘homes for life’?

**Chairperson:** Josep Maria Haro, Parc Sanitari Sant Joan de Déu, Spain

**Abstract**

The closure of mental hospitals internationally has seen the parallel growth of a large network of Residential Facilities (RFs) for patients needing medium- or long-term mental health care. Yet there are a number of unsolved controversies. Probably the main point of controversy is to clearly define whether they should be conceptualized as intensive treatment programmes, or merely as ordinary homes or living settings for people who participate fully in treatment programmes provided by local mental health services. These contrasting objectives may actually lead to different characteristics of their functioning and to diverse typologies of care processes, although the scientific literature usually refers to RFs as a unitary concept, hence the need to develop a clear taxonomy of residential facilities, based on specific operational criteria. This symposium will discuss all these unsolved issues and will propose a set of possible solutions and an agenda for further research.

**Speakers**

1. Dr./Prof Helen Killaspy  
   University College London, London, UK  
2. Dr. Giovanni de Girolamo  
   St John of God - Clinical Research Centre, Brescia, Italy  
3. Dr./Prof Carol Harvey  
   The University of Melbourne, Melbourne, Australia  
4. Dr./Prof Amelie Felix  
   Montreal Mental Health University Institute, Montreal, Quebec, Canada

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### The Qest study - quality and effectiveness of supported tenancies for people with mental health problems; A national study of supported accommodation in England.

**Speaker**

H. Killaspy\(^1,2\), S. Priebe\(^3\), Leavey, G\(^4\), King M\(^1,2\), Eldridge S\(^3\), McCrone P\(^5\), Arbuthnott M\(^6\), McCabe G\(^6\), Curtis S\(^1\), Shepherd G\(^2\), Elliot J\(^7\).

\(^1\) University College London, London, UK.  
\(^2\) Camden and Islington NHS Foundation Trust, London, UK  
\(^3\) Queen Mary University London, London, UK  
\(^4\) University of Ulster, Belfast, Northern Ireland, UK  
\(^5\) King’s College London, London, UK  
\(^6\) North London Service User Forum, London, UK  
\(^7\) University of Durham, Durham, UK

**Abstract**

**Objectives**

Many people with mental health problems live in supported accommodation in England at a cost of millions of pounds to health and social care but there is little empirical research to guide clinicians and service planners. The QEST study is a five year programme of research (2012-2017) that aims to survey current provision, quality, clinical and cost-effectiveness of these services.

**Methods**

WP1: adaptation of existing quality assessment tool, the Quality Indicator for Rehabilitative Care (QuIRC), for supported accommodation services. Amendments identified through focus groups with staff and review by service user reference group and expert panel.

WP2: National survey and cohort study of nationally representative sample of services (N=90) and their residents (N=450). Services assessed using the adapted QuIRC and service users interviewed about their experiences of care. Outcomes (successful move-on to less supported accommodation) assessed over 30 months and costs and effectiveness of different services compared.

WP3: Qualitative interviews with service users and staff to identify key components of care.
WP4: Feasibility trial comparing supported housing (“Train and Place”) and floating outreach (“Place and Train”) services.

Results
WP1: Inter-rater reliability testing of the adapted QuIRC was carried out in 52 services (14 residential care homes, 21 supported housing services; 17 floating outreach services). Five items had poor inter-rater reliability (ICC or kappa < 0.7) and 38 items had a poor range of response.
WP3: interviews with 10 staff and 10 service users in each of the three types of supported accommodation completed and data analysis ongoing.
WP3 and WP4 are ongoing.

Conclusions
The QEST study will: provide the first comprehensive description of supported accommodation services in England; produce the first standardised quality benchmarking tool for these services; identify the aspects of care associated with clinical effectiveness; test the feasibility of a trial comparing two models of supported accommodation.

Session: Regular Symposium | SPEAKER 2 | Code | SY289
---|---|---|---
Title: Residential facilities: Are they promoting recovery or are they ‘homes for life’?
Speaker: Dr. Giovanni de Girolamo¹, V. Candini¹, V. Bulgari¹, L. Iozzino² & E. Cappella¹
¹San John of God- Fatebenefratelli- Brescia, Italy
²Psychiatric Clinic, University of Verona, Italy

Abstract
Objective: To present an updated picture of residential care in Italy, based on the 'PROGRES' (PROGetto RESidenze', Residential Care Project) project aimed at surveying the main characteristics of all Italian Residential Facilities (RFs) (Phase 1) and to assess in detail 20% of the RFs and the patients who lived there (Phase 2). Moreover the results of a recent follow-up study (PERDOVE study) will be presented.
Method: In the PROGRES Phase 1 structured interviews were conducted with the managers of all Italian RFs. In Phase 20% of the surveyed facilities were evaluated by a research assistant who met with staff and then carried out an indepth evaluation of each patient. In the PERDOVE project all patients of 23 medium-long term RFs (N=403), younger than 65 years, received a set of standardized assessment instruments, including a “Patient Schedule”, BPRS, HONOS, PSP, PHI, and SLOF at baseline and at 1-year follow-up.
Results: On May 31, 2000 in Italy there were 1,370 RFs with 17,138 beds, with an average of 12.5 beds each and a rate of 2.98 beds per 10,000 inhabitants. Most had 24-hour staffing. In phase 2, 265 RFs have been evaluated in great detail, as well as 2,962 residents. Of these, more than 70% were over 40 years of age and 85% had a pension.
In the PERDOVE project at 1 year follow-up, 104 patients (25.8%) were discharged: 13.6% to home, 8.2% to other RFs, 2.2% to supported housing, and 1.5% to prison.

Conclusions: There is marked variability in the provision of residential places between different regions; discharge rates are generally low. RFs serve a very disabled population who in the past would have been admitted in mental hospitals at length. The PERDOVE study, the first prospective study in Italy of RF patients, confirms that very few patients are discharged to independent accommodations after one year.

Session: Regular Symposium | SPEAKER 3 | Code | SY289
---|---|---|---
Title: Housing needs, preferences and recovery: Findings from the second australian national survey of psychosis
Speaker: C Harvey¹,², E Killackey¹,³, A Groves⁴, H Herrman¹,³
¹The University of Melbourne, Melbourne, Australia.
²North Western Mental Health, Melbourne, Australia.
³Orygen Research Centre, Melbourne, Australia.
⁴Queensland Health, Herston, Australia.
**Abstract**

**Objectives**
Access to adequate housing consistent with personal preferences and needs supports recovery from psychosis. We aimed to: (1) describe people with psychosis living in different housing types, their preferences and needs; and (2) compare two subgroups – participants living in supported group accommodation and supported housing – on demographic, functional, clinical and social inclusion variables.

**Methods**
Current housing, preferences, needs and housing-related social inclusion variables were assessed in a two-phase psychosis prevalence survey conducted within seven catchment areas across Australia in 2010. Residents in two supported housing models were compared: supported group accommodation and supported housing (rental accommodation with in-reach support). Descriptive statistics were used.

**Results**
Of all participants (n=1825), one half were living in public or private rented housing (48.6%). 22.7% were on a waiting list for public independent housing. Supported group accommodation was the current housing for 11.0%, but the preferred housing for 2.8%. Compared with supported housing residents (n=98), those living in supported group accommodation (n=100) were significantly more likely to be single men with greater difficulties with functioning. Residents of supported group accommodation felt safer in their locality than those in supported housing, but experienced less privacy and choice.

**Conclusions**
Access to public housing is restricted compared with identified need. Each supported housing model may offer different advantages to people with psychosis, and contribute to services that support and maintain recovery. These findings suggest a need for diversity of housing types and support as well as more affordable and well located housing for people with psychoses.

**References**

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**Abstract**

**Objectives**
The absence of a widely accepted taxonomy to classify community-based residential facilities as well as uncertainties on the attributes that differentiate between facilities creates barriers to services planning and evaluation. A research project conducted in Quebec (Canada) aimed to: 1) identify the key attributes and domains of housing for adults with severe mental illness; 2) develop a new environmental instrument designed to describe facilities ranging from 24-hour staffed congregate settings to apartment with no onsite support.

**Methods**
Phase 1: Group concept mapping was used to identify key attributes and revisit the conceptualization of housing. Participants (n = 722) included service users, family members, staff and operators of residential facilities, mental health workers and managers. Phase II: The instrument development included a literature review, PCAs, two focus group with experts (n = 23), reliability testing as well as a cross sectional survey (n = 258 residential facilities). The instrument was administered during semi-structured telephone interviews with operators or staff of facilities.

**Results**
Derived from Phase I and II results, the instrument comprises 4 domains (geo-physical environment; milieu atmosphere and functioning; provision of services and support; organizational and managerial practices), 10 dimensions and 121 attributes (83 rated on 5 level ordinal scales). The cross sectional survey indicated that a majority of facilities housed less than 20 residents. Facilities varied widely on several dimensions. Services and support provided to residents varied widely between facilities. Ongoing analyses are exploring subgroups of facilities (clusters analyses).

**Conclusion**
The project involved a large in-depth conceptualization process transferable to services provided elsewhere. The instrument provided a detailed multidimensional and multilevel profile of each facility.
Variations between facilities raise questions on how attributes (or combination of) influence residents or subgroups of residents and on how placement is to be done.
Title: The birth of psychiatry: An European movement

Chairperson: Emilio Vaschetto, Psychiatrist and psychoanalyst. Member of the Specialty Area in Epistemology and History of Psychiatry, Asociación de Psiquiatras Argentinos (APSA). Professor at the School of Medicine, Universidad de Buenos Aires, Argentina. Member of Ibero-American Network of History of Psychiatry.

Abstract:

1. Objectives
The official tradition has always linked the birth of psychiatry to the figure of Philippe Pinel, whose name has been recorded as an eponym of the origin of this specialty. Historiographic research has tinted the mythical role of the French clinician. However, in the collective imagination the origin of psychiatry is still fully credited to him, without sufficiently considering that the facts producing said event derived from an European multicenter phenomenon. On the current stage of the specialty, it is particularly useful to rescue the thoughts of some of those pioneers who established the profile that the new mental medicine should have.

2. Methods
To illustrate the proposed objectives, and without exhausting the list of protagonists of the event under study, we will review the institutional work and the main concepts of authors from different countries: Johann Christian Reil (Germany), Alexander Crichton (England), Vincenzo Chiarugi (Italy) and Joseph Daquin (Piedmont).

3. Results
Through the succinct analysis of the contributions from the mentioned authors, we will try to demonstrate that the notions of a new institution for the mentally ill and of moral treatment have been delineated since the mid-18th century, thus leading to the emergence of a new medical specialty.

4. Conclusions
Psychiatry arose from new concepts and diverse and convergent practices developed in different European countries, and finally crystallized in Phillipe Pinel’s work with the 2nd edition of his “Treatise” in 1809: the point of arrival, not the starting point, of modern medical thought on mental illnesses.

References:


Speakers:

1. Rafael Huertas
   Professor of Research, Department of History of Science, Centre of Human and Social Sciences, Consejo Superior de Investigaciones Científicas, (CSIC), Madrid, España.

2. Norberto Aldo Conti

3. Daniel Matusevich
Session: Regular Symposium  
**SPEAKER 1**

Title: “From the philosophy of madness to the health of the soul. Joseph Daquin (1731-1815)”

Speaker: Rafael Huertas  
Professor of Research, Department of History of Science, Centre of Human and Social Sciences, Consejo Superior de Investigaciones Científicas, (CSIC), Madrid, España

Abstract: Philosophie de la folie (1791; 2nd ed.: 1804) constitutes an essential precursor of what would later come to be known as moral treatment. Its author, Joseph Daquin, was a physician at the Hospice des Incurables patients in the city of Chambéry (formerly the Duchy of Savoy; Kingdom of Piedmont-Sardinia) from 1788. The work contains his thoughts on nature and the causes of madness, and is clearly in tune with the philanthropic trends of the end of the Enlightenment. It defends humane treatment of lunatics at all times, revises traditional treatments and introduces new forms of therapy. Daquin emphasizes the Hippocratic (and enlightened) prudence of the vis medicatrix naturae and diet, understood as a regimen for life, as the health of the soul. In short, a detailed analysis of the work by Daquin, overlooked by his Parisian contemporaries, will enable us to evaluate and affirm his importance to the origins of alienism.

Session: Regular Symposium  
**SPEAKER 2**

Title: “Vincenzo Chiarugi: Pazzia and the regulation of St Boniface in the origins of modern psychiatry”

Speaker: Norberto Aldo Conti  

Abstract: Vincenzo Chiarugi was director of St Boniface’s Hospital between 1788 and 1818. Based on his experiences in this institution he produced two works we now present: a) Della Pazzia in genere e in specie. Trattato medico-analitico con una centuria di osservazioni, published in 1793, where madness is treated as a unity centered in the term pazzia, which can present three clinical aspects: melancholy, mania and amnesia, that remind us largely of Pinel’s alienation. Also, in pazzia we find the first reference to the conception of mental illness as a clinical and evolutive entity, and 2) The Regulation of St Boniface, published in 1789, where he exposes the institutional and legal aspects of pazzia. From the analysis of both works we believe we can state that Chiarugi’s conception is at the basis of modern psychiatry disciplinary matrix.

Session: Regular Symposium  
**SPEAKER 3**

Title: “Alexander Crichton and his time”

Speaker: Daniel Matusevich  
Head of Hospitalization Services, Psychopathology, Hospital Italiano de Buenos Aires, Argentina. Member of the Specialty Area in Epistemology and History of Psychiatry, Asociación de Psiquiatras Argentinos (APSA).

Abstract: This presentation will discuss the book of Sir Alexander Crichton "An Inquiry into the Nature and Origin of Mental Derangement," published in 1798. We chose this work because it constituted a singularantecedent in relation to the Birth of Psychiatry and greatly influenced Pinel and Esquirol,
French pioneers of the specialty. One of the most significant contributions of Crichton was introducing in neurology and medicine the principles of asociacionism before the studies of cortical locations begins.

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<th>Session:</th>
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<th><strong>SPEAKER 4</strong></th>
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<tbody>
<tr>
<td>Title:</td>
<td>“Johann Christian Reil and his holistic conception of psychiatry”</td>
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</table>
| Speaker  | Juan Carlos Stagnaro  
Full Professor of Psychiatry and Researcher at the Institute of History of Medicine, School of Medicine, Universidad de Buenos Aires, Argentina.  
WPA Member of honour. |
| Abstract | The Rhapsodieen by Johann Christian Reil (1759-1813), edited in 1803, gave a crucial boost to care and treatment reforms for the mentally ill in Prussia. Reil maintained that the causes of human illnesses cannot be distinguished as purely mental, chemical or physical, but as the result of an essential interaction among these three domains. Also, he proposed the rights of people with mental illness, denounced the effects of the stigma they bear, defended the creation of humanized hospitals for them, stressed the responsibility of the government and the whole society for the citizens afflicted with these disorders, and described psychotherapy as a fundamental treatment, both for mental and somatic illnesses, equivalent to pharmacological treatments and surgery. |
## OVERALL ABSTRACT

**Title:** Re-work program: How to help mood disorder patients to return to work and continue working without relapse?

**Chairperson:** Mr Jan Rydh, Karolinska Institute, Stockholm, Sweden

**Co-chairperson:** Prof Tsuyoshi Akiyama, NTT Medical Center Tokyo, Tokyo, Japan

**Abstract**

**Objectives:** How to help ordinary company employees with mental illness to return to work without relapse is a very important issue for psychiatry and occupational mental health. If a good program or system can fulfill this need, it will mean a support for normal recovery to workplace, a great improvement of quality of life of the person, financial merit for the company and society and anti-stigma for mental illness at workplace.

**Methods:** The first presentation will report on the overview and outcome of the “Re-work program” uniquely developed in Japan. The second presentation will report on the trail to shorten the Re-work program. The third presentation will report on addition and modification of the program to meet the needs of autism spectrum patients. The forth presentation will report on the effect of psychological rehabilitation program in Korea. The fifth presentation will discuss the unmet targets of the Re-work program. The governmental investigation on the topics of the Swedish sick leave system may be commented as well.

**Results:** More than 180 psychiatric facilities provide the Re-work program in Japan. Shortened version of the Re-work program -B has some advantages of economical for the patients. Mutual communication group seems to be a highly effective tool in treatment of depressive patients with autism spectrum disorder. Structured psychological interventions for occupationally injured workers are effective. Specific rehabilitation programmes for depressed workers are lacking.

**Conclusions:** There seems to exist insufficient clinical interest to provide effective rehabilitation programs for company employee patients. The systematic trial in Japan is reported in this symposium.

**Speakers**

1. Y.Igarashi  
   Medical Care Toranomon Clinic, Tokyo, Japan
2. H. Arima  
   Shinagawa-Ekimae Mental Clinic, Tokyo, Japan, The University of Tokyo, Tokyo, Japan
3. M. Yokoyama  
   Sapporo Ekimae Clinic, Sapporo, Japan
4. Jong-Min Woo  
   Department of Psychiatry, Seoul Paik Hospital, Inje University School of Medicine, Seoul, Korea, Stress Research Institute, Inje University, Seoul, Korea
5. G. Pozzi  
   Institute of Psychiatry and Psychology, Catholic University of the Sacred Heart, Rome, Italy

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**Title:** Re-work program in Japan – Overview and outcome of the program

**Speaker:** Y.Igarashi ¹ and Y.Ohki ¹²  
¹ Medical Care Toranomon Clinic, Tokyo, Japan  
² University of Keio, Tokyo, Japan

**Abstract**

**Objectives:** Since 1997 started a program named Rework Assist Program (RAP) by Dr. Akiyama, it has been developing as Re-work program in Japan. In Japan especially from around 2000, number of patient diagnosed affective disorders was markedly increased in chiefly young people, aged 20s and 30s. There characteristic symptoms are based on atypical depression, bipolar spectrum and autism spectrum disorder. Now in Japan, the Re-work program is carried out in 179 psychiatric medical facilities and its acceptable number of user is more than 2000. The program standardized rehabilitation program especially for high functioning company employees is payed as psychiatric rehabilitation reward in Japanese national health insurance system. The ultimate goal of this program is continuation of after return to work without relapse.
relapse. Brief history of re-work program in Japan, standardized program and one of outcome studies indicated below is going to present.

Methods: The object assumed after 2nd sick leave caused by affective disorders or even if 1st sick leave episode, more than 180 days of layoff period were incorporated in this study. Prospective cohort study was continued from September 1, 2010 through December 31, 2013. For indexes of the outcome, estimate working continuation calculated from Kaplan-Meier method after return to work and working ratio on the last day of the survey.

Results: 272 patients from 16 medical facilities had been followed and 210 patients from 13 facilities were returned workplaces during the observation period. From a survival curve after return to work, one and 2 year working continuation are estimated 86.0% (S.E.2.4) and 71.5% (S.E. 3.2), respectively. On December 31 of 2013, the final day of the observation, working was 168 (80%) out of 210 and non-working was 42 (20%) included 21 (10%) sick leave by relapse, 1 suicide, 1 death caused by physical disease and 19 (9.5%) unemployment.

Conclusions: It is obvious that re-work program shows useful rehabilitation for sick leave caused by mental illnesses in Japan. On the other hand, to clarify a reason of dropout cases and think about countermeasure against relapsed cases are also very important point.

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<tr>
<td>Title:</td>
<td>Clinical experiment to create the modified re-work program which is less expensive and shorter-period-treatment than existing programs</td>
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<tr>
<td>Speaker</td>
<td>H. Arima 1, 2</td>
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<tr>
<td>1. Shinagawa-Ekimae Mental Clinic, Tokyo, Japan</td>
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<td>2. The University of Tokyo, Tokyo, Japan</td>
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<tr>
<td>Abstract</td>
<td>Objectives</td>
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<td>Recently, re-work program for mood disorders has gotten popular in Japan. And then, some articles concerning effectiveness of the programs have been published. Meanwhile, it has been often heard that workplaces and patients require less expensive, easier-to-do and shorter period programs. Therefore, we have tried to develop such refined programs like they demand.</td>
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<td>Methods</td>
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<td>The modified program, which is called “Return-to-Work Basic (RTW-B)”, has been provided for depressive patients from March, 2014. While, existing programs are usually about 6-12 month treatment, RTW-B is a reduced version of psychosocial education, exercise and CBGT, and then the treatment periods are expected for 3-6 months. Survival analysis will be undertaken for patients who finish the new program and return to work. Furthermore, the number of relapse and repeated sickness leave between existing programs and RTW-B will be compared.</td>
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<td>Results</td>
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<td>17 patients have been assigned for RTW-B from March to May, 2014. 1 patient has already returned to work and been working. 16 patients have still attended the new program. Nobody has dropped out.</td>
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<td>Conclusions</td>
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<td>RTW-B has some advantages of economical for the patients. And then, shorter period treatment can make patients more easily leave their jobs and attend the program. Furthermore, the new program could be easier to prevail and be acceptable in local areas, where the scale of workplaces is usually smaller and the economic compensation for sick leave is poorer than in larger cities. In order to prove that the new program is sufficient effective comparing the existing program concerning the number of relapse and repeated sickness leave, the national research is planned to be undertaken for 3 years. This is a clinical control study that includes a large sample, a prospective design, an adequate control group, randomized assignment of groups and a long-term follow-up of patients.</td>
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<th>SPEAKER 3</th>
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<tr>
<td>Title:</td>
<td>Additional treatment for autism spectrum disorder in the rework program.</td>
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<tr>
<td>Speaker</td>
<td>M. Yokoyama</td>
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<td></td>
<td>Sapporo Ekimae Clinic, Sapporo, Japan</td>
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Abstract

Objectives: Depressive patients with Autism Spectrum Disorder (ASD) require special training to help them with communication issues at workplace. We examined the effectiveness of the Rework Program with additional SST and psychodrama sessions on ASD patients.

Methods: Starting in August 2011, a new three-month long Mutual Communication Group (MCG) program is offered for patients with ASD in addition to the regular Rework Program. Based on staff observations and the results of Autism Spectrum Quotient Japanese version (AQ-J), 66 participants in the Rework Program have been placed in MCG. The patients participate in 11 SST weekly sessions where they role-play potential workplace scenarios and appropriate communication skills and responses; and five psychodrama sessions held once every two weeks in which they reexamine communication failures from the past.

Results: As of May 2014, out of 32 patients who have completed the program and returned to work so far, only two (6.3%) have relapsed since the program began. On the other side, 18 patients have not completed the program yet, 12 have dropped out and four have changed their job.

Conclusions: MCG combined with the Rework Program seems to be a highly effective tool in treatment of depressive patients with ASD. Further research is necessary to measure the accurate rate of relapse in the two-year period.

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<tbody>
<tr>
<td>Title:</td>
<td>The effect of psychological rehabilitation program based on positive psychology for the workers with occupational injury</td>
<td>Jong-Min Woo¹ ², Seong Kyeon Lim³</td>
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<tr>
<td>Speaker</td>
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<td>¹. Department of Psychiatry, Seoul Paik Hospital, Inje University School of Medicine, Seoul, Korea ². Stress Research Institute, Inje University, Seoul, Korea ³. Korea Employee Assistance Professionals Association, Seoul, Korea</td>
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<tr>
<td>Abstract</td>
<td>Objective</td>
<td>This study aims to assess the effect of psychological rehabilitation program for occupationally injured workers. The purpose of this program was to relieve their stress and to improve positive mental health.</td>
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<td>Methods</td>
<td>196 patients with acute occupational injury, who were either visiting outpatient clinic or being admitted at hospitals, voluntarily participated in these 4-week sessions consisted of positive psychology-based intervention program. We assessed the participants using Heart Rate Variability (HRV), self-reporting questionnaires consisting of injured workers psychological testing scale and Post-traumatic Growth Inventory (PGI).</td>
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<td>Results</td>
<td>After completing the program, participants showed significantly lower stress symptoms of anxiety, depression, somatization, lack of social support, and higher scores on the autonomic nervous system balance and PGI.</td>
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<td>Conclusions</td>
<td>Structured psychological interventions based on positive psychology for occupationally injured workers are effective in their psychological rehabilitation.</td>
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<tr>
<td>Title:</td>
<td>Re-work program: Still an unmet target?</td>
<td>G. Pozzi ¹ ², I. Borrelli ², D. Tedeschi ¹ ³</td>
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<td>Speaker</td>
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<td>¹ Institute of Psychiatry and Psychology, Catholic University of the Sacred Heart, Rome, Italy ² Institute of Public Health - Occupational Medicine, Catholic University of the Sacred Heart, Rome, Italy ³ Doctoral Degree Programme, LUMSA University, Rome, Italy</td>
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<tr>
<td>Abstract</td>
<td>According to the WHO estimates major depression is expected to become the second cause of disability in the next future, and reducing impairment and unemployment is becoming an unavoidable challenge worldwide. Specific programmes for the readjustment of depressed workers to their former activities</td>
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should face such problems as cognitive recovery, emotional balance, side effects of psychiatric medication, risk of alcohol and substance abuse. Any of these problematic issues may affect specific work tasks differentially, and an effective interface between psychiatry and occupational medicine is required to deal with rehabilitation goals. In the last four decades Italy was renowned for its extensive application of a community-based approach to mental health, but unfortunately both the national/regional legislation and the management of psychiatric services used to focus on severe psychopathology only (mostly schizophrenia, bipolar disorders, dependence from hard drugs) and non-specialist care was provided to clients suffering from “neurotic” disorders; so, their potential rehabilitation needs remain unmet; conversely, occupational medicine is committed to job security above all, for instance by means of the reduction of worker’s duties as his/her health is at-risk in consequence of an increased susceptibility to harmful environmental agents, including job stress. To date, specific rehabilitation programmes for depressed workers are lacking, and a novel framework of cooperation between the stakeholders (care providers, patients/workers, employers, policy-makers) is strongly needed to facilitate integration into the labour and to reduce economic costs.
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<th>Session: Regular Symposium</th>
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<tr>
<td>Title: Improving the quality of psychiatric care: Use of the interRAI mental health assessment system</td>
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<tr>
<td>Chairperson</td>
<td>Pr Raymond Tempier, Montfort Hospital, University of Ottawa, Ottawa, Canada</td>
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<td>Co-chairperson</td>
<td>Pr John Hirdes, University of Waterloo, Waterloo, Canada</td>
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<td>Abstract</td>
<td>The interRAI family of assessment instruments provides a comprehensive evaluation of the strengths, preferences and needs of vulnerable persons across the continuum of care, including persons with mental health needs in community and facility based care settings. Each assessment instrument is designed to support person-level care planning development, risk appraisal and outcome measurement. Organization-level applications include case mix classification for funding and quality measurement to support quality improvement and public reporting on outcomes of mental health services. This symposium will provide an overview of the use of interRAI instruments for mental health based on evidence from its international use.</td>
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| Speakers | 1. Dr. El Mostafa Bouattane MD, MBA Montfort Hospital, Ottawa, Canada & Pr Raymond Tempier, Montfort Hospital, University of Ottawa, Ottawa, Canada  
2. Dr Nawaf Madi  
Canadian Institute for Health Information, Ottawa, Canada  
3. Dr Shannon L. Stewart  
Child and Parent Resource Institute, Ministry of Children and Youth Services, London, Canada, & Western University, London, Ontario, Canada  
4. Pr Christopher Perlman University of Waterloo, Waterloo, Canada |

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<th>Session: Regular Symposium</th>
<th>SPEAKER 1</th>
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<tr>
<td>Title: Improving quality of psychiatric care: Practical lessons from using data systems. Experience of the RAI-MH in Canada &amp; its potential for benefiting psychiatric services in developing countries</td>
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| Speaker | Dr. El Mostafa Bouattane¹, Dr. Raymond Tempier²  
¹Director Organizational Performance, Montfort Hospital, Ottawa  
²Prof. of Psychiatry, Univ. of Ottawa, Consultant Psychiatrist, Montfort Hospital, Ottawa |
| Abstract | Summary:  
Clinical information systems allow clinicians to better understand clinical activities and help informed decision making. The Minimum Data Set for Mental Health (MDS-MH) has been in use in Ontario since 1999, initially as a research instrument, now part of normal clinical practice. Since 2005, the MDS-MH, the basis of the Ontario Mental Health Reporting System (OMHRS), is used for patients hospitalized in mental health beds. The OMHRS is designed for outcome measurement and quality improvement. It collects 21 domains of care including mental state indicators, substance use or excessive behaviour, service utilization and treatments, etc. We are using MDS-MH-based results in a teaching Hospital, the Montfort Hospital, in Ottawa, Canada.  
Some clinical indicators that MDS-MH and OMHRS bring to those clinicians interested by improving the quality of care. Pros and cons of using such tools to improve services as well as practical lessons for improving psychiatry services in developing countries will be discussed. The wealth of clinical information collected is used for the following main objectives:  
1-Understanding of acuity and complexity of admitted patients in psychiatry, and outcome of services delivered.  
2-Identification of areas for improvement of quality of services through measurement of key quality and performance indicators, and integrated care maps or clinical pathways  
3-Standardization of clinical practice in psychiatry and research development  
4-Improvement of decision making based on evidence  
5-Efficient funding of inpatient psychiatry services by development of funding methodology by the |
Ontario Ministry of Health and Long Term Care.

Objectives:
Participants will understand the importance of collecting clinical data with standardized reliable instruments, in order to improve the quality of care.
Participants will understand the great potential of implementing such tools to benefit psychiatry services in developing countries.
Participants will be more familiar with and will appraise the use of the Resident Assessment Instrument for Mental Health, for administrative and clinical purposes.

References

Session: Regular Symposium | SPEAKER 2 | Code | SY300
---|---|---|---
Title: The Inter RAI mental health reporting system in Canada: Use of data for evidence-informed inpatient and community mental health care
Speaker: Dr N. Madi
Canadian Institute for Health Information, Ottawa, Ontario, Canada.
Abstract:
Objectives
Participants will gain a familiarity with the applicability of interRAI inpatient and community mental health assessments for various levels of informed decisions within the spectrum of mental health services.

Participants will be gain a familiarity of the status and trends in inpatient and community mental health care in the Canadian context.

Summary
The interRAI mental health assessment instruments are implemented under the proviso ‘collect once, use many’. The interRAI inpatient and community mental health assessments are used in several Canadian jurisdictions to inform and support clinical judgements made at the point of care. Data from these assessments are also aggregated for use in examining quality of services, costs, and comparative performance in the provision of services at the facility level, and at the mental health system level to inform policy discussions. The presentation will provide examples of research and analysis that pertain to each of these three levels. The presentation will also examine how the horizontal integration of these comprehensive assessments is facilitated by a common interRAI platform and how it can, in turn, facilitate an assessment of the continuity of mental health care across the spectrum of services.

Session: Regular Symposium | SPEAKER 3 | Code | SY300
---|---|---|---
Title: Overview of the InterRAI child and youth suite of instruments
Speaker: Shannon L. Stewart
Abstract:
Objectives:
Participants will gain familiarity with the interRAI child and youth suite of instruments (hereby CY suite).
Participants will understand how the CY suite can be used for early identification, care planning, and access to supports while facilitating continuity of care throughout life and across sectors.

Summary:

The CY suite was developed to cater to and capture information on the unique domains experienced by children and youth. These domains include but are not limited to early year’s experiences, behaviour concerns specific to children and youth, family dynamics and educational surroundings. Early identification of mental health needs will improve access to supports and services; interventions, treatments and/or referrals to support better outcomes for the child or youth. With each completed CY suite comprehensive assessment, a client profile is created and is used to facilitate ongoing case management. The complete assessment will gather unique child and youth items and also complementary standardized items that are used across all interRAI tools. By using comparable and shared items it supports improved communication and consistent language use across sectors to enable a lifespan approach. Once an assessment is complete and entered into a software solution there are results produced in real-time that support timely care planning and client monitoring. Collaborative Action Plans (CAPs) are areas of need that get triggered by certain assessment items and assist in care planning by offering; the problem statement, goals of care, CAP triggers, clinical guidelines and additional resources. Scales, another feature of a client profile, reflect the severity of a problem area and measures changes across time.

References


### OVERALL ABSTRACT

**Title:** Developing health services research for quality improvement in Guangzhou China

**Chairperson:** Yuping Ning, Guangzhou Psychiatry Hospital China

**Abstract**

Psychiatric research is developing rapidly in China but research into the working of mental health service systems remains a new field of exploration. Guangzhou Psychiatric Hospital is the largest psychiatric hospital in Guangzhou, China’s third largest city. A joint Chinese and American team has initiated a series of studies using data from electronic medical records, from longitudinal outcome studies, and from surveys of staff and patient attitudes to examine the process and outcome for both patients and their families, of treatment of serious psychiatric disorders. Studies are addressing: 1) cultural differences in schizophrenia symptomatology and more specifically in patient insight into their illness which will be increasingly relevant as voluntary admission comes to predominate in China; 2) professional and family attitudes and towards mental illness which are compared to those in Nigeria and the US, attitudes which may be critical to developing community-based systems of care; 3) changes resulting from the implementation of a new national Mental Health Law in May 2012 that tightens regulations to limit involuntary hospitalization, 4) predictors of readmission and length of stay as they change with the implementation of the new Chinese Mental Health Law beginning in May, 2013. The ultimate goal of these studies is to identify factors that influence the effectiveness of services for both patients and their families and that can be used to improve the quality of care in this large and rapidly changing mental health care policy environment.

**Speakers**

1. Somaia Mohamed  
   MD PhD, Yale Medical School, USA
2. Robert Rosenheck MD  
   Senior Investigator, VA Mental Illness Research Clinical or Education Center, USA
3. Dr. Xingbing Huang  
   Vice President for Clinical Affairs, Guangzhou Psychiatric Hospital, Liwan District, Guangzhou, China

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### SPEAKER 1

**Title:** Insight into illness and attitudes towards medication among inpatients with chronic schizophrenia in the China and the US

**Speaker:** Somaia Mohamed  
MD PhD, Yale Medical School, USA

**Abstract**

Background: The impact of culture on insight into illness and attitudes towards medication has not been well studied empirically. We schizophrenia patients in the US and in China, a culture that heavily stigmatizes mental illness and psychosis, on measures of insight and acceptance of medication, controlling for overall severity of schizophrenia symptoms using data recently gathered data from the Guangzhou Psychiatric Hospital using measures translated from those used in the US Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia study. Methods: CATIE was a large study of pharmacotherapy of people with schizophrenia across the US. Insight was measured using the Insight and Treatment Attitudes Questionnaire (ITAQ); attitudes towards medication by The Drug Attitude Inventory (DAI) and symptoms of schizophrenia by the Positive and Negative Syndrome Scale (PANSS). These measures were applied to a sample of hospitalized patients diagnosed with schizophrenia at the Guangzhou Psychiatric hospital, the largest psychiatric hospital in Southern China. Mean ITAQ and DAI scores, net of total schizophrenia symptoms and other differences were compared at the time of admission using analysis of co-variance (ANCOVA).

Results: Both insight and positive attitudes towards medication were significantly and substantially lower in the sample from Guangzhou on-bivariate analysis as well as after adjusting for severity of schizophrenia symptoms overall.

Conclusion: Inpatients in China had far lower scores than US CATIE inpatients on measures of insight and acceptance of medication, controlling for overall severity of schizophrenia symptoms, suggesting a
significant impact of Chinese culture, which is presumed to more heavily stigmatize mental illness and especially psychosis and thus to foster denial of illness. As China shifts to a system based on voluntary hospitalization rather than commitment and community-based voluntary care, culture-based lack of insight could make it difficult to retain patients in treatment.

Session: Regular Symposium  
**SPEAKER 2**  
Title: Differences in attitudes towards mental illness in the China, Nigeria and the US  
Speaker: Robert Rosenheck MD  
Senior Investigator, VA Mental Illness Research Clinical or Education Center, USA

**Abstract**

Background: Stigmatization of people with mental illness is an issue of wide concern. Multiple studies suggest that stigmatization may be different across countries and labeling adversely affects the lives of people with such illnesses in numerous ways especially in the quality of community based social acceptance and care they receive.

Objective: To assess the current beliefs about mental disorders and attitude toward mentally ill people among medical students in Guangzhou Psychiatric Hospital, China; University Hospital in Ibadan, Nigeria and at a Yale-Affiliated Hospital in the USA.

Method: A self-report questionnaire was used to assess current perceptions of medical students regarding mental disorders and attitudes toward people with mental illness. Factor analysis of this 43 item questionnaire yielded four factors, representing 1) socializing with people with mental illness, 2) belief in witchcraft or curses as causes of mental illness; 3) favorable attitudes towards normalization of the lives of people with mental illness and 4) biopsychosocial understanding of the cause of mental illness.

Results: The biggest difference in attitudes between the Nigerian and Chinese samples was 51% lower score in China on belief that witchcraft can causes mental illness but similar scores on other factors. The greatest difference between the China and the US sample reflected 35% greater willingness to socialize with people with mental illness in the USA and 49% greater belief in normalizing roles for people with mental illness in the USA.

Conclusion: Attitudes towards mental illness different between countries with less belief in witchcraft in china, and more tolerance of socializing and role-normalization in the USA. Attitudes towards mental illness in China show some favorability to community participation among people with mental illness but not as much as in the US.

Session: Regular Symposium  
**SPEAKER 3**  
Title: Changes in mental health services delivery in a psychiatric hospital in Guangzhou China after implementation of the new mental health law in 2012  
Speaker: Dr. Xingbing Huang  
Vice President for Clinical Affairs, Guangzhou Psychiatric Hospital, Liwan District, Guangzhou, China

**Abstract**

Background: The mental health law in China has been in development since 1985, and after more than 20 years of revision, a final version was implemented on May 1st, 2013. The aim of the legislation is to protect the basic human rights of patients with mental illness with respect to involuntary hospitalization, and to assure provision of effective and efficient acute treatment and community services with minimal constraints. After the mental health law was implemented, hospitalization of patients with mental illness was to become primarily voluntary, which also meant that voluntarily patients could request discharge at any time, without the authorization of a guardian. Involuntary admission is now to be strictly limited to the patients at risk of violent behavior or with past serious attempts at violent behavior. To respond to the law, each psychiatric hospital in China revised its local policies to assure compliance with the new law, for example by abolishing of one-stop admission services, under which, patients who had been hospitalized at a hospital in the past could be subsequently hospitalized involuntarily at the request of hospital emergency vehicles (ambulances) on the bases of a simple phone call from their relatives. Such services potentially resulted in unnecessary hospitalizations based on the judgments of non-professionals with potential conflicts of interest, i.e. punitive responses from relatives, which could seriously violate patient rights. The consequences of changes in the law for mental health service delivery, such as reduced length of inpatient stay, increased rate of voluntary admission, increased re-hospitalization, and
increased outpatient service use remain unknown. In this study, we will evaluate changes in mental health service from the year before to the year after implementation of the mental health law in one of the largest psychiatric hospitals in China.

Methods: We will use the electronic inpatient and outpatient data from Guangzhou Psychiatric Hospital to compare average length of inpatient stay for each psychiatric disorder, rates of voluntary admissions, rates of re-hospitalization, and number of visit and individuals using outpatient services during the year before the law was implemented (May, 2012-May 2013) and during the year after the law was implemented (May, 2013-May 2014)

Results: we anticipated that after the implementation of mental health law, there will be significant changes in inpatient mental health service delivery with some evidence of immediate changes, while others will develop gradually and will only be evident after longer term study, which is under way.

Conclusion: This study will provide useful early information on the implementation of the mental health law in China and will provide a potential basis fur further local policy modification.
### OVERALL ABSTRACT

**Title:** Protective effects of resilience  

**Chairperson:** Dr. Alee Roy, New Jersey VA Hospital, East Orange, USA  

**Abstract**  

**Objective:** Risk factors for psychiatric disorders have been extensively evaluated. However, we know a lot less about potential protective factors. Resilience may be one such protective factor and will be reviewed in this symposium.  

**Methods:** Data from studies across the life span and across the globe will suggest that resilience may be an important protective factor.  

**Results:** Dr Roy will present data suggesting that resilience in both psychiatric patients in the USA and in prisoners in Italy may mitigate the suicide risk associated with having experienced childhood trauma. Dr Christoffersen will show that abused Danish children who receive social support may become more resilient and have higher self-esteem and better outcomes. Dr Youssef will show in US military personnel and veterans that resilience may be a protective factor against depressive symptoms. Dr Liu will present longitudinal Australian data about the possible associations of resilience and suicidality. Lastly Dr Stein from South Africa will review possible genetic, epigenetic, biologic and environmental influences on resilience.  

**Conclusions:** Resilience may be a protective factor against the development of various psychiatric disorders in the face of adversity and may be considered in future treatment paradigms.

**Speakers**  

1. Dr. Alee Roy  
   New Jersey VA Hospital, East Orange, USA  
2. Dr Mogens Christoffersen  
   Danish National Center for Social Research, Denmark  
3. Dr Nagy Youssef  
   Charlie Norwood VA Medical Center, Augusta, GA, USA  
4. Dr Danica Liu  
   University of Adelaide, Adelaide, Australia  
5. Dr Dan Stein  
   University of Cape town, South Africa

### SPEAKER 1

**Title:** Studies on resilience with psychiatric patients and prisoners  

**Speaker**  

A. Roy\(^1\), V. Carli\(^2\), M. Sarchapone\(^3\)  
\(^1\) New Jersey VA Health Care System, USA  
\(^2\) Karolinska Institute, Sweden  
\(^3\) University of Molise, Italy  

**Abstract**  

**Objectives.** Risk factors for suicidal behavior have been extensively studied. However, possible protective factors have received considerably less attention. Therefore, we wished to examine whether resilience might be a protective factor in relation to suicidal behavior.  

**Methods.** Findings from two studies will be presented. In both studies subjects who had or had not attempted suicide were matched for age and their childhood trauma scores on the Childhood Trauma Questionnaire (CTQ) of Bernstein et al and then compared for their resilience scores on the Connor-Davidson Resilience Scale (CD-RISC).  

**Results.** In both studies subjects who had never attempted suicide had significantly higher resilience score on the
CD-RISC than the age and CTQ matched subjects who had attempted suicide. Furthermore, subjects who had made multiple suicide attempts had significantly lower resilience scores on the CD-RISC than subjects who had made a single attempt.

Conclusions.
These results suggest that resilience may be a protective factor mitigating the risk for suicidal behavior associated with childhood trauma.

References
Roy, A., Carli, V., Sarchiapone, M., & Branchey, M. (2014). Comparison of prisoners who make or do not make suicide attempts and further who make one or multiple or single attempts. Archives of Suicide Research, 18, 28-38.

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<tr>
<th>Session</th>
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<th><strong>SPEAKER 2</strong></th>
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<tr>
<td>Title</td>
<td>Traumatic life-events and social support in adolescence: A national study of PTSD, low self-esteem and suicidal behavior in young adults</td>
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<td>Speaker</td>
<td>M. N. Christoffersen</td>
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<tr>
<td>Abstract</td>
<td>Objective: To test if adolescents who experience child maltreatment or other traumatic life-events during childhood but also experience support from significant others develop resilience.</td>
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<td>Method: The data are from a retrospective study of 2,980 young adults in a stratified probability sample selected from all children born in 1984. The study, based on standardized personal interviews. Children with prior child protection services involvement were oversampled. Child maltreatment was based on self-reported questionnaire.</td>
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<td>Results: Poor parenting with the destructiveness of psychological maltreatment, physical abuse and sexual abuse or other traumatic life events are associated with PTSD, low self-esteem and suicidal behaviour among young adults. Social support is a significant partial mediator for the negative outcomes. The study confirms that social support is associated with a reduced risk of low self-esteem, PTSD and suicidal behaviour, while controlling for other risk factors.</td>
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<td>Conclusions: Further research is needed to test if some of the mentioned outcomes could be reduced by introducing a supportive adult as an intervention on a long-term basis, and we would suggest that future research should consider the effect of such interventions or similar measures.</td>
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<tr>
<td>Title</td>
<td>Resilience and mood disorders: Implications for treatment and recovery</td>
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<tr>
<td>Speaker</td>
<td>Nagy  A. Youssef, MD 12, John  A. Fairbank, PhD 34, Eric  B. Elbogen, PhD 35, Johnathan  R. Davidson 4 MD Kimberley T. Green, MS 4, Jean C. Beckham, PhD 34</td>
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<tr>
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<td>1 Charlie Norwood VA Medical Center, Augusta, GA, USA.</td>
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<td></td>
<td>2 Department of Psychiatry &amp; Health Behavior, The Medica! College of Georgia, at Georgia Regents University, Augusta, GA, USA.</td>
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<td></td>
<td>3 Mid-Atlantic Mental Illness Research, Education, and Clinical Center, Durham VA Medica! Center Durham, NC, USA.</td>
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<td></td>
<td>4 Department of Psychiatry and Behavioral Sciences, Duke University Medical Center Durham, NC, USA.</td>
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<tr>
<td></td>
<td>5 Department of Psychiatry, UNC-Chapel Hill School of Medicine, Chapel Hill, NC, USA.</td>
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</table>
**Abstract**

**BACKGROUND:**
Resilience may play an important role in both the development and response to trauma exposure and mood symptoms.

**METHODS:**
Findings from cross-sectional and longitudinal studies will be presented. The cross-sectional study evaluated the effect of childhood trauma exposure and the role of resilience on both depressive symptoms and suicidality in 1488 military personnel and veterans. The 3-year longitudinal study included 178 veterans who were evaluated for a number of clinical and demographic variables.

**RESULTS:**
In the cross-sectional study, childhood trauma exposures were significantly associated with depressive symptoms and suicidality, after controlling for the effects of combat exposure and PTSD. Also, resilience was negatively associated with depressive symptoms and suicidality ideation. The longitudinal study confirmed that resilience at the initial assessment predicted lower suicidality at 3-year follow-up, suggesting a protective effect. Specifically, 2 domains of resilience (using factorial analysis) were significant in predicting lower suicidality.

**CONCLUSIONS:**
Resilience may be protective against depressive symptoms and suicidality. These findings have important implications for clinical care and for guiding future research directions in boosting resilience using psychological and somatic treatments for symptomatic remission and recovery.

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<tr>
<td>Title:</td>
<td>Is there an association between resilience and suicidal ideation over time among young adults?</td>
<td>D. Liu¹, A.K. Fairweather-Schmidt², R. Burns³, R.M. Roberts¹, K.J. Anstey³</td>
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<tr>
<td>Speaker</td>
<td>D. Liu¹, A.K. Fairweather-Schmidt², R. Burns³, R.M. Roberts¹, K.J. Anstey³</td>
<td>The University of Adelaide, Adelaide, South Australia</td>
<td>Flinders University, GPO 2100, Adelaide, South Australia</td>
<td>The Australian National University, Canberra, Australian Capital Territory</td>
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<tr>
<td>Abstract</td>
<td>Objectives. The present study sought to examine the association between resilience and suicidality across time in an adult cohort. Two hypotheses were examined: 1) whether resilience was associated with suicidal ideation at follow-up, or conversely, 2) whether suicidal ideation was associated with resilience at follow-up.</td>
<td>Methods. The sample consisted of individuals from the youngest cohort of the Personality and Total Health (PATH) Through Life Project from Canberra and Queanbeyan, Australia. Data was drawn from two time points, with the cohort constituting individuals aged 28-32 years at the first time point, and 32-36 years at the second. Multinomial regression was utilised to explore the association of resilience and suicidality over time.</td>
<td>Results. Suicidality was identified as a risk factor for subsequent low resilience and decline in resilience. Whilst unadjusted analyses identified resilience as a predictor of subsequent suicidality, these effects were fully accounted for by the inclusion of other known covariates.</td>
<td>Conclusions. This study suggests that using current resilience or suicidality levels to predict future status is an unreliable method of ascertaining likelihood of individual well-being.</td>
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<tr>
<td>Title:</td>
<td>Psychobiology of resilience</td>
<td>D.J. Stein</td>
<td>University of Cape Town, South Africa</td>
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### Abstract

**Objectives:**
Adverse environments are well known to be a risk factor for psychopathology; nevertheless many individuals respond adaptively to such circumstances. There is growing interest in and data available on the underlying mechanisms involved in such resilience.

**Methods:**
It is possible that specific cognitive-affective processes are involved, and that these are mediated by particular neuronal circuits and neurochemical systems. A review of recent work was undertaken.

**Results:**
This presentation summarizes some of the relevant findings on the role of fear conditioning, reward processing, and social behavior in resilience, as well as related molecular findings.

**Conclusion:**
It is likely that over time we will develop a better understanding of the specific genetic, epigenetic, and environmental mechanisms at play in resilience. It is possible that a better understanding of the mechanisms underpinning resilience will ultimately lead to novel interventions.

### References

Stein DJ: The psychobiology of resilience. CNS Spectums, 1453:41-47,2009
Title: Developmental disorders in schizophrenia: From animal models to clinical findings

Chairperson: Prof. Peter Gass, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Germany

Co-chairperson: Prof. Sir Robin M. Murray, Dept. Psychosis Studies, Inst. of Psychiatry, King’s College, De Crespigny Park, London, UK

Abstract:
Dr. Riva will focus on animal models based on in-utero exposure to stress or immune activation, discussing how these manipulations can disturb normal brain maturation leading to impaired neuronal plasticity and enhanced susceptibility to psychiatric disorders. He will show how epigenetic signatures in specific brain regions may allow the identification of novel genes and pathways affected as a consequence of early life events. Dr. Murray will show data which implicate drug abuse as increasing risk not only of drug-induced psychosis but also of schizophrenia. In relation to cannabis use, the risk is increased by a) early adolescent use, b) daily use, and c) use of high potency cannabis (skunk), factors associated also with earlier onset of psychosis. A new and enhanced risk appears to come from the spreading use of synthetic cannabinoids (spice) which, unlike the THC in cannabis, are full CB1 receptor agonists. Dr. Nakazawa will talk about the disruption of the oscillatory synchronization that may lead to cognitive dysfunction in schizophrenia. Deletion of NMDARs from fast-spiking neurons disrupts synchronized presynaptic GABA release, causing a deficit in high-fidelity spike transmission at the GABA synapses before adolescence. Delineating cellular events that follow NMDAR hypofunction in fast-spiking neurons may identify a method of rescuing the deficits at physiology and behavioral levels. Dr. Inta will focus on pharmacogenetic models of inducible glutamate receptor ablation delineating their specific contribution in the onset of psychosis. Forebrain deletion of GluA1 AMPA receptors during late adolescence triggered schizophrenia-like abnormalities, identifying novel targets for early therapeutic interventions.

Speakers:
1. Prof. Marco A. Riva  
   Dept. Pharmacological and Biomolecular Sciences, University of Milan, Milan, Italy
2. Prof. Sir Robin M. Murray  
   Dept. Psychosis Studies, Inst. of Psychiatry, King’s College, De Crespigny Park, London, UK
3. Prof. Kazutoshi Nakazawa  
   University of Alabama at Birmingham, Birmingham, Alabama, USA
4. Dr. Dragos Inta  
   Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Germany

Title: Life adversities in utero and long-term consequence for mental illness

Speaker: Alessia Luoni¹, Renaud Massart², Francesca Cirulli³, Alessandra Berry¹, Moshe Szyf², Marco A. Riva¹
¹Dept. Pharmacological and Biomolecular Sciences, University of Milan, Milan, Italy
²Department of Pharmacology and Therapeutics, McGill, University, Montreal, QC, Canada
³Dept. Cell Biology and Neurosciences, Istituto Superiore di Sanità, Rome, Italy

Abstract:
Objectives: Epigenetic modifications have been proposed as key mechanisms to translate environmental cues into persistent cellular memories. In particular, it is thought that exposure to adverse environmental stimuli early in life may increase the vulnerability for mental disorders through lasting marks in epigenetic signatures that reshape the normal developmental trajectory of specific brain structures.

Methods: We analyzed genome-wide promoter methylation profiles of the hippocampus and prefrontal cortex from adult rats (males and females) that were born from control mothers (Ctrl) or dams that were exposed to restraint stress during the last week of gestation (PNS). Methylation profiles were created using the method MeDIP with microarray hybridization. Moreover we used cross-species analyses of
human and non-human samples exposed to early life adversities to restrict the list of genes that may hold psychopathologic implications.

Results: An overlap of 893 differentially methylated genes was observed between the hippocampus and prefrontal cortex of adult male and female rats that were exposed to gestational stress. Ingenuity Pathway Analysis showed significant enrichment in molecules involved in neurological disease, molecular transport, nervous system development and function as well as psychiatric disorders. Interestingly, the list includes several genes previously associated with schizophrenia and other psychiatric conditions, such as calcium and potassium voltage operated channels as well as GABA and glutamate receptor subunits.

Conclusions: These results highlight the importance for the identification of methylation signatures through which early life stress could produce long-lasting functional and molecular changes in the offspring. This will eventually lead to the identification of novel genes and pathways that are affected as a consequence of early adversities and may contribute to long-term susceptibility for mental illness.

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<td>Title:</td>
<td>Cannabis use and the developing brain</td>
<td>R.M. Murray, and M. Di Forti</td>
<td>Dept of Psychosis Studies, Institute of Psychiatry, De Crespigny Park, London, UK</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To establish whether early adolescent cannabis use is associated with a greater risk of later psychosis, and if so, whether this is an artefact of duration of use.</td>
<td>Methods: A consecutive series of patients with their first episode of psychosis (n=410) together with 310 healthy controls from the same neighbourhood were interviewed in detail about their use of cannabis.</td>
<td>Results: Daily cannabis use and use of high potency cannabis were both associated with increased risk of psychosis. Risk was associated with earlier age of starting cannabis use but not with duration of cannabis use.</td>
<td>Conclusions: Use of cannabis before age 16 was associated with increased risk of psychosis: this was not explained away by duration of use. This is compatible with the evidence from animal studies that the juvenile brain is more sensitive to the adverse effects of THC.</td>
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<td>Title:</td>
<td>Cellular origin of cortical neural synchrony deficits in NMDAR-hypofunction-mediated schizophrenia mouse model</td>
<td>K. Nakazawa, V. Zsiros</td>
<td>University of Alabama at Birmingham, Birmingham, Alabama, USA.</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The disruption of the oscillatory synchronization may lead to cognitive dysfunction in schizophrenia; however, the underlying mechanisms are unknown. A transgenic mouse, in which NMDA receptors are ablated in cortical interneurons during the postnatal period, displays several aspects of schizophrenia-related phenotypes, including prepulse inhibition deficits and abnormalities in spike synchrony. Using the mutant mice, we explored the cellular level changes that may lead to alterations in postsynaptic cell spike synchrony. Methods: To assess the synchronous perisomatic inhibition, dual whole-cell recordings from two nearby pyramidal neurons were conducted in mPFC slices obtained from Ppp1r2-cre/FUglN1 knockout mutant mice and cre-control mice at 4-6 weeks of age. Also to assess the spike transmission at GABA synapses, dual whole-cell recordings from cre-positive interneurons and postsynaptic pyramidal neurons were conducted. Results: A half of Cre-targeted interneurons in mPFC were fast-spikeing neurons both in our mutant mice and Cre-control mice. Synaptic inhibition, as measured by miniature postsynaptic current in pyramidal...</td>
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cells, was decreased in the mutants. Simultaneous voltage-clamp recordings in pyramidal cells showed a lower level of synchronously occurring spontaneous postsynaptic currents (sIPSCs). Next, unitary responses were collected in connected interneuron to pyramidal cell pairs. In the control mice, firing of fast spiking cells initiated a very reliable spike transmission of the unitary IPSCs. However, this reliability was diminished in the mutants, while paired pulse ratio increased. Interestingly, mutants have higher levels of L-type Ca\(^{2+}\)-currents compared with controls, whereas P/Q-type Ca\(^{2+}\)-channels were down-regulated.

Conclusions: We suggest a change in Ca\(^{2+}\)-channel composition follows NMDA receptor ablation in cortical fast-spiking neurons. Consequently, the properties of synaptic transmission at fast-spiking neurons to pyramidal synapses appear to be altered. These synaptic alterations may result in an altered neuronal synchrony in schizophrenia.

References

Session: Regular Symposium
Title: Modelling the onset of schizophrenia during late adolescence in inducible genetic mouse models
Speaker: D. Inta, M.A. Vogt, H. Elkin, P. Gass
Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Germany
Abstract
Objectives: Adolescence is characterized by important molecular and anatomical changes with relevance for the brain maturation and cognitive function and is of critical importance in the emergence of schizophrenia. The molecular mechanisms underlying these changes during adolescence remain poorly understood. GluA1-containing AMPA receptors, which are located predominantly on hippocampal neurons, are the primary molecular determinants of synaptic plasticity. While genetic animal models are a powerful tool to investigate mechanisms leading to neuropsychiatric disorders, it is difficult to distinguish between effects of gene manipulation on brain development, and their action around the time of symptom manifestation. Restricted inducible genetic manipulation allows more in-depth dissection of the role of a gene at defined developmental stages. We aimed to delineate the specific contribution of AMPA receptors located on principal neurons in the adolescent brain to abnormalities relevant for schizophrenia, avoiding deleterious effects on early cortical circuitry.

Methods: We generated, using a pharmacogenetic approach, mutant mice with a tamoxifen-inducible deletion of GluA1 under the control of the CamKII promoter for temporally- and spatially-restricted deletion of GluA1 during late adolescence in glutamatergic neurons. Analysis of mutant mice comprised several behavioural and neurochemical tests relevant for schizophrenia.

Results: GluA1 ablation during late adolescence induced not only cognitive impairments, but also marked hyperlocomotion and sensorimotor gating deficits, however, unaltered sociability. It resulted in redistribution of GluA2 subunits, suggesting extensive AMPA receptor trafficking deficits. Mutant animals showed increased hippocampal NMDA receptor expression and no change in striatal dopamine concentration.

Conclusions: Our data demonstrate that inducible ablation of GluA1 AMPA receptors during late adolescence in glutamatergic neurons induces profound behavioural changes affecting cognition, locomotor behaviour and sensorimotor gating. Future studies further examining the associations presented here will lead to a better understanding of the possible involvement of AMPA receptors in the pathophysiology of neuropsychiatric disorders.
### Session: Regular Symposium  
#### OVERALL ABSTRACT  
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<th>Title:</th>
<th>Diverse cross-cultural approaches to understanding the role of family in child and adolescent psychiatry practice and research</th>
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<tr>
<td>Chairperson:</td>
<td>Dr. Gordana Milavić M.D., F.R.C.Psych. Maudsley Hospital, South London and Maudsley NHS Foundation Trust, London, UK SE5 8AZ</td>
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| Abstract: | **Aims**  
This symposium presents three diverse pieces of research from New Zealand, Hawai’i and the United Kingdom that shed unique perspectives on the role of family across these cultural contexts.  
**Methods**  
Kaupapa Māori Rangahau (Māori centred methods) were used to inform indigenous theory building and intervention in child and adolescent traumatic brain injury (TBI) in NZ. Literature review informed a pilot study about the role of family function on psychiatric outcomes, also in child and adolescent ABI in London. Multidisciplinary expert groups are used in Hawai’i to develop interventions predicated on indigenous family values and beliefs in an inpatient unit.  
**Results**  
Māori whānau (extended family) have a crucial role in providing required knowledge to heal the culturally determined injury in TBI. Screening for aspects of family function in the rehabilitation phase of ABI may help identify children at risk of psychiatric disorder in TBI. Case series descriptions demonstrate the improvement in engagement and outcomes when indigenous family values and beliefs are imbedded in inpatient child and adolescent psychiatric treatment.  
**Conclusions**  
The role of family is critical in wide ranging areas of child and adolescent practice and research. Findings from diverse cultural groups, including indigenous groups, may have wider application. |
| Speakers: | 1. Dr. Hinemoa Elder, MBChB, FRANZCP, PhD  
Visiting Associate Professor Indigenous Research (Post Doctoral Fellow) Te Whare Wānanga o Awanuiārangi, NZ  
2. Maria Teresa Lax Pericall  
Kings College Hospital, South London and Maudsley NHS Trust, London. UK  
3. Barry S. Carlton, M.D  
University Of Hawaii John A. Burns School Of Medicine, USA |

### Session: Regular Symposium  
#### SPEAKER 1  
<table>
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<tr>
<th>Title:</th>
<th>Reconsidering Pediatric TBI rehabilitation. A Māori intervention</th>
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| Speaker: | Dr. Hinemoa Elder, MBChB, FRANZCP, PhD  
Visiting Associate Professor Indigenous Research (Post Doctoral Fellow) Te Whare Wānanga o Awanuiārangi, NZ |
| Abstract: | **Aims**  
Pediatric TBI rehabilitation literature is clear that a family approach is necessary. However, what this means in practice varies. In addition, ethic cultural aspects of the family are well recognised as having an impact on how the family consider their role, the meaning of the TBI itself as well as the response of services to the family. Despite this knowledge culturally determined TBI rehabilitation interventions are not in common usage.  
**Method**  
Participants at eighteen marae wānanga (culture specific fora in traditional meeting houses) were held in urban, rural and remote locations were asked to tell stories from their whānau (extended family) about injury to the brain. A form of member checking was used to confirm identified core themes. Data was analysed using Rangahau Kaupapa Māori (Māori indigenous research methods). |
Results
An intervention called Te Waka Oranga was developed. This is a practical tool which brings whānau and professionals together to improve outcomes. Early results of field testing the intervention will be presented.

Conclusions
Te Waka Oranga, an alternative to mainstream pediatric TBI rehabilitation, has been developed and is in the early stages of field testing with whānau. This approach may also have application in other fields dealing with insult to the brain such as mental health and addiction services and for other cultures.

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<tr>
<td>Title:</td>
<td>Family function as predictor of psychiatric outcome following acquired brain injury (ABI) in children</td>
<td>Maria Teresa Lax Pericall, Samantha Lock, Eric Taylor</td>
<td>Kings College Hospital, South London and Maudsley NHS Trust, London. UK. Kings College London, Institute of Psychiatry, UK.</td>
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| Abstract | Objectives
To clarify whether family function pre-injury affects the psychiatric outcome of children following ABI and look at specific aspects of family function that may affect outcome.  
Method
A systematic literature review of studies published between 1970 and 2012 from OvidMedline, PsycINFO, PsycARTICLES, and Cochrane was undertaken focusing on family function, injury severity, parenting and psychiatric outcome. In addition the results of a pilot study looking at changes in parenting in the first 6 months following injury will be presented.
Results
Thirty-six papers met the inclusion criteria. Following head injury, the most frequent diagnoses are Organic Personality change, Oppositional Defiant Disorder and secondary Attention Deficit Disorder. Whether family function before injury predicted outcome depends on the outcome measured (it predicts development of Oppositional Defiant disorder but not anxiety disorder), the length of follow up and the instrument used to assess family function. The Family Assessment Device or the Clinical Rating Scale had a statistically significant effect on general psychological functioning in six out of eight studies. The effect of family function may vary depending on severity of injury. Family function post-injury was significantly correlated to concurrent psychiatric functioning of the child. High parental distress was found to be a predictor of poor psychiatric outcome in children. Parenting style changes following the injury; this may be related to severity of injury or other factors.
Conclusions
Screening for some aspects of family functioning before injury and family function during the rehabilitation phase may identify children at risk of psychiatric disorders.

References

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<tr>
<td>Title:</td>
<td>Indigenous Hawaiian cultural values in child and adolescent inpatient treatment</td>
<td>Barry S. Carlton, M.D., Naleen N. Andrade, M.D.; M. Diane Zuniga, M.D.; Deborah Kissinger, M.D., Ph.D.; Alyce Belonis, M.D. Deborah A. Goebert, Dr.P.H. University Of Hawaii John A. Burns School Of Medicine, USA</td>
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| Abstract | Objectives
Andrade et al. (2006) reported higher rates of mental illness in indigenous Hawaiian youth compared to non-Hawaiian youth (32.7% vs. 23.7%, respectively). Meta-analyses demonstrated that indigenous
Hawaiians follow similar diagnostic trends as Native American and other high-risk youth. In the context of a shortage of mental health services for youth in Hawai'i, particularly those with the most intensive needs. The over-representation of indigenous youth in juvenile justice and inpatient settings make this treatment approach imperative. We have implemented a program that integrates values from the host culture, indigenous Hawaiian, in educational and treatment groups in a child and adolescent inpatient unit.

In this session, we will review the Hawaiian Cultural Values Program and our efforts to link participation to treatment outcomes.

**Methods**

A multidisciplinary expert workgroup including an Indigenous Hawaiian psychiatrist, child and adolescent psychiatrists working in the Hawaii-based inpatient setting, and a research methodologist with expertise in indigenous Hawaiian culture was convened and met regularly. We reviewed the relevant literature and sought to understand the psychological meaning of Hawaiian cultural values and their relationship to contemporary therapeutic principles and psychopathology.

**Results**

We will describe the implemented program. Case discussion will qualitatively highlight the relevance of this approach in treatment engagement, tasks, and outcomes. While the original focus used in indigenous host values and cultural concepts, our results showed that treatment was effective not only for indigenous youth, but applicable across all ethno-cultural groups.

**Conclusions**

This pilot project critically examines theories and concepts and that may be a relevant model for engaging indigenous and otherwise underserved youth and families.

### References


## OVERALL ABSTRACT

### Title:
**Ethics issues of diagnosing mental disorders in the elderly**

**Chairperson:** Ilkin Icelly, Turkey

**Abstract**
The prevalence of late-life mental disorders is high and the most common of them are depressive and cognitive disorders, frequently being co-morbid. There has been up to now a certain consensus that early diagnosis of dementia is a standard of care. This consensus has been recently broken because the absence of effective and efficient treatment may create unsustainable hope with raising of more anxiety than benefits. Serious ethical challenges for old age psychiatry are to reduce mental health costs and to provide access to care for all persons in need. There are ethical issues for the organization of care in old age psychiatry, ethics being very present at the moment of the decision to transfer a patient to a nursing centre or to reduce/stop the continuity of a drug treatment because of its cost/benefit ratio. Clinical dilemmas for clinicians are: diagnose depression in the patients with dementia; the pathogenesis of depression and cognitive impairment when they occur together and how it differs from ‘pure depression’ and ‘pure cognitive impairment’, or differential diagnosis between vascular dementia and vascular depression. The differential diagnosis is especially difficult when the depressive syndrome is not a classical major depression, the dementia syndrome does not meet the criteria for dementia, or presence of the cognitive impairment is concomitant with a cerebro-vascular disease.

To identify and to describe the range of ethical problems which are faced by families caring for people with dementia may help carers in clarifying some of the issues they face.

### Speakers
1. Carlos Augusto de Mendonça Lima  
   Unity of Psychiatry of the Elderly, Centre Psychiatrique Les Toises. Lausanne, Switzerland
2. Horácio Firmino  
   Chefe de Serviço, Serviço de Psiquiatria do Centro Hospitalar Universitário de Coimbra
3. Jerzy Leszek  
   Wrocław Medical University Department of Psychiatry, Wrocław, Poland
4. Nicoleta Tătaru  
   Psychiatry Ambulatory Clinic Oradea, România

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## SPEAKER 1

### Title:
**Ethics implications of diagnosing mild cognitive impairment**

**Speaker:** Carlos Augusto de Mendonça Lima  
Unity of Psychiatry of the Elderly, Centre Psychiatrique Les Toises. Lausanne, Switzerland

**Abstract**
MCI is an impairment in cognitive abilities greater than expected for age, which does not significantly interfere with daily life and is not severe enough to warrant a diagnosis of dementia. Cognitive impairment can have many varied causes, making MCI a broad umbrella term that can encompass a large number of underlying diseases or injuries and the prognosis depends on the underlying cause and people with MCI are more likely to develop dementia (10-15%). MCI may be thought of as a transitional state between normal ageing and early dementia but MCI does not always lead to dementia and if it does can take many years to do so. There is no specific treatment for MCI. There are several ethical concerns involved in the disclosure of a diagnosis of MCI:

- The impact of the patient’s mental capacity and awareness of cognitive deficits on the decision process
- The respect for the autonomy
- The responsibility to “do no harm”
- Sometimes competing wishes of the patient and their caregivers
- The impact of not telling the truth

Detecting MCI can be viewed as positive. Knowing that a person has a medical reason for his/her cognitive problems may help to manage the problems they have and access support services available. The person can plan for the possibility that the health status may deteriorate in the future, to evaluate the support systems and to make important legal, financial and personal decisions. The person can also take steps to establish and maintain a healthy, active lifestyle, which might help delay cognitive decline. But
people with MCI are at risk to develop psychiatric problems such as depression, anxiety and sleep disorders. In this context the risk of suicide may be high. Heightened stress and changes in personality and behavior are also possible. Regular monitoring is essential to identify all these mental health problems, to plan care and support for people with MCI and their family as well as to detect dementia at the early stages.

Session: Regular Symposium  
SPEAKER 2  
Code SY312

Title: Ethics in testamentary capacity at geriatric population

Speaker
Horácio Firmino¹, Mário R. Simões²
¹Chefe de Serviço, Serviço de Psiquiatria do Centro Hospitalar Universitário de Coimbra
²President of the European Association of Geriatric Psychiatry
³Professor PhD, Centro de Investigação do Núcleo de Estudos e Intervenção Cognitivo-Comportamental. Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra. Portugal.

Abstract
The latest data on epidemiology and biology confirm earlier apprehensions about life expectancy, number of elderly, and the impact of mental impairment. Psychiatrists face a number of ethical challenges when caring for older adults and their families. With an aging population and with the prevalence of psychiatric illness in the older population expected to rise dramatically in coming decades, advances in geriatric psychiatry research are urgently needed. Psychiatrists and Psychologists must remain alert for the possibility of incapacity, which, if suspected, should prompt a thorough evaluation of decisional capacities. With the aging of the population and particularly at Europe, discussion must take place at a societal level regarding a fair and just distribution of medical resources. The balance of risks and benefits of medical interventions must be weighed carefully in older adults, especially in the settings of dementia and end-of-life care. Psychiatrists must be vigilant that the mental health needs of older adults, including access to effective therapies, are addressed adequately in such discussions.

Session: Regular Symposium  
SPEAKER 3  
Code SY312

Title: Social and cultural factors affecting the experience of dementia - ethical problems

Speaker
Jerzy Leszek  
Wroclaw Medical University Department of Psychiatry, Wroclaw, Poland

Abstract
Dementia studies are currently dominated by biomedical and psychological models that focus on the individual without regard to their socio-cultural context as well as ethical dilemmas. There is now a growing interest in how socio-cultural factors may mediate the experience of and response to dementia. In some cultures, dementia is difficult to understand and accept. Each person with dementia is unique. Their response to dementia can be affected by their cultural and religious backgrounds and vary significantly. In terms of how culture and language may impact on the dementia experience, important factors include: varying cultural nations about dementia, difficulties in assessing health and community support services, the effect of dementia on language: difficulties with diagnosis and social isolation. Having an understanding of dementia and how a person’s cultural background impacts on their response to dementia is fundamental to providing culturally appropriate care. Another important aspects regarding this problem is that a person with dementia, their family and carers and health and social care professionals who work with dementia will find that ethical dilemmas arise in many different aspects of life. The purpose of this presentation is to examine the growing interest in socio-cultural and ethical context of dementia. The implications of placing dementia in a socio-cultural context for research, policy and practice will be discussed.

References
Title: Vascular dementia versus vascular depression

Speaker: Nicoleta Tătaru, Oradea, România
Psychiatry Ambulatory Clinic Oradea

Abstract
The prevalence of late-life mentally disorders is increased and the most common of them are depressive and cognitive disorders, frequently they are co-morbid especially in the very old patients. Clinical and therapeutic dilemmas for the clinicians are: the best clinical assessment of cognitive impairment in the elderly depressed patients and diagnose depression in the patients with Alzheimer and other dementia; and the aethio-pathogenesis and treatment of depression and cognitive impairment when they occur together and how does it differ from ‘pure depression’ and ‘pure cognitive impairment’. The differential diagnosis is especially difficult when the depression syndrome is not classical major depression and does not meet criteria for dementia, or presence of the cognitive impairment is concomitant with a cerebro-vascular disease. ‘Vascular depression’ being a new subtype of late life depression (Alexopoulos, Krihnan, 1997), appeared a new diagnosis dilemma between: Vascular depression and Vascular dementia, sub-cortical dementia, with more vegetative symptoms influenced by subcortical brain changes, and same vascular risk factors.

After a short presentation of clinical aspects and differential diagnose between vascular dementia and vascular depression, we discus about treatment which comprise preventive and curative treatment of risk factors, diet, treatment of depression, as well treatment of vascular diseases. The place of non-pharmacological treatments has not been adequately investigated; however they are part of the ‘complete management package’ in the elderly with mentally disorders. The quality of care, treatment and rehabilitation is an expression of social development, culture and civilisation level.

References
Title: Depression's multiple comorbidities explained by oxidative and Nitrosative stress pathways

Chairperson: Michael Berk, Deakin University, Geelong, Victoria, Australia

Abstract: There is evidence that activated oxidative and nitrosative stress pathways.

Speakers:
1. Michael Maes
   Department of Psychiatry, Chulalongkorn University, Rama 4 Road 1873, Pathumwan, Bangkok, 10330, Thailand.
2. Prof. Piotr Galecki MD, PhD
   Medical University of Łódź, Department of Adult Psychiatry, Łódź, Poland
3. Professor Angelos Halaris, MD, PhD
   Department of Psychiatry, Loyola University Chicago Stritch School of Medicine, Maywood, Illinois, USA
4. Professor Tsuyoshi Miyaoka, M.D., Ph.D.
   Department of Psychiatry, Shimane University Faculty of Medicine, 89-1 Enya-cho, Izumo 693-8501, Japan

Title: Depression and inflammatory bowel disease

Speaker: Michael Maes¹, Marta Martin Subero, George Anderson, Buranee Kanchanatawan¹, Michael Berk².
¹Department of Psychiatry, Chulalongkorn University, Rama 4 Road 1873, Pathumwan, Bangkok, 10330, Thailand.
²Deakin University, School of Medicine, Barwon Health, P.O. Box 291, Geelong, 3220, Australia

Abstract: There is a high prevalence of depression in inflammatory bowel disease (IBD) which strongly associates with a lower quality of life and increased morbidity in IBD. There is now evidence that depression is an immune-inflammatory disorder accompanied by activated oxidative and nitrosative stress (IO&NS) pathways and gut-brain pathways. The same IO&NS pathways are integral to the pathophysiology of inflammatory bowel disease (IBD).

Methods:
This talk reviews the shared pathways that underpin the comorbidity between depression and IBD.

Results:
Common biomarkers in both diseases are: increased levels of pro-inflammatory cytokines, including interleukin-1 (IL-1), IL-6 and tumor necrosis factor-α, Th-1-like and Th-17-like responses; positive acute phase proteins, such as haptoglobin, reduced levels of negative acute phase proteins, e.g. albumin, and zinc and reduced activity of T regulatory cells, including lowered levels of the anti-inflammatory cytokines IL-10 and transforming growth factor. Activated O&NS pathways occur in both disorders and include lipid peroxidation, oxidative damage to proteins and DNA, increased levels of inducible nitric oxide (NO) and NO and induction of the tryptophan catabolite pathway with lowered levels of plasma tryptophan. Autoimmune responses and increased gut permeability with bacterial translocation are observed in both depression and IBD.

Conclusions:
It is suggested that increased bacterial translocation may drive and maintain the activated IO&NS in both disorders. These pathways explain that IBD and especially the acute phase of IBD are primed for an increased expression of depression.
Title: Depression and chronic obstructive pulmonary disease

Speaker: Prof. Piotr Galecki MD, PhD, Medical University of Łódź, Department of Adult Psychiatry, Łódź, Poland

Abstract

Objectives
Chronic obstructive pulmonary disease (COPD) is one of the most common diseases of respiratory system causing numerous hospitalizations and impairment. It is on the fourth place of death causes in UK and USA. The prevalence in general population is 1% up to 40 and 9-10% over 40 years of age.

COPD is progressing disease and even intensive treatment allows to reach recovery only in a small number of patients. The chronic course of the disease causes restrictions of functioning in physical, emotional and social aspect significantly decreasing the quality of life.

In the Western world, COPD is predominantly caused by long-term smoking, which results in pulmonary inflammation that is often associated with systemic inflammation.

Methods
Research review of papers dealing COPD and oxidative stress.

Results
Depression and anxiety accompany COPD influencing negatively health state and increasing number and duration of hospitalizations. Intense syndromes of depression and anxiety correlate with poor prognosis and lowered quality of life. Comorbidity of depression and COPD concerns 22-42% of patients, COPD and anxiety - 34-50%. It is because depression goes with impairment of immune system which increases susceptibility of states worsening the somatic health (ex. bacterial and viral infections). Suicidal thoughts among depressive patients with COPD are present 70-90% more frequently than in other groups of somatic patients. However only 6-13% of patients with COPD are treated with antidepressants. Patients with COPD gain worse results in cognitive functioning tests in comparison with healthy subjects at the same age. The lowering of cognitive efficiency affects 22% of patients with stabilized COPD and 43% of those after exacerbation of the disease.

Conclusions
The impairments concern: efficiency of visual-motor coordination, verbal fluency, memory (long-term, short-term auditory and visual memory), operative memory, executive functions, abstractive thinking, spatial imagination, concentration of attention. The character and severity of deficits depends on age, duration of disease and severity of respiratory failure symptoms.

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Title: Does inflammation explain the comorbidity between mood and cardiovascular disorders?

Speaker: Professor Angelos Halaris, MD, PhD, Department of Psychiatry, Loyola University Chicago Stritch School of Medicine, Maywood, Illinois, USA

Abstract

Objectives: Major depressive disorder (MDD) and cardiovascular disease (CVD) are highly co-morbid conditions. Several mechanisms have been considered as being responsible for this co-morbidity. Amongst them inflammatory processes play a critical role. Cardiac risk has been associated with C-reactive protein (CRP) which is stimulated by pro-inflammatory cytokines, notably TNFa, IL-1, IL-6. CRP is active in the inflammatory process and is elevated in MDD. We sought to replicate findings that hsCRP and related inflammation biomarkers are elevated in MDD patients. We also determined whether treatment with two diverse agents (escitalopram, quetiapine) would reverse inflammatory abnormalities.

Methods: MDD patients (N=55) and healthy controls (N=23) were analyzed from two consecutive studies of similar design. Patients received escitalopram (N=24) or quetiapine (N=31) monotherapy for 12 weeks. Blood samples were collected at BL, W8 and W12 of treatment along with clinical
assessments. We measured hsCRP and cytokines in plasma. Additionally arterial stiffness was assessed with a Sphygmacor devise.

Results: There was a statistically significant elevation in hsCRP in depressed versus non-depressed individuals and a statistically significant elevation of hsCRP in depressed females independent of menopausal status. Treatment failed to normalize hsCRP. Similar findings were obtained with TNFα. Though TNFα tended to decrease after treatment with escitalopram, neither treatment normalized TNFα levels. Patients had significantly higher baseline serum IL-6. Serum IL-6 failed to normalize with either escitalopram or quetiapine treatment. There was a significant correlation between baseline biomarker levels and depression severity. Arterial stiffness was increased in some patients and trended to correlate with inflammatory status.

Conclusions: Inflammation is closely associated with endothelial dysfunction which is a preamble to atherosclerosis and atherothrombosis. Inflammation and endothelial dysfunction have been established as likely trait markers in depression. Understanding vascular biology in conjunction with psychiatric co-morbidity is critical for diagnosis, treatment and prevention of depression and CVD.

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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 4</th>
<th>Code</th>
<th>SY325</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Minocycline improves recognition memory and attenuates microglial activation in gunn rat: A possible hyperbilirubinemia-induced animal model of schizophrenia</td>
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<tr>
<td>Speaker</td>
<td>Professor Tsuyoshi Miyaoka, M.D., Ph.D. Department of Psychiatry, Shimane University Faculty of Medicine, 89-1 Enya-cho, Izumo 693-8501, Japan</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Accumulating evidence indicates that neuroinflammation plays a significant role in the pathophysiology of schizophrenia. We previously reported evidence of schizophrenia-like behaviors and microglial activation in Gunn rats. We concluded that the Gunn rat, which exhibits a high concentration of unconjugated bilirubin, may be useful as an animal model of schizophrenia. On the other hand, there have been numerous reports that minocycline is effective in treating schizophrenia. Methods: In the present study, we investigated the effects of minocycline on performance of behavioral tests (prepulse inhibiton (PPI) and novel object recognition test (NORT)) after animals received either 40 mg/kg/d of minocycline or vehicle by intraperitoneal (i.p.) injection for 14 consecutive days. Furthermore, we examined the effects of minocycline on microglial activation in the hippocampal dentate gyrus of Gunn rats and Wistar rats. Results: We found that administration of minocycline for 14 days significantly increased the exploratory preference in retention sessions and tended to improve the PPI deficits in Gunn rats. Immunohistochemistry analysis revealed that microglial cells in the minocycline-treated Gunn rat group showed less expression of CD11b compared to vehicle-treated Gunn and Wistar groups. Conclusions: Our findings suggest that minocycline improves recognition memory and attenuates microglial activation in the hippocampal dentate gyrus of Gunn rats. Therefore, minocycline may be a potential therapeutic drug for schizophrenia.</td>
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# Session: Regular Symposium

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<th>Title</th>
<th>OVERALL ABSTRACT</th>
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<td><strong>Personalized medicine, adherence to treatment and adverse events in psychosis</strong></td>
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| Chairperson | Ana González-Pinto (Spain). |

| Abstract | Objectives: This presentation describes the concept of statistical heterogeneity and how it is related to evidence-based medicine and to personalized medicine. Evidence-based medicine assumes that samples are statistically homogenous and that the mean represents the samples well. Personalized medicine assumes that the samples are statistically heterogeneous and that the mean does not represent the samples well because there are outliers.  
Methods: The history of the definitions of evidence-based medicine and personalized medicine are reviewed. The concept of evidence-based medicine was developed in the context of medical education. The concept of personalized medicine was developed in the context of clinical pharmacology.  
Results: Everyone appears to agree that evidence-based medicine and personalized medicine should be implemented in clinical practice as soon as possible. The author believes that it will not be easy to implement both simultaneously since their approaches differ so greatly. While evidence-based medicine focuses on the best treatment for the average patient and ignores the outliers, personalized medicine focuses on the outliers.  
Conclusions: The attempts to integrate evidence-based medicine and personalized medicine will be briefly reviewed.  

| Speakers | Jose de Leon (USA).  
Sara Barbeito (Spain).  
Miguel Benardo (Spain). |

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## Session: Regular Symposium

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<th>Title</th>
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<td><strong>PERSONALIZED MEDICINE</strong></td>
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| Speaker | Jose de Leon (USA). |

| Abstract | NOT RECEIVED |

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## Session: Regular Symposium

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<th>Title</th>
<th>SPEAKER 2</th>
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<tr>
<td><strong>CANNABIS USE AND INVOLUNTARY ADMISSION MAY MEDIATE LONG-TERM ADHERENCE IN FIRST-EPISODE PSYCHOSIS PATIENTS: A PROSPECTIVE LONGITUDINAL STUDY</strong></td>
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<tr>
<th>Speaker</th>
<th>Barbeito S ¹, D. González Pinto A ¹, ²</th>
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|         | ¹, Cibersam G10. Hospital universitario de Álava  
², University of Bask country. |

| Abstract | Objectives  
The main aim of this prospective longitudinal study was to identify factors associated with adherence to treatment in FEP patients, with a particular focus on whether the type of first hospitalization (voluntary versus involuntary), other baseline factors, and cannabis use over the 8 year follow-up period were important variables affecting adherence. We also examined factors associated with the change in |
adherence over 8 years of follow-up, and specifically assessed whether the change in adherence for patients with bad adherence at baseline was associated with type of first hospitalization (voluntary versus involuntary) and change in cannabis use over 8 years of follow-up. We hypothesized that (a) adherence in the long-term is influenced by both the type of first hospitalization and cannabis use during follow-up, and (b) FEP patients with involuntary first admission and/or who stop using cannabis may have improved adherence in the long-term.

Methods
This prospective, longitudinal study of FEP patients collected data on symptoms, adherence, functioning, and substance use. Adherence to treatment was the main outcome variable and was categorized as ‘good’ or ‘bad’. Cannabis use during follow-up was stratified as continued use, stopped use, and never used. Bivariate and logistic regression models identified factors significantly associated with adherence and changes in adherence over the 8-year follow-up period.

Results
The two main findings of this study were that a longitudinal improvement in adherence was associated with involuntary first admission and with quitting cannabis use during follow-up in patients with recent psychotic episodes. Our results suggest that cannabis use and its withdrawal may be a mediator of adherence in FEP patients. However, the relationship could be bidirectional. Our findings imply that efforts should be made to help FEP patients quit cannabis use as this may improve their medication adherence and result in improved clinical and functional outcomes. This could be especially important in patients with involuntary admissions.

Of the 98 FEP patients analyzed at baseline, 57.1% had involuntary first admission, 74.4% bad adherence, and 52% cannabis use. Good adherence at baseline was associated with Global Assessment of Functioning score (p = 0.019), Hamilton Depression Rating Scale score (p = 0.017) and voluntary admission (p < 0.001). Adherence patterns over 8 years included: 43.4% patients always bad, 26.1% always good, 25% improved from bad to good. Among the improved adherence group, 95.7% had involuntary first admission and 38.9% stopped cannabis use. In the subgroup of patients with bad adherence at baseline, involuntary first admission and quitting cannabis use during follow up were associated with improved adherence.

Conclusions
The long-term association between treatment adherence and type of first admission and cannabis use in FEP patients suggest targets for intervention to improve clinical outcome.

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<th>Session: Regular Symposium</th>
<th>SPEAKER 3</th>
<th>Code</th>
<th>SY326</th>
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<tbody>
<tr>
<td>Title: Abnormal Glucose Tolerance in Anti-Psychotic-Naïve Patients with Schizophrenia and Related Disorders</td>
<td>Bernardo M</td>
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<td>Abstract: Abnormal glucose tolerance has been consistently found in antipsychotic-naïve patients with schizophrenia and related disorders. This finding could not be attributed to confounding factors like substance abuse; blood concentrations of vitamin B12, folate or homocysteine; aerobic conditioning as measured by resting heart rate; or duration of untreated psychosis. These facts provide further evidence that people with schizophrenia and related disorders have metabolic alterations (abnormal glucose tolerance and an increased risk for diabetes) prior to antipsychotic treatment and independent of health habits and access to care.</td>
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### OVERALL ABSTRACT

**ECT in the 21\(^{st}\) Century: International perspectives**

**Chairperson** Emeritus Professor Dr. Tom Bolwig. University of Copenhagen, Center of Psychiatry, Psychiatry and Psychosomatic Medicine. Denmark

**Co-chairperson** Professor Dr. Pascal Sienaert. UPC KU Leuven, Campus Kortenberg, Belgium

**Abstract**

Electroconvulsive therapy (ECT) has been used to treat mental disorders since its introduction in 1938 and is available in many countries on all continents. However, there are large variations in practice and rates between the countries and regions within a country despite internationally accepted guidelines. This symposium focuses on international perspectives on ECT. Large global variation in ECT utilization, administration, and practice advocates a need for worldwide sharing of knowledge about ECT, reflection, and learning from each other's experiences.

**Speakers**

1. Dr. Gábor Gazdag  
   Centre for Psychiatry and Addiction Medicine, Szent István and Szent, László Hospitals, Budapest, Hungary, Department of Psychiatry and Psychotherapy, Faculty of Medicine, Semmelweis University, Budapest, Hungary
2. Dr. Michael Grözinger  
   Universitätssklinikum Aachen Klinik f. Psychiatrie und Psychotherapie Universitätssklinikum Aachen, Klinik f. Psychiatrie und Psychotherapie, Nordrhein-Westfalen, Deutschland
3. Professor Dr. Declan McLoughlin  
   St. Patrick's University Hospital, Dublin, Ireland
4. Dr. Lindy Jarosch-von Schweder  
   Department of Neuroscience, Faculty of Medicine, Norwegian University of Science and Technology (NTNU) and Division of Psychiatry, Tiller DPS, St. Olav's Hospital, Trondheim, Norway

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### SPEAKER 1

**Title:** ECT practice in Central-Eastern-European countries

**Speaker** Dr. Gábor Gazdag  
Centre for Psychiatry and Addiction Medicine, Szent István and Szent, László Hospitals, Budapest, Hungary, Department of Psychiatry and Psychotherapy, Faculty of Medicine, Semmelweis University, Budapest, Hungary

**Abstract**

While ECT use was extensively surveyed in the Western part of Europe, published information regarding ECT practice in Central-Eastern-Europe is scarce until the last decade. The first report from this region was published at the end of the 80s from Czechoslovakia, reporting schizophrenia as being the first indication for ECT. Similar indication practice was found in a nationwide survey in Hungary in 2002 and although nearly half of the psychiatric departments offered ECT in that year, only 0.6% of inpatients received the treatment. These pioneer works facilitated further ECT use surveys in the region. Data have already been published from Poland, Bulgaria, and Slovakia and are under publication from the Baltic countries, Serbia, and Ukraine. In the frame of this lecture, most important features of the ECT practice of these countries will be compared and ongoing tendencies summarized.

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### SPEAKER 2

**Title:** Good treatment standards and modest but increasing rates

**Speaker** Dr. Michael Grözinger  
Universitätssklinikum Aachen Klinik f. Psychiatrie und Psychotherapie Universitätssklinikum Aachen,
Klinik f. Psychiatrie und Psychotherapie, Nordrhein-Westfalen, Deutschland.

Abstract

Objectives: The study aimed at updating epidemiologic data for electroconvulsive therapy (ECT) in Germany as compared to other countries.

Methods: Questionnaires were sent electronically to all 423 psychiatric hospitals in Germany. 43% of these institutions applied ECT (ECT-facilities), 57% did not (non-ECT-facilities). Besides the epidemiologic questions 11 items were concerned with the attitude towards ECT. These items were also sent by facsimile to 2500 specialists working in private practice.

Results: 63% of the ECT facilities reported nearly 20,000 treatments. A total incidence of 30,000 treatments performed on 2800 individual patients was estimated. This means that 3.4 patients per 105 inhabitants, 0.4% of all depressed patients, and about 1% of depressed inpatients, are treated with ECT in Germany. The frequency of application has increased during 13 years by a factor of more than 2.5. From specialists working in private practice 983 answers could be evaluated. None of these performed ECT treatments. A surprisingly positive attitude towards ECT was found among all three groups of German psychiatrists.

Conclusions: Amongst Western industrialized countries, the ECT treatment numbers vary by a factor of more than 20, with a slow trend of equalization. The mode of implementation and the areas of conflict in which the therapy stands seem to be similar. Germany has good treatment standards and modest but increasing rates. The positive attitude of psychiatrists towards ECT might improve the accessibility for patients in need of this treatment.

References

| **Speaker** | Lindy Jarosch-von Schweder, MD¹, Kari Ann Leiknes, MD, MHA, PhD²  
¹Department of Neuroscience, Faculty of Medicine, Norwegian university of science and technology (NTNU) and Division of Psychiatry, Tiller DPS, St. Olavs hospital, Trondheim, Norway  
²Norwegian Knowledge Centre for the Health Services, Box 7004 St. Olavspllass, Pilestredet Park 7, 0130 Oslo, Norway |
|---|---|
| **Abstract** | Objectives: To explore contemporary (1990 and after) utilization and practice of electroconvulsive therapy (ECT) worldwide.  
Methods: Systematic search (limited to studies published 1990 and after) was undertaken in the databases Medline, Embase, PsycINFO, SveMed, and EBSCO/Cinahl.  
Results: Worldwide the rate of ECT use varied from 0.11 to 5.1 per 10,000 inhabitants per year. In Western countries ECT is by large administered to elderly female patients with depressive disorders. In Asia, Africa, Latin America and Russia, ECT is often mainly prescribed to younger patients (often more male) with schizophrenia. ECT is administered worldwide under involuntary and guardian consent conditions (ranging from a few percent up to nearly two thirds). In some continents ECT without anaesthesia is still used; in Asia, Africa and Latin America, Russia, Turkey and Spain. The most common electrode placement is bilateral, but a few places in Europe and Australia/New Zealand adhere to unilateral as first choice. Brief-pulse wave current and devices are used worldwide, but old sine-wave stimulus and apparatus are still in use by many. Reporting of side effects and adverse events/mortality is sparse. Acknowledged international guidelines are not followed.  
Conclusions: There is a great need for worldwide improvement in treatment and use of ECT. There is a need for sharing of knowledge about ECT, reflection and learning from each others experiences. |
**Session:** Regular Symposium  
**OVERALL ABSTRACT**  
**Code:** SY336

### Title: Difficulties of Major Depression and its Treatment: Focus on Cognition, Anxiety and Insomnia

**Chairperson**  
Néstor Marchant M.D. Asociación Argentina de Psiquiatras (AAP). Buenos Aires. Argentina

**Abstract**  
Major depression is a common mental disorder and generates intense suffering to patients and their relatives. It has long been proposed well regulated treatments for depression and, at first glance, his burden should be alleviated. However, this is not the case and many times depressive disorders are clinically complex and not address their special features can lead to therapeutic failure with consequent impairment of quality of life of affected patients.

This Symposium will be referred to the three of the most common factors that accompany pure depressive symptoms and stress the need to address them in order to get satisfactory therapeutic results. First we propose to pay special attention to lower cognitive impairments, which may be the initial symptoms of major depressive disorders and must diagnosed and treated early to improve the prognosis of the episode. Second we refer to the need to address to residual depressive and anxious symptoms that persist in depressed patients successfully treated to remission will. Its treatment will improve the functionality and quality of life of patients and will prevent relapses and recurrences. Finally the results of randomized, double-blind, placebo-controlled trial about the effectiveness of a combined treatment with an SSRI and sublingual alprazolam in depressed patients with sleep disorders will be examined.

The conclusion of the Symposium will be emphasize the need to address the particular characteristics of the different episodes of major depression to optimize treatment outcomes.

**Speakers**

1. **Edith Mirta Serfaty, MD. PhD.**  
Instituto Investigaciones Epidemiológicas. Academia Nacional de Medicina. Buenos Aires. Argentina
2. **Miguel Márquez, MD.**  
ADINEU (Asistencia, Docencia e Investigación en Neurociencias). Buenos Aires, Argentina
3. **Norberto Caruso, MD.**  
Laboratorios Bagó. Buenos Aires. Argentina

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### Session: Regular Symposium  
**SPEAKER 1**  
**Code:** SY336

### Title: Cognitive alteration: Depression symptom alert

**Speaker**  
Edith Mirta Serfaty, MD PhD  
Instituto Investigaciones Epidemiológicas Academia Nacional de Medicina Buenos Aires. Argentina

**Abstract**  
**Introduction:** Cognitive disorder is defined as the difficulties to process normal activities of daily living. It includes difficulties in the perception of situations, alterations in motor skills, thinking abilities and memory impairment. We can also mention problems in the process of understanding and retaining information, planning, developing, anticipating and justifying.

**Objective:** To know the frequency of cognitive impairment in outpatients with depression, and their association.

**Methods:** We carried out the study in 17 male and 25 female, aged between 18 and 50 ; 42 outpatients were included in this study. The study was done during 6 month, taking into account the complete visit Clinical Global Impression, Montgomery Asberg Scale, in special items referring to concentration disorders. Statistical analysis it was used SPSS 11 to do the relationship between the used variables.

**Results:** 2 of the total number of patient were diagnosed mild depression (7to 19 MADRS Score, 27 moderate depression (20 to 34) and 12 severe depression (35 to 60 score). 2 patients had no concentration disorders, 12 (score 3) mild impairment, 17 (scored 4), moderate and 10 severe impairment. There is a strong correlation between concentration disorders and depression. There is no significant gender difference in concentration level.
We noticed correlation between cognitive impairment and inability to feel. With regard age groups patient over 42 had more concentration difficulties. There is no evidence that the amount of depressive episodes increase concentration disorders.

Conclusion: Healthcare professionals should be trained in order to improve early detection of cognitive disorders in the community or in any patient seeking medical attention. Early intervention will enable to determine the causes of the disorder, being depression one of them. It helps to get the right treatment and to find the best sources of support.

References
1. Lee et al A meta analysis of cognitive deficit in first episode of major depressive disorder J Affect Disorders 2012, 113/2

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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 2</th>
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<tr>
<td>Title:</td>
<td>Anxiety symptoms in major depression in remission</td>
<td>Miguel Márquez, MD. ADINEU (Asistencia, Docencia e Investigación en Neurociencias). Buenos Aires, Argentina</td>
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<td>Speaker</td>
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<td>Abstract</td>
<td>Introduction: Data from all three American epidemiological studies (ECA , NCS and NCS- R) reveal remarkably consistent that almost 60 % of Individuals with depression have anxiety symptoms or anxiety disorders along with it. The high rate of anxiety symptoms in depressed patients suggests that as well as remains residual depressive symptoms in depressed patients who achieve remission, residual anxiety symptoms could also be found and to have some influence in the clinical profile, course and outcome of the depressive episode. Objectives: To investigate the presence of anxiety symptoms in depressed patients who has a HAMD -17 equal to or less then 7 after treatment. The patients are formally in remission but they may still have residual depressive symptoms. Methods: 50 outpatients (men n:17 and women n:33) with Major Depression successfully treated (HAMD-17 average: 5.3) were examined to search for anxiety symptoms using the Clinically Useful Anxiety Outcome Scale (CUXOS). Results: 43 of the 50 patients (86%) presented at least one symptom of anxiety. The most common symptoms were feeling nervous, be worried and to have difficulty controlling the worry, fears, muscle tension and autonomic symptoms. The average number of anxiety symptoms was 4.1. Conclusion: The presence of anxiety symptoms is extremely common in depressed patients who have been treated successfully of their depressive episode and formally are in remission (HAMD-17 scores 7 or less). Since the presence of anxious comorbidity makes major depressive episode more severe, more disabling and more resistant to treatment can be hypothesized that the presence of residual anxiety symptoms in depressed patients in remission would not be innocent; so its detection and treatment should be addressed in all cases.</td>
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<td>Title:</td>
<td>Pharmacotherapy of depression With sleep disturbances</td>
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### Abstract

Introduction: Links between sleep and depression are strong. About three quarters of depressed patients have insomnia symptoms. Mechanisms of sleep regulation and how they might be disturbed in depression are controversial.

It was not treated thinking that the improvement of depression, would improve insomnia. There is therefore a need for more successful management of sleep disturbance in depression, in order to improve quality of life in these patients and to minimize an important risk factor in depressive relapse and recurrence1,2. Accordingly we conducted a comparative, randomized, double-blind, placebo-controlled trial, escitalopram/placebo vs escitalopram/sublingual alprazolam in insomnia associated with major depression.

Objective: To assess the efficacy of treatment for 60 days with sublingual alprazolam combined with escitalopram 10 mg daily, in insomnia associated with major depression

Methods: prospective, comparative, multicenter, randomized, double-blind, placebo-controlled trial, patients 93, escitalopram/placebo 43 and escitalopram/alprazolam 50, using Hamilton Depression Scale17 (HAM-D17) and Pittsburgh Sleep Quality Index (PSQI) to evaluate depression and insomnia respectively.

Results: At day 60 depression treatment was effective in both groups. escitalopram/alprazolam group reached an average of 5.33 in the HAM-D17 (Remission) whereas escitalopram/placebo group 8.55 (Response) p = 0.03. Otherwise escitalopram/alprazolam group averaged PSQI score of 3.98 (good sleeper \( \leq 5 \)) while the other group had PSQI average of 7.13.

Conclusion: Simultaneous treatment of depression and insomnia may be a good choice in patients with major depression and insomnia. The treatment allowed to reach the remission and PSQI good sleeper status in escitalopram/sublingual alprazolam group only.

### References

2- Reynolds C, Which elderly patients with remitted depression remain well with continued interpersonal psychotherapy after discontinuation of antidepressant medication?, Am J Psychiatry, 1997;7:958.62.
### Title:
**Screening, diagnosis and treatment of patients with ADHD and addiction**

### Chairperson
Prof. Wim van den Brink. Academic Medical Center University of Amsterdam, Amsterdam, The Netherlands

### Abstract
Several studies show that Attention Deficit Hyperactivity Disorder (ADHD) is much more common in patients with substance use disorder (SUD), than in the general population and that there is a statistically significant and clinically relevant bidirectional overlap between ADHD and addiction. In spite of this, ADHD is rarely diagnosed in patients with SUD, and therefore also undertreated. Until recently there was little research and therefore little evidence in this particular patient group. In this symposium we will present recent research findings in the field of screening, diagnosis and treatment of ADHD in addicted people. We will focus on the problems and possibilities of neuropsychological testing, integrated pharmacotherapy and cognitive behavioral therapy and provide an overview of the evidence-based guideline, developed in Belgium.

### Speakers
1. Dr. Geurt van de Glind  
   Director ICASA Foundation, Utrecht, The Netherlands
2. Dr. E. Vedel,  
   Jellinek Arkin, Amsterdam, The Netherlands
3. Dr. Cleo L. Crunelle  
   Toxicological Center, University of Antwerp, Antwerp, Belgium
4. Dr. Frieda Matthys, MD  
   University Hospital, Vrije Universiteit Brussel, Brussels, Belgium
5. Dr. Peter Joostens, MD  
   Psychiatric Centre Alexian Brothers, Tienen, Belgium

### Title:
**Screening and diagnosing ADHD in treatment seeking substance use disorder patients: A role for neuropsychological tests?**

### Speaker
Geurt van de Glind, PhD  
Director ICASA Foundation, Utrecht, The Netherlands

### Abstract
**Background:** To detect attention deficit hyperactivity disorder (ADHD) in treatment seeking substance use disorder (SUD) patients, a valid screening instrument is needed. **OBJECTIVES:** To test the performance of the Adult ADHD Self-Report Scale V 1.1 (ASRS) for adult ADHD in an international sample of treatment seeking SUD patients for DSM-IV-TR; for the proposed DSM-5 criteria; in different subpopulations, at intake and 1-2 weeks after intake; using different scoring algorithms. The 2nd study that will be discussed aimed at exploring ADHD-related symptoms among SUD treatment seeking patients, using the CPT as a subjective measure of attention performance. Three objectives were designed: First, to evaluate attention abilities among the patients having SUD only, SUD with co-morbid ADHD, and ADHD-only, as compared to controls. Second, to differentiate attention performance of the four groups, and third, to examine which type of ADHD-related symptoms is associated with SUD.

**Methods:** In 1138 treatment seeking SUD subjects, ASRS performance was determined using diagnoses based on Conner's Adult ADHD Diagnostic Interview for DSM-IV (CAADID) as gold standard. For the CPT study, a multi-site sample of controls (n=180), ADHD only (n=51), SUD only (n=143) and ADHD + SUD (n=115) was used. The study employed the MOXO-CPT version (Berger and Goldzweig, 2010), which is a standardized computerized test designed to diagnose ADHD related symptoms. The test included visual and auditory stimuli that serve as distractors.

**Results:** The prevalence of adult ADHD was 13.0%. The overall positive predictive value (PPV) of the ASRS was 0.26, the negative predictive value (NPV) was 0.97. The sensitivity (0.84) and specificity
(0.66) measured at admission were similar to the sensitivity (0.88) and specificity (0.67) measured two weeks after admission. Preliminary results related to the MOXO-CPT: CPT performance of SUD patients could not be consistently distinguished from that of SUD+ADHD group. While in some cases SUD+ADHD group performed better than SUD (Attention and Timing parameters of males), in others (Hyperactivity of females) SUD group was advantaged: it seems that the only parameter which consistently differed healthy participants from those with SUD (with or without ADHD) in both males and females was Impulsivity.

Conclusions: The ASRS is a sensitive screener for identifying possible ADHD cases with very few missed cases among those screening negative in this population. Clinical usage of the MOXO test in SUD patients needs further research.

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<tr>
<td>Title: Intergrated cognitive behavioral treatment of ADHD and addiction</td>
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<td>Speaker: Ellen Vedel, PhD Arkin, Amsterdam, The Netherlands</td>
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| Abstract: Objectives: attention deficit hyperactivity disorder (ADHD) frequently co-occurs with substance use disorders (SUD). The combination of ADHD and SUD is associated with a negative prognosis of both SUD and ADHD. Pharmacological treatments of comorbid ADHD in adult patients with SUD have not been very successful. Recent studies show positive effects of cognitive behavioral therapy (CBT) in ADHD patients without SUD, but CBT has not been studied in ADHD patients with comorbid SUD.

Methods: This paper presents the protocol of a randomized controlled trial to test the efficacy of an integrated CBT protocol aimed at reducing SUD as well as ADHD symptoms in SUD patients with a comorbid diagnosis of ADHD. The experimental group receives 15 CBT sessions directed at symptom reduction of SUD as well as ADHD. The control group receives treatment as usual, i.e. 10 CBT sessions directed at symptom reduction of SUD only. The primary outcome is the level of self-reported ADHD symptoms. Secondary outcomes include measures of substance use, depression and anxiety, quality of life, health care consumption and neuropsychological functions.

Results: currently, 130 patients have entered the treatment study. Plenimray findings regarding patients characteristics and treatment delivery will be discussed.

Conclusions: This is the first randomized controlled trial to test the efficacy of an integrated CBT protocol for adult SUD patients with a comorbid diagnosis of ADHD. The rationale for the trial, the design, and the strengths and limitations of the study are addressed.


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<td>Title: Why patients with ADHD and co-morbid addiction do not respond to methylphenidate</td>
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<td>Speaker: Cleo L. Crunelle, PhD Toxicological Center, University of Antwerp, Antwerp, Belgium</td>
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<td>Abstract: Objectives: Methylphenidate (MPH) occupies brain striatal dopamine transporters (DATs) and is an effective treatment for attention deficit hyperactivity disorder (ADHD). However, patients with ADHD and comorbid cocaine dependence do not benefit significantly from treatment with MPH. To better understand the neurobiology of this phenomenon, we examined DAT availability and the effects of MPH treatment on DAT occupancy in ADHD patients with and without cocaine dependence.</td>
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Methods: ADHD patients without a comorbid substance use disorder (N=16) and ADHD patients with comorbid cocaine dependence (N=8) were imaged at baseline and after two weeks MPH treatment using single photon emission computed tomography (SPECT) with the DAT tracer [123I]FP-CIT. Changes in ADHD symptoms were measured with the ADHD symptom rating scale (ASRS).

Results: At baseline, we observed lower striatal DAT availability in ADHD patients with cocaine dependence. Following MPH treatment, MPH occupied significantly less striatal DATs in cocaine-dependent than in non-cocaine dependent ADHD patients. There were no significant correlations between baseline DAT availability or DAT occupancy by MPH and ADHD symptom improvement. However, we did find significant correlations between DAT occupancy by MPH and decreases in impulsivity scores.

Conclusions: These findings suggest that low DAT occupancy is not the reason why ADHD patients with cocaine dependence do not benefit from MPH treatment. It also suggests that higher dosages of MPH in these patients are probably not the solution and that medications directed at other pharmacological targets should be considered in these comorbid ADHD patients.

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<tr>
<td>Title:</td>
<td>Guideline for the screening, diagnosis and treatment of ADHD in substance use disorder patients</td>
<td>Frieda Matthys, MD</td>
<td>University Hospital, Vrije Universiteit Brussel, Brussels, Belgium</td>
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<td>Abstract</td>
<td>Objectives: Despite the high prevalence of ADHD in SUD patients, ADHD is often not recognized in addiction treatment and therefore goes untreated. In order to close this gap, a project was set up in Flanders (Belgium) to develop a comprehensive guideline for the assessment and treatment of patients with substance use disorder and comorbid ADHD.</td>
<td>Methods: Based on the formulated problems and experiences from focus groups a systematic review was performed using the methodology of the Scottish Intercollegiate Guideline Network (SIGN). Due to the lack of scientific evidence on some of the topics, the guideline is a combination of evidence based and practice based recommendations.</td>
<td>Results: The main recommendations are as follows:</td>
<td>Conclusions: The lack of scientific data and the overall lack of expertise in the field are significant obstacles to the implementation of the guideline. Intensive training programs in the substance abuse sector need to be organized to implement these guideline.</td>
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disorder patients: Obstacles and recommendations

Speaker

Peter Joostens MD
Psychiatric Centre Alexian Brothers, Tienen, Belgium

Abstract

Objectives: Attention deficit-hyperactivity disorder (ADHD) is common among adult patients with a substance use disorder, yet often goes undetected. In a qualitative study we explored the implementation barriers to a guideline developed in Belgium for the recognition and treatment of ADHD in adult patients with substance use disorder. Hence we suggest different strategies to overcome these barriers.

Methods: Focus groups were conducted with caregivers and patients to explore experiences with comorbid substance use disorder and ADHD. The barriers reported in these groups became the subject of further study in focus groups with addiction professionals (physicians, psychiatrists and psychologists) who had tried the guideline and with psychiatrists specializing in addiction but without experience with ADHD.

Results: Our analysis revealed a number of barriers to the implementation of this guideline, including lack of information from the family, pressure from patients and caregivers to make an ADHD diagnosis, and the potential for abuse of ADHD medication. Furthermore, diagnostic instruments for ADHD have not been validated in people with substance use disorder.

Conclusions: There are important barriers to the implementation of treatment guidelines for this dually diagnosed population. Despite the availability of an approved guideline for recognizing and treating this group of patients, under-diagnosis and inadequate treatment still persist. An integrated approach and further improvements in the competence of practitioners may help to reduce the resistance to diagnosing ADHD in substance use treatment centers. Practitioners who specialize in addiction medicine and therapists without medical education view the problem from different perspectives and therefore each group needs specific information and training. Targeted interventions need to be developed to the sensibilisation of the caregivers and to keep these patients in treatment.

References

Barriers in the implementation of a guideline for recognizing and treating ADHD in adults with a substance use disorder, Matthys, F., V. Soyez, P. Joostens, W. Van den Brink, B. Sabbe, Journal Dual Diagnosis, 2014, DOI:10.1080/15504263.2014.926691
### Title:
**Treating symptoms and functional impairments associated with attention-deficit/hyperactivity disorder across the lifespan**

### Chairperson
Prof. Alessandro Zuddas, University of Cagliari, Cagliari, Italy

### Abstract
**Objective:** Historically believed to be limited to childhood, symptoms of attention-deficit/hyperactivity disorder (ADHD) are now recognized to persist into adulthood in many patients. This symposium will discuss pharmacological treatment options for ADHD across the lifespan, with a particular focus on medications commonly used for the treatment of the disorder in adults. Methods: In addition to the symptoms of hyperactivity/impulsivity and/or inattention, ADHD is associated with functional impairments that can impact multiple aspects of the lives of patients of all ages, including academic performance, employment status and interpersonal relationships. Optimal treatment should therefore not only reduce symptoms, but also improve functioning in domains relevant to the age of the patient. Results: This symposium will first discuss symptoms and functional impairments associated with ADHD in children and adolescents. Clinical trial data assessing the impact of pharmacological treatment on health-related quality of life (HRQoL) and function in this patient population will then be examined. Next, the symposium will explore the unique challenges associated with diagnosing and treating ADHD in adult patients, and will discuss barriers to the recognition of adult ADHD worldwide. Finally, clinical trial data examining the efficacy of ADHD medications in improving HRQoL and functioning in adults will be discussed. Conclusions: Pharmacotherapy is associated with improvements in HRQoL and functioning in children, adolescents and adults with ADHD. However, the majority of clinical trials have focused on symptomatic improvement. Future studies investigating HRQoL and functioning across a broader range of ADHD medications are desirable. Supported by funding from Shire

### Speakers
1. Dr David R Coghill, University of Dundee, Dundee, UK
2. Dr César Soutullo, University of Navarra Clinic, Pamplona, Spain
3. Prof. Philip Asherson, King’s College London, London, UK
4. Dr J Antoni Ramos-Quiroga, Vall d’Hebrón University Hospital, Barcelona, Spain

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### Title:
**Symptoms and functional impairments associated with attention-deficit/hyperactivity disorder in children and adolescents**

### Speaker
D. R. Coghill $^1$, C. Soutullo $^2$, P. Asherson $^3$, J. A. Ramos-Quiroga$^4$

1. University of Dundee, Dundee, UK.
2. University of Navarra Clinic, Pamplona, Spain.
4. Vall d’Hebrón University Hospital, Barcelona, Spain.

### Abstract
**Objectives**
To review clinical data on functional impairment and health-related quality of life (HRQoL) in children and adolescents with attention-deficit/hyperactivity disorder (ADHD).

**Methods**
Symptoms of hyperactivity, impulsivity and/or inattention are defined in ADHD diagnostic criteria. Evidence of functional impairment in domains such as achievement and interpersonal relations is also required for diagnosis. HRQoL is a broader assessment of the impact of illness in multiple domains that may affect health. Instruments used to assess functional impairment and HRQoL may be self-rated or parent-rated, and may be generic or ADHD-specific. One of the most widely used measures of HRQoL
in children and adolescents with ADHD is the Child Health and Illness Profile–Child Edition, which is available as the Parent Report Form (CHIP-CE:PRF) or Child Report Form (CHIP-CE:CRF). Scores are standardized based on a reference population, allowing informal comparisons between studies and populations [1].

Results
Studies in children and/or adolescents with ADHD have documented large deficits of 1.5–2.0 standard deviations below the normative mean in the CHIP-CE:PRF domains of Achievement and Risk Avoidance, with modest deficits in the remaining domains of Resilience, Satisfaction and Comfort. In a recent study, children with ADHD had consistently lower CHIP-CE:PRF scores those with insulin-dependent diabetes mellitus, and their CHIP-CE:PRF scores were generally lower than their CHIP-CE:CRF scores [2]. Similar results were obtained using other instruments.

Conclusions
Children and adolescents with ADHD experience impaired day-to-day functioning and impoverished HRQoL in multiple domains.

References

Supported by funding from Shire.
the HRQoL of children and adolescents with ADHD in short-term clinical trials.

References


Supported by funding from Shire.

Session: Regular Symposium  |  SPEAKER 3  |  Code  | SY341
---|---|---|---
Title: Challenges associated with diagnosing and treating attention-deficit/hyperactivity disorder in adults

Speaker

D. R. Coghill ¹, C. Soutullo ², P. Asherson ³, J. A. Ramos-Quiroga ⁴
¹University of Dundee, Dundee, UK.
²University of Navarra Clinic, Pamplona, Spain.
³King’s College London, London, UK.
⁴Vall d’Hebrón University Hospital, Barcelona, Spain.

Abstract

Objectives
To improve understanding of the identification and management of attention-deficit/hyperactivity disorder (ADHD) in adults.

Methods
Here we highlight some of the particular challenges associated with diagnosing and treating ADHD in adults.

Results
As an individual with ADHD ages, the overt symptoms that characterize the disorder in childhood tend to become more subtle, making the identification of ADHD in adults more challenging [1, 2]. Nevertheless, adults with ADHD remain functionally impaired and the importance of identifying and treating adults with the disorder is increasingly recognized [1, 2]. Various instruments are available for screening adult patients with ADHD and assessing their symptoms, but self-reports and in-depth, structured interviews are recommended for diagnosis. The frequent presence of comorbid psychiatric disorders in adults can complicate diagnosis. Non-pharmacological treatments should be age-appropriate, given the different psychological and psychosocial needs of adults compared with children. Medications that relieve symptoms and improve functioning and health-related quality of life in children are increasingly recognized as effective in adults, yet the range of ADHD medications approved for use in adults in many countries is far less extensive than that in children.

Conclusions
The approaches used to evaluate symptoms and functional impairment in adults with ADHD should be appropriate for the patient’s age, as should non-pharmacological treatment. In many countries, the choice of approved medications for the treatment of adults is more limited than for children with ADHD.

References


Supported by funding from Shire.

Session: Regular Symposium  |  SPEAKER 4  |  Code  | SY341
---|---|---|---
Title: The efficacy of pharmacological treatment in improving symptoms, health-related quality of life and functioning in adults with attention-deficit/hyperactivity disorder

Speaker

D. R. Coghill ¹, C. Soutullo ², P. Asherson ³, J. A. Ramos-Quiroga ⁴
¹University of Dundee, Dundee, UK.
²University of Navarra Clinic, Pamplona, Spain.
³King’s College London, London, UK.
⁴Vall d’Hebrón University Hospital, Barcelona, Spain.
Abstract

Objectives
Although the more overt symptoms of ADHD, particularly hyperactivity and impulsivity, may ameliorate during development, the recognition and treatment of functional impairment and reduced health-related quality of life (HRQoL) in adults with ADHD remain priorities.

Methods
Here we review the efficacy of pharmacological treatment in relieving symptoms and improving HRQoL and functioning in adults with ADHD.

Results
ADHD medications are reported not only to relieve the symptoms of ADHD but also to improve functioning and HRQoL in adults with the disorder. In particular, the long-acting methylphenidate osmotic-release oral-system methylphenidate (OROS-MPH), the long-acting amphetamine lisdexamfetamine dimesylate (LDX), and the non-stimulant atomoxetine are reported to improve HRQoL and reduce functional impairments in adults with ADHD using assessments based on a variety of instruments. In most studies, these improvements were concurrent with reductions in symptoms. Emerging evidence suggests that improvements in day-to-day functioning and HRQoL may be correlated with improvements in symptoms [1], although improvements in HRQoL have also been reported in the absence of symptomatic relief [2].

Conclusions
In adults, ADHD is associated with functional impairment and reduced HRQoL. Increasing evidence suggests that ADHD medications relieve the symptoms of ADHD in parallel with improvements in daily functioning and HRQoL in adults with the disorder.

References

Supported by funding from Shire.
### Mental health care provision in crisis and disasters: Lessons from the Eastern Europe and the Balkans

Symposium of the psychiatric association of eastern Europe and the Balkans

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<tr>
<th>Chairperson</th>
<th>Prof. Dusica Lecic-Tosevski, Institute of Mental Health, Belgrade University School of Medicine, Belgrade, Serbia</th>
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<td>Co-chairperson</td>
<td>Prof. George Christodoulou, President, World Federation of Mental Health, Athens, Greece.</td>
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**Abstract**

Mental health consequences of crisis and emergency situations are of great importance in modern society. Many countries in Eastern Europe and the Balkans face a lot of social and technogenic challenges lately. Being exposed to the man-made disasters as well as to social crisis or ethnic conflicts population should cope with extremely stress conditions. The prevalence of mental health problems in the victims and participants of crisis and disaster situations has tendency to increase. It might be confirmed by the number of clinical, neurobiological, psychological data. Staged and integrated practical approaches are necessary to meet this growing demand. The economic crisis also has an effect on functioning of mental health services. Psychosocial wellbeing of different population groups depends on the timeous and qualified mental health care on site or directly in areas of emergency situations. Immediate assessment of needs and close multiprofessional collaboration in disaster or stress situation are among the main organizing principles of mental health care provision on primary level. Such strategies as focus on prevention, continued professional development, culture-specific interventions and others should be taken into account for appropriate care provision at times of crisis.

**Speakers**

1. Prof. Valery Krasnov  
   Moscow Research Institute of Psychiatry, Moscow, Russia
2. Dr. Bojana Pejuskovic  
   Institute of Mental Health, Belgrade University School of Medicine, Belgrade, Serbia
3. Prof. Kyuri Idrisov  
   Chechen State University, Grozny, Russia
4. Dr. Elena Molchanova  
   American University in Central Asia, Bishkek, Kyrgyz Republic
5. Dr. Nikos Christodoulou  
   University of Nottingham, United Kingdom

### Chernobyl disasters mental health consequences: Integrated ways to resilience

**Speaker**

V. Krasnov, V. Kryukov, I. Emeljanova, I. Ryzhova  
Moscow Research Institute of Psychiatry, Moscow, Russia

**Abstract**

Objectives. During 25 years an integrated programme of investigation and treatment has been provided for a cohort of clean-up workers who had been involved in elimination of the consequences of the Chernobyl Nuclear Power Plant disaster in 1986. By 2014, this cohort consisted of 658 persons. All of them have been observed, examined and treated in the in-patient clinic for at least ten years, and repeatedly, 3 to 6 time.

Methods. Different investigation techniques, specifically, dopplerography, single-photon emission computed tomography (SPECT) and magnetic resonance imaging (MRI) confirmed vascular regulation problems. Neuropsychological examination revealed brain dysfunctions which can be considered, by the concept of A.R.Luria, within three following neuropsychological syndromes: dyencephalic, dyencephalo-reghhemispheric and dyencephalo-prefrontal.

Results. During first few years clinical conditions in the most of cases had the trend to formation of polymorphic syndrome with combination of psychovegetative, (sub)depressive fluctuations and cognitive (memory and attention) disturbances, diminished intellectual and general productivity. Further deterioration of health in those relatively young people resembled very much an ‘early vascular process’, i.e. a combination of abnormally early atherosclerosis and arterial hypertension.
Conclusions. Long-term systematic treatment with repeated courses of neurometabolic, vasotropic and vegetotropic therapy in combination with small doses of mood stabilizers and occasional symptomatic use of anxiolytics, in the majority of cases brought positive results and prevented development of dementia. Having dealt with the big cohort during more than 20 years did allow to form a kind of specialists-patients partnership with reliable compliance for medication, psychological and psychosocial work.

Session: Regular Symposium  |  SPEAKER 2  |  Code  |  SY343
---|---|---|---
Title: Prolonged stress and its consequences: Serbian experience
Speaker: B. Pejuskovic, D. Lecic-Tosevski
Belgrade University School of Medicine, Institute of Mental Health, Belgrade, Serbia

Abstract
Background: Studies of the psychological sequelae of disasters have shown that those caused by human intent might cause severe mental health effects in communities like short-term as well as the long-term mental disorders. Posttraumatic stress disorder (PTSD) is the most frequently reported psychiatric consequence of traumatic events and of human-made disasters in particular, but other sequelae, such as depression and addictive behaviors frequently follow stressful experiences, either in combination with specific symptoms of posttraumatic stress or on their own. Objectives: The aim of our study was to assess prevalence rates of mental disorders in the general adult Serbian population seven years after major trauma. Methods: The sample consisted of 640 subjects chosen by random walk technique in five regions of the country affected by major trauma. Assessment was carried out by using the Mini-International Neuropsychiatric Interview. Results: Our findings have shown a high level of current (18.8%) as well as life-time PTSD (32.3%). The prevalence rates were the following: major depressive episode - 26.2%, suicidal tendencies - 13%, generalized anxiety disorder - 23.6% and panic disorder - 10%. Conclusions: Several years after the end of traumatic experiences, the prevalence rates of mental disorders among war-affected people were generally high. Long-term policies to meet the mental health needs of war-affected population are required.

References

Session: Regular Symposium  |  SPEAKER 3  |  Code  |  SY343
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Title: Mental health under stress conditions: Traumatic experience and integrated care in Chechen Republic
Speaker: K. Idrisov
Chechen State University, Grozny, Russia

Abstract
Objectives. During long-term emergency situation of military nature the population is influenced by numerous traumatic events like life threat, social and economic problems, migration, moral sufferings. In conditions of emergency situation the previous peaceful life experience often appears to be insufficient or useless to survive that leads to the state of helplessness, despair, loss of sense of security, confidence in future, reduction in the initiative. There is a growing number of depression, irritability, aggressiveness, interpersonal relationships deterioration in the victims. At the same time the victims are rather reluctant to consult mental health specialists, considering their conditions should be like as they are and there is no way of changing it.

Methods. In acute phase, it is necessary to provide care for decreasing of acuteness of traumatic experiences. It is possible to attract non-specialists, volunteers specially trained for rendering emergency psychological help. At the same stage it is important to assist victims with social support, to adjust life and to provide safety. After termination of emergency situation the methods in rendering assistance vary and get basically at professional level. The main task at this stage is to reveal the victims having stress related mental disorders. For these purposes it is necessary to adjust interaction with primary medical
network where the victims apply to more often. Results. All this allows to lower acuteness of stressful experiences and to prevent more severe and complex mental disorders. Our experience has shown that interaction of the psychiatrist and doctors of other specialties considerably raises efficiency of such help as well as trust of patients. Conclusions. It is necessary to provide appropriate care to victims at all stages of emergency situation. Alongside with this the specialists have to promote the various forms of family, social and community support.

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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th><strong>SPEAKER 4</strong></th>
<th>Code</th>
<th>SY343</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Mental health care at the time of ethnic conflict: Kyrgyz model</td>
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<tr>
<td>Speaker</td>
<td>E. Molchanova</td>
<td>American University in Central Asia, Bishkek, Kyrgyz Republic</td>
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<tr>
<td>Abstract</td>
<td>Objectives. Civil unrest in Osh (June 2010) happened unexpectedly. Despite the lessons learned from the bloody conflict in summer 1990, Kyrgyz mental health care services were totally unprepared for the next one occurred twenty years later. The “Kyrgyz model” of mental health care at the time of the conflict had been developing chaotically, mostly as a result of solving numerous tensions between local mental health services and variety of international organizations Sources of tension included persistent attempts of implementation of different conflict resolution models (Nigerian, for example) to the Kyrgyz and Uzbek cultural circumstances; repetitive use of a thesis about “low professional level of local psychiatrists” as a justification for the mass attraction of foreign mental health care specialists, who did not speak neither Russian nor Kyrgyz. Unsuccessful attempts to force reconciliation process, and a number of local issues related to competition for fundraising did not improve the situation after the conflict. Methods. The local model of mental health care at the time of interethnic conflict consisted of (1) a number of multidisciplinary teams, serving as mediators between survivors and mental health care specialists, and (2) a network of social pedagogues, representatives of local culture, supervised by mental health care professionals. Results and conclusions. The latest research, conducted in the Southern regions of the Kyrgyz Republic in spring 2014, showed up the high level of latent interethnic tension in complete accordance with the law of the narcissism of minor differences, formulated by Sigmund Freud. Running models of mental health care in the Southern regions of the Kyrgyz Republic have been accepted by both Uzbek and Kyrgyz citizens.</td>
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<th>Session:</th>
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<th>Code</th>
<th>SY343</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Financial crises and mental health in Greece</td>
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<td>Speaker</td>
<td>N. Christodoulou</td>
<td>University of Nottingham, United Kingdom</td>
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<td>Abstract</td>
<td>In recent years Greece has been at the epicentre of a financial crisis, which has affected the mental health of the population in diverse ways, direct and collateral. Despite the dimming of the media spotlight, the personal, systemic and societal consequences of the crisis are evolving and deepening. Major determinants of mental ill health such as unemployment, homelessness, social and income inequalities, poverty and others are now both strong and chronic. In this presentation we will discuss the current extent of the effects of the crisis on mental health in Greece, and explore potential preventive and remediatary solutions.</td>
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# The evolution continues: CANMAT clinical guidelines for bipolar disorders 2013

**Chairperson**  
S. Beaulieu, McGill University, Montreal, Quebec, Canada  
**Co-chairperson**  
M. Berk, University of Melbourne, Melbourne, Australia  

**Abstract**  
CANMAT is a non-profit academic organization with close to 20 years of experience in education and research in the area of Mood and Anxiety Disorders. CANMAT has been the leading course of promoting the importance of functional outcomes in the management of people with Mood Disorders. It has been well understood that Mood Disorders are associated with significant burden of disease and affect a significant portion of the population. In this symposium we will review the biological underpinnings of the neurocognitive deficit in Depression and Bipolar Disorders. We will examine some of the important clinical tools in assessment and evaluation of neurocognition in patients and improving clinical outcomes. We will look into specific deficits of neurocognition and functional outcomes in Depression and Bipolar Disorders.

**Speakers**  
1. K. Fountoulakis  
   Aristotle University of Thessaloniki, Thessaloniki, Greece  
2. M. Berk  
   University of Melbourne, Melbourne, Australia  
3. R. Milev  
   Queen’s University, Kingston, Ontario, Canada

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# Guidelines for clinical practice in bipolar disorders? overview of the field

**Speaker**  
K. Fountoulakis¹, M. Berk², R. Milev³  
¹. Aristotle University of Thessaloniki, Thessaloniki, Greece  
². University of Melbourne, Melbourne, Australia  
³. Queen’s University, Kingston, Ontario, Canada

**Abstract**  
**Objectives:** The aim of this speech is to critically review the clinical practice guidelines for adult bipolar disorder and the related literature, in order to arrive at conclusion helpful for the average clinician but also for the design of future RCTs and for the development of future guidelines.

**Methods:** A complete search of the MEDLINE was performed with the keywords ‘guidelines’ and ‘algorithms’ in combination with the words ‘mania’, ‘manic’ and ‘bipolar’, and the PRISMA method was utilized in the analysis.

**Results:** From the 1621 papers which were originally traced, 169 were considered to be relevant. The first ever published guideline was the 1994 APA. Since then, despite supposedly being evidence-based, guidelines for the treatment of bipolar disorder vary significantly across committees or working groups. Overall, at the first step the evidence based monotherapy is recommended while at later steps expert opinion predominates. The most recent guidelines emphasize the use of atypical antipsychotic for mania and lamotrigine for depression, and stress the cautious use of antidepressants.

**Conclusions:** A variety of treatment guidelines exist but in general they fail to guide the clinician in a satisfactory way. Their major contribution is to provide general guidance on use or avoidance of specific agents, but currently the data do not permit the development of more precise algorithms.
Title: CANMAT’S role in developing and implementing guidelines for clinical practice

Speaker
K. Fountoulakis¹, M. Berk², R. Milev³  
¹. Aristotle University of Thessaloniki, Thessaloniki, Greece
². University of Melbourne, Melbourne, Australia
³. Queen’s University, Kingston, Ontario, Canada

Abstract
Objectives: Canadian Network of Mood & Anxiety Treatment (CANMAT) is a non-profit academic organization with over 17 years history.

Methods: One of its main goals has been to develop clinical guidelines for treatment of patients with a variety of mood and anxiety disorders. The major addition of the treatment guidelines for management of patients with Bipolar Disorder was done in 2005 and regular updates followed in 2007 and 2009.

Results: The latest 2012 update published this year has some new information and changes from previous versions. The 2012 update continues to be collaboration between CANMAT and ISBD (International Society of Bipolar Disorders). The guidelines are evidence based and include close to 400 new references.

Conclusions: This symposium will examine in detail 3 areas of management of patients with Bipolar Disorder and this includes mixed episodes, acute Bipolar Depression and maintenance of patients with Bipolar Disorder. Newer data will be discussed in the context of established recommendations. Discussions after each presentation and a parallel discussion at the end will allow active participation of the attendees.

Session: Regular Symposium  
Speaker 3  
Code: SY344

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Title: CANMAT/ISBD guidelines: 2013 update

Speaker
K. Fountoulakis¹, M. Berk², R. Milev³  
¹. Aristotle University of Thessaloniki, Thessaloniki, Greece
². University of Melbourne, Melbourne, Australia
³. Queen’s University, Kingston, Ontario, Canada

Abstract
Objectives: Bipolar Disorder is a common and serious mental disorder associated with significant burden. Although it is characterized by its acute episodes of mania and depression, it is a chronic condition and achieving good functional outcomes in the long term is the key in the management of patients with these conditions.

Methods: In this presentation, the continuation of evolution of the CANMAT clinical practice guidelines will be reviewed and the new recommended and non-recommended therapeutic approaches will be discussed. The importance of psychosocial and pharmacological management will be highlighted and reviewed in detail.

Conclusions: New evidence submitted in the 2012 update of the guidelines and recommendations will be integrated with the established practice. Time for interactive discussion will be left at the end of the presentation.
**Title:** Recent developments in acute psychiatry: Perspectives from Europe  

**Chairperson:** Bulent Coskun, Kocaeli University Medical School, Department of Psychiatry, Umuttepe Kampusu, Tip Fakultesi Hastanesi, Psikiyatri Anabilim Dali, 41 380 Kocaeli, Turkey  

**Co-chairperson:** Julian Beezhold, Consultant in Emergency Psychiatry, Norfolk and Suffolk NHS Foundation Trust, Harner House, Hellesdon Hospital, Norwich, NR6 5BE  

**Abstract**  
**Objectives:**  
The objective of this session is to provide an update and review of recent changes developments and issues in acute psychiatric care in Europe.  

**Methods:**  
The session will examine five different countries namely France, Italy, Netherlands, Romania and the United Kingdom. The presenters for each country will focus on a particular aspect of Acute Psychiatry. France will look at the provision of Acute Care for Older Adults; Italy describes findings from the Eunomia study relating to involuntary admissions; Netherlands discusses the use of outcome monitoring in acute psychiatry and how this is influenced by commissioners such as insurance companies; Romania outlines the impact and changes brought about in services through the influence of the European Union; and the United Kingdom examines findings from the Norwich PHoNeS comparative controlled study of inpatient service configuration along with data on the impact of Crisis Resolution Home Treatment services.  

**Results:**  
Clear differences between the participating countries are highlighted along with outcome data on different interventions and models of care.  

**Conclusions:**  
There are many differences from country to country in the delivery of Acute Psychiatric care such as models of care and length of stay, but also many commonalities including funding pressures and a shift to community based care.  

**Speakers**  
1. Andrea Fiorillo  
   Department of Psychiatry, University of Naples SUN, Largo Madonna delle Grazie, 80138 Naples, Italy  
2. Adriana Mihai  
   University of Medicine and Pharmacy Tg Mures, Department of Psychiatry, Targu Mures, Romania  
3. Dr Cécile Hanon MD, PhD  
   EPS Erasme, 143 av Armand Guillebaud, Antony  
4. Dr Victor JA Buwalda PhD  
   Medical Director Victas, Centre of Addiction in Utrecht, Utrecht, Netherlands  
5. Dr Julian Beezhold MBChB, FRCPsych  
   Consultant in Emergency Psychiatry, Norfolk and Suffolk NHS Foundation Trust, Harner House, Hellesdon Hospital, Norwich, NR6 5BE
psychiatric patients are managed in the community and involuntary admissions are possible only under special conditions.

Methods: The EUNOMIA study, funded by the European Commission and carried out in 12 European countries, aimed to: 1) identify socio-demographic and clinical characteristics associated with perceived coercion at admission; 2) assess symptoms and global functioning associated with changes in perceived coercion over time; 3) develop European recommendations for good clinical practice on involuntary hospital admissions. In this contribution it will provide results only on the third aim.

Results: The EUNOMIA recommendations on involuntary hospital admission are mainly based on the Italian experience. In particular, the following aspects have been highlighting: a) to provide patients with information about the reasons for hospitalization; b) to protect patients’ rights during hospitalization; c) to encourage the involvement of family members in the procedure; d) to improve communication between community and hospital teams; e) to periodically organize meetings, seminars and focus-groups with users; f) to develop training courses for the different involved professionals on various topics, such as the management of aggressive behaviors, legal and administrative issues of involuntary hospital admissions.

Conclusions: In Italy, as in other European countries, involuntary hospital admissions are adopted only when any other therapeutic options previously failed. Proposals to improve the use of coercive measures in clinical practice will be provided.

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<td>Title:</td>
<td>Acute psychiatric care – Challenges in Romania</td>
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<tr>
<td>Speaker</td>
<td>Adriana Mihai, Associate Prof., MD, PhD</td>
<td>University of Medicine and Pharmacy Tg Mures, Department of Psychiatry, Targu Mures, Romania</td>
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<tr>
<td>Abstract</td>
<td>The presentation will offer an actual view of acute psychiatric care in Romania and will underline the differences with the past. In concordance with EU recommendation the structure of psychiatric services changed, the large chronic hospital were closed or transformed in smaller acute psychiatric settings. The ambulatory settings were organized in connection with in-beds departments. The accessibility to psychiatric services showed increasing collaboration with general practitioner and with other specialists. The lower duration of admission period increase the challenge of treatment in ambulatory settings. Lack of continuity of different drugs presence in hospital pharmacy impairs the outcome. In last years in psychiatry in Romania had place multiple changes which had the purpose to improve the quality of older services or to create new services more oriented to community. Changing from a system of paternalistic type of care to a model of sharing decision making involved a changing of approaches and need new skills in create a therapeutically alliance. Many international experts consider the interest of combining psychotherapy and pharmacotherapy in acute psychiatric care, availability of pharmacotherapy depends on funds and availability on psychotherapy depends on interest of medical staff and local rules. Problems and proposals for improving the quality of Acute Inpatient Care will be explored and discussed.</td>
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<tr>
<td>Title:</td>
<td>Old age psychiatry in France</td>
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<td>Speaker</td>
<td>Dr Cécile Hanon MD, PhD</td>
<td>EPS Erasme, 143 av Armand Guillebaud, Antony</td>
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<tr>
<td>Abstract</td>
<td>Old age psychiatry in France is in full development even though late compared to its European colleagues. Care and training need to be more specific and targeted. Ethics aspects are well implemented at the national level. This presentation traces the development and implementation of old age psychiatry services in France, and reviews the lessons for the future.</td>
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<tr>
<td>Title: Routine outcome measurement in Dutch psychiatry</td>
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<td>Speaker: Dr Victor JA Buwalda PhD Medical Director Victas, Centre of Addiction in Utrecht, Utrecht, Netherlands</td>
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<td>Abstract: Routine outcome measurement refers to the regular measurement of clinical variables in psychiatry. The aims of this include driving up the quality of care and also as a management and administrative tool. This presentation describes the background context and the experience of implementing this into daily clinical practice in a clinical service in the Netherlands. Validation, implementation and effects on the service will be reviewed. Data will be provided and examples of the actual user interface. From this some of the lessons learned will be highlighted for discussion and recommendations made for the future of routine outcomes monitoring.</td>
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<tr>
<td>Title: The changing face of acute psychiatry in the United Kingdom: What does the evidence show us?</td>
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<td>Speaker: Dr Julian Beezhold MBChB, FRCPsych Consultant in Emergency Psychiatry, Norfolk and Suffolk NHS Foundation Trust, Harnser House, Hellesdon Hospital, Norwich, NR6 5BE</td>
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| Abstract: There is very little good quality published data on objective outcomes in psychiatry, and even less that relates to health services research looking at the effect of different models of care. In the United Kingdom, the late 2000’s saw the increasing introduction of dedicated inpatient psychiatrists across England. This was very controversial and occurred in the absence of any objective evidence regarding outcomes. 

The Norwich PHoNES examines finding from a large comparative controlled study of inpatient service configuration (n= 5206) along with data on the impact of Crisis Resolution Home Treatment services in Central Norfolk in the fifteen years since the service was launched. 

The PHoNES study examines the impact of inpatient (hospitalist) psychiatrists on outcomes in a busy acute ward. It uses a natural experiment in the form of a quasi experimental controlled trail to measure outcomes such as length of stay, and incidents of violence and deliberate self harm. It compares both before and after with a control ward that did not undergo these changes at the same time. 

Data from CRHT services will be presented to show the impact over 15 years on services, and in particular how it has led to a dramatic 50% reduction in the demand for inpatient beds. |
### Session: Regular Symposium

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<th>OVERALL ABSTRACT</th>
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| Title: Evolutionary psychiatry: Mental disorder from a Darwinian perspective |

| Chairperson | Prof. George Ikkos FRCPsych, Royal National Orthopaedic Hospital and London South Bank University, Stanmore UK |

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<td>Evolutionary theory has become the undisputed organising principle for all the biological sciences over the past 150 years or so since the publication of the 'Origins of Species'. However, Medicine including psychiatry continue to exist as pre-Darwinian sciences. This has meant that models of disorder, including mental disorder, have focused exclusively on proximate causes, ignoring the evolutionary or ultimate causation of such phenomena. While the non-evolutionary models have led to undoubted advances in our understanding of mental disorder and also to useful treatments and interventions, this view of mental disorder remains incomplete and even seriously flawed. Psychiatry has long suffered from the lack of a unifying theory and overarching conceptual framework. We would propose that evolutionary theory is in a strong position to making a major contribution to such a framework. The speakers will be presenting models of mental disorder with a focus on ultimate causation which is a perspective unique to evolutionary science. The symposium aims to demonstrate that evolutionary science can open up avenues for theorising about mental disorder not otherwise conceivable. Also, the symposium will propose that biological science can encompass a range of phenomena that go beyond the narrow focus on molecular, genetic and neurochemical events.</td>
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<tr>
<th>Speakers</th>
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</table>
| 1. Dr Paul St John-Smith  
Consultant psychiatrist. Hertfordshire Partnership, University Foundation Trust. CMHT Civic Offices, Elstree Way, Borehamwood, Herts, UK. |
| 2. Dr Daniel McQueen  
Consultant Psychiatrist Eating Disorder Unit, Cygnet Hospital Ealing, 22 Corfion Road, Ealing, W5 2HT & The Tavistock and Portman NHS Foundation Trust Child and Family Department Family Assessment and Intervention Resource (FAIR) Team, The Freeman Family Centre, 57 Longstone Avenue, Harlesden, London NW10 3UN. |
| 3. Mohammed Abbas  
MBCHB, MMedSci. MRCPsych, Consultant psychiatrist, Leicestershire Partnership NHS Trust, Bradgate Unit, Glenfield Hospital, Groby Road, Leicester, LE3 8PU. |
| 4. Dr Riadh Abed  
FRCPsych, Consultant Psychiatrist, Ministry of Justice, Mental Health Tribunals, England, UK |

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### Session: Regular Symposium

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| Title: A review of evolutionary and dual inheritance models regarding the initiation, use and abuse of psychoactive substances |

| Speaker | Dr Paul St John-Smith  
Consultant psychiatrist. Hertfordshire Partnership, University Foundation Trust. CMHT Civic Offices, Elstree Way, Borehamwood, Herts, UK. |

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| This presentation looks at some provisional evolutionary, and related cultural (Dual inheritance), based perspectives regarding the initiation of drug abuse including classical plant derived substances and Novel Psychotropic Substances (NPS). It reviews a range of “Ultimate” as well as “Proximate” reasons as to why humans use psychotropic substances e.g. medical, for pleasure, for transcendent and psychedelic purposes as well as blocking aversive reactions. Evolutionary aspects of the following are considered:-  
- Traditional use of plant substances including pharmacophagy and for medicinal purposes  
- How drugs may increase positive or decrease negative feelings  
- How drugs can lead to emotional systems becoming decoupled from important aspects of the external environment including environmental opportunities, success or threats  
- Recreational and other uses of psychotropic drugs in youngsters, looking at some possible trade- |

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off advantages, including consideration of reproduction at the expense of health

- Use of drugs from costly signalling and handicap perspectives
- Placebo effects, rituals and changes in functioning and healing with attendant evolutionary advantage
- Evolutionary ideas regarding spirituality, religion, group cohesion and culture.
- The role of (Psychedelic) drugs in shamanism, psychonauts and religion.

This presentation involves integrating theories, perspectives and ideas from a wide range of disciplines in addition to psychiatry including:- genetics, epidemiology, psychology (cognitive and psychodynamic), developmental biology and psychology, paleoanthropology, zoology and sociology. The importance of these concepts regarding human psychotropic drug use and their combination and synthesis into a unified working model from an evolutionary perspective is considered, especially regarding the potential for future research and treatments.

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<td>Title:</td>
<td>The evolution of the placebo effect</td>
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<tr>
<td>Speaker</td>
<td>Dr Daniel McQueen</td>
<td>Consultant Psychiatrist Eating Disorder Unit, Cygnet Hospital Ealing, W5 2HT &amp; The Tavistock and Portman NHS Foundation Trust Child and Family Department Family Assessment and Intervention Resource (FAIR) Team, The Freeman Family Centre, London</td>
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<tr>
<td>Abstract</td>
<td>Placebo responses permit the organism to modify its internal processes and behaviour through the somatic and autonomic nervous systems, endocrine system and immune system. The stimuli for placebo responses are our perceptions of the internal and the external, material and psychosocial environments, now or in the near future, particularly the state of our social interactions, i.e. feeling valued, cared for, understood, respected and so on, which reduce fear and lead us to feel safe and hopeful. In this paper I will give a brief conceptual history and some basic facts about placebos including the ‘efficacy paradox’ (that placebo treatments can have larger effects than ‘evidence-based treatments’. I will outline proximate (physical and mental) mechanisms and review interpersonal processes contributing to placebo effects. Ultimate mechanisms, the adaptive advantages resulting from evolution of abilities to modify our internal environment in the light of positive evaluations of our external environments, social interactions and appraisals of the future will be considered. I will describe links between the capacity for placebo responses and the attachment / care systems in social mammals. Evolutionary theories of how and why the capacity for placebo effects might have evolved will be described.</td>
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<td>Title:</td>
<td>Can Darwinian Theory help explain the new epidemiology of schizophrenia?</td>
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<tr>
<td>Speaker</td>
<td>Dr Mohammed Abbas</td>
<td>MBCHB, MMedSci, MRCPsych, Consultant psychiatrist, Leicestershire Partnership NHS Trust, Bradgate Unit, Glenfield Hospital, Groby Road, Leicester, LE3 8PU.</td>
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<tr>
<td>Abstract</td>
<td>The supposed universality of the incidence and prevalence of schizophrenia has been seriously challenged. It is now widely accepted that the life-time prevalence and incidence of this disorder vary considerably in time and place. As a result, there has been renewed interest in environmental causation of schizophrenia. There are few extant formulations that have successfully integrated the available new evidence into a coherent theory for its causation. The Out-group Intolerance Hypothesis (OIH) is an attempt to integrate this evidence. It proposes that schizophrenia is the result of a mismatch between the social brain as shaped by evolution and the new social conditions of the post-Neolithic. The hypothesis can provide an explanation for (i) the higher risk to migrants, (ii) the ethnic density phenomenon, (iii) the increased risk to individuals who have grown up in cities, and (iv) the putative low risk in primitive societies. Evidence is presented from a range of disciplines and sources including epidemiology, psychopathology, social psychology and clinical trials in support of this hypothesis. A range of testable predictions follow from the hypothesis.</td>
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<td>Title:</td>
<td>The sexual competition hypothesis for eating disorders</td>
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<tr>
<td>Speaker</td>
<td>Dr Riadh Abed FRCPsych, Consultant Psychiatrist, Ministry of Justice, Mental Health Tribunals, England, UK.</td>
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<td>Abstract</td>
<td>There are a number of Darwinian formulations in the current evolutionary literature regarding eating disorders (ED). These include the reproductive suppression hypothesis (RSH) and the female sexual competition hypothesis (SCH). There are 2 variants of RSH. One contends that anorexia nervosa (AN) is a form of reproductive self-suppression (Voland &amp; Voland, 1989) and the other states that AN is the result of reproductive suppression of subordinate females by dominant females through female intra-sexual sexual competition (Mealey, 2000). RSH in both its variants is relevant, more or less, exclusively to AN as the majority of ED patients other than AN have BMI within the normal range or higher. The sexual competition hypothesis (SCH) (Abed, 1998) on the other hand, proposes that EDs in all their forms arise from intense female intra-sexual competition for mates. It is based on the contention that there is a mismatch between the design of the human female’s psychological strategies for competition for mates and the configuration of western and westernised urban environments. This leads to levels of female intra-sexual unknown in the ancestral human environment. It will be argued that SCH provides the most parsimonious evolutionary explanatory model for the phenomenon ED and that SCH is the formulation best supported by the available empirical evidence.</td>
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**Chairperson**

**Co-chairperson**
Dr. Jollant, Fabrice. McGill University and Douglas Mental Health University Institute. Montréal, Canada

**Abstract**
Suicidal behavior has been recently included as a disorder in DSM-5 and is increasingly seen as an important public health concern. Accordingly, scientific production on suicidal behavior has constantly augmented in recent years, and preventive programs based on the results of clinical research are being implemented. However, the results of preventive programs among the large population of suicide attempters remain limited. A stratified care for suicidal behavior means identifying groups of attempters and predicting which particular intervention is likely to reduce suicidal risk in each group. This approach involves looking in detail at those features, which has been associated with an increased risk of future attempts and a fatal outcome. In this symposium we will discuss the stratification of suicide attempters into different high-risk groups with regards to recent research on: traumatic events and childhood abuse, patterns of “psychache” or pain response, and neuroimaging abnormalities among suicidal subjects.

**Speakers**
1. Dr. Lopez-Castroman, Jorge
   CHU Montpellier. Montpellier, France
2. Dr Olié, Emilie
   Université Montpellier I and CHU Montpellier, Montpellier, France.
3. Van Heeringen, Kees
   Gent University, Belgium
4. Dr. Giner, Lucas
   University of Sevilla, Spain

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### Session: Regular Symposium

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<tr>
<th>Title:</th>
<th>The effect of childhood maltreatment on later-life suicidal risk</th>
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**Speaker**
Dr. Lopez-Castroman, Jorge
CHU Montpellier. Montpellier, France

**Abstract**
Objectives: Early abuse or maltreatment is consistently associated with an increased risk for suicide attempts and completed suicide in adulthood. We will summarize the results of our investigations regarding the effects of childhood abuse on the severity of suicidal behavior and the intermediate role of impulsive aggression traits.

Method: We examined different cohorts of suicide attempters to compare severity features of their suicidal behavior with regards to different dimensions of childhood abuse. We also compared attempters with high vs. low levels of impulsive aggression.

Results: Several characteristics of childhood abuse as well as high impulsive aggression were associated with an increased severity of the suicide attempts in aspects such as the age at first suicide attempt, the number of suicide attempts, the suicidal intent or the medical lethality of the attempts.

Conclusions: The clinical assessment of suicidality should consider the characteristics of childhood abuse as markers of risk

**References**
- Increased severity of suicidal behavior in impulsive aggressive patients exposed to familial adversities. Lopez-Castroman J, Jaussent I, Beziat S, Guillaume S, Baca-Garcia E, Genty C, Olié E, Courtet P. Psychological Medicine, in press.
Title: Understanding suicidal behavior through the experience of psychological pain

Speaker: Dr Olié, Emilie. Université Montpellier I and CHU Montpellier, Montpellier, France.

Abstract

Objectives: Unbearable psychological pain has been proposed to be a key factor in suicidal behaviour (SB) and is often associated with interpersonal difficulties. Depressed patients with a recent or past history of SB expressed significantly higher levels of psychological pain than those without any history of SB (1). The few neuroimaging studies conducted to date indicate a role for prefrontal and cingulate cortices in psychological pain during depression (2). Here, we aimed at specifically identifying the neural bases of social pain in SB.

Methods: We included 116 euthymic females: 1) 45 suicide attempters (SA), i.e with a past history of both major depressive episode and SB; 2) 43 patient controls (PC), i.e. with a past history of major depressive episode without history of SB; 3) 28 healthy controls (HC), i.e. with no past psychiatric history. Functional MRI scans were acquired while participants played the Cyberball game, a virtual ball-tossing game validated as a paradigm of social exclusion. Whole brain and ROI analyses were performed. ROIs were defined on the basis of significant activations (p=0.001, FWE < 0.05 at cluster level) from HC maps in the contrast between the exclusion and inclusion conditions. Activations were then compared between PC and SA.

Results: Following the Cyberball game, HC had lower scores of social distress than PC and SA groups (p<10^-2), with no significant difference between PC and SA. In whole brain analyses, PC showed higher activation in precuneus and superior temporal gyrus compared to SA. Distress scores were negatively correlated with activation in cuneus and middle occipital gyrus. ROI analyses in HC revealed 3 significant clusters. PC showed greater activity in the left insula than SA.

Conclusions: Brain processing of social exclusion was significantly different in SA, and was associated with regions involved in emotion regulation and self-awareness.

References

- Olié E, Guillaume S, Jaussent I, Courtet P, Jollant F. Higher psychological pain during a major depressive episode may be a factor of vulnerability to suicidal ideation and act. J Affect Disord. 2009.
negatively valenced emotional stimuli. A number of methodological issues hamper the interpretation of findings. Nevertheless, there is increasing evidence of the involvement of a serotonin-mediated network in suicidal behaviour. The involvement of this network in decision-making, and particularly the prediction of reward and punishment, has been shown previously in healthy individuals.

Conclusions: A diathesis to suicidal behaviour appears to be associated with changes in biochemical, functional and structural brain characteristics, which point at the involvement of a serotonin-mediated decision-making network in the development of suicidal behaviour.

References

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<td>Title:</td>
<td>Suicide completers and attempters: Two distinct populations?</td>
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<td>Speaker</td>
<td>Dr. Giner, Lucas</td>
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<td>University of Sevilla, Spain</td>
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<td>Abstract</td>
<td>Objectives: There is a general assumption of equality between completed suicide and suicide attempt populations since suicidal behaviour risk factors are mainly drawn from studies of suicide attempts1,2. We aimed to determine if differences exist between these two populations with regards to sociodemographic and clinical factors, life events, impulsivity, and suicide intentionality.</td>
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<td>Methods: 446 adult suicide attempters and knowledgeable collateral informants of 190 adult suicide probands were interviewed. Sociodemographic and diagnosis data was collected for both groups using semi-structured interviews and structured assessments. Impulsivity as a trait/state was measured with the Barrat Impulsivity Scale 11 and intent with the Suicide Intent Scale. Univariate analyses and logistic regression models were conducted to explore the similarities and differences between suicide attempters and completers.</td>
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<td>Results: Univariate analyses showed that suicide completers were more often males, older, had lower impulsive trait and state, and had more suicide intent than attempters. Clinically, suicide completers had a higher prevalence of schizophrenia but a lower proportion of anxiety disorders than attempters. In Axis II, completers had a lower prevalence of Cluster A and Cluster C personality disorders. Cluster B Narcissistic personality disorder was more prevalence among completers. A family history of suicide was more frequent among completers. A logistic regression model properly classified 90% of subjects (attempters vs. completers). The most significant variables that distinguished both groups were the presence of narcissistic personality disorder (OR=21.4; 95% CI=6.8–67.7), health problems (OR=20.6; 95% CI=5.6–75.9), male sex (OR=9.6; 95% CI=4.42–20.9), and alcohol abuse (OR=5.5; 95% CI=2.3–14.2).</td>
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<td>Conclusions: Suicide completers are more likely to be males and to suffer from alcohol abuse, health problems, and narcissistic personality disorder. The findings emphasize the importance of implementing suicide prevention programs tailored to suicide attempters and completers.</td>
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Session: Regular Symposium | OVERALL ABSTRACT | Code | SY350
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Title: | **There are effective treatments for suicidal patients** | | |
Chairperson | Zoltán Rihmer, Semmelweiss University, Budapest, Hungary and National Institute of Psychiatry and Addictions, Budapest, Hungary |
Co-chairperson | Pilar A. Saiz, Department of Psychiatry - CIBERSAM, University of Oviedo - CiBERASAM, Oviedo, Spain |
Abstract | Suicidal acts usually happen during the acute phase of a mental disorder (mostly depression), which is present in a large majority of suicide completers according to psychological autopsies. The reduction in suicide rates that has been described during the last decades in many countries can be attributed to modern psychiatric treatments. However, the efficacy of some of these treatments has been questioned recently. In the present symposium we will present convincing evidence on the reduction of suicidal risk by using specific treatments and prevention strategies. In the first place Prof. Courtet will review epidemiological and clinical studies on the antisuicidal effect of antidepressants and the reasons why this effect is being questioned. Secondly, lithium therapy has proven as a powerful and specific antisuicidal treatment. Dr. Perez-Rodriguez will provide a review of structured care programs for suicidal patients. Finally, Prof. Vaiva and Prof. Carli will discuss the utility of phone calls and internet tools for follow-up and risk reduction in high-risk populations. |
Speakers | 1. Philippe Courtet, Centre Hospitalier Universitaire Montpellier, University of Montpellier, INSERM 1061, Montpellier, France  
2. Guillaume Vaiva Centre Hospitalier Universitaire Lille, Lille, France  
3. Mercedes Perez-Rodriguez Icahn School of Medicine at Mount Sinai School of Medicine, New York, USA  
4. Vladimir Carli National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) at Karolinska Institutet, Stockholm, Sweden. |
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Session: Regular Symposium | SPEAKER 1 | Code | SY350
Title: | **What’s wrong with antidepressants?** | | |
Speaker | Philippe Courtet Centre Hospitalier Universitaire Montpellier, University of Montpellier, INSERM 1061, Montpellier, France. |
Abstract | Objectives. The increased risk of suicidal behaviours during the first weeks of an antidepressant treatment remains a controversial issue while treating depression. This led regulatory bodies to having prompted warnings, although untreated major depressive disorder still represents the main risk factor of suicidal behaviour.  
Methods. We prospectively investigated the course and predictors of the worsening of suicidal ideation (SI) and the occurrence of suicide attempts (SA) during the first weeks of an antidepressant treatment in large cohorts of depressed patients.  
Results. A small subset of patients presents an increase in suicide risk or SA during the first weeks of antidepressant. These outcomes seem to be predicted by several clinical factors related to the depressive disorder on the one hand and to suicidal behaviour on the other one: 1) the severity, a early age of onset, a longer duration of depression as well as a lack of response or a worsening of depressive or anxious symptoms after the initiation of the treatment; 2) the past history of SA, the past history of emergence or worsening of suicidal thoughts or behaviours with a previous antidepressant treatment, and comorbid misuse of substances or personality disorders or psychosocial adversity. Otherwise, more recent data suggest that when instituting a SSRI, using higher dose than recommended may be harmful.  
Conclusions. We will discuss issues concerning the measurement of emergence or the worsening of suicidal ideation, the commonality of the proposed predictors with suicidal risk factors, the independence from factors related to antidepressants’ response, the interaction with environmental factors and propos |
some pathophysiological hypotheses.

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<td>Title:</td>
<td>Surveillance and connectedness are powerful tools: crisis cards, postcards or telephone calls to prevent suicidal behaviours. First results from the Algos program</td>
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<td>Speaker</td>
<td>Guillaume Vaiva, Philippe Courtet, Frank Bellivier, François Ducrocq, Anne Laure Demarty, Stéphane Duhem, Patrick Goldstein, Michel Walter Centre Hospitalier Universitaire Lille, Lille, France</td>
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<td>Abstract</td>
<td>Introduction. Be keeping under surveillance a suicidal crisis whenever a subject met after a suicide attempt? We advocate an ethic of worriness, keeping the concern of the other, bringing connectedness... But is it effective to keep watch on a suicidal crisis? Several devices have been imagined and tested, although none alone shows a decrease of suicidal behaviors in the general population. Whereas, the idea of a simple algorithm (ALGOS) that could combine the qualities of some of the proposed features: a crisis card issued to first attempters, phone call to 15 days for the suicide repeaters, sending a few postcards to uncontactable subjects or diagnosed at risk during the phone call... Subjects and Method. Randomized comparative clinical trial in two parallel groups (ClinicalTrials.gov: NCT01123174). The main objective was the reduction of suicidal behaviors in the ALGOS group at 6 months (number of deaths by suicide, of suicide repeaters, or lost to follow-up), compared to a control group without specific intervention. Statistical analysis was conducted in intent to treat (ITT) and per protocol analysis. To reach a power of 90% to 5% risk, 450 subjects were required in each arm. Results. 23 French emergency centers included 1,055 suicide attempters in the study. Randomization was successful on essential variables: sex, average age, number of TS, prior psychopathology, etc... At 6 months, the ITT analysis was positive: (96/493) 19,5% vs. (124/494) 25,1% adverse outcomes, Khi square= 4,194; p= 0.041. We observe in the ALGOS group a decrease of deaths by suicide (N = 2 versus 9 in the control group, p= 0.065), a decrease in the number of repeat offenders (6.7% vs. 10.9%, p = 0.027), a comparable number of lost in both arms (8.3% versus 10.3%, p= 0.3). The per protocol analysis was so positive too (16.3% vs. 23.4% adverse outcomes, p= 0.005, NNT 14). Comments. This study demonstrates for the first time the effectiveness of a surveillance and connectedness program to 6 months; this kind of device would be inexpensive to implement and easily generalizable in a territory, can thus bring an important innovation in public health.</td>
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<td>Title:</td>
<td>Review of structured care programs for suicidal patients</td>
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<td>Speaker</td>
<td>Mercedes Perez-Rodriguez Icahn School of Medicine at Mount Sinai School of Medicine, New York, USA</td>
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<td>Abstract</td>
<td>Objectives. The aim of this presentation is to briefly review the current knowledge about structured care interventions for suicidal behaviour in adults, and to present some examples of specific programs implemented in a Veterans Affairs hospital in the United States. At the conclusion of this oral presentation, participants will be familiar with the currently available evidence-based interventions for suicidal behavior. Methods. Structured care interventions for suicidal behaviour in adults will be reviewed, and data on efficacy and outcomes will be presented. The results of a prospective randomized clinical trial of Dialectical Behavioural Therapy versus Treatment as Usual in a population of veterans at high risk for suicidal behaviour will be presented. Other programs available at Veterans Affairs hospitals in the US, such as Suicide Safety Planning and Suicide Prevention Coordinators, will be discussed. Results. Prevention interventions for suicidal behaviour include education and awareness programs; screening for individuals at high risk; treatment of underlying psychopathology through</td>
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www.wpamadrid2014.com
psychopharmacology and psychotherapy; ensuring adequate follow-up after a suicide attempt, which can be enhanced by programs such as the “Suicide Prevention Coordinators” available at Veterans Affairs hospitals in the US; limiting access to lethal means; establishing a suicide safety plan; and establishing reporting guidelines for media coverage of suicide. Conclusions. Suicidal behaviours are the result of a combination of neurobiological and psychosocial risk factors. Suicide prevention strategies are effective in decreasing rates of suicide. Dialectical Behavioural Therapy may not be superior to Treatment As Usual (including Suicide Safety Planning and Suicide Prevention Coordinators) in a population of mostly male US veterans at high risk for suicidal behaviour.

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<td>Title:</td>
<td>Preventing suicidality through online tools</td>
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<td>Speaker</td>
<td>Vladimir Carli</td>
<td>National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) at Karolinska Institutet, Stockholm, Sweden</td>
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<td>Abstract</td>
<td>Objectives. The Internet and the media are effective tools for disseminating information and education to adolescents, and may be used to increase their well-being and reduce mental ill-health. The general objective of the SUPREME project was to promote mental health in European adolescents through the development and evaluation of an internet-based mental health promotion and suicide prevention intervention. Methods. The effectiveness of the intervention website was tested in a randomized, single-blind, minimal treatment-controlled, parallel, multi-centre trial conducted in all SUPREME consortium member countries. The study was approved by an ethics committee in all participating countries and was registered in ISRCTN Current Controlled Trials (trial registration number: ISRCTN65120704). Pupils, 14-18 years old, were recruited from public schools in each country, resulting in a total sample of 2286 consenting participants. Schools were randomized into a full intervention or the control condition. Results. Longitudinal analyses of the effecti veness of the intervention website suggested a statistically significant decline in nearly all mental health related outcomes, such as depression, anxiety and stress, including suicidal thoughts and ideation, among the participants in the intervention (all p-values &lt; 0.01 or &lt; 0.001). The decline was continuously observed after the second and third wave of data collection. This positive trend was generally stronger amongst participants in the intervention arm compared to controls, however the interaction effects between study arms did not reach statistical significance. Conclusions. The website was found to be effective in improving mental health, in terms of depression, anxiety and suicidal ideation. Further research is needed to test the effectiveness in larger samples and in specific subgroups of adolescents.</td>
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Title: Bridging the portrait, the psychopathology, and the crime: Anders Behring Breivik, Norway, 2011 Vs. Pierre Marie Riviére, France, 1835

Chairperson: Lykke Pedersen, M.D., University Hospital of Hvidovre, Copenhagen, Denmark

Abstract: In 2011 Anders Behring Breivik (ABB) slaughtered 77 civilians in a twofold attack on downtown Oslo and the island of Utøya, Norway. In the ensuing trial ABB’s sanity or lack thereof was fiercely contested as two forensic psychiatric evaluations arriving at radically different conclusions were drawn up. One found ABB to be suffering from paranoid schizophrenia whereas the other discovered no psychotic manifestations and instead diagnosed him with a narcissistic personality disorder with antisocial traits.

Though unrivalled in the scope of its bestiality the case of ABB is not unique. In 1835 French peasant Pierre Marie Riviére (PMR) in a seemingly incomprehensible act of cruelty killed his immediate family. Some contemporaries including the renowned Esquirol saw in PMR the traces of radical irrationality while others ascribed his deeds to an evil constitution. Thus a basic disagreement on the make-up of rationality and madness is seen to persist across the centuries and the advances made in all fields of psychiatry.

It is the goal of this session to clarify the nature of this divergence of opinions and to point a way forward. The case of PMR shall be used as a historical backdrop for understanding the disagreement at play and the analysis of the case given by M. Foucault et al. in the 1975 book “I, Pierre Rivière, Having Slaughtered My Mother, My Sister, and My Brother” shall be examined. An account of ABB’s life prior to the attacks in 2011 shall then form the basis for understanding the differing opinions on his mental state expressed in the two forensic psychiatric evaluations that were leaked to the press. The final two presentations provide detailed readings of these reports focusing on how the selection of anamnestic information and psychopathological interpretations play a deciding role in the diagnostic disagreement.

Speakers:
1. Annick U. Parnas, M.D., Ph.D.
   University Psychiatric Centre Hvidovre, Copenhagen, Denmark
2. Kristina Milting, M.D.
   Psychiatric Centre Glostrup, Copenhagen, Denmark
3. René Sjaelland, M.D.
   University Psychiatric Centre Hvidovre, Copenhagen, Denmark
4. Lars S. Nilsson, M.D., Ph.D.
   University of Copenhagen, Denmark
Foucault et al. demonstrated how a certain selection of the available information among the examiners led to the construction of two different portraits of the same man. One depicted him as being evil yet rational whereas the other construed him as clearly insane.

Conclusion: This presentation provides a historical and theoretical backdrop for understanding the disagreement over the mental state of Anders Behring Breivik. Thus it is demonstrated how many psychopathological questions and considerations remain similar or even identical across the better part of two centuries and the strides made in all fields of medicine.

Session: Regular Symposium  
Title: A presentation of Anders Behring Breivik’s background and life until the attacks including excerpts from his manifesto  
Speaker: K. Milting  
M.D., Psychiatric Centre Glostrup, Copenhagen, Denmark  
Abstract: Objective: It is the aim of this presentation to give a brief overview of Anders Behring Breivik’s (ABB) childhood, upbringing, and development until the attacks. This includes a description of his academic trajectory, working-, and leisure life. Furthermore short excerpts from his manifesto “A European Declaration of Independence” shall be presented.  
Methods: This presentation is based on the two publicly available forensic psychiatric evaluations of ABB and a reading of said manifesto.  
Results: In spite of a complicated situation at home and some contact with childhood psychiatric services this analysis indicates that ABB led a fairly inconspicuous life as a child and young adult. However the presentation also draws attention to the changes that occurred around 2006. From this point onwards ABB grows ever more isolated, inverts his circadian rhythm, and proves unable to deal with the demands of everyday life. The presentation of excerpts from ABB’s manifesto raises the question of whether or not it might be thought indicative of paranoid ideation and a lack of common sense.  
Conclusion: This analysis demonstrates how ABB undergoes a marked and rather bizarre transformation as a young adult and it thematises the possible psychopathological significance of extracts from his manifesto.

Session: Regular Symposium  
Title: A reading and a presentation of the first forensic psychiatric evaluation of Anders Behring Breivik  
Speaker: R. Sjaelland  
M.D., University Psychiatric Centre Hvidovre, Copenhagen, Denmark  
Abstract: Objectives: It is the aim of this reading to assess the psychopathological observations and diagnostic conclusions of the first forensic psychiatric evaluation of Anders Breivik in order to compare these observations with the reading of the second evaluation.  
Methods: The presentation is based on the publicly available edition of the first forensic psychiatric evaluation.  
Results: The two psychiatric experts conclude on the background of interviews with the observed and relatives as well as browsing of video footage, that Anders Behring Breivik (ABB) fulfills the diagnostic criteria of ICD-10 for paranoid schizophrenia. It is stressed that he suffers from continuous, rigid delusions of a persecutory and megalomaniac nature. The experts also find indications of auditory and visual hallucinations and a gradual social isolation and withdrawal is described. The development of symptoms has occurred over several years with a significant deterioration in the spring of 2011. The contact with ABB is characterised by stilted speech with a focus on percentage indication. He is circumstantial,
associates easily, and practises a private use of concepts and thus he is formally thought disordered. There is no evidence that the observed was affected by drugs in doses that explain psychosis.

Conclusions:
The experts exclude paranoid psychosis due to the widespread and bizarre delusions. There is no anamnestic information from ABB’s childhood indicating that he should have a pervasive developmental disorder. He does not wish to carry out cognitive testing. According to the experts ABB then suffers from paranoid schizophrenia and he is assessed as being insane at the time of the attacks.

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<td>A reading and a presentation of the second forensic psychiatric evaluation of Anders Behring Breivik</td>
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<td>Speaker</td>
<td>L. S. Nilsson</td>
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<td>M.D., Ph.D. fellow, University of Copenhagen, Denmark</td>
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<td>It is the aim of this reading to examine the manner in which anamnestic information of crucial psychopathological importance was compiled before turning to the interpretation of distinct psychopathological phenomena applied in the evaluation.</td>
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<td>Methods:</td>
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<td>This analysis is based on a phenomenological psychopathological reading of the second psychiatric evaluation which was leaked to the press and thus made publicly available.</td>
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<td>The second psychiatric evaluation of Anders Behring Breivik directly contradicts the first one in concluding that he suffers not from paranoid schizophrenia but from a narcissistic personality disorder with antisocial traits. This presentation, then, demonstrates how a certain selection of anamnestic material seems to play a pivotal role in this disagreement as information implying rational yet callous behaviour is drawn to the front at the expense of indications of the opposite. This in turn allows for radically different interpretations of the psychopathological manifestations that are described more or less identically in the two reports.</td>
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<td>It is argued that the diagnostic disagreement is conditioned by the existence of a specific grille de lecture and a distinct tendency to consider each psychopathological manifestation as an isolated entity disconnected from the subject as a whole. As this fundamental dispute remains unresolved by any recourse to operational criteria the only viable option for a psychiatry striving for both validity and reliability seems to be a revitalization of phenomenological psychopathology.</td>
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<td>Title:</td>
<td><strong>Do biomarkers of suicidal behavior exist? Task force suicide of the WFSBP</strong></td>
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<tr>
<td>Chairperson</td>
<td>Prof Philippe Courtet, CHRU Montpellier, Montpellier, France</td>
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<tr>
<td>Co-chairperson</td>
<td>Prof Marco Sarchiapone, University of Molise, Campobasso, Italy</td>
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| Abstract | 1. Objectives: to explore the state of the art and address future research on biomarkers of suicidal behavior.  
3. Results: In the last decade, there has been a titanic effort towards delineating predictive factors of suicidal behavior and implementing biomarkers into psychiatry (McIntyre et al., 2008). To date, the main techniques for identifying biomarkers in Psychiatry have been focused in genetic screening and neuroimaging (Singh & Rose, 2009). With regard to suicidal behavior, data on the role of the main putative biomarkers in suicidal behavior, such as low 5-hydroxyindoleacetic acid in the cerebrospinal fluid, non-suppression in the dexamethasone suppression test and hypothalamic-pituitary-adrenal axis, neurotrophic factors, polyamines, impulsive-aggressiveness, hopelessness, and decision-making (functional neuroimaging) are reviewed (Costanza et al., 2013; Jokinen et al, 2008; Mann, 2003).  
4. Conclusions: Biomarkers of suicidal behavior may help to better delineate the subjects at risk and improve our suicide prevention accuracy. Unfortunately, we are still far from predicting suicidal behavior using routine blood test, and other sources of biomarkers of suicidal behavior. The combination of different biomarkers may enhance our capability of predict future suicidal behavior. |
| References | Blasco-Fontecilla H, Lopez-Castroman J, Giner L, Baca-Garcia E, Oquendo MA. Predicting suicidal behavior: are we really that far along? Current Psychiatric Reports, at press  
| Speakers | 1. Dr Hilario Blasco-Fontecilla  
Puerta de Hierro University Hospital, Madrid, Spain  
2. Bruno Mendonça Coêlho  
São Paulo University, Sao Paolo, Brasil  
3. Prof Fabrice Jollant  
McGill University, Montreal, Canada  
4. Prof Philippe Courtet  
CHRU Montpellier, Montpellier, France |

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<th>SPEAKER 1</th>
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<tr>
<td>Title:</td>
<td>Biochemical markers of suicidal behavior</td>
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<td>Speaker</td>
<td>H. Blasco-Fontecilla&lt;sup&gt;1,2&lt;/sup&gt;</td>
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|          | 1IDPHIM-Puerta de Hierro University Hospital, Majadahonda, Madrid, Spain  
2CIBERSAM, Madrid, Spain |
| Abstract | Objectives: to explore the state of the art and address future research on biomarkers of suicidal behavior. Methods: review of literature by experts on suicidal behavior.  
Results: In the last decade, there has been a titanic effort towards delineating predictive factors of suicidal behavior and implementing biomarkers into psychiatry (McIntyre et al., 2008). To date, the main techniques for identifying biomarkers in Psychiatry have been focused in genetic screening and neuroimaging (Singh & Rose, 2009). With regard to suicidal behavior, data on the role of the main putative biomarkers in suicidal behavior, such as low 5-hydroxyindoleacetic acid in the cerebrospinal fluid, non-suppression in the dexamethasone suppression test and hypothalamic-pituitary-adrenal axis, neurotrophic factors, polyamines, impulsive-aggressiveness, hopelessness, and decision-making (functional neuroimaging) are reviewed (Costanza et al., 2013; Jokinen et al, 2008; Mann, 2003). |
Conclusions: Biomarkers of suicidal behavior may help to better delineate the subjects at risk and improve our suicide prevention accuracy. Unfortunately, we are still far from predicting suicidal behavior using routine blood test, and other sources of biomarkers of suicidal behavior. The combination of different biomarkers may enhance our capability of predict future suicidal behavior.

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<tr>
<td>Title:</td>
<td>Cognitive and psychological characteristics associated with suicidal behavior</td>
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<tr>
<td>Speaker</td>
<td>B. M. Coêlho1,2</td>
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<td>1University of São Paulo, São Paulo, SP, Brazil.</td>
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<td></td>
<td>2ABC Foundation School of Medicine, Santo André, SP Brazil.</td>
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<tr>
<td>Abstract</td>
<td>Even in severe psychiatric illness, most patients never attempt suicide. That indicates the importance of a predisposition to suicidal behaviour independent of the main psychiatric disorder. On the other hand, even though risk factors such psychiatric disorders and traumatic experiences have been implicated in suicide risk, in general the stressors alone do not lead to a severe result related to suicidality and the outcome occurs because of the way the person perceives and responds to the stressor. Among the factors contributing to suicidality, some cognitive and psychological characteristics have shown association with suicidal phenomena and also could account, in part, for the diathesis for suicidal behavior. Among others, the feeling of being defeated or being in a entrapment situation, optional thinking, problem-solving skills deficits, negative cognitive style, hopelessness, cognitive inflexibility or perseveration, and ruminative thinking have been postulated as characteristics with an important influence on suicide. Although important in the study of such behaviors, cognitive risk factors do not have as attention as other factors such as psychiatric disorders had. As the psychological, biological, and neuropsychological characteristics show a considerable intersection, some psychobiological model of suicidal behavior have been proposed associating psychological characteristics, neuropsychological findings, and the role of some neurobiological systems in the pathophysiology through suicidal behavior. During this presentation, a review of literature on the topic will be depicted and some functional models will be proposed to explain this association.</td>
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<td>Title:</td>
<td>Putative neuroimaging biomarkers of the suicidal mind</td>
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<td>Speaker</td>
<td>F. Jollant</td>
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<td></td>
<td>McGill University and Douglas Mental Health University Institute, McGill Group for Suicide Studies, Montréal (Québec), Canada.</td>
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<td>Abstract</td>
<td>Over the last years, many studies have been conducted to investigate the neural basis of suicidal behavior using neuroimaging. Here, I will review and summarize literature on the topic and propose a neurocognitive model of suicidal behavior integrating deficits in valuation processing, cognitive control and memory retrieval. These impairments may be future markers of suicidal risk.</td>
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<tr>
<td>Title:</td>
<td>The role of neuroinflammation and immunity on suicidality</td>
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<td>1 CHU Montpellier, Montpellier, France</td>
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<td>2 University of Montpellier, INSERM 1061, Montpellier, France</td>
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Results. Apart from the involvement of the serotonin dysfunction, a hyperactivity of the stress axis, and abnormalities related to neurotrophic factors, there is growing evidence that inflammatory mediators play a critical role in the pathophysiology of SB. Specifically, alteration of levels of pro-inflammatory cytokines such as C-reactive protein, IL-2, IL-6, IL-8, TNF-α and VGEF have been found altered in SB or suicidal ideation, independently from the associated depression. Furthermore, lower levels of VEGF and IL-2 have been associated prospectively with completed suicide. Post-mortem studies demonstrated associations between suicide and inflammatory cytokines (IL-1β, IL-6, TNF-α, IL-4, IL-13) in the orbitofrontal cortex, a brain region involved in the suicidal vulnerability. Kynurenine may influence inflammatory processes, and related molecular pathways may be involved in the pathophysiology of SB. Few recent studies associated inflammatory markers with related to the suicidal vulnerability: serotonin dysfunction, impulsivity and childhood trauma. Recent reports suggest that microgliosis and monocyte-macrophage system activation may be a useful marker of neurobiology of suicide. Indeed, postmortem studies revealed an increased density of microglial cells in psychiatric patients who had committed suicide.

Conclusions. Thus, a role for an impaired innate immunity and dysregulation of neuroprotection being suggested in SB, it would be crucial to demonstrate that a specific marker occurs in SB disorder, to investigate its clinical correlates, and to investigate the interaction between inflammatory cytokines and monoamine systems on suicidal or impulsive behaviours in translational projects.
### Session: Regular Symposium

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| Title: Mental health of the second generation of migrants |
|----------------|----------------|
| Chairperson: Masaharu Uemoto, Kobe City College, 3-4 Gakuen-nishimachi, Nishi-ku, Kobe, Japan |
| Abstract: With the recent augmentation in the number of migrants, the second generation has increased rapidly, that is, the children and the adolescents who accompanied their parents from their country of origin or who were born in the settled country. Often the offspring along with their families find themselves in economic and social difficulties. In addition, the second generation is required to adapt to a new culture and to acquire one more language. The different cultural behaviours often elicit discrimination in school and the insufficient proficiency in language is a high hurdle to advance to higher education, and to find good job. For adolescents who have adapted, the communication and mutual understanding with their parents, who could not get used to the host country’s language and wish to keep their original customs, becomes more difficult. In such a situation, how can we aide the second generation to establish well self-identity, develop healthily? |
| Speakers: |
| 1. Jose López National Institute of Mental Health “Horonio Delgado-Hideyo Noguchi”, Lima, Perú, Peruvian University Cayetano Heredia, Lima Perú |
| 2. Nelida Tanaka-Wada Yotsuya Yui Clinic, Tokyo, Japan |
| 3. Dori Espeso MD Child and Adolescent PsychiatristIAS Girona -SAPPIR Barcelona, Spain |
| 4. Haruko Takijiri Osaka City University, Osaka Japan |

### Session: Regular Symposium

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| Title: Perceptions of adolescents regarding communication and relationship with their returnee parents |
| Speaker: Jose López, Hilda Jauregui, 1, 3 |
| 1. National Institute of Mental Health “Horonio Delgado-Hideyo Noguchi”, Lima, Perú |
| 2. Peruvian University Cayetano Heredia, Lima Perú |
| 3. National University Federico Villarreal, Lima Perú |
| Abstract: Apparently, the economic boom experienced by Peru and the global economic crisis have to do with the significant return of migrant Peruvians in recent years. It is known that upon migration of a family member, there are expectations to improve living conditions, wishes for future family reunification, etc., It has also been noted that there are transformation in the family, new dynamics, and even family disintegration. Other studies observe indicative and qualitative changes in children when one of the parents migrate, such as lack of emotional growth, feelings of loneliness and abandonment. The present study evaluates the positive and negative aspects in the relationship and communication with the parent who has returned, in twenty returnee students from a secondary of Independencia district (district of Lima where it is found that 2% of the total school population of 15,000 students indicated that his father returned to Peru in the last 6 months and 5 years ). The perception of the teen, while recognizing the ambivalence that that age, sheds light on the priorities of home care for returnee migrant's in the community mental health services of the district and offers recommendations to a the Law of Return, newly proposed in Peru. |

### Session: Regular Symposium

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<p>| Title: Loss of language and its influence on Latin American children in Japan |
| Speaker: Nelida. Tanaka-Wada |</p>
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<td>Title:</td>
<td>“New aspects about the Ulysses Syndrome in immigrant youth in Spain”</td>
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<td>Speaker</td>
<td>Dori Espeso MD, Child and Adolescent Psychiatrist, IAS Girona -SAPPIR Barcelona (Spain)</td>
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<tr>
<td>Abstract</td>
<td>This presentation describes and illustrates through case examples the concept of chronic and multiple stressors relating to the immigrant children and youth population in Spain. Chronic stress and its pervasive nature have 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.</td>
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<tr>
<td>Title:</td>
<td>Mental health of second-generation immigrants in Japan</td>
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| Speaker  | Haruko Takijiri¹, Masanori Isobe², Haruka Kozuki², Masaharu. Uemoto ²³  
¹ Osaka City University  
² Kyoto University  
³ Kobe City College of Nursing, Kobe, Japan |
| Abstract | Introduction: In the wake of a recent augmentation of the number of foreign immigrants to Japan, a second generation of immigrants, the children and adolescents who accompanied their parents from their country of origin or who were born in Japan, has increased rapidly. Often, they find themselves in difficult economic and social situations. In addition, the second generation must adapt to a new culture and language. We have begun to investigate the actual mental condition of second-generation immigrants.  
Participants: Students attending junior high schools in Kobe City whose parents settled in Japan after 1980.  
Method: Participants were interviewed using a structured approach to determine socioeconomic status, their ability to use the Japanese language, their paternal language, the socio-cultural adaptation of their family, and their scholastic achievement. Stress and mental state of the participants were evaluated using the Birleson Depression Self-Rating Scale for Children (DSRSC) and Modified Health Checkups for junior high school students. |
Results: We used the results of 48 participants who completed all the questionnaires for the analysis. The mean score of the DSRSC was 10.0. Seventeen percent of the participants scored above the cut-off point of 16 for depression. These results were similar to those of other Japanese students, which were higher than scores in occidental countries. There was no difference regardless of language predominance among the second-generation students. The mean total score of the Modified Health Checkups was similar to that of Japanese students in earlier literature. However, the items chosen were different depending on which language was primary for the students. The students who used their native language chose items relating to human relationships and communication. Students with a higher Japanese language capacity were more anxious about their performance and interpersonal relationships.
### OVERALL ABSTRACT

**Title:** Strengthening mental health systems in low- and middle-income countries

**Chairperson:** J.L. Ayuso-Mateos, Department of Psychiatry. Universidad Autonoma de Madrid. SPAIN

**Abstract**

The symposium will present the EMERALD project. EMERALD stands for Emerging mental health systems in low- and middle-income countries and it started in November 2012 funded by the European Commission under the 7th Framework Programme. The objective of the project is to improve mental health outcomes by enhancing health system performance. Specifically, it aims to identify key health system barriers to, and solutions for, the scaled-up delivery of mental health services in 5 countries: Nigeria, Ethiopia, Uganda, Nepal and India. The project will identify health system resources, financing mechanisms and information needed to scale-up mental health services and move towards universal coverage in the countries involved. It will also evaluate the context, process, experience and health system implications of mental health service implementation and, in order to improve coverage and goal attainment, will develop, use and monitor indicators of mental health service coverage and system performance.

**Speakers**

1. G. Thornicroft  
   Health Service and Population Research Department, Institute of Psychiatry, King’s College London.
2. S. Docrat  
   University of Cape Town, South Africa
3. F. Kigozi  
   Butabika National Mental Hospital, Kampala, Uganda
4. O. Gureje  
   University of Ibadan, Ibadan, Nigeria

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### SPEAKER 1

**Title:** Challenges and opportunities to strengthen mental health systems in low and middle income countries

**Speaker:** G. Thornicroft  
Health Service and Population Research Department, Institute of Psychiatry, King’s College London.

**Abstract**

There is an emerging consensus that the transfer of knowledge from proven biomedical discoveries into patient and public benefit should be accelerated. At the same time there is a little conceptual clarity either about the precise nature of the phases of this ‘translational continuum’, or about the proper place within it of ‘implementation science. This paper will address these issues by using the example of the WHO mhGAP Implementation Guidelines for Low and Middle Income countries with reference to: (i) an integrated schema to understand the whole translational medicine continuum, consisting of five sequential phases; (ii) discussing the nature of three important blocks between these phases; and (iii) considering the place of implementation science within this continuum, and (iv) addressing solutions that have been identified worldwide to the common barriers that limit putting evidence into policy and practice in sub-Saharan African countries.

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### SPEAKER 2

**Title:** Towards universal coverage: Scaling up mental health services

**Speaker:** D. Chisholm¹, S. Docrat², M. Heslin³, C Lund²

¹ World Health Organization, Switzerland
² University of Cape Town, South Africa
³ Institute of Psychiatry, King’s College London, UK
Abstract

A critical component of health system strengthening and also the underlying issue behind the universal health coverage agenda is financing. The EMERALD project is therefore researching a number of health systems financing issues, including the sufficiency of resources for mental health, fairness in financial contributions to the costs of care, and the financial and economic impact of improved access to services. For addressing the question of resource adequacy for mental health service and system scale-up in each of the EMERALD countries, a fully integrated health systems resource planning tool for mental, neurological and substance use (MNS) disorders has been developed, tested and applied. Resource need and health impact modules for key MNS disorders and interventions covered in the WHO mhGAP Intervention Guide were programmed into the UN strategic planning OneHealth Tool (OHT). Country teams subsequently adapted input parameters to best reflect local data, experiences and priorities, which enables examination of the potential health system implications of scaled-up mental health services in the future, including provider training and recruitment needs, drug supply, clinical supervision and financial feasibility. Provisional results of this estimation exercise will be presented.

A fundamental concern underlying the drive towards universal health coverage relates to the high and potentially catastrophic cost (to individuals and households) of treating illness and disease. Since mental disorders are typically chronic, usually require ongoing support, yet are often excluded from essential packages of care, they pose a particular threat to the economic wellbeing of households. EMERALD has mounted a household survey to directly measure the extent to which MNS disorders impose financial costs and potentially impoverishment on families. A follow-up assessment will subsequently examine the extent to which improved access to evidence-based care and service delivery alleviates the financial and economic consequences of mental disorders. This can act as a vital source of evidence for moving towards fairer and more sustainable financing mechanisms for mental health, such as the inclusion of defined mental disorders within national or social insurance reimbursement schemes.

Session: Regular Symposium

SPEAKER 3

Title: Integrated provision of mental health services in low and middle income countries

Speaker

F. Kigozi¹, I. Petersen², J. Ssebunya¹, J. Mugisha¹, D. Kizza¹

¹ Butabika National Mental Hospital, Kampala, Uganda
² University of Kwazulu-Natal, South Africa.

Abstract

Available evidence indicates that mental and neurological disorders account for nearly 14% of the global burden of disease and about 30% of all non-communicable diseases. An estimated 80% of persons with mental illnesses live in low and middle income countries (LAMICs). Further, these countries’ expenditure on neuropsychiatric conditions is estimated to be at only 2% of their health budgets. Despite the existence of cost-effective interventions, a huge gap of nearly 85% has been found between those in need of care and those who in reality access services, resulting in chronically disabling state of illness particularly those with schizophrenia, depression, Alcohol Use Disorders and Epilepsy under inadequately developed health systems. In addition, several challenges and barriers have been noted in the delivery of mental health and neurological services inspite of these countries embracing integrated service delivery, especially at Primary Health Care level.

EMERALD research consortium under work package 4 (WP4) has been undertaking research focusing on health systems’ contexts and processes with the objective of identifying optimal institutional, legal and policy contexts required for effective integrated service provision, best practices for addressing resource requirements and capacity development needs. The methodology adopted was to conduct qualitative research interviews among key stakeholders at both national, district levels and with service users. In addition, quantitative baseline surveys using various instruments and checklists to evaluate healthy synergies/implications of scaled up service provision in LAMICS have also been undertaken. Our preliminary data indicates that quite a number of factors facilitate/hinder integrated provision of mental health services in the study countries, all being LAMICs. This will form the main gist of this paper.

Session: Regular Symposium

SPEAKER 4

Title: Strengthening of mental health system through improved health information

Speaker

O. Gureje¹, M. Jordans², N. Upadhaya², M. Semrau³, J. Abdulmalik¹

¹University of Ibadan, Ibadan, Nigeria
Abstract

Objectives: The assessment of the performance of health systems requires valid, reliable and comparable data which can only be obtained through a robust health information system. In order to strengthen the health systems of low- and middle-income countries (LMIC) to deliver effective mental health service through appropriate policies and plans, a functional and reliable health information system is needed.

Methods: As one of the aims of the project EMERALD, being conducted in six LMIC (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda), we set out to: 1) obtain information about the scope and utility of existing information systems through a desk review of relevant policy documents; 2) develop a set of indicators through a literature review and Delphi study of experts and key stakeholders; and 3) test the indicators so developed for applicability and utility.

Results: Even though there is an operational Health Management Information System (HMIS) overseen by the respective Ministry of Health (MoH) in the countries, specific HMIS policies or plans are uncommon. In general, all the countries collect some form of mental health data through routine HMIS. However, the number and type of indicators used vary significantly.

Conclusions: Our plan to develop and set of indicators for monitoring mental health service coverage is particularly relevant in the light of the existing deficiencies in the HMIS of the participating countries.
**OVERALL ABSTRACT**

### Title:

**Psychosis and gender**

### Chairperson

Ada I Ruiz Ripoll, MD, PhD, Institut de Neuropsiquiatria i Addiccions (INAD). Parc de Salut Mar, IMIM (Hospital del Mar Medical Research Institute). Insight-Barcelona Research Group. Spain

### Co-chairperson

Gemma García-Parés, MD, PhD, Servei de Psiquiatria, Hospital Universitari Parc Taulí de Sabadell. Department of Psychiatry & Forensic Medicine, Universitat Autònoma de Barcelona. Research Committee, International Women's Mental Health Association. Spain

### Abstract

There are significant gender differences in the expression of psychotic spectrum disorders. Women have a later onset of the illness; show more affective symptoms and tend to have a better social functioning. In first episode of psychosis, women have been reported to show higher awareness of symptoms and a better attribution; but it is not clear if these differences are maintained in the the chronic phases of the illness. On the other hand, gender differences in metabolic and neuroendocrinological aspects implicate the need for a gender-oriented pharmacological treatment in psychosis. Gender differences have been reported in the tolerance, risk of side effects and response to different treatments, so that nowadays it is possible to think about specific hormonal treatments as adjunctive medication for women with psychosis. Finally, the life of a woman is affected by physiological changes that have to be taken into account when planning treatments, including specifically the planning of pregnancies and the possibility of breastfeeding.

A gender perspective in the study of psychosis allows us to better understand the illness. Considering functionality and therapeutic aspects, a gender approach give us also a better knowledge of factors related to the outcome of the disorder and treatment response. Services that are sensitive to gender differences could better meet their patients’ specific needs and potentially improve their outcome.

The objective of this Symposium is to debate psychosis from a gender perspective and present the main work results in this topic from different research groups of Catalonia.

### Speakers

1. Jesus Cobo, MD, PhD. Servei de Psiquiatria, Hospital Universitari Parc Taulí de Sabadell - Universitat Autònoma de Barcelona. Insight-Barcelona Research Group. Spain
2. Ana Barajas MSc. Centro de Higiene Mental Les Corts. Early Psychosis Intervention Programme (EPIP), Master Plan on Mental Health and Addictions (PDSMiAd). Barcelona. Spain
3. Esther Pousa, MSc, PhD. Servei de Psiquiatria, Hospital Universitari Parc Taulí de Sabadell - Universitat Autònoma de Barcelona. Insight-Barcelona Research Group

### Session:

Regular Symposium

### Code:

SY359

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**SPEAKER 1**

### Title:

Gender related facts in schizophrenia

### Speaker

Jesus Cobo

Servei de Psiquiatria, Hospital Universitari Parc Taulí de Sabadell - Universitat Autònoma de Barcelona. Insight-Barcelona Research Group.

### Abstract

**BACKGROUND AND AIMS:** Despite their common symptoms, schizophrenia and other psychosis are a family of disorders with great heterogeneity in several of its basic features. There is great variability in clinical presentation, disease course, and response to both pharmacological and psychosocial treatment. As different authors agreed, some aspects of this heterogeneity may be gender related. Given the reliability, stability, and validity of its definition, study of the gender variable may help explain the differences. Gender differences have been studied extensively in recent decades and although there are definite findings, much uncertainty remains about the extent of the differences. This presentation tries to summarize the most important findings and facts on gender differences in schizophrenia and other
METHOD: Review of the literature on this topic, extracting definitive findings and highlight the uncertainties that exist about the matter.

RESULTS: Several studies indicate that the incidence of schizophrenia is higher in men and most of the studies found the age of onset to be earlier in men than in women. Findings on symptoms are less conclusive: some authors suggesting that men suffer more negative symptoms while women have more affective symptoms. Nevertheless, most of the studies found no significant clinical differences in symptoms.

Premorbid functioning and social functioning seem to be better in females than males. Women perform better in basic and functional domains than men, and men should be trained in order to acquire these functional skills. However, cognitive functioning remains an issue, with lack of consensus on differences in neuropsychological profile between women and men. The studies that found gender differences indicate higher levels of functioning in women especially in the language, executive, and memory domains.

Substance abuse is more common in men with schizophrenia and first-episode psychosis. In terms of the disease course, women have better remission and lower relapse rates. Women have greater metabolic and endocrine-induced antipsychotic side effects. In fact, every woman exposed to atypical antipsychotics is at risk of developing hyperprolactinemia-related problems, particularly young women.

Lastly, there is no evidence of specific gender differences in familial risk and obstetric complications.

CONCLUSION: Overall, gender differences have been found in a number of variables, and further study in this area could help improving our care of women patients. That is a fact.

### Session: Regular Symposium

**Title:** Gender differences in first-episode psychosis

**Speaker:** Ana Barajas, Judith Usall, Iris Baños, Bernardo Sánchez, Montse Dolz, Susana Ochoa & GENIPE group

(1)Department of Research, Centre d’Higiene Mental Les Corts, Barcelona, Spain.
(2) Parc Sanitari Sant Joan de Déu, Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Sant Boi de Llobregat, Barcelona, Spain.
(3) Hospital Sant Joan de Déu de Barcelona, Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Esplugues de Llobregat, Barcelona, Spain.
(4) Fundació Sant Joan de Déu de Barcelona, Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Esplugues de Llobregat, Barcelona, Spain.
(5) Departament de Psicologia Clínica i de la Salut, Facultat de Psicologia, Universitat Autònoma de Barcelona, Bellaterra, Cerdanyola del Vallès, Spain.

**Abstract**

BACKGROUND AND AIM: The study of the gender differences in clinical presentation of psychotic spectrum disorders can contribute substantially to the understanding of the syndrome. The general aim of this study was to analyze gender differences in the early phases of psychosis, premorbid and prodromal stages, as well as when the onset of full-blown psychosis occurs.

METHOD: Retrospective study of 92 consecutive cases with a first-episode psychosis. The inclusion criteria were: two or more psychotic symptoms; age between 7 to 65 years old; less than 6 months since the first contact to the mental health services; and less than a year since development of symptoms. Patients diagnosed with intellectual disability, head injury or dementia were excluded from the study. All patients were evaluated with a comprehensive battery of instruments including premorbid, prodromic and clinical variables. Mean differences tests to analyze continuous variables (non-parametric U-Mann-Whitney and t-Student test) and Chi-square test for categorical variables were carried out (SPSS 18.0).

RESULTS: 58,7% (n=54) of the whole sample were males, with a mean age of 20.6 (SD=6.86). When all sample was analyzed, we not found gender differences in premorbid functioning. In a later subanalysis, taking into account age of first episode, significant gender differences were found in two factors of premorbid functioning: young males (≤18 years) having poorer social premorbid functioning than women of the same age group and women with a disease onset beyond 18 years having poorer socio-sexual premorbid functioning than men of the same age group. Gender differences were found among the
10 most frequent prodromal symptoms: in women, auditory hallucinations and affective prodromal symptoms were among the most frequent prodromal symptoms, that not were found in men. Not gender differences were found in the severity of the onset symptoms of psychosis.

CONCLUSION: Our results support the findings of the other studies which do not found gender differences in type and severity of psychotic symptoms. Nevertheless, it is probably that these differences can be observed before the onset of psychosis, in the premorbid and prodromal phases. Knowing gender differences in early phases of psychosis could have important implications for prevention and early detection strategies.

Session: Regular Symposium  SPEAKER 3  Code  SY359
Title: Insight and gender in psychosis
Speaker Esther Pousa (1,2), Jesus Cobo (1,2,), Lourdes Nieto (3,), Susana Ochoa (4,8), Judith Usall (4,), Iris Baños (4), Beatriz Gonzalez (5), Isabel Ruiz (3), Insight Barcelona Research Group, Ada I. Ruiz (6).
(1) Corporació Sanitària Parc Taulí, Hospital Universitari (Sabadell, Barcelona).
(2) Department of Health and Clinical Psychology. Universitat Autònoma de Barcelona.
(3) Department of Psychiatry and Forensic Medicine. Universitat Autònoma de Barcelona.
(4) Research Unit, Parc Santitari San Joan de Déu - CIBERSAM (Sant Boi de Llobregat, Barcelona).
(5) Hospital Benito Menni (Sant Boi de Llobregat, Barcelona).
(6) INAD.Hospital del Mar. IMIM (Hospital del Mar Medical Research Institut), Barcelona

Abstract BACKGROUND AND AIMS : Lack of insight is a common multidimensional phenomenon in psychosis, but there is scarce information regarding potential gender differences. The aim of this study was to evaluate gender differences in the deficit of insight in schizophrenia and other psychosis and to determine the influence of socio-demographic and clinical variables on potential gender differences.

METHODS : A prospective multicenter study of 401 adult patients with schizophrenia and other psychotic disorders attended in four centres of the area of Barcelona between 2006 and 2011 in daily clinical practice was carried out. Psychopathological assessment was performed using the PANSS Lindenmayers’ Factors. Insight and its dimensions were assessed by means of the Scale of Unawareness of Mental Disorder. Assessment of the differences between men and women was performed using the Student’s t test and Mann-Whitney U test as appropriate. A multiple regression analysis using the stepwise method was used to assess the relationship between clinical and sociodemographic variables and insight.

RESULTS : There were no significant differences between men and women in the three dimensions of insight, neither in the total awareness nor in the total attribution subscales. Statistically significant differences were found in awareness and attribution of particular symptoms. Women showed worse awareness of hallucinations, delusions, thought disorder, alogia and disorientation, as well as higher misattribution of hallucinations, poor control of sexual impulses and apathy. Regression analysis showed that insight dimensions in women were mainly explained by positive and cognitive symptoms, whereas in men they were explained by general functioning, age and disease outcomes.

CONCLUSION : There seem to be no gender differences in the three dimensions of insight, nor in awareness and attribution of symptoms when assessed globally. Gender differences appear in awareness and attribution of particular symptoms when assessed independently, with women showing higher unawareness and misattribution than men. Clinical and socio-demographic variables seem to determine different patterns of insight by gender.

Session: Regular Symposium  SPEAKER 4  Code  SY359
Title: Gender oriented pharmacological treatment in schizophrenia
OBJECTIVE: To assess the utility of raloxifene as an adjunct treatment for negative symptoms, other psychotic symptoms and cognition in postmenopausal women with schizophrenia.

METHODS: A 12-week, double-blind, randomized, placebo-controlled study. Patients were recruited from both inpatient and outpatient departments belonging to Sant Joan de Déu – Mental Health Services Network (Barcelona) and Corporació Sanitària Parc Taulí (Sabadell). Thirty-three postmenopausal women with schizophrenia exhibiting prominent negative symptoms were included in the study. Patients were randomized to receive either adjunctive raloxifene (16 women) or adjunctive placebo (17 women) for three months. The main outcome measures were: Psychopathological symptoms were assessed at baseline and weeks 4, 12, and 16 by means of the Positive and Negative Symptom Scale. We assessed also neuropsychological functioning.

RESULTS: The addition of raloxifene (60 mg) to regular antipsychotic treatment significantly reduced negative (p=.044), positive (p=.031) and general psychopathological (p=.045) symptoms during the 12-week trial as compared with women receiving placebo. Concerning neuropsychological functioning we found that the raloxifene group improved in the TAVEC memory test, in the total of words learned during the learning curve, (P=.041) and in the use of semantic strategies to complete the learning curve, (P=.076) (trend). In the executive functioning test, FAS, we found significant differences in favour of the raloxifene group (P=.011).

CONCLUSION: The use of raloxifene as an adjuvant treatment in postmenopausal women with schizophrenia who exhibit prominent negative symptoms seems to be useful for improving negative, positive and general psychopathological symptoms. If more extensive and longer-term studies confirm and expand upon these positive results, the use of raloxifene could be recommended in postmenopausal patients with schizophrenia.
### Psychiatric care in people with autism spectrum disorder

**Chairperson:** Julia Alonso García. Universidad de Valladolid. Departamento de Psicología. Valladolid. España

**Abstract**

The paradigm shift in the conceptualization of intellectual disability and other developmental disabilities, focused on the interaction of the person with the environment, creates a type of intervention that promotes improved quality of life from a multidimensional approach in different interactive frames. The adequacy of the needed support and the practice of positive behavioral support improve the functioning of the individual and make easier psychiatric in cases where it is needed. The characteristics of people with Autism Spectrum Disorder (ASD) cause serious difficulties in the access and use of healthcare environments. Their communication, understanding and interaction problems as well as their need for predictability, lead to severe obstacles in health care. It is also common that a person with ASD have tolerance problems facing certain incentives. The lack of protocols adds suffering to the person. In addition the presence of other problems may overload the professional who supports the person. Recent studies show the problem of dual pathology in the diagnosis and medical treatment. Data about overmedication, an excessive use of aversive strategies in managing behavioral disorders and about inequity are provided. In this paper we review the different Spanish regional communities to learn the reality of psychiatric care for people with autism and intellectual disabilities, with or without associated psychiatric problems. We suggest a proposal on services and individualized centered-person attention. The real case of a teenager with autism, in different settings of mental health psychiatrics, puts on the table the need for debate, reflection and urgent change.

**Speakers**

1. Martín L. Vargas Aragón  
Complejo Asistencial de Segovia. Servicio de psiquiatría. Segovia. España
2. Guillermo Lahera Forteza  
Universidad de Alcalá de Henares. Departamento de Psiquiatría. Madrid. España
3. Francisco Rodríguez Santos  
4. Julia Alonso García  
Universidad de Valladolid. Departamento de Psicología. Valladolid. España

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### Pharmacological treatment of autism spectrum disorders. Opportunities for improvement

**Speaker:** Martín L. Vargas Aragón  
Complejo Asistencial de Segovia. España.

**Abstract**

The clinical management of autism spectrum disorders (ASD) requires attention to diagnostic, general health conditions, social-psychological, environmental and psychopharmacological aspects. Specific psychopharmacological treatment are still poorly developed in autism compared with other neuropsychiatric disorders. Contributing to this topic, at least three factors are important: 1) the difficulty to conduct specific clinical trials in ASD, 2) the difficulty transferring to ASD clinical research results coming from other neuropsychiatric disorders, and 3) insufficient clinical development of psychotropic drugs targeting mechanisms of action specific to ASD.

In the presentation, two specific aspects of this problem will be reviewed: 1) applicability to ASD of the clinical results obtained with atypical antipsychotics in psychotic disorders, specifically with clozapine and 2) the development of specific mechanisms of action for ASD focused on oxytocin. Finally, some proposals for the development of clinical trials in ASD and considerations relating to real clinical case that frames the symposium will be made.

**KEY WORDS:** autism spectrum disorders, atypical antipsychotics, clozapine, oxytocine.
| Title: | The social cognition in the diagnosis of autism spectrum disorders |
| Speaker: | Guillermo Lahera Forteza. Universidad de Alcalá de Henares. España. |
| Abstract: | The diagnosis of autism spectrum disorders (ASD) requires a differentiation from other intellectual disabilities and, secondly, from psychotic disorders. Instrumental evaluation of social cognition plays an important role in the clinical characterization of ASD and in the differential diagnosis from clinically similar situations. In the presentation, the dimensions of social cognition and its disorders in ASD will be reviewed, as well as some of the current clinical tools that have been developed for the assessment of social cognition and its specific application in ASD. |
| KEY WORDS: | social cognition, autism spectrum disorders, diagnostic tools |

| Session: | Regular Symposium |
| Title: | Autism spectrum disorders: proposal to facilitate the interaction of the person with the healthcare environment |
| Speaker: | F. Rodríguez Santos. Ministry of Education of the Madrid Community, Spain |
| Abstract: | People with an Autism Spectrum Disorder (ASD) have difficulties for communicating their needs and for interacting with others as well as problems for the emotional and sensory self-regulation that limit their access to healthcare environments. Most of these limitations are difficult to understand for professionals who are not familiar with this population attributing an intentionality to their behaviours that does not correspond to reality. Thus, instructions for them to relax or to use behavioural strategies such as the withdrawal of the feared situation or others used with different patients are typically not effective. Far more difficult to understand is the intense hypersensitivity they can show which is included as diagnostic criteria in the DSM-V and the upcoming CIE-11. On the other hand, there are situations with a high level of unpredictability in the healthcare context that cause a lot of stress in most persons and that for people with ASD can be unbearable because of their difficulties for self-regulation. At the same time, there are multiple auditory, visual, tactile and olfactory stimuli in the healthcare practices that literally inundate the inhibition capability of the persons with ASD with sensibility to such stimuli. This causes them such a high level of stress and suffering that it can considerably condition their behaviour in such an environment. The overall principles of respect for the person’s dignity and privacy make it necessary to adapt the environment and healthcare practices in order to respond to the persons with ASD or other neurodevelopmental disorders. In this communication we make a proposal of adequacy of the healthcare contexts based on the principle of the Universal Design for attending the persons with ASD. |
| KEY WORDS: | Universal Design, healthcare practices, Autism Spectrum Disorders |

| Session: | Regular Symposium |
| Title: | The psychiatric attention in people with autism spectrum disorders: a real case |
| Speaker: | J. Alonso García Universidad de Valladolid. España |
| Abstract: | for people with disabilities supports the concept of a kind of access that suggests the elimination of barriers not exclusively architectonic. It goes beyond physical disabilities considering people with communication or comprehension problems and with mental specificities. In November 2013 it is approved the restated text of the Overall Law of the Rights of People with Disabilities and its Social Inclusion. |
The World Health Organisation in the 2013 comprehensive and coordinated measures to manage the Autism Spectrum Disorders (ASD) presents among its priorities the improvement of training for healthcare workers. The Diagnostic and Statistical Manual of Mental Disorders of the American Association of Psychiatry (DSMV, 2013) includes in an explicit way the sensory alterations of the Autism Spectrum Disorders. The need of an interdisciplinary coordination is collected in the ‘White Book of the Child and Adolescent Psychiatry’ (2014). In the same document it is considered the need of a non restrictive training that should be extended to the professionals of different levels, sectors and related collectives. In this study it is presented a real case diagnosed with Autism Spectrum Disorder with serious sensory alterations and with the need for continuing psychiatric treatment. Comprehension, communication and sensory integration problems are obstacles for his accessibility to standardised psychiatric attention. His life testimonies in the different centres and healthcare services strongly demand urgent changes. A social challenge that must demonstrate its expression in new training programmes, study and investigation that guarantee the Universal Accessibility collected in the legal normative and the willingness of the health professionals.

KEY WORDS: Universal Accessibility, Sensory Alterations, Psychiatric Attention, Autism Spectrum Disorders
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<th>Session:</th>
<th>Regular Symposium</th>
<th>OVERALL ABSTRACT</th>
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<td>Title:</td>
<td><strong>Update on concept and epidemiology of insomnia</strong></td>
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<td>Chairperson</td>
<td>Maria Fe Bravo Ortiz, MD, PhD, Head of Psychiatry and Mental Health Department. Hospital General Universitario La Paz, Universidad Autónoma de Madrid, Spain</td>
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<td>Abstract</td>
<td>Changes in the Diagnostic Criteria of insomnia on DSM-5 and ICSD-3 make significant differences in the concept of the disorder and may induce changes in the epidemiology surveys and even in the treatment of the illness. In this symposium we intent to review these changes and discuss its potential consequences in clinical practice and future research.</td>
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| Speakers | 1. Francesca Cañellas MD, PhD  
Psychiatry Department, Hospital Universitari Son Espases, Spain  
2. Antonio Vela Bueno MD, PhD  
Professor in Psychiatry, Universidad Autónoma de Madrid, Spain |

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<tr>
<td>Title:</td>
<td>Implications of new insomnia criteria in clinical practice</td>
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| Speaker | Francesca Cañellas MD, PhD  
Psychiatry Department, Hospital Universitari Son Espases, Spain |
| Abstract | Diagnostic systems such as the international classification of diseases have frequently been criticized, as they do not reflect adequately the complexity and heterogeneity of insomnia. The DSM-5 intends to solve the problem by merging all older insomnia subtypes, introducing the new category of Insomnia Disorder. At the same time avoids the traditional dichotomy of primary versus secondary insomnia. These changes make significant differences in the concept of the disorder, may induce changes in the epidemiology surveys and more important in the therapeutic approach.  
In this new nosology is required that symptoms are present at least three times per week for a period of at least three months to make the diagnosis of Chronic Insomnia. Along with nocturnal symptoms, patients with insomnia often complain of fatigue, decreased concentration skills, cognitive impairment, mood and overall deterioration in personal functioning during the waking period. The DSM-5 diagnostic criteria include significant implications for wakefulness and impairment in social, occupational or behavioral functioning difficulties associated with disrupted sleep.  
Recent basic research indicates that genetic and epigenetic factors are involved in the etiology of insomnia; the three P model (predisposing, precipitating and perpetuating factors) and the hyperarousal concept have gained attention in trying to explain the pathophysiology of insomnia. Psychiatrists are the professionals better trained to cope with all the faces of the treatment. The treatment of Chronic Insomnia is not only to prescribe hypnotics; in Spain the 11.3% of general population already takes hypnotics drugs. To treat insomnia means to help the subject in all of the aspects of the disease, including behaviors and the learned negative associations. Insomnia is initially associated with emotional reactions or medical problems, which transiently justify the state of physiological arousal. But these, chronically, became learned behaviors that perpetuate the disease. |

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<tr>
<td>Title:</td>
<td>Subtypes and phenotypes of insomnia</td>
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| Speaker | Antonio Vela Bueno MD, PhD  
Professor in Psychiatry, Universidad Autónoma de Madrid, Spain |
| Abstract | The effective treatment of persistent insomnia is often a difficult and frustrating task for both the clinician and the patient. An important part of that difficulty lies in the diagnostic step of the therapeutic |
Throughout the years the diagnostic systems have included a variety of insomnia subtypes based on heterogeneous criteria ranging from the predominant sleep difficulty (i.e. to initiate or to maintain sleep) to the etiology. Lacking are reliable diagnostic markers.

In recent years two phenotypes, based on the duration of sleep, as assessed with objective measures, have been identified. One with short sleep duration and the other with normal sleep duration. Both categories differ between them in terms of the endocrine, clinical and neuropsychological correlates. In this presentation the various subtypes and phenotypes of insomnia will be reviewed.
**Session:** Regular Symposium  | **OVERALL ABSTRACT**  | **Code** | SY368  
---|---|---|---
**Title:** Post war psychiatry, lessons from 100 years AFTER WWI - Part I  
**Chairperson** | E. Vermetten, Leiden University, The Netherlands, Ministry of Defence, Utrecht, the Netherlands, Arq Psychotrauma Research Group, Diemen, The Netherlands  
**Co-chairperson** | Ulrike Schmidt, Max Planck Institute of Psychiatry, Munich, Germany  
**Abstract** | World War I commenced during the summer of 1914 and ended four years later. It was the war that was supposed to end all wars, but it became one of the largest acts of military carnage in our history. Millions of soldiers were killed and many more maimed in the hopeless and endless trench battles in Belgium, Northern France and other places in the world. The war changed the world in ways still visible today, what may be for some for the better, may be for some for the worse. According to many the field of military psychiatry was founded in this war. Shell shock has been linked to this war and according to some needs to be revisited in the light of the modern wars. Posttraumatic stress disorder was only introduced in DSMIII in 1980, but may have its roots in the many descriptions that came with this war. These two symposia bring together a series of perspectives on the impact that the Great War had on psychiatry from a wide array of nations: United Kingdom, Canada, Australia, Germany, United States of America, Japan, Turkey, Serbia, and France. Presenters from these countries will highlight from a historical survey a perspective of the conduct of war, with an emphasis on front-line experiences and the psychological pressures typical of various combat situations after WWI. They will also deal with military psychiatry itself. And discuss if the relation between civil and military psychiatry will show that, the phenomenon of war has led to innovations in the area of therapy.  
**Speakers** | 1. S. Wessely  
Institute of Psychiatry, King’s College London, United Kingdom, President, Royal College of Psychiatrists  
2. A.C. McFarlane MB BS(Hons)  
MD, FRANZCP, Dip Psychother, Centre for Traumatic Stress Studies, University Adelaide, Adelaide, South Australia  
3. R. Jetly  
Canadian Armed Forces, Ottawa, Canada  
4. Ulrike Schmidt, Wolfgang Burgmaier  
Trauma Outpatient Clinic and RG Molecular Psychotraumatology of the Max Planck Institute of Psychiatry, Munich, Germany  
Historical Archives of the Max Planck Institute of Psychiatry, Munich, Germany  
---|---|---|---
**Session:** Regular Symposium  | **SPEAKER 1**  | **Code** | SY368  
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**Title:** Shell shock revisited  
**Speaker** | S. Wessely  
1,2  
1 Institute of Psychiatry, King’s College London, United Kingdom  
2 President, Royal College of Psychiatrists  
**Abstract** | I will discuss the changing history of “shell shock” from the First World War to the present day, showing how as it was abandoned as a concept by both medicine and military, it was taken up and remains at the heart of popular culture. Provided I can manage the AV, I will also show what we believe to be the only authentic footage of a probable case of shell shock, recently found in the Imperial War Museum Archives. And finally, repeat after me, “shell shock” is not the same as PTSD.  
---|---|---|---
**Session:** Regular Symposium  | **SPEAKER 2**  | **Code** | SY368
### Title:
One hundred years of lessons about the impact of war on mental health; Two steps forward, one step back

### Speaker
A.C. McFarlane MB BS(Hons), MD, FRANZCP, Dip Psychother 1  
1 Centre for Traumatic Stress Studies, University Adelaide, Adelaide, South Australia

### Abstract
World War I confronted humanity with a scale of combat and the magnitude of the casualties had not previously been contemplated. Whilst there had been the development of an emerging knowledge about the impact of traumatic stress in the decades that preceded the war, the impact of the severe strains of acute combat were not part of the then current psychopathological constructs. The Australian forces were ill prepared for the cost and reality of the Gallipoli campaign. The challenge of developing an understanding brought into focus two different perspectives, namely an organic approach espoused by those from a neurological background as against a more psychodynamic understanding of the effects of stress. These two approaches did not clearly distinguish the impact of acute stress as against its chronic effects. The duration of the War meant that the cumulative burden also became an issue that psychiatry gave little consideration: this was particularly manifest in the soldiers who had previously fought with bravery breaking down in subsequent battles.

The greatest intellectual challenge that has persisted has been to conceptualize and understand the delayed onset of a substantial body of posttraumatic morbidity. The focus on the acute impact of stress did not encourage the development of a theoretical framework to manage and conceptualize this delayed pattern of morbidity, particularly when determining pension entitlements after the war. The recent advances in the longitudinal research of the effects of traumatic stress, particularly from a neurobiological perspective have provided new insights into the mechanisms of the accumulative burden of traumatic stress exposure. Using the records of the Australian Imperial Force the challenges of the delayed emergence of the psychological cost of service in World War I will be discussed.

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### Session: Regular Symposium

### Title: The impact of Canadian participation in WW1 on military psychiatry

**Speaker**
R. Jetly  
Canadian Armed Forces, Ottawa, Canada

**Abstract**
Canada's confederation occurred in 1867 as three regions united to form the Dominion of Canada. As such Canada was a very young nation when the Great War began, Britain's involvement automatically meant war for Canada. Canada's population was approximately 7 million and deployed a predominately volunteer force of nearly 650,000 men and women to participate in the war effort. Approximately 66,000 died and 250,000 were wounded. Of note this war was key in the development of Canada as a nation as this was the first time Canadian soldiers fought entirely under Canadian command. Battles in places such as Vimy Ridge, Passchendale and the Somme are legendary examples of sacrifice and success.

The science of psychiatry was at its infancy in Canada at this time and the veterans returning from war helped define Canadian psychiatry. The Canadian mental health system at the close of World War I was transforming into a more "professionalized and interventionist model of care". Canadian Psychiatry was at the brink of becoming a distinct medical specialization, beginning to use of medical classification systems of diagnosis and specific treatments. Demobilization post war will be discussed.

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### Session: Regular Symposium

### Title: Development of the concept and treatment of posttraumatic stress disorder in Germany from WW1 till today

**Speaker**
Ulrike Schmidt 1, Wolfgang Burgmair 2 and Matthias M. Weber 2  
1: Trauma Outpatient Clinic and RG Molecular Psychotraumatology of the Max Planck Institute of Psychiatry, Munich, Germany  
2: Historical Archives of the Max Planck Institute of Psychiatry, Munich, Germany

**Abstract**
The concept and treatment of psychotrauma-related psychiatric disorders has considerably changed since WW1. Using the example of Germany, this talk highlights the most important steps on the way from
Hermann Oppenheim’s concept of “traumatic neurosis” in 1889 to today’s concept of “molecular psychotraumatology” and the international diagnostic criteria of posttraumatic stress disorder (PTSD) recently published in DSM-5 and planned for ICD-11. These developmental steps will be illustrated against the background of political and social development in Germany.
### OVERALL ABSTRACT

**Title:** PEERS® evidence-based social skills training for adolescents with autism spectrum disorder: Beyond treatment efficacy

**Chairperson:** Prof. Anthony Bailey (Canada), University of British Columbia, Vancouver, Canada

**Abstract**

Objectives: Impaired social functioning is a hallmark feature of Autism Spectrum Disorder (ASD), often requiring treatment throughout the lifespan. However, there is limited information on the characteristics of effective programs for adolescents with ASD. The Program for the Education and Enrichment of Relational Skills (PEERS®; Laugeson & Frankel, 2010) is an empirically supported, parent-assisted, manualized social skills training program for adolescents with ASD without intellectual disability (Laugeson et al., 2009/2012). The PEERS® program addresses crucial areas of social functioning for adolescents using psychoeducational and cognitive-behavioral techniques. The purpose of this symposium is to share clinical and research experiences using the PEERS® intervention through the perspective of development, expansion, transcultural validation, and elucidation of neural substrates of treatment efficacy through four presentations. Methods & Results: The first presentation by the developer of PEERS® describes the structure, content, and process of establishing treatment efficacy, as well as its extension to different age groups (preschoolers and young adults), treatment settings (school-based interventions), and novel delivery methods (mobile applications). The second and third presentations address issues regarding transcultural validation based upon two randomized controlled trials in quite different cultural/linguistic settings (Korea and Israel). The fourth presentation highlights neural biomarkers of treatment change with PEERS® by measuring EEG asymmetry. Conclusion: Other general issues involving social skills training will be discussed including: how to establish efficacy in different cultural populations; how social skills treatment can be expanded to address the diverse unmet needs of those with ASD; and understanding the brain changes associated with effective social interventions.

**Speakers**

1. Prof. Elizabeth Laugeson  
   University of California, Los Angeles, Psychiatry and Biobehavioral Sciences, Los Angeles, California, USA  
2. Prof. Heejeong Yoo (Korea)  
   Seoul National University Psychiatry, Seongnam, South Korea  
3. Prof. Ofer Golan  
   Bar-Ilan University, Psychology, Ramat-Gan, Israel  
   Sandra Israel-Yaacov  
   The Association for Children at Risk, Tel-Aviv, Israel  
4. Prof. Amy Van Hecke (USA)  
   Marquette University, Psychology, Milwaukee, Wisconsin, USA

### SPEAKER 1

**Title:** Introduction to a parent-assisted social skills intervention for adolescents with ASD: Efficacy studies of PEERS® in North America

**Speaker**

E. A. Laugeson 1, 2, M. N. Park 1, J. Sanderson 3, R. Ellingsen 1, Y. Bolourian 1, 2, J. Hopkins 1, S. Bates 4, L. Tucci 1, A. Gantman, J. Mandelberg 1  
1 University of California, Los Angeles (UCLA), Los Angeles, CA, USA  
2 The Help Group – UCLA Autism Research Alliance, Los Angeles, CA, USA  
3 Florida Atlantic University (FAU), Boca Raton, FL, USA  
4 Pepperdine University, Los Angeles, CA, USA

**Abstract**

Objectives: This presentation will describe the structure, content, and process of establishing treatment efficacy and effectiveness for the Program for the Education and Enrichment of Relational Skills (PEERS®), an evidence-based social skills intervention for adolescents and young adults with autism spectrum disorder (ASD).

Methods Randomized controlled trial studies to improve the social functioning of youth with ASD will...
be reviewed (Laugeson et al. 2009; Laugeson et al. 2012; Gantman et al. 2012; Laugeson et al. 2014). Methods for implementing manualized parent/caregiver-assisted treatment in outpatient settings (Laugeson & Frankel 2010) and teacher-facilitated curricula in school settings (Laugeson 2014) will be highlighted. Expansion of this empirically supported program to different age groups and treatment settings using novel delivery methods, including mobile applications, will be discussed. Long-term maintenance of treatment gains will also be summarized.

Results: Results from multiple clinical trials using PEERS® with adolescents and young adults with ASD show significant improvements in social skills on the Social Skills Improvement System (Gresham & Elliot, 2008) in the areas of cooperation, assertion, responsibility, and self-control (p’s < .05). Improvement in social responsiveness on the Social Responsiveness Scale (Constantino, 2012) in the areas of social communication, social cognition, social awareness, social motivation, and decreased autistic mannerisms have also been observed (p’s < .05). Increased frequency of social interactions, decreased loneliness, improved empathy, and changes in friendship quality have also been found (p’s < .05). Contrary to social trajectories typical among transitional youth with ASD, long-term findings suggest maintenance of treatment gains 1-5 years following treatment in the areas of improved social skills, social responsiveness, frequency of peer interactions, and social skills knowledge.

Conclusions: Generalizability and durability of treatment gains across multiple studies suggest the efficacy of PEERS® in improving the social functioning of adolescents and young adults with ASD.

Session: Regular Symposium
Title: Issues regarding transcultural validation using a randomized controlled design: Development of a Korean version of PEERS®
1. Seoul National University Bundang Hospital, Seongnam, Korea
2. Seoul National University, Seoul, Korea
3. Kyung Hee University Medical Center, Seoul, Korea
4. Kyung Hee University School of Medicine, Seoul, Korea
5. Samsung Child Development Research Institute, Seongnam, Korea
6. Dankook University, Yongin, Korea
7. Younghwa Hospital, Incheon, Korea
8. Seoul National Hospital, Seoul, Korea
9. Gachon University Gil Hospital, Incheon, Korea
10. Ewha Womans University, Seoul, Korea
11. Seoul National University Hospital, Seoul, Korea
12. University of California, Los Angeles, USA

Abstract: Objectives. The objective of this presentation is to discuss the issues regarding transcultural validation of PEERS® social skills treatment program, focusing on the randomized controlled trial (RCT) of a Korean version of PEERS®. Methods. The English version of the PEERS® Treatment Manual (Laugeson & Frankel, 2010) was translated into Korean and reviewed by 21 child mental health professionals. Items identified as culturally sensitive were surveyed by middle school students in community, and material was modified accordingly. Participants included 47 teens between 12 and 18 years of age with a diagnosis of ASD and a verbal IQ ≥ 65. Eligible teens were randomly assigned to a treatment group (TG) or delayed treatment control group (CG). Social ability and problems directly related to ASD and other emotional and behavioral problems, as well as parental depressive symptoms and anxiety were measured as treatment outcomes. Results. Results for treatment outcome suggest that the TG showed significant improvement in communication and social interaction domain scores on the Autism Diagnostic Observation Schedule, interpersonal relationship and play/leisure time on the subdomain scores of the Vineland Adaptive Behavior Scale (p’s < 0.01), social skills knowledge total scores (p < 0.01). Significantly decreased depressive symptoms on the Child Depression Inventory following treatment (p < 0.05), and maternal state anxiety were revealed in the TG (p < 0.05).

Conclusions. Despite cultural and linguistic differences, the PEERS® social skills intervention appears to be feasible and efficacious for teens with ASD in Korea with modest cultural adjustment. This presentation will also discuss issues regarding the cultural adjustment of the treatment program,
including the differences in school/academic environment, school bullying and parent-teen relationship patterns.

References

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<td>Title: Adaptation and preliminary results of a clinical trial of PEERS® with adolescents with ASD in Israel</td>
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<td>Speaker: S. Israel-Yaacov &amp; O. Golan</td>
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<tr>
<td>1 The Association for Children at Risk, Tel-Aviv, Israel</td>
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<td>2 Bar-Ilan University, Ramat-Gan, Israel</td>
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<td>Abstract: Objectives: This presentation will describe the Israeli adaptation of the Program for the Education and Enrichment of Relational Skills (PEERS®), and the preliminary results of a clinical trial conducted with adolescents with Autism Spectrum Disorder (ASD) and their parents. Qualitative data regarding cultural aspects requiring adaptation, as well as clinical staff's and adolescents' and their parents' experiences of the PEERS® program will be presented.</td>
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<td>Methods: Nine young adolescents with ASD (aged 11-15) and their parents took part in the first clinical trial of PEERS® in Israel. Participants and their parents were interviewed before, half way through, and after administration of a Hebrew adaptation of the PEERS® protocol. Participants also filled out standardized self-report questionnaires before and after the program. Four clinicians, who facilitated the adolescent and parent groups were asked to discuss the applicability of the PEERS® protocol to Israeli adolescents with ASD, and to suggest amendments.</td>
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<td>Results: Overall, the analysis of participants' and clinicians' feedback suggests that with some adaptation, PEERS® was viewed as a helpful protocol that is applicable to adolescents with ASD in Israel and their parents. Some required cultural adaptations included the different availability of structured peer groups for Israeli vs. American adolescents, and various greeting and courtesy customs that may be perceived as inappropriate among Israeli teens. Clinicians' feedback highlighted the centrality of parent-teen relationship as a prerequisite for parents' ability to help their teens improve through PEERS®.</td>
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<td>Conclusions: The PEERS® protocol is a promising evidence-based intervention for adolescents with ASD in Israel. Future clinical and randomised controlled trials of its Israeli adaptation will examine the protocol's effectiveness. In addition to the cultural adaptations required, the role of parent-teen relationships on PEERS® effectiveness should be examined.</td>
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<td>Title: Treatment effects on neural function in adolescents with ASD: Changes in the social brain following PEERS®</td>
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<td>1 Marquette University, Milwaukee, Wisconsin, USA</td>
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<td>2 Texas Children’s Hospital, Austin, Texas, USA</td>
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<td>3 Medical College of Wisconsin, Milwaukee, Wisconsin, USA</td>
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<td>4 University of Alabama, Tuscaloosa, Alabama, USA</td>
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<td>Abstract: Objectives. This study examined whether the Program for the Education and Enrichment of Relational Skills (PEERS: Laugeson &amp; Frankel, 2010) affected neural function via electroencephalogram (EEG) in a randomized control trial of adolescents with Autism Spectrum Disorder (ASD). EEG data were examined across sites in the “social brain” (Volkmar, 2011). Analyses also examined left-hemisphere vs. right-hemisphere dominant asymmetry, which are associated with positive affect vs. negative mood and depression, respectively (see Van Hecke et al., 2013, for a review).</td>
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| Methods. Twenty-eight 11-16 year old adolescents with ASD in the experimental PEERS group (EXP), 29 adolescents with ASD in the waitlist, no treatment control group (WL), and 29 typically developing
adolescents (TYP), who received no treatment, were studied. EEG during a 3-minute eyes open, resting condition was taken at pre- and post-intervention for the EXP group, pre- and post a 14-week wait for the WL group, and on one occasion for the TYP group.

Results. At post-treatment, the EXP ASD group was similar to the TYP group, while the WL ASD group remained unchanged, in level of alpha band EEG activity, F(8, 162) = 2.76, p < .05. The EXP ASD group showed significantly increased left-hemisphere dominant asymmetry from pre to post-treatment, t (27) = 2.55, p < .025. The EXP ASD group no longer differed from the TYP group on left-dominant asymmetry at post-test. EXP left-dominant asymmetry at post-test was significantly correlated with: decreased symptoms of autism, increased adolescent social contact, and increased adolescent social skills knowledge.

Conclusions. Increased EEG alpha band activity is associated with inhibition of unnecessary neural activity (Rippon, 2006), and left-dominant EEG asymmetry with positive mood (Sutton & Davidson, 1997). Taken together, these findings suggest that the PEERS program results in inhibition of excess neural activity and promotion of neural activity indicative of well-being in adolescents with ASD.
### Title: Nutritional psychiatry research: Topic comes of age and an international society is established

**Chairperson:** Felice N Jacka, Deakin University, Geelong, Australia, The University of Melbourne, Melbourne, Australia, Murdoch Children’s Research Centre, Melbourne, Australia, Black Dog Institute, Sydney, NSW, Australia

**Abstract**

Whilst previously the role of nutrition in the genesis and treatment of mental disorders has suffered from either complete neglect and/or significant issues relating to methodological quality, the last five years has seen the development of a highly consistent, rigorous and compelling evidence base for diet and nutrition as important modifiable risk factors and treatment options for mood and anxiety disorders.

In this symposium we announce the formation of a new organization, the International Society for Nutritional Psychiatry Research (ISNPR), and present an update and overview of the state of play in this nascent yet highly influential field of investigation. We will review the recent yet extensive evidence regarding the influence of diet quality on mental health outcomes across the lifespan and also address the important role of early life nutrition in modulating outcomes relevant to mental disorders in offspring.

This symposium will also focus on the role of dietary fish oil as a new prevention and treatment option for reducing depressive and suicidal symptoms, as well as aggression. The most recent evidence suggests that there may be therapeutic potential in using fish oil to prevent the development of posttraumatic stress disorder. We will also critically review the preclinical and clinical evidence for the use of omega-3 fatty acids in bipolar disorder, considered from clinical staging and evolutionary perspectives. Finally, we will address the latest research evidence and knowledge regarding mechanisms of action, and highlight new opportunities for the prevention and treatment of mental disorders using nutritional strategies.

Nutritional psychiatry research is an emerging discipline that draws on evidence from many medico-scientific specialties. The new ISNPR aims to support the generation of high quality, scientifically rigorous evidence for nutritional approaches to the prevention and treatment of mental disorders.

**Speakers**

1. Felice N Jacka
   Deakin University, Geelong, Australia, The University of Melbourne, Melbourne, Australia, Murdoch Children’s Research Centre, Melbourne, Australia, Black Dog Institute, Sydney, NSW, Australia

2. Paul Amminger
   Orygen Youth Health, Melbourne, Australia, University of Melbourne, Australia, Brain and Mind Research Institute, Sydney, Australia

3. Vicent Balanzá-Martínez
   University Hospital Doctor Peset, Valencia, Spain, University of Valencia Medical School, CIBERSAM, Valencia, Spain, Hospital Francesc de Borja, Gandia, Valencia, Spain. CAMNR, Calabasas, CA 91302, USA

4. Professor Kuan-Pin Su, MD, PhD
   Professor of Psychiatry & Neural and Cognitive Sciences, Director of Mind-Body Interface Laboratory (MBI-Lab), China Medical University & Hospital, Taichung, Taiwan

5. Yutaka Matsuoka, MD, PhD
   National Disaster Medical Center, Tokyo, Japan, National Center of Neurology and Psychiatry, Tokyo, Japan, University of Toyama, Toyama, Japan

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### Session: Regular Symposium

**Title:** Diet quality and mental health across the lifespan

**Speaker:** Felice N Jacka\(^{1,2,3,4}\)

\(^{1}\)Deakin University, Geelong, Australia  
\(^{2}\)The University of Melbourne, Melbourne, Australia  
\(^{3}\)Murdoch Children’s Research Centre, Melbourne, Australia  
\(^{4}\)Black Dog Institute, Sydney, NSW, Australia

**Abstract**

Objectives: The 20th century has seen major shifts in dietary intakes globally, with a marked increase in
the consumption of sugars, snack foods, take-away foods and high-energy foods. At the same time, the consumption of nutrient-dense foods, such as high-nutrient vegetables and raw fruits, is diminishing. In the last five years, highly consistent data has confirmed an association between diet quality and common mental disorders across cultures and age groups. This literature will be briefly reviewed.

Methods: Now that this association is confirmed, three outstanding questions remain: are these associations causal? If so, what are the biological pathways that mediate these relationships? Can we use this new knowledge to prevent and treat common mental disorders?

Results: Randomised controlled trials are required to establish causality and the first of these is underway. However, two large trials have recently demonstrated prevention of depression using dietary improvement strategies and these will be discussed. Biological pathways include inflammation and oxidative stress, neurotrophins, and epigenetic processes. The critical role of microbiota in mediating the relationship between diet and health demands a particular focus.

Conclusion: The association between diet quality and depression is now established, yet this is just the start. Our ongoing research activities must now focus on developing and implementing prevention and treatment programs utilizing this new understanding. Moreover, much work needs to be done to explicate the biological processes involved in order to identify targets for intervention. New interventions and population health strategies offer much potential in addressing the massive burden of illness associated with mental disorders.

Session: Regular Symposium

Title: The fish oil youth depression study: Methodology and rationale of a randomised, placebo-controlled trial

Speaker

Paul Amminger 1,2,3
1 Orygen Youth Health, Melbourne, Australia
2 University of Melbourne, Australia
3 Brain and Mind Research Institute, Sydney, Australia


Abstract

Objectives: Epidemiological data linking fish intake with depression; observations of alterations in the fatty acid status of people with major depressive disorder (MDD); and RCTs of omega-3 PUFAs in adults with MDD, suggest that omega-3 PUFAs may offer a viable treatment and prevention strategy for depression in young people with minimal associated risk. The aim of this presentation is to review the rationale for using omega-3 PUFAs for treating MDD in young people and to present the study methodology and pilot data.

Methods: The Fish Oil Youth Depression Study aims to investigate the efficacy of 1.4 g/day omega-3 PUFAs (eicosapentaenoic acid, EPA; docosahexaenoic acid, DHA) supplementation for 12 weeks compared to placebo in 300 individuals aged 15-25 years with MDD and moderate to severe depressive symptoms. The total length of follow-up is 6 months.

Results: Long-chain omega-3 polyunsaturated fatty acids (PUFAs) have been shown to be very safe and are free of clinically relevant adverse effects. They have the advantage of excellent tolerability, public acceptance, relatively low costs, and benefits for general health.

Conclusions: The Fish Oil Youth Depression Study is the first RCT to examine if omega-3 PUFAs are an effective first-line treatment for moderate-to-severe MDD in this age group.

Session: Regular Symposium

Title: What is the role of omega-3 fatty acids in bipolar disorders? A critical update

Speaker

Vicent Balanzá-Martínez 1,2
1 University Hospital Doctor Peset, Valencia, Spain
2 University of Valencia Medical School, CIBERSAM, Valencia, Spain
3 Hospital Francesc de Borja, Gandia, Valencia, Spain
4 CAMNR, Calabasas, CA 91302, USA

Authors: V. Balanzá-Martínez1,2, M. Lacruz1, R. Tabarés-Seisdedos2, A.C. Logan4

Abstract

Objectives: Bipolar disorder is a neuroprogressive condition with heightened risk for comorbidities, as
well as neurocognitive and functional decline. The neuroprogressive nature of BD involves the combination of increased oxidative stress and immune-inflammatory biomarkers, as well as reduced neurotrophic factors. Moreover, the shift away from traditional dietary patterns, including fish and seafood rich in Omega-3 fatty acids, has been associated with increased rates of mood disorders.

Methods: This presentation will critically overview the preclinical and clinical evidence for the use of Omega-3 fatty acids in bipolar disorders. The potential preventative and therapeutic efficacy of these compounds will be considered from clinical staging and Paleo-perspectives.

Results: At the clinical level, the bulk of the evidence suggests that Omega-3 fatty acids show antidepressant, but not antimanic, properties. Their efficacy as mood-stabilizers requires replication. Moreover, Omega-3s have anti-inflammatory, antioxidant, and anti-apoptotic effects, and enhance neurogenesis and mitochondrial function. These molecular properties are strikingly similar to those of anti-bipolar medications, and might explain the clinical benefits of Omega-3s in mood disorders. It is posited that these compounds would be particularly effective in the early stages of bipolar disorders, and hold the promise to improve patients’ physical health and neurocognitive functioning, which in turn may enhance functional outcomes and quality of life.

Conclusions: Further studies in this field should pay more attention to staging models and Paleo perspective. Specifically, they should examine the effects of Omega-3s on biomarkers of neuroprogression, comorbidities and neurocognitive impairment associated with bipolar disorders.

References

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<td>Title:</td>
<td>How omega-3 fatty acids interface mind and body: Classification and prevention of depression</td>
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<td>Speaker</td>
<td>Professor Kuan-Pin Su, MD, PhD</td>
<td>Professor of Psychiatry &amp; Neural and Cognitive Sciences, Director of Mind-Body Interface Laboratory (MBI-Lab), China Medical University &amp; Hospital, Taichung, Taiwan</td>
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<td>Abstract</td>
<td>Objectives: Clinical features, biological markers, and treatment outcomes for depression are extremely heterogeneous. The use of the current diagnostic schemas undoubtedly contributes to difficulties in finding any single biological or genetic marker for major depressive disorder (MDD). Omega-3 polyunsaturated fatty acids (omega-3 PUFAs) are offer new promise in depression. Patients with MDD show lower levels of omega-3 PUFAs in blood tissues. In addition, omega-3 PUFAs are reported to be effective in MDD treatment and proven to be safe and effective in treatment for pregnant women with MDD. Furthermore, pre-clinical studies also support the beneficial effects of omega-3 PUFA in cellular and animal models. Methods: Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are both natural anti-inflammatory, which might connect to the somatic manifestations in depression. In our case-controlled study, we found that both EPA and DHA levels were negatively correlated with more somatic syndromes in MDD patients. Given the potential benefits and safety, we conducted a 2-week, double-blind, placebo-controlled preventive trial for interferon-α-induced depression, and we found a potential beneficial effects of omega-3 PUFA (1). Results: Omega-3 PUFAs prove to be beneficial in depression and several inflammation-related physical diseases, which interface “mind” to “body”. Omega-3 PUFAs may particularly benefit children, pregnant women, and/or patients with comorbid infectious, cardiovascular or metabolic disorders, who face greater risks of adverse effects from antidepressants, antipsychotics, and mood stabilizers. Cost of omega-3 PUFAs is relatively modest as compared to many psychiatric treatments and other over-the-counter natural products. We also found that omega-3 might be benefit to prevention of interferon-α-induced depression (1) and other psychiatric disorders. Conclusion: Increasing evidence suggests that inflammation responses play an important role in pathophysiology of several major psychiatric disorders, including MDD. Furthermore, the neuro-inflammatory pathway has become a hot topic in looking for subtyping and novel antidepressant therapies. Given the potential benefits and safety considerations, omega-3 PUFAs deserve greater attention and wider application (2).</td>
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### Title:
Serum levels of polyunsaturated fatty acids and the risk of posttraumatic stress disorder after accidental injury

### Speaker
Yutaka Matsuoka, MD, PhD
1 National Disaster Medical Center, Tokyo, Japan
2 National Center of Neurology and Psychiatry, Tokyo, Japan
3 University of Toyama, Toyama, Japan
Authors: Matsuoka Y, MD, PhD1,2; Nishi D, MD, PhD1,2; Hamazaki, K, MD, PhD2,3

### Abstract
Objectives. Recent studies reporting the potential effect of polyunsaturated fatty acids (PUFAs) on neurogenesis suggest promise in the prevention of posttraumatic stress disorder (PTSD). The aim of this study was to examine the hypothesis that PUFAs are associated with a reduced risk for PTSD.

Methods. We analyzed the serum fatty acid composition in 237 antidepressant-naïve injured patients who participated in the Tachikawa Cohort of Motor Vehicle Accident Study. The fatty acid composition for each peak of arachidonic acid (AA), eicosapentaenoic acid (EPA), and docosahexaenoic acid of the total phospholipids fraction was determined by gas chromatography. At 6 months follow-up, trained psychiatrists administered the Clinician-Administered PTSD Scale to determine if the participants met the criteria for current full-blown or partial PTSD. We performed logistic regression analyses to calculate odds ratios (ORs) and 95% confidence intervals (CIs) for PTSD as a function of baseline PUFA levels. Multivariate models were sequentially adjusted for age, sex, alcohol drinking, smoking, and education. The tertile analysis suggested a linear relation, so tests for trend were performed by introducing a continuous variable into the conditional regression model.

Results. At 6 months, 15 participants met the criteria for current full-blown or partial PTSD (mean age [SD], 46.7 [16.1]; women, 8 [53.3%]) and 222 had no PTSD (mean age [SD], 36.3 [14.9]; women, 43 [19.4%]). AA and EPA levels were significantly inversely related to risk for PTSD. When compared with participants with AA and EPA levels in the lowest tertile, risk for PTSD was significantly lower among those with levels in the middle (adjusted OR, 0.46; 0.51) and highest (adjusted OR, 0.12; 0.12) tertiles. Conclusion. We found the baseline serum levels of AA and EPA were inversely associated with subsequent risk for developing PTSD after accidental injury.

### References
Matsuoka Y, Nishi D and Hamazaki K: Serum levels of polyunsaturated fatty acids and the risk of posttraumatic stress disorder. Psychother Psychosom 2013;82(6):408-410

### Session
Regular Symposium

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<td>Su KP et al. Biol Psychiatry In Press</td>
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<td>Su KP et al. Expert Opinion Investigational Drugs 2014</td>
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### OVERALL ABSTRACT

#### Title:
**Trauma during childhood: Long term consequences**

#### Chairperson
Dr Ester di Giacomo, DMCT, University of Milan-Bicocca; Milan-Italy, S.Gerardo Health Care Trust-Monza, Italy

#### Co-chairperson
Prof Massimo Clerici, DMCT, University of Milan-Bicocca; Milan-Italy, S.Gerardo Health Care Trust-Monza, Italy

#### Abstract
The concept of trauma has a variety of significances. Nowadays, its extent and importance have been deeply analyzed to evaluate the possible outcomes during adulthood. Childhood is a period of life characterized by a greater sensitivity. In fact, it includes key points in both neurodevelopment and affectivity. A trauma suffered during childhood may compromise the fulfillment of key steps during developmental age. Different typologies of trauma may exit in different outcomes, particularly if they have sexual implications. The impossibility to properly complete some developmental stages may afflict the victim in his adulthood, both in terms of psychopathology and quality of life. We will try to offer different points of view of outcomes, analyzing essential part of adult life and wellbeing. In fact we focus on psychopathological outcomes as well as the capability of reaching a good role in parenthood.

#### Speakers
1. Dr Maria Fotiadou  
   Bethlem Hospital, South London and Maudsley Trust – London UK
2. Dr Giovanni Previdi  
   Department of Clinical and Molecular Biomedicine- Section of Psychiatry- University of Catania (Italy)
3. Dr Fabrizia Colmegna  
   S.Gerardo Health Care Trust-Monza, Italy

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### Speaker 1

#### Title:
Clinical characteristics and outcomes on discharge of women admitted to a medium secure unit over a 4-year period

#### Speaker
Dr Maria Fotiadou, Dr John Tully, Dr Rafael Bernardon Ribeiro  
Bethlem Hospital, South London and Maudsley Trust – London UK

#### Abstract
**Aims**
In the last decade, there has been a dramatic increase in the number of patients admitted to Medium Secure services; for women this has been six-fold. Despite this, there remain limited data on women in these settings. This study aimed to address this by assessing the characteristics of 45 consecutive admissions to Spring Ward, the female ward in River House, a Medium Secure Unit (MSU) of the South London and Maudsley Foundation (SLaM) Trust in South London, since the opening of the unit in 2008.

**Methods**
Ethical approval was obtained from the trust Research and Ethics Committee. We collected and analyzed data (demographics, length of stay, place of discharge, rates of self-harm and HCR-20) on 45 consecutive admissions between April 2008 and May 2012. During admission, we reviewed psychiatric diagnoses using ICD-10 criteria.

**Results**
Our sample consisted of 45 consecutive admissions. This group was composed of 37 patients-8 were readmitted during the period studied. 15.6% were admitted from each of: general psychiatric ward/hospital, Community Forensic service, Low Secure services. 24.4% came from Medium Secure services, 26.7% were admitted from prison. There was a high proportion of ethnic minorities (57.8%), high rates of childhood and adult abuse and low socioeconomic status. 62.2% percent of the patients had
Schizophrenia, 57.8% had multiple diagnoses. 68.9% had a documented diagnosis of Personality Disorder on admission; however, a diagnosis of Schizophrenia or Schizoaffective disorder was subsequently made in the majority of these cases. The median length of stay was 465.5 days. There were statistically significant reductions in rates of self-harm and HoNOS-Secure/HoNOS and HCR-20 scores following intervention. Scores on WHO-QoL-BREF compared favourably to a large-scale sample with mental health difficulties.

Conclusions
Many characteristics of this sample were comparable to prior studies. However, the particularly high proportion of ethnic minorities suggested that the profile of our patients may differ from nationwide samples. The discrepancy between diagnoses documented prior to admission and those following thorough review is suggestive of a worrying trend towards premature or inaccurate diagnoses of personality disorder in this group. Women who had this diagnosis were more likely to have a history of abuse and neglect. This is the first study to examine HCR-20 scores as an outcome measure in female patients in Medium Secure settings. Intervention by our service was associated with reduced self-harm and improvements in well-defined clinical outcomes and quality of life measures using validated scales.

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<td>Title: Effects of childhood trauma on parental capability</td>
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<td>Speaker: Dr Giovanni Previti Department of Clinical and Molecular Biomedicine- Section of Psychiatry- University of Catania (Italy)</td>
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<td>Abstract: A recent study by Kessler et al.(2010) stated that almost 40% of children have a history of adverse experiences and trauma, including abuse, neglect, parental separation or divorce. These traumatic events are associated with increased vulnerability to health problems and psychopathology. Studies of neurophysiology (Danese et al. 2013, Macphee et al. 2010) identified long term effects of trauma on biological mechanisms of stress and on prefrontal cortex activity, even if adequate social-emotional support can buffer the sequelae. Adverse childhood experiences (ACEs) are also linked with attachment difficulties. Murphy et al. (2013) found a high prevalence (76%) of Unresolved Attachment using AAI (Adult Attachment interview) between people who experienced different kinds of trauma compared with standard population (9%). All these factors affect the parenting capability with a high risk that attachment style and other consequences of trauma can be transmitted to future generations, as a sort of transgenerational script. One of the most investigated aspects is abusive behavior. Adolescents who experience childhood physical abuse or sexual violence are more likely to become perpetrators of violence behaviors themselves, as corporal punishment or sexual abuse (Xiangming et al. 2007). Different strategies have been developed to break the &quot;victim-to-victimiser&quot; cycle, such as early intervention with psychotherapy, usually Cognitive Behavior Therapy (CBT) or a more specific Trauma focused CBT, or prevention initiatives for children and adults. Childhood trauma should not be considered only an intrafamilial problem but a social problem with consequences for all the community that can last generations.</td>
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<td>Title: Trauma during childhood: The PTSD pathway</td>
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<td>Speaker: Dr Fabrizia Colmegna, DrEster di Giacomo S.Gerardo Health Care Trust-Monza, Italy</td>
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<td>Abstract: The phenomenon in object results ubiquitous both regarding victims’ gender and socioeconomic conditions. The important consequences linked to what they suffered- either immediately or with adolescent or adult onset- are mediated by age and family support to trauma reprocessing as well as by the frequency of repetition of the abuse or familiarity with the abuser. These factors appear to be of primary importance – both at a physical and a psychic level- and may be expressed in multiple manifestations, hence it would be impossible not to pay timely attention to possible alarm signals revealing suspected abuse suffered by an underage person. Specific attention will be directed to-wards some of the consequences for which child sexual abuse is considered to be a primary cause (eg Post</td>
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Traumatic Stress Disorder) and the perpetuation of such abuse, both short-term as well as long-term. Poor training, regarding this field, of various professionals (pediatricians, teachers, etc.) who each day work with minors, as well as poor treatment possibilities already experimented, puts emphasis on the urgent need for prevention (including in-depth diagnosis / therapy) and early inter-vention.
Improving skills of the child psychiatrist in consultation in patients with ADHD

Dr César Soutullo. M.D. Ph.D. Child & Adolescent Psychiatry Unit. Department of Psychiatry and Medical Psychology. University of Navarra Clinic. Pamplona, Spain

The goal of this symposium is to improve skills of the child psychiatrist in more frequent reasons for consultation in patients with ADHD. Professionals who work with children with ADHD often lack updated skills to assess and handle certain comorbidities or adverse effects. Methylphenidate and atomoxetine may reduce appetite, with or without weight loss and, and may slow the rate of growth in the first two years of treatment. In these cases assessment by specialists in pediatric endocrinology or nutrition may be necessary. Recently, new data on the evidence of psychological and nutritional treatments have been published. Sleep disturbances are frequent in ADHD, and main worsen with stimulants. EKG abnormalities and possible adverse cardiac events such as tachycardia often concern families and professionals of children with ADHD, and the involvement of a cardiologist is often needed. The comorbidity of ADHD with epilepsy or the onset of seizures after treatment for ADHD are challenges for the child psychiatrist, that will need a second opinion from Pediatric Neurology.

Speakers

1. Maite Ferrin MD, PhD
   Institute of Psychiatry, London, UK. The Huntercombe Group, UK
2. Sergio Aguilera MD, PhD
   Pediatric Neurology Unit, Department of Pediatrics, Navarra Health Service, Pamplona, Navarra, Spain
3. Israel Valverde, MD.
   Pediatric Cardiologist. Servicio de Cardiologia Infantil y Hemodinamica Hospital Infantil Virgen del Rocio, Instituto de Biomedicina de Sevilla - IBIS. Sevilla, Spain.
4. Azucena Diez-Suárez, M.D. Ph.D.
5. Daniel Martín-Fernández-Mayoralas, MD, PhD.
   Pediatric Neurologist. Associate Professor, Universidad Europea de Madrid. Quirón University Hospital & CADE Center, Madrid, Spain.

Non-pharmacological interventions for ADHD

Maite Ferrin MD, PhD1,2, on behalf of the European ADHD Guidelines Group

1Institute of Psychiatry, London, UK. 2The Huntercombe Group, UK

Objective: Non-pharmacological interventions are recommended as ADHD treatments, although their efficacy still remains uncertain.

Methods: Using a common systematic search on different electronic databases and a rigorous coding and data extraction strategy across domains, published RCT that involved individuals who were diagnosed with ADHD were identified. Different meta-analyses of the efficacy of dietary (restricted elimination diets, artificial food colour exclusions, and free fatty acid supplementation) and psychological (cognitive training, neurofeedback, and behavioural interventions) ADHD treatments were performed. Analyses included both ADHD outcomes and a broader range of child and parent outcomes.

Results: Two different analyses were performed, one with the outcome measure based on assessments by raters closest to the therapeutic setting, and another with probably blinded measures. Free fatty acid supplementation produced small but significant reductions in ADHD symptoms even with probably blinded assessments. Artificial food colour exclusion produced larger effects but often in individuals selected for food sensitivities. Better evidence for efficacy from blinded assessments is required for behavioural interventions, neurofeedback, cognitive training, and restricted elimination diets before they can be supported as treatments for core ADHD symptoms. However, behavioural interventions were
found to have effects on a range of other outcomes including improving positive parenting and reducing childhood conduct problems; and these effects feed through into a more positive parenting self-concept but not improved parent mental wellbeing.

Discussion: Better evidence for efficacy from blinded assessments is required for behavioural interventions, neurofeedback, cognitive training, and restricted elimination diets before they can be supported as treatments for core ADHD symptoms. For other outcome measures, some of the non-pharmacological treatments can be considered as part of the management of ADHD and co-morbid conditions.

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Session: Regular Symposium
Title: Clinical profile and effects of treatment in children with ADHD and epilepsy: Is there a bidirectional association?
Speaker: Sergio Aguilera MD, PhD; Miriam Blanco, PsyD
Pediatric Neurology Unit, Department of Pediatrics, Navarra Health Service, Pamplona, Navarra, Spain

Abstract: Objective: To explore the association between ADHD and epilepsy, with focus on epidemiology, underlying pathophysiology, and practice management of children with both conditions.
Methods: Using a common systematic search on different electronic databases, published studies that involved children diagnosed with ADHD and epilepsy were identified. The search also included cross-sectional and longitudinal studies.
Results: Children with epilepsy are at high risk of developmental, cognitive, and behavioral difficulties that may have long-term consequences. Of those, 30% are diagnosed with ADHD. These problems can be present at onset, or emerge during the course of epilepsy. These difficulties are associated with the occurrence of seizures, the type of epilepsy, the treatment of epilepsy and the association with comorbidities. Besides, prevalence of seizures and electroencephalographic abnormalities in ADHD patients is higher than in the general population. Some brain volumetric studies have suggested that early neurodevelopmental changes differentiate epilepsy with or without ADHD. Standard screening tools are not routinely used to detect early behavior and cognitive difficulties related to ADHD in children with epilepsy at primary and neurological care settings. There is an increasing body of evidence that methylphenidate and atomoxetine are safe to treat ADHD symptoms in children with epilepsy.
Discussion: The bidirectional relationship between ADHD and epilepsy is not fully understood. Moreover, the impact of chronic subclinical electroencephalographic discharges on neuropsychological profile is yet to be determined. Children with epilepsy are socially and biologically at risk of developmental delay in cognitive, motor and social-emotional skills. Screening for early detection of epilepsy and its comorbid mental health conditions in primary and neurological care settings needs to be improved in order to prevent lifelong consequences. Previously unrecognized ADHD symptomatology may be detected early in the course of epilepsy with validated screening tools. Methylphenidate at low doses is safe and effective to treat ADHD symptoms in children with epilepsy, even in difficult-to-treat epilepsies.

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Session: Regular Symposium
Title: The role of the cardiologist in children with ADHD: No significant ECG abnormalities, and potential contraindications of psychoestimulants and atomoxetine
Speaker: Israel Valverde, MD.
Pediatric Cardiologist. Servicio de Cardiología Infantil y Hemodinámica Hospital Infantil Virgen del Rocio, Instituto de Biomedicina de Sevilla - IBIS. Sevilla, Spain

Abstract: Introduction: Severe cardiac malformations, hypertension and potentially lethal arrhythmias are the main contraindications for the psychopharmacological treatment of ADHD. Familial history of sudden death due to ischemic cardiopathy or arrhythmias are also considered contraindications. Psychoestimulants and atomoxetine can increase heart frequency and blood pressure. In most of the cases this increase is usually not clinically significant, but in some others a consultation to the pediatric cardiologist may be necessary. Objective: the first aim of this talk is to review the absolute and relative cardiologic contraindications for treating children and adolescents with ADHD with pharmacological treatment, mainly methylphenidate.
or atomoxetine. The adverse effects affecting cardiovascular system of these treatments will also be reviewed.
Results: Some research on cardiovascular effects of psychostimulants in patients with ADHD will be first described, giving special consideration to the latest studies about the impact of these effects.

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<tr>
<td>Abstract</td>
<td>Introduction: Medications for ADHD; mainly stimulants, have been related to a delay in weight and growth in children. Also an increased frequency of Constitutional Growth Delay in children with ADHD has been suggested. Constitutional growth delay (CGD) is a term describing a temporary delay in the skeletal growth and height of a child with no other causes. It is usually inherited from a parent (familial). Typically the final height is within the normal limits. Objective: The objectives of this are: 1. To show the results of an extensive update about literature focusing on the impact of methylphenidate exposure on growth in children and adolescents with ADHD. 2. To describe the results of height and weight of a group of children and adolescents from the Child and Adolescent Psychiatry Unit of the University Clinic of Navarra. Methods: A review of the literature on treatment and stimulating effect on growth was performed. The results of a retrospective review of a sample of 450 children and adolescents, with a diagnosis (DSM-IV) of ADHD, treated with methylphenidate, in the Child and adolescent Psychiatry Unit, of the University Clinic of Navarre, are shown. The parameters used were weight Z score, height Z score and Body Mass Index (BMI) Z score. Results and Discussion: Treatment with stimulants in childhood modestly reduced expected height and weight. Although these effects attenuate over time and some data suggest that ultimate adult growth parameters are not affected, more work is needed to clarify the effects of continuous treatment from childhood to adulthood. Physicians should monitor weight, height, and height speed, and provide this information to parents.</td>
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<tr>
<td>Title:</td>
<td>Managing sleep and alertness problems in children with ADHD</td>
<td>Daniel Martín-Fernández-Mayoralas, MD, PhD. Pediatric Neurologist. Associate Professor, Universidad Europea de Madrid. Quirón University Hospital &amp; CADE Center, Madrid, Spain</td>
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<tr>
<td>Abstract</td>
<td>Introduction: Sleep problems are reported in clinical practice in an estimated 25% to 50% of children and adolescents who have ADHD. Despite the widely appreciated magnitude of the problem, there is still a critical absence in our understanding of how sleep and ADHD interact. Objective: Our aim is to review briefly sleep characteristics of children and adolescents who have attention-deficit hyperactivity disorder (ADHD). Results: Some research on sleep disturbances in individuals who have ADHD is first presented. The impact of primary sleep disorders associated with ADHD is then discussed. The effects of psychiatric comorbidities on the sleep patterns of children and adolescents who have ADHD are then shortly reviewed, and sleep alterations associated with medications used to treat ADHD and comorbid conditions are addressed.</td>
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### OVERALL ABSTRACT

**Title:** Multidisciplinary preventive approaches to mental health care in Eastern Europe  
(Symposium from psychiatric association of Eastern Europe and The Balkans)

**Chairperson**  
Prof. Valery Krasnov. Moscow Research Institute of Psychiatry. Russia

**Co-chairperson**  
Prof. Natalia Maruta. Kharkiv National Medical University, Ukraine

**Abstract**  
Multiprofessional models of mental health care are based on practical understanding of mental disorder as a biopsychosocial phenomenon and show their effectiveness in different population groups. Being very popular strategy in contemporary psychiatry, biopsychosocial approaches open the wide opportunities not only for the diagnosis and the treatment but also for the prevention of mental disorders on the multidisciplinary basis. Combination of clinical, psychological, psychotherapeutical, psychoeducational methods in the frames of mental health care make it more integrated and aimed to the improvement of psychosocial functioning of patients. First of all it regards to such socially significant health problems, as suicide behavior and mental disorders in youth. The experience of the Eastern European countries corresponds to the organizational principles and clinical traditions of the multistaged preventive programmes.

**Speakers**

1. Dr. Mayya Kulygina.  
   Moscow Research Institute of Psychiatry. Moscow, Russia
2. Dr. Vladimir Korostiy  
   Kharkiv National Medical University, Ukraine
3. Prof. Sergei Igumnov  
   Belarusian Medical University. Minsk, Belarus
4. Dr. Adela Magdalena Ciobanu  
   University of Medicine and Pharmacy “Carol Davila”, “Alexandru Obregia” Clinic Psychiatry Hospital. Bucharest, Romania

### SPEAKER 1

**Title:** Psychological and psychiatric care in mental health support programme for university students

**Speaker**  
M. Kulygina, D. Tzarenko, M. Semiglazova  
Moscow Research Institute of Psychiatry, Russia

**Abstract**  
Objectives. Due to some research data a prevalence of mental health problems in University students is rather high. It is connected with the age and psychosocial characteristics of this population group. During 14 years a mental health support programme is realizing in one of the Moscow Universities to provide an integrated medical and psychological care for students from the freshmen to graduate.

Methods. The key challenge of this psychoprophilactic approach is to organize an effective multidisciplinary teamwork with obligatory participating of clinical psychologist and psychiatrist in collaboration with general practitioners, medical specialists, social assistants, University staff, family members. Allocation of functions, duties and responsibilities depends on professional’s specificity and cooperation in the process of diagnosis, therapy and prevention of mental disorders.

Results. More than 300 students of 16-21 years have been regularly observed and treated by clinicians and psychologist in University medical centre which is a kind of primary setting. The range of appeals for mental health care differs during year and the changes depend on seasonal and educational terms. The peak of appealability is happened in pre exams and spring period. Early recognition is based on a set of clinical and psychological markers which are revealed with use of screening instruments. Combined therapy is usually provided with a course of antidepressants, anxiolitics or nootropic medication and prolonged integrated psychotherapy focused on personality issues. The course of treatment continued from 2 weeks till 2 years due to severity of disorders and patients requests.

Conclusion. Being organized on time and on place, the University based psychological and psychiatric care promotes a better psychosocial adjustment of the students and prevents more distressing mental health conditions.
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<tr>
<td>Title:</td>
<td>The role of psychoeducation in multiprofessional psychiatric care: Ukrainian experience</td>
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<td>Speaker</td>
<td>H. Kozhyna, V. Korostiy</td>
<td>Kharkiv National Medical University, Ukraine</td>
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<td>Abstract</td>
<td>The authors studied the characteristics of the information deficit about mental disorder among psychiatric patients and their relatives, the stigma of patients and their relatives, the willingness to psychoeducational activities medical students, faculty of medical schools and practitioners. The results are used to develop training materials for psychoeducation for various diseases, updating of curricula for including of psychoeducational materials, psychoeducational training with students, faculty of medical schools, doctors, psychoeducational school for patients and their relatives. Information about the effectiveness of the implementation projects presented.</td>
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<tr>
<td>Title:</td>
<td>Integrated programme for suicide prevention in Belarus</td>
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<td>Speaker</td>
<td>S. Igumnov</td>
<td>Belarusian Medical University, Minsk, Belarus</td>
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<td>Abstract</td>
<td>Objectives. In 1993-2012 suicidal situation in Belarus was dramatic. Suicidal level data in regions exceeded the high rate (20‰оо, i.e. 20 cases per 100,000 of population). Belarus is among top five countries “leaders” according to mortality rates from suicides. Methods. In order to reduce the level of suicides in Belarus, according to the commission from the Council of Ministers of Belarus October 5, 2009 the Ministry of Health developed the «Integrated Plan of suicidal behavior prevention for 2009-2012» (hereinafter referred to as the IP). The IP is an interdepartmental document in the implementation of which 25 relevant ministries, departments, executive authorities and public organizations are involved. The main efforts are focused on the following areas: developing of normative documents regulating the rendering of aid to people in crisis situations; teaching the specialists of educational, health and social institutions to identify depression and suicidal signs at an early stage; spreading information about the activity of suicide prevention services. Results. As a result of implementation of the activities of the IP, already in 2010 it was observed that the overall number of suicides committed in Belarus reduced by 9.6% in comparison to 2009. In 2011 the rate of suicides reduced in comparison to 2010 in general population – by 12.3%, with the relative rate lowering from 26.1 to 22.9 cases per 100,000 of population. The rates of suicides committed in Belarus in 2012 reduced in all groups of population in comparison to 2011– by 10.6%, from 2174 to 1944 cases, with the relative rate lowering from 23.0‰оо to 20.5‰оо. The rates are minimal in the last 20 years. Conclusions. To prevent the suicidal behavior it is needed to improve the system of aid to people who performed parasuicides, patients who experience critical suicidal risk condition, as well as the relatives of suicide victims.</td>
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<td>Title:</td>
<td>Psychosocial approaches to integrated prevention in mood disorders</td>
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<td>Speaker</td>
<td>Adela Magdalena Ciobanu¹, Monica Claudia Boer², Camelia Popa³</td>
<td>¹Lecturer of psychiatry, University of Medicine and Pharmacy “Carol Davila”, Bucharest, Romania. Medical Director, Clinical Psychiatric Hospital “Prof. Dr. Alexandru Obregia”, Bucharest, Romania. ²Assistant Professor, “Titu Maiorescu” University. General Manager, Clinical Psychiatric Hospital “Prof. Dr. Alexandru Obregia”, Bucharest, Romania ³Researcher, Head of Laboratory of Personality and Social Psychology at Institute of Philosophy and</td>
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Psychology “C. Radulescu Motru” of the Romanian Academy.

| Abstract | Researchers around the world demonstrates that the action of drugs is always "helped" when the social environment of people diagnosed with depression improves or if these patients benefit from the support of relatives, friends, the communities they belong or social protection in case unemployment. People with such problems thus obtained a satisfactory life and economic costs of mental illness are reduced. Knowing full picture of psychosocial risk factors of depression, community members can work together to reduce their negative influence. In an ideal community, psychiatrists should be involved, for example, in screening and treatment of people with severe behavioral problems, the elimination of drug and alcohol addictions. Psychologists provide counseling and psychotherapy required in these cases and the teachers could help overcome academic problems in case of scholar and university students. The same ideal society, social workers would be involved in resolving family abuse and providing material support for poor families, and staff for employment would participate in the labor market insertion or reinsertion of parents of children with such problems. On the other hand, stigmatization of people with mental health problems and hence their social failure are major concerns of the European Commission and the World Health Organization. Further steps were made on line legislation combating discrimination regarding patients. |

**Session:** Regular Symposium  | **OVERALL ABSTRACT** | **Code** | SY397
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**Title:** From early intervention in psychoses to transformation of youth mental health services: An international perspective

**Chairperson** Peter Jones, Cambridge University, UK

**Abstract**

The growth of early intervention services for psychotic disorders, supported by evidence, has paralleled new knowledge regarding early determinants of trajectories of mental disorders and the preponderance of the onset of all psychiatric disorders in youth (12-25). Encouraged by this evidence and a philosophical shift in our understanding of onset and boundaries of psychiatric disorders as well as evidence regarding the prevailing poor access and quality of services available to youth, have led to a strong movement involving different stakeholders to transform mental health services for youth in many countries.

In this symposium we will present how this transformation is taking place in different countries, discuss the variation in models of such services, and research and evaluation of the transformations attempted. We will present evidence for early determinants of different trajectories of mental disorders, highlight the importance of phase-specific nature of psychiatric disorders in youth and challenges associated with providing adequate and acceptable services to youth. We will follow this with how this transformation of youth mental health services is being attempted and achieved in Australia, Ireland, the U.K. and Canada. Each presentation will incorporate relevant data and processes involved as well as innovation in research designs for evaluation of complex service development across different jurisdictions. We will demonstrate how common values and principles are necessary to transform youth mental health services irrespective of jurisdiction while at the same time how such transformations need to be contextualized within local geographic, social, cultural and health care environments.

**Speakers**

1. R. Joober  
Douglas Mental Health University Institute, Montreal Canada, McGill University, Montreal Canada
2. Patrick D. McGorry  
MD, PhD, FRCP, FRANZCP
3. Professor Swaran P Singh Head of Division  
Mental Health and Wellbeing, University of Warwick
4. Helen Coughlan  
Department of Psychiatry, Royal College of Surgeons in Ireland, Dublin, Ireland
5. Ashok Malla, McGil  
University and Douglas Mental Health University Institute, Montréal, Canada

**Session:** Regular Symposium  | **SPEAKER 1** | **Code** | SY397
---|---|---|---
**Title:** Early determinants of psychiatric disorders: Some insights form epidemiological and recent molecular studies with special reference to psychotic disorders

**Speaker** R. Joober 1,2  
1. Douglas Mental Health University Institute, Montreal Canada  
2. McGill University, Montreal Canada

**Abstract**

Objectives: Genetics/environmental studies strongly support the idea that the risk for psychiatric developmental disorders predates by decades their onset. However, when and how these early factors funnel into specific disorders remains difficult to establish.

Methods: We propose a hypothesis by which Medium Range Cognitive Deficits (MeRCI), as determined by genetic and/or developmental factors interacts with ongoing stressors (particularly those of post-adolescence/early-adulthood phases of development), represent an important node for the development of psychotic disorders (PD).

Results: Epidemiological data suggest that psychotic symptoms are more likely to happen in subjects with MeRCI. In contrast subjects with severe cognitive impairment or high cognitive capacities are less
likely to develop PD. This is because delusions and hallucinations (and possibly other psychotic symptoms) require a certain degree of cognitive impairments predisposing to faulty inferences but their emergence is incompatible with severe obliteration of inferential thinking. Remarkably, recent molecular genetic findings parallel these epidemiological observations. Indeed severe mutations, which are associated with important mental deficits, are not reported in PD, whereas mutations with milder effects on cognitions have been robustly implicated with PD. Most importantly, the genetic data gleaned from these CNVs findings suggest that the trajectory towards the development of psychotic disorders is highly correlated to the potential of these CNVs to impair intellectual functioning, but is incompatible with high load of CNVs, as such a load may further impair cognition, thus, according to the MeRCI hypothesis, protects against psychosis.

Conclusions: we propose MeRCI (and its underlying genetic determinants) as an important but non-specific risk factor for the development of psychopathology. Subjects with MeRCI may be highly challenged by their familial, educational and recreational environment, which may lead to psychotic breaks or other psychiatric disorders. Prevention studies should target this group of subjects and develop approaches aiming the reductions of stress in this population.

Session: Regular Symposium  
SPEAKER 2  
Code SY397  

Title: Youth mental health: A best buy for mental health reform  
Speaker Patrick D. McGorry MD, PhD, FRCP, FRANZCP.  

Abstract Mental and substance use disorders are among the leading health and social issues facing society, and now represent the greatest threat from non-communicable diseases (NCD) to prosperity, predicted by the World Economic Forum to reduce global GDP by over $16 trillion by 2030. This is not only due to their prevalence but critically to their timing in the life cycle. They are by far the key health issue for young people in the teenage years and early twenties, and if they persist, they constrain, distress and disable for decades. Epidemiological data indicate that 75% of people suffering from an adult-type psychiatric disorder have an age of onset by 24 years of age, with the onset for most of these disorders – notably psychotic, mood, personality, eating and substance use disorders– mainly falling into a relatively discrete time band from the early teens up until the mid 20s, reaching a peak in the early twenties. While we have been preoccupied with health spending at the other end of the lifespan, young people who are on the threshold of the peak productive years of life, have the greatest capacity to benefit from stepwise evidence-based treatments and better health care delivery. A substantial proportion of young people are being neglected and consigned to the “NEET” scrapheap with disastrous human and economic consequences.

In recent years, a worldwide focus on the early stages of schizophrenia and other psychotic disorders has improved the prospects for understanding these complex illnesses and improving their short term and longer term outcomes. This reform paradigm has also illustrated how a clinical staging model may assist in interpreting and utilising biological data and refining diagnosis and treatment selection. There are crucial lessons for research and treatment, particularly in the fields of mood and substance use disorders. Furthermore, the critical developmental needs of adolescents and emerging adults are poorly met by existing conceptual approaches and service models. The paediatric-adult structure of general health care, adopted with little reflection by psychiatry, turns out to be a poor fit for mental health care since the age pattern of morbidity of the latter is the inverse of the former. Youth culture demands that young people are offered a different style and content of service provision in order to engage with and benefit from interventions. The need for international structural reform and an innovative research agenda represents one of our greatest opportunities and challenges in the field of psychiatry. Fortunately this is being explored in a number of countries and has the potential to spread across the world as a dynamic health reform front.

Session: Regular Symposium  
SPEAKER 3  
Code SY397  

Title: Developing youth mental health services in the UK
### Health Policy in England

Health policy in England has centrally driven the development of early intervention services across the country although concerns remain about the adequate resourcing of EI services over the long-term. As the country enters an era of economic austerity, all health services will be under scrutiny. The evidence base for early intervention services (EIS) is now robust, with randomised trials and economic evaluation studies confirming that EIS improves clinical outcomes and is cost-effective since inpatient use is reduced. The mental health policy document for the next decade in England, New Horizons, explicitly argues for extending the EI model of care. However dissenting voices continue to portray EIS as a waste of valuable resources. I will present national and international data showing that while EIS effectiveness has been demonstrated, the evidence base for traditional models of care, especially for young people, is very limited. Traditional service structures are particularly poor at meeting the needs of young people with emerging mental disorders. The EIS model can be extended in two directions: to other disorders that emerge in adolescence such as eating disorders and personality disorders; and in earlier upstream interventions in vulnerable young people. I will argue that we need changes in both service structures and in the quality of interventions offered to young people, giving examples from local initiatives in engaging young people from marginalised groups, such as Black and Minority ethnic populations.

### Mental Health of Young People in Ireland

Almost 30 per cent of young Irish adolescents and approximately half of young Irish adults will experience mental ill-health problems, at some time during their early lifetime, which means there is an increased risk that they will suffer from mental ill-health in their adult years. High numbers of young Irish adults are also engaged in the misuse of alcohol and drugs. Over 1 in 5 are meeting criteria for diagnosable substance use disorder over the course of their lives and 1 in 20 met criteria for an alcohol use disorder. Of particular concern is that 3 out of 4 young Irish adults (75%) met lifetime criteria for binge drinking in our recent population based prevalence study. When comparing these results to similar international studies, the findings show that young Irish adolescents in the 11-13 year age range have higher current rates of disorder than similarly-aged young adolescents in both the USA and the UK.

The research also reveals alarming new statistics on rates of self harm and suicidal ideation among young Irish people. Among 19 – 24 year olds, almost 1 in 5 (19%) had experienced suicidal ideation over the course of their lifetimes, while a previous suicidal act was reported by approximately 1 in 15 (6.8%).

There is an urgent need to enhance the services, supports and policies which underpin the mental health services available to young people in Ireland. There is a need for a new style of service and for more “joined-up” services to provide expert help to the large number of young people who require psychological help and, without these support services, their chances of operating and functioning well in society as adults are adversely affected. This presentation will outline developments in the area of youth mental health in Ireland - the achievements so far and the work yet to be done.

### A New Approach to Developing and Evaluating Youth Mental Health Services: Canadian Perspective

As a Strategic Patient Oriented Research (SPOR) initiative for transformation of youth mental health services (11-25 years), the Canadian Institutes of Health Research and Graham Boekch (family) Foundation, has jointly funded ($25M) a project, ACCESS (Adolescent-youth Connections to...
Community-driven Early Strength-based Stigma-free Services), following a national competition. ACCESS proposes transformation of youth mental health services through multiple stakeholder involvement (youth, families, service providers, researchers, policy and community organizations) in its development, implementation and governance involving 5 provinces and based on three pillars: multiple methods of early case identification; quick and easy access; connections to services based on severity and stage of the presenting problem and acceptability by the youth and families. We will use innovative methods for early case identification, e.g., multiple portals of entry (web access, use of electronic media, connections with a 24 hour national phone-in service); use of trained professional and peers within youth spaces for easy and quick access for assessment; treatment services reconfigured to avoid transition based on age and provide evidence informed, contextually guided (urban-rural, ethnicity, homeless, remote and aboriginal) services. Effectiveness of ACCESS will be tested on multiple outcome domains, using a randomized controlled, step-wedged design involving three urban, one small urban-rural and two remote and aboriginal populations for the RCT; and 3 other sites for observation (an urban homeless youth population, 2 small remote aboriginal communities and an entire small province). The evidence derived from this 5-year project will be used to influence future implementation and national policy on youth mental health.
### OVERALL ABSTRACT

**Title:** The Who World Report On Suicide  
**Chairperson:** Dr Shekhar Saxena, World Health Organization, Geneva, Switzerland  
**Co-chair:** Prof Dr Danuta Wasserman, Karolinska Institutet, Stockholm, Sweden

**Abstract**

Each year, more than 800,000 people die by suicide, which translates to one suicide occurring every 40 seconds. Suicide is one of the three leading causes of death worldwide among those aged 15-44 years, and the second leading cause of death among youth aged 15-19 years. The public health effect of suicide extends to communities, states and countries alike. The objective of the WHO World Report on Suicide is to prioritize suicide prevention on the global public health and public policy agendas and increase overall awareness of suicide as a legitimate public health issue. Through this report, WHO offers evidence-based recommendations for reducing suicides and calls on partners to step-up their advocacy and prevention efforts. The session offers an overview of WHO initiatives, evidence-based strategies for suicide prevention, and epidemiological findings of youth suicide.

**Speakers**

1. Dr Shekhar Saxena,  
   World Health Organization, Geneva, Switzerland  
2. Dr Alexandra Fleischmann,  
   World Health Organization, Geneva, Switzerland  
3. Prof Dr Danuta Wasserman,  
   Karolinska Institutet, Stockholm, Sweden  
4. Dr Vladimir Carli,  
   Karolinska Institutet, Stockholm, Sweden

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### SPEAKER 1

**Title:** The Who Mental Health Action Plan  
**Speaker:** S. Saxena  
World Health Organization, Geneva, Switzerland

**Abstract**

Objectives: To provide an overview of the World Health Organization’s (WHO) Mental Health Action Plan.  
Methods: Information is based on the WHO Mental Health Action Plan.  
Results: The comprehensive mental health action plan 2013-2020 has been elaborated through consultations with Member States, civil society and international partners. It takes a comprehensive and multisectoral approach, through coordinated services from the health and social sectors, with an emphasis on promotion, prevention, treatment, rehabilitation, care and recovery. It also sets out clear actions for Member States, the WHO Secretariat and international, regional and national level partners, and proposes key indicators and targets that can be used to evaluate levels of implementation, progress and impact.  
Conclusions: The action plan has, at its core, the globally accepted principle that there is "no health without mental health". The objectives of the action plan are the following: to strengthen effective leadership and governance for mental health; to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; to implement strategies for promotion and prevention in mental health; and to strengthen information systems, evidence and research for mental health.

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### SPEAKER 2

**Title:** Launch Of The Who World Report On Suicide
Speaker: A Fleischmann  
World Health Organization, Geneva, Switzerland

### Abstract

**Objectives:** To present a synopsis of the World Health Organization’s (WHO) world report on suicide.

**Methods:** Information taken from the WHO World Suicide Report is utilised for the purpose of this lecture.

**Results:** The WHO World Suicide Report is the first global report of its kind. The report will provide a systematic, evidence-based approach to policy and programme development which can be adapted to suit existing health and social structures and, where countries have already commenced this process, provide guidance on strengthening their approaches. As the report creates an environment for taking immediate action, more people affected by mental disorders, neurological, and substance use disorders, as well as suicidal behaviours will be identified and treated. As a result of working across different sectors, suicide would become not only a mental health problem, but a public health issue, with the prevention of unnecessary deaths from suicide. The target audience includes Ministries of Health, policy makers, planners, advocates, nongovernmental organizations, academics, researchers, health workers, the media, and the general public.

**Conclusions:** The major themes addressed in the WHO World Suicide Report are the following: epidemiology and reporting of suicide and suicide attempts around the globe; taking public health action; existing national responses, legislation, and resources; and future directions.

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<td><strong>Title:</strong> Evidence Based Strategies For Suicide Prevention</td>
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| **Speaker:** D Wasserman  
Karolinska Institutet, Stockholm, Sweden |
| **Abstract:** Objectives: To present an overview of evidence based strategies for suicide prevention.  
Methods: Models and strategies for suicide prevention demonstrated in this lecture are construed on the basis of current research in mental health and suicidology.  
Results: Suicide is a global challenge. It accounts for nearly 1 million deaths and an estimated 10 million attempted suicides each year. In 2012, global suicide rates were 11.4 per 100,000 inhabitants with higher rates observed among males (14.5/100,000) compared to females (8.2/100,000). Research estimates suggest that between 25% and 50% of the suicide population can be reached and treated accordingly. There are evidence-based strategies for suicide prevention that have illustrated efficacy in reducing suicidal behaviours. Effective suicide prevention models comprise two approaches: healthcare and public health. The healthcare approach to suicide prevention focuses on measures directed towards patients and undertaken by healthcare services. The public health approach is performed on a larger scale and targets the general population. Evidence-based strategies in the healthcare approach include pharmacological treatment, such as antidepressant treatment for depression and clozapine treatment for schizophrenia, to which have shown to significantly reduce suicidal behaviours among patients. Psychotherapies, including cognitive behaviour therapy (CBT) and dialectal behavioural therapy (DBT), have also illustrated prominent results in reducing both mental illness and suicidal behaviours. In an integrated, public health-oriented approach to suicide, the objective is to perform surveillance, identify risk and protective factors, and implement preventive interventions. Suicide prevention programs in the public health approach should build on known prevention models as universal, selective and indicated schemes. Universal prevention is aimed at general populations, selective prevention is aimed at populations who have an above average risk for suicide, and indicated prevention is directed at persons who have already expressed suicidal behaviour. Evidence of efficacy in public health approaches are wide ranging and cover the expansion of surveillance systems, appropriate media coverage of suicide, awareness of mental health and suicide, alcohol reduction, and the reduction of lethal means to suicide.  
Conclusions: Effective suicide prevention programs should combine both healthcare and public health approaches for optimal impact. Evidence of effective healthcare and public health strategies in suicide prevention has been well documented. |
| Speaker     | V Carli  
|            | Karolinska Institutet, Stockholm, Sweden |
| Abstract   | Objectives: Within the framework of the Saving and Empowering Young Lives in Europe (SEYLE) project, the prevalence of suicide in young people will be presented.  
|            | Methods: Outcomes exemplified in this presentation is based on data collected from the SEYLE study.  
|            | Results: Suicide is a leading cause of death, in particular among young and middle-aged men. According to the World Health Organization (WHO), one million people take their own lives each year, worldwide. In the 27 European Union countries (EU-27), more than 63,000 people commit suicide each year; this 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 addition, it is estimated that ~630,000 people attempt suicide, and ~6.3 million suffer from suicidal thoughts every year. Suicide causes an immense psychological suffering in relatives and other survivors of the victims. The socio-economic costs have been estimated to be well over one hundred billion Euros in the EU alone. This major burden to health and society is now well acknowledged by the EU, WHO and The National Institute of Health (NIH) in the US. The SEYLE study provided important prevalence data on the epidemiology of suicide among young people. SEYLE aims at promoting mental health among adolescents in European schools and was performed by a consortium of 12 European countries: Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia and Spain, with Sweden as the coordinating centre. One of its main objectives was to gather information on health and well-being in European adolescents. SEYLE generated a large epidemiological database containing information regarding socio-demographics, risk factors, lifestyles, and the mental health of adolescents in Europe. Conclusions: The main epidemiological findings of the SEYLE study will be elucidated and discussed during this lecture. |
Title: **Self-Disorders In Schizophrenia: A New Way Forward?**

Chairperson: Mads Gram Henriksen, PhD, Center for Subjectivity Research University of Copenhagen, Denmark.

Co-chair: Dr. Borut Škodlar PhD, University Psychiatric Hospital Ljubljana, University of Ljubljana Slovenia.

Abstract: The notion of the disordered self as the core disturbance of schizophrenia appears more or less explicitly in all foundational texts on schizophrenia (e.g., Kraepelin, Bleuler, Minkowski, Jaspers, and Schneider). Although many classical psychiatrists considered anomalies of self-experience (i.e. self-disorders) as intrinsic features of the clinical picture of schizophrenia, the prominence of self-disorders has now all but vanished from contemporary knowledge of schizophrenia. Self-disorders were, however, rediscovered in a Danish study of first-admitted schizophrenia spectrum patients and a similar study conducted in Norway. In 2005, a new psychometric instrument EASE (Examination of Anomalous Self-experience; Parnas et al.) was published, allowing clinicians to systematically inquiry into these pervasive, enduring, and typically alarming experiential disturbances, which usually precede the onset of psychosis and persist after remission has been established. Since then, the EASE scale has been translated into 10 languages. An accumulating series of empirical studies inquiring into self-disorders in various patient samples are continuously published in major psychiatric journals.

Objectives: This symposium will provide an up-to-date overview and discussion of significant trends and novel empirical findings in self-disorders research.

Methods: The symposium comprises four presentations that in different ways address significant correlations between self-disorders, diagnoses, psychosis onset, psychopathology, neurocognition, suicidality, and psychotherapy.

Conclusions: Overall, the symposium seeks to provide comprehensive answers to the following two questions: What are the strengths and limitations of the self-disorders approach? Does this approach represent a new dawn for schizophrenia research, early intervention, and treatment?

Speakers:

1. Dr. Elisabeth Haug, PhD, Division of Mental Health, Innlandet Hospital Trust, Ottestad, Norway
2. Dr. Julie Nordgaard, PhD, Mental Health Center Hvidovre University of Copenhagen, Denmark
3. Dr. Borut Škodlar PhD, University Psychiatric Hospital Ljubljana, University of Ljubljana Slovenia
4. Mads Gram Henriksen, PhD, Center For Subjectivity Research University of Copenhagen

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Title: **The Norwegian Ease Study: Anomalous Self-Experience In Schizophrenia, Associations With Diagnosis, Suicidality And Neurocognition**

Speaker: Elisabeth Haug, Paul Møller, Lars Lien, Andrea Raballo, Unni Bratlien, Merete Øie, Ole Andreassen, Ingrid Melle Division of Mental Health, Innlandet Hospital Trust, Ottestad, Norway

Abstract: Objectives
To test the diagnostic properties and discriminatory power of self-disorders (SDs) with respect to schizophrenia and non-schizophrenia spectrum psychosis at first treatment contact, to investigate whether SDs are related to suicidality, and to investigate the relationship between SDs and neurocognitive function.

Methods
SDs were for the first time systematically assessed in a representative and unselected sample of 91 psychosis patients referred to their first treatment, using the EASE instrument (Examination of Anomalous Self-Experience). Diagnoses, symptoms severity, function and neurocognition were assessed using the SCID-I, SCI-PANSS, CDSS, YMRS, and GAF-split version, and a broad neurocognitive battery appropriate for psychosis.
Results
The EASE total score was the only clinical measure that showed a significant and robust association with the diagnosis of schizophrenia. The association held true when controlled for age, gender, DUP and GAF. In a subsample of 49 schizophrenia patients, analyses detected a significant association between current suicidality, current depression, and SDs as measured by the EASE. The effect of SDs on suicidality appeared to be mediated by depression. In a sub-sample of 57 schizophrenia patients, we found almost no association between SDs and neurocognitive impairments, except that high levels of SDs were significantly associated with impaired verbal memory. Finally, The EASE showed good to excellent internal consistency and interrater correlation.

Conclusions and implications
Exploration of SDs could improve differential diagnosis in first-treatment patients, it represents a rational clinical target for the prevention of suicidality in the early phases of schizophrenia, and it seems to be an adequate supplement to neurocognitive tests. The EASE provides a reliable and internally consistent clinical tool for the assessment of SDs.

Session: Regular Symposium  SPEAKER 2  Code  SY402
Title: Correlations Between Self-Disorders, Other Forms Of Psychopathology, IQ, And Illness Characteristics In Schizophrenia Spectrum Disorders
Speaker  Julie Nordgaard and Josef Parnas  Mental Health Center Hvidovre University of Copenhagen, Denmark
Abstract  Objectives
The aim of the study is to explore correlations between self-disorders (SDs), other measures of psychopathology (including insight into illness, perceptual disturbances, formal thought disorders, and positive and negative syndromes), IQ, and extrinsic illness characteristics (duration of untreated psychosis [DUP] and duration of untreated illness [DUI]).

Method
A sample of 100 diagnostically heterogeneous, first-admitted in-patients underwent a comprehensive psychiatric interview. Self-disorders were elicited by means of the EASE: Examination of Anomalous Self-Experience scale. A skilled psychiatrist conducted all the interviews and patients were diagnosed according to DSM-IV. All interviewed subjects were IQ-tested. Correlations were tested with Spearman’s correlations coefficient.

Results
SDs aggregated significantly within the schizophrenia spectrum and without significant differences between schizophrenia and schizotypal personality disorder, and SDs scores significantly discriminated schizophrenia spectrum disorders from other mental disorders. Moreover, we found significant positive correlations between SDs, positive and negative syndromes, formal thought disorders and disturbances of perception. No correlation was found between the SDs and DUP, DUI or IQ (all subjects had IQ>70), respectively.

Conclusion and implications
The results are consistent with findings from other recent studies, documenting that SDs aggregate significantly in schizophrenia spectrum disorders but not in other mental illnesses. The correlations with the well-known schizophrenia symptoms strongly support the notion that SDs constitute fundamental features of schizophrenia spectrum psychopathology. We suggest to include screening for SDs in standard assessment of psychiatric patients as it may enable more accurate and earlier identification of at-risk mental states tagged with a propensity to unfold into manifest schizophrenia or schizotypal disorder. The lack of correlations between SDs and DUP or DUI may indicate that SDs form more basic vulnerability traits. The absence of a significant correlation between SDs and IQ suggests that the SDs are not IQ depended.
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<th>Title:</th>
<th>Self-Disorders, Phenomenology, And Psychotherapy Of Schizophrenia</th>
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| Speaker | Borut Škodlar, Mads Gram Henriksen, Josef Parnas, Louis A. Sass  
University Psychiatric Hospital Ljubljana, University of Ljubljana Slovenia |
| Abstract | **Introduction**  
In the last two decades, there has been an increasing interest in psychotherapy of schizophrenia. With the establishment of cognitive-behavioral therapy as the psychotherapy of choice also for schizophrenia in many countries, we have witnessed a true renaissance of that interest. Accumulating data on psychotherapy of schizophrenia point to a need for a more phenomenologically informed and narrative approaches, which seem congruent with some of the new approaches in the cognitive-behavioral paradigm, i.e. metacognitive and mindfulness approaches, as well as with recent psychoanalytic approaches, e.g. the mentalization-based approach.  
**Objectives and methods**  
Our main hypothesis, which will be presented and contextualized in this presentation, is that any effective psychotherapy of schizophrenia is in a great need and practically dependent on a thorough, transparent, and systematic research of basic subjective experiences in schizophrenia. In our view, the phenomenologically-oriented self-disorders approach to schizophrenia represents a cornerstone in the ongoing scientific search for an enriched basis for efficient treatment strategies and techniques.  
**Results and discussion**  
Some paradigmatic cases of mutually fruitful relationships between research on subjective experiences (from our studies on emotion experience and suicidality in schizophrenia, and correlations with EASE data) and psychotherapeutic strategies in treatment of schizophrenia patients (from the Unit for psychotherapy, University of Ljubljana) will be presented and discussed. |

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<th><strong>SPEAKER 4</strong></th>
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<tr>
<td>Title:</td>
<td>Psychosis And Poor Insight Into Illness In Schizophrenia</td>
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| Speaker | Mads Gram Henriksen  
Center For Subjectivity Research University of Copenhage |
| Abstract | **Objectives**  
Poor insight into illness is considered the primary cause of treatment noncompliance in schizophrenia. Yet, the complexity of the phenomenon of poor insight is not well understood, and we are still short of solid answers to the most basic questions: why do many patients with schizophrenia not feel ill in the sense of attributing their abnormal experiences to this mental disorder, and what is poor insight into illness really? These are the central questions, which the presentation raises and strives to provide preliminarily answers to.  
**Methods**  
The presentation has two parts. In the first part, I will discuss the definition of poor insight, review the available results from empirical studies, and critically discuss the predominant conceptual accounts of poor insight (which consider it as an ineffective self-reflection, caused either by psychological defences or impaired metacognition). I will argue that these accounts are at odds with the phenomenology of schizophrenia—according to which schizophrenia is a disorder of the self that involves a variety of specific alterations of the structures of experiencing that affects the very conditions of self-experience and self-reflection. In the second part, I will propose a novel, phenomenologically oriented account of poor insight in schizophrenia.  
**Conclusions**  
I will argue that the reason why most schizophrenia patients have no or only partial insight and consequently do not comply with treatment is rooted in the nature of their (non-psychotic) anomalous self-experiences (i.e. self-disorders) and the related articulation of their psychotic symptoms. |
### OVERALL ABSTRACT

**Title:** Hot Topics On Transcultural Psychiatry Symposium

**Chairperson:** Dr. Helme Najim, FRCPsych Consultant Psychiatrist Basildon university Hospital

**Abstract**

The last three decades have witnessed great transformation in communication and travel which have made the world as a global village. The unrest and conflicts all over the world have made voluntary and involuntary mobilisation of people more common. It has been noted that psychiatric morbidity increases with increased mobility of people, hence the relevance of Transcultural psychiatry. It has been the norm for a patient to present in a foreign culture and get treated by a psychiatrist who is not native. This problem has made it mandatory for psychiatrists to arm themselves with relevant knowledge about different cultures.

Our symposium is a modest effort to shed light on Transcultural Topics in our day to day practice of psychiatry in the United Kingdom and respective cultures.

**Speakers**

1. Helme Najim
3. Zainab Najim 4th Year Medical Student King’s College University Hospital
4. Dr Farooq Naeem Consultant Psychiatrist Isle of Wight NHS Trust England UK

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### SPEAKER 1

**Title:** Transcultural Aspects Of Stigma

**Speaker**

Dr. Helme Najim
FRCPsych Consultant Psychiatrist Basildon university Hospital

**Abstract**

Stigma is universal in psychiatry. It varies from one culture to another according to the development of that culture and its tradition of explaining mental illness. Stigma is less pronounced in developed countries compared to developing countries. It has got more emphasis in women compared to men and on lower social classes.

This study tries to shed light on different terms as stigma and discrimination. It tries to describe stigma in different cultures and give some examples about ways to deal with mental illness under different names.

It also tries to differentiate between different diagnoses and how they are perceived differently in different cultures. There are cultures who perceive mental illness negatively and other cultures who recognise positive aspects of mental illness as increased creativity and some culture consider it as a valued religious attribution.

This study tries to highlight methods of dealing with stigma and reducing its effects on individuals, communities, which will be reflected on the outcome of mental illness as a whole.

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### SPEAKER 2

**Title:** Perinatal Psychiatry In The Arab World

**Speaker**

Zainab Najim
4th Year Medical Student King’s College University Hospital

**Abstract**

Introduction:

Psychiatric complications within the post-partum period are now widely recognised within the Western healthcare system, thus leading to better recognition and treatment of these problems. However, there is a far smaller knowledge base of such issues amongst healthcare professionals in other areas of the globe, particularly the Middle East. It is not clear whether this is due to lower incidence and prevalence rates within these countries, or a lack of literature and thus fewer recognised cases.
Methods:
An online search was conducted through several search engines to identify literature and scholarly articles surrounding perinatal psychiatry within the Arab world, using the keywords ‘perinatal’, ‘postpartum’, ‘psychiatry’ and ‘Arab’. The results yielded nine research articles which were relevant to the topic. These articles were then assessed to determine incidences of psychiatric disorders in the postpartum period amongst mothers in the Middle East compared with other areas, as well as the effective use of screening tools and treatment methods.

Results:
Four of the studies concluded that the prevalence of postpartum depression amongst Arab mothers is similar to that of mothers in Western countries. The Edinburgh Postnatal Depression Scale was used and its validity for detecting postpartum depression amongst Arab mothers was confirmed in one study. Aside from postpartum depression, no other psychiatric disorders were assessed or mentioned in the postpartum period. One study compared rural and urban life in Lebanon, and concluded that lack of psychosocial support in rural areas led to much higher incidence rates of postpartum depression. All articles suggested a lack of recognition of these disorders amongst patients as well as need for a wider literature base.

Conclusion:
Aside from postpartum depression, other aspects of perinatal psychiatry have not been studied in this population. As well as further research into the prevalence of problems such as postpartum psychosis, cultural barriers regarding the nature of these sensitive disorders and the way they are perceived by patients need to be addressed in order to further their study and enable adequate screening, prevention and treatment.

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**Session:** Regular Symposium  
**Title:** Zar As A Religious Treatment Sermony Of Mental Disorders In Egypt  
**Speaker:** Salah Abou Alfadel, Consultant Psychiatrist North East London NHS Trust  
**Abstract**  
Different cultures and countries developed their treatment of mental disorders according to the concept prevalent of that culture about mental illness. Most of it derived its rules from spiritual and religious traditions. Mental illness was considered as an evil spirit by Egyptians and neighbouring countries for that reason, they devised the treatment by a ceremony in which drums are played and group of people started to walk and swing their bodies in circles and reciting verses of Holy Quran and other religious verses. Neurotic mental illnesses responded well to this treatment and all the community enjoy such activities especially in feasts and religious festivals. This study tries to shed light on this practice and explains its scientific rationale.

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**Session:** Regular Symposium  
**Title:** Transcultural Models Of Cognitive Behaviour Therapy  
**Speaker:** Dr Farooq Naeem, Consultant Psychiatrist Isle of Wight NHS Trust, England UK  
**Abstract**  
Cognitive Behaviour has a strong evidence base and is recommended by National Organizations in both the UK and USA. There is some evidence from research to suggest that CBT might need some adaptations when working with clients from non European background. Most research on this area originates from the US. Developing culturally sensitive CBT project at Southampton University involved adaptation of CBT for black and ethnic minority communities in UK and for local population in Pakistan. A series of mixed method studies were conducted in Pakistan and in UK. We adapted CBT for depression and psychosis in Pakistan, while in the UK CBT was adapted for psychosis. Based on this work guidelines were developed for adapting CBT. These were further adapted during our work in Manchester and Pakistan. We will describe the guiding principles for working with South Asian Muslims (SAM), using CBT, which emerged from our work. We found that in order to effectively work with clients from SAM background, therapists need to consider and develop three fundamental areas of cultural competence; (1) Awareness of relevant cultural issues and preparation for therapy; (2) Assessment and engagement and, (3) Adjustments in therapy techniques. Awareness of cultural issues in
turn includes awareness of cultural and religious issues, capacity and circumstances of both the individual and the system and cognitions and beliefs.

Overall, findings from, developing culturally sensitive CBT project suggest that minor adjustments in therapy are required in order to work with SAM clients. However, further work is required in this field. The aim of this presentation is to describe guidelines which emerged from our work on developing culturally sensitive CBT with SAM.
Drug Repurposing And Emerging Adjunctive Treatments For Schizophrenia

Despite a growing armamentarium for the treatment of schizophrenia, many patients are left with residual positive, negative and cognitive symptoms. This clinical conundrum has resulted in numerous, diverse lines of research focusing on the use of adjunctive treatments. Despite the vast differences in the pharmacology of these agents, each has the potential to effectively treat residual symptoms and affect patient outcomes in a positive manner. With recent declines in the industrial pipeline of innovative schizophrenia medications, the notion of medication repurposing, defined as the practice of using old drugs in new ways, is garnering much attention from researchers worldwide. This emerging treatment tactic may prove beneficial for not only the treatment of schizophrenia, but for advancing our understanding of the pathophysiology of this complex disorder. The overall goals of this symposium are to highlight different innovative lines of research involving repurposed treatments for schizophrenia, and to discuss ongoing and future research efforts in this area. To do this, we will focus on four divergent repurposed pharmacologic interventions. First, we will focus on the role of one carbon metabolism and the use of folate and B-vitamins in the reduction of cardiovascular complications seen with antipsychotic use. We will include recent clinical trial results showing individualized differences in response. Second, we will extend our discussion of the role of inflammation within schizophrenia by describing the utility of aspirin on positive symptoms in patients with high levels of serum CRP, indicating potentially greater inflammation. Next, we will discuss the use of minocycline for the treatment of schizophrenia, including new data that relates symptom improvement in patients treated with clozapine. Lastly, this symposium will discuss the place of nitroprusside in schizophrenia treatment as results from a recent trial shows immediate and sustained improvements in positive and negative symptoms. Thus, despite the current thought that our new medication pipeline for schizophrenia is currently waning; new lines of innovative research centering on medication repurposing schizophrenia provide reasons for optimism. In addition to shedding new light onto the pathophysiology of this illness, the findings presented here suggest new treatments that can potentially be rapidly translated into practice and into improved outcomes for those with schizophrenia.

Speakers

1. Dr. Deanna Kelly, University of Maryland, Baltimore, Maryland, USA
2. Dr. Joao Paulo maia-de-Oliveira, University of Sao Paulo, Sao Paulo
3. Dr. Vicki Ellingrod, University of Michigan, Ann Arbor, Michigan, USA
4. Dr. Mark Weiser, Tel Aviv University, Tel Aviv, Israel

Adjunctive Minocycline In Clozapine Treated Schizophrenia Patients With Persistent Symptoms

Objectives: Clozapine is the most effective antipsychotic treatment for treatment refractory patients with schizophrenia. However, no adjunctive treatments have demonstrated efficacy in patients who are only partially responsive to clozapine. Minocycline is a derivative of tetracycline that modulates the glutamatergic system, as well as anti-inflammatory actions, antioxidant and antiapoptotic effects. Accumulating preclinical and clinical data suggest minocycline may be effective for treatment of
Methods: We have completed a 10 week, randomized double blind placebo controlled study of adjunct minocycline (100 mg BID) compared to placebo in 50 participants only partially responsive to clozapine. We examined cognitive function (MATRICS Consensus Cognitive Battery, MCCB), positive and anxiety/depressive symptoms (Brief Psychiatric Rating Scale, BPRS), and avolition (Scale for the Assessment of Negative Symptoms, SANS).

Results: On the MCCB there was no significant improvement on the composite score but a domain x treatment interaction (F=2.78, df=6.41.6, p=0.03) showed an improvement in working memory among minocycline patients (minocycline-placebo difference= 4.81 ± SE 1.82, p=0.023 (effect size 0.41). The BPRS total score (p=0.075, effect size 0.55) and BPRS psychosis factor (p=0.098, effect size=0.39) tended to improve more with minocycline versus placebo. There was no significant treatment effect on the SANS total score, but there was a significant improvement in avolition in patients assigned to minocycline compared to placebo patients (minocycline-placebo difference= -0.22, p=0.012, effect size=0.34). There was also a significant improvement with minocycline on the anxiety/depression subfactor on the BPRS (p=0.028, effect size=0.49). Minocycline was well tolerated with significantly fewer headaches and constipation compared to placebo.

Conclusion: We found modest improvements in working memory and avolition with minocycline in a treatment resistant and chronically ill population. Larger studies are needed to confirm these findings and determine whether there are any effects on psychosis or anxiety/depressive symptoms.

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### Session: Regular Symposium  
**Title:** Nitroprusside Treatment Of Schizophrenia  
**Speaker:** P. Maia-de-Oliveira1,2,6, J. Abrao1, P. R. Evora1, A. W. Zuardi1,2, J. A. S. Crippa1,2, P. Belmonte-de-Abreu2,3, G. B. Baker2,4,5, S. M. Dursun2,4,5, J. E. C. Hallak1,2,4  
1University of Sao Paulo (USP), Ribeirao Preto, SP, Brazil  
2National Institute of Science and Technology in Translational Medicine (INCT-TM), Brazil.  
3University of Rio Grande do Sul, Porto Alegre, RS, Brazil  
4University of Alberta, Edmonton, Canada.  
5Alberta Hospital Edmonton, Edmonton, Canada  
6Universidade Federal do Rio Grande do Norte, Natal, RN, Brazil

**Abstract**  
Background: Although there is a wide range of currently available antipsychotic drugs, most patients with schizophrenia continue to present symptoms that impair their social and occupational performance.  
Objective: To evaluate the effectiveness and safety of a single intravenous administration of sodium nitroprusside (0.5 μg/kg/min for 4h) on the positive, negative, anxiety and depressive symptoms in patients with schizophrenia. Design: Single center randomized double-blind placebo-controlled trial.  
Setting: University Teaching Hospital, Sao Paulo, Brazil. Participants: 20 inpatients aged 19 to 40 years with a diagnosis of schizophrenia and who were in the first 5 years of the disease. Intervention: Sodium nitroprusside (SNP) Main Outcome Measures: 18-item Brief Psychiatric Rating Scale (BPRS-18) and Negative Subscale of the Positive and Negative Syndrome Scale (PANSS).  
Results: Following the infusion of sodium nitroprusside, a very rapid (within 4 hours) improvement of symptoms was observed. The placebo and experimental groups showed significant differences in the Brief Psychiatric Rating Scale-18 total score and subscales, which persisted for four weeks post-infusion.  
Conclusion: The effects of NPS on schizophrenia patients strengthens the concept that activation of NMDA-NO-cGMP cascade could improve schizophrenia symptoms and that this improvement can starts faster than what happens with the currently antipsychotics. We believe that may the development of drugs that enhances NO levels, such as NPS, could be a productive target to pursue in the development of the next generation of antipsychotic drugs, significantly improving treatment outcomes and patient care in a near future.

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### Session: Regular Symposium  
**Title:** Folate For Cardiovascular Complications Seen With Antipsychotic Use
Objective: Metabolic syndrome may be related to dietary folate, its pharmacogenetically regulated metabolism, and atypical antipsychotic (AAP) exposure. We examined how folate supplementation would affect metabolic measures and endothelial functioning (RHI) in AAP treated schizophrenia subjects meeting NCEP-ATP-III metabolic syndrome criteria.

Methods: Subjects were given 5mg/day open label folate for 3 months. Baseline and 3 month measurements included RHI, BMI, fasting metabolic laboratory measures, C-reactive protein, homocysteine, IL-6, and leptin. DNA was genotyped for the methylenetetrahydrofolate reductase (MTHFR) 677C/T and catechol-O-methyltransferase (COMT) 158 Val/Met variants.

Results: Thirty-five subjects with a mean age of 50±9 years and 70% Caucasian. After 3 months supplementation, RHI improved by 20% (p=0.02), mean homocysteine decreased 14% (p=0.006), and IL-6 decreased 13% (p=0.09). Subjects exercised 15% less during the study (p=0.05). At baseline 61% met endothelial dysfunction criteria (RHI<1.67), which decreased to 27% (p=0.0006) at endpoint. The MTHFR 677C/C+COMT 158Met/Met subjects had a 44% RHI improvement versus 10% improvement for MTHFR 677T+COMT Val allele carriers (p=0.06). The MTHFR 677C/C+COMT 158Met/Met group also showed significant reduction in those meeting endothelial dysfunction (83% baseline and 16% endpoint), compared to the MTHFR T+COMT Val allele carriers (54% baseline and 31% endpoint[p=0.001]).

Conclusions: Folate may reduce AAP-associated metabolic risks and we report significant reductions in the number of subjects meeting endothelial dysfunction. This is remarkable given that ALL subjects met metabolic syndrome criteria. This may prove as a useful avenue to reducing CVD risk. Those with the MTHFR T or COMT Met alleles may not benefit from folate, but this needs further follow up.

Title: Positive Symptoms Espond To Add-On Aspirin In Schizophrenia Patients With High Sera Crp Levels: A Post-Hoc Analysis Of An Rct

Objective: This is a post hoc analysis of data from a previously performed RCT which administered add-on aspirin or placebo to patients with schizophrenia receiving anti-psychotics. We hypothesized that patients with high levels of CRP, perhaps reflecting high levels of inflammation, would have a better response to aspirin compared to patients with lower levels of CRP.

Methods: The study was a multi-center, 16 week, N=400 trial was designed as 3 active arms (aspirin 1000 mg/d + pantoprazole 40 mg/d, minocycline 200 mg/d, or pramipexole 1.5 mg) compared to placebo. Before entering the trial and throughout the trial all subjects received anti-psychotics at doses within PORT recommendations. Primary outcome measure was changes in total PANSS scores, secondary outcome measures included PANSS subscales. This analysis examined CRP to outcome.

Results: The ANOVA for overall change for all comparison of 3 drugs and placebo for the primary outcome of the total PANSS scores was significant (p=0.03) with individual comparisons showing only an effect for aspirin (Effect size, ES= 0.28, p= 0.056). For positive symptoms the overall ANOVA was not significant, p=0.084. The sample was divided into thirds according to CRP level at baseline. High
CRP (>3850 ng/ml) was more likely to be related to improvements in PANSS positive scores (ES=0.61, p=0.03), whereas intermediate and low CRP scores did not associate with response to aspirin. Conclusions: The results of this post-hoc analysis might cautiously be interpreted as indicating that a subgroup of patients with relatively high levels of CRP, a non-specific marker of inflammation, have significant improvements in positive symptoms upon inhibition of COX-1 or COX-2, or other biological effects, both inflammatory and non-inflammatory of aspirin. This issue should be further tested and future studies might screen patients for CRP and randomize those with high CRP levels to add-on treatment with aspirin or placebo.
Session: Regular Symposium
OVERALL ABSTRACT
Code SY410

Title: **Telemental health – variety of applications toward improved services in psychiatry**

Chairperson Davor Mucic, psychiatric centre little prince, copenhagen v, Denmark
Co-chairperson Jan Wise, CNWL NHS Mental Health Trust, CNWL NHS Mental Health Trust, London, UK

Abstract

Over the course of the symposia the use of distance communications for both therapeutic and administrative purposes will be covered. A doctor is often an educator of patients, disseminating knowledge to improve self-management, awareness and let the afflicted know they are not alone. An effective, secure, cost effective delivery of Tele-Behavioral Medicine services to patients in the privacy of their own home provided in Alaska will be demonstrated. A group from Poland will present over a decades worth of work that has led to a permanent web presence of an always available knowledge service, bringing major benefits to patients; whilst acknowledging that any tool may be misused. Internet based "Health 2.0 platform" for patients with severe mental illness will be presented by colleagues from Netherlands. Finally, the presentation from Sweden will describe the context, objectives and main results of two EU-funded projects in the field of mental health promotion and suicide prevention. The results are highly relevant to suggest the most promising and critical aspects to be addressed in future e-health projects in this field. Telemental services have provoked fear and anxiety amongst psychiatrists, about privacy, change, and technology. We hope that by the end of the programme we will have shown how simple and even old-fashioned technology has been used to change the world of our patients for the better.

Speakers

1. K. Krysta
   Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland
2. V. Carli
   Karolinska Institutet, National Centre for Suicide Research and Prevention of Mental Ill-Health, Stockholm, Sweden
3. H. A. Schwager
   Director, Alaska Telemedicine Consultants, Inc., Willow, Alaska, USA
4. F. Engelsbel
   Research Department, Geestelijke Gezondheidszorg Noord-Holland Noord (GGZ-NHN), the Netherlands.

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Session: Regular Symposium
SPEAKER 1
Code SY410

Title: Polish example of an educational Internet service for doctors, patients and their families

Speaker K. Krysta
Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland

Abstract

Objectives: Psychiatria.pl service was established in 1998. From the beginning it was designed as an educational site for physicians and patients. The access to particular content is limited only doctors. The part of the service content is devoted for the patients and their families. This group of users has become the largest group of the service visitors. A group of regular users – mostly patients, but also doctors emerged, who moderate the forum.

The purpose of the website is to disseminate accurate information about mental illness, diagnostic methods and treatment and to create a channel of communication between patients themselves and the psychiatric patients and with the healthcare professionals.

Methods: The target groups are: patients and their families, doctors, nurses and psychologists. In the service there are almost 600 articles, news and advice pages for patients and about 400 of them for doctors. Every day it is visited by 3,000 people, and 150 of them log in. Every month there are about 1,000 entries on the forum.

Results: The results of the activities in the service are the following: The main topics discussed by patients are coping with stress, dealing with patients with schizophrenia by family members, refusing to take medications, requests to diagnose self-experienced or observed in other people psychopathological
symptoms. The big emerging problem are appearing suicidal declarations and illegal exchange of sedative and weight-gain preventing drugs.

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

Session: Regular Symposium  SPEAKER 2  Code SY410
Title: Increasing awareness about mental health as an E-Health tool to prevent suicide
Speaker V. Carli, C. Wasserman, C. Hoven, G. Hadlaczky, M. Sarchiapone, D. Wasserman
Karolinska Institutet, National Centre for Suicide Research and Prevention of Mental Ill-Health, Stockholm, Sweden

Abstract
Objectives: This presentation will describe the context, objectives and main results of two EU-funded projects in the field of mental health promotion and suicide prevention. The results are highly relevant to suggest the most promising and critical aspects to be addressed in future e-health projects in this field. With the objective of promoting mental health and preventing suicide among adolescents, the Saving and Empowering Young Lives in Europe (SEYLE) project was developed by a Consortium of twelve European countries and supported with funding by the European Commission. The objectives of SEYLE were to gather information about European adolescents’ mental health and risk behaviours and to perform a RCT to evaluate the effectiveness of three different approaches to school based suicide prevention: 1) Gatekeeper training administered to teachers and school staff, 2) Screening of risk behaviours and mental health by professionals and 3) Increasing mental health awareness of pupils.

Methods: The Awareness increasing program is a structured training program comprising short lectures and immersive role-play sessions. Participating pupils receive a booklet and posters with information about mental health are hung in the classroom. The SEYLE project generated a large epidemiological database containing information regarding sociodemographics, other risk factors, lifestyles, and the mental health of European adolescents.

Results: Preliminary results show a trend in reduction of suicide attempts and depression among web users. However, specific actions are required to increase adolescents’ engagement in mental health related online activities. These include the use of contemporary methodologies such as gamification.

Conclusions: Such digital media platforms that deliver both cognitive and emotional learning are needed to stimulate development of problem-solving skills, boost help-seeking and peer-support behaviours and reduce the burden of mental health and suicide in a safe online environment.

Session: Regular Symposium  SPEAKER 3  Code SY410
Title: When the patient can’t come to the provider; bring the provider to the patient.home tele-behavioral medicine
Speaker H. A. Schwager
Director, Alaska Telemedicine Consultants, Inc., Willow, Alaska, USA

Abstract
Objectives: This presentation will focus on and demonstrate the effective, secure, cost effective delivery of Tele-Behavioral Medicine services to patients in the privacy of their own home.

Methods: Today’s use of internet technology brings with it “cost effectiveness” for Tele-behavioral medicine applications. Today, with a relatively current laptop computer, a web-cam or iPad, broadband connectivity (128 kbs or faster), and a downloadable, secure video conference application, makes this technology available literally and virtually everywhere, anywhere, and at any time.

Results: Medical History clearly supports the value of the “house call” as a means of getting to “see the entire picture”. Chronically ill patients are frequently visited by home health nurses and or “in home” medical monitoring programs. Chronically ill patients may now receive their medication management and behavioral intervention and assessment right in the privacy of their own home. Psychiatrists and psychologists merely schedule “in home” appointments with their patients in the same manner as they would if the patient were being seen in their office.
Conclusions: Chronically ill patients favored treatment rendered in “their private space” as well as providers tended to learn much more about their patients when the provider is the “guest” in the patients home versus the patient as the “customer” in the providers office, not to mention the convenience and cost savings for both provider and patient. Availability of “patient support providers”, spouses, parents etc. was valuable as well as practical with the Tele-Home-Behavioral Medicine model.

Session: Regular Symposium  |  SPEAKER 4  |  Code  | SY410
Title: Applications E-Health for patients with severe mental illness (SMI)

Speaker  
F. Engelsbel  
Research Department, Geestelijke Gezondheidszorg Noord-Holland Noord (GGZ-NHN), the Netherlands

Abstract  
Objectives: The program ‘E-health for SMI patients’, launched in 2008 by GGZ-NHN, aims to improve self-management and reduce costs through minimizing the number of home visits. Patients of Functional Assertive Community Treatment (FACT) teams are provided with a touchscreen with an integrated camera in their home. This system enables them to have audiovisual contact with a mental health professional of their team (telecare), but also with friends, family or fellow patients. There is also a calendar and a message board application available. The objective of the study is a long-term evaluation of patients’ and mental health professionals’ satisfaction with telecare and patients’ self-management. Longitudinal data of incoming and outgoing audiovisual calls will also be explored.

Methods: Self-management of SMI patients in FACT teams was measured at three different points in time over a 1-year period with the PIH questionnaire. The first measurement took place just after the installation of the touchscreen. Telecare satisfaction of patients and mental health professionals was measured after at least 6 and 12 months (2nd and 3rd measurement respectively).

Results: Preliminary results regarding patients’ (N=65) and health care professionals’ (N=81) satisfaction at a single time-point will be discussed, as the study is still ongoing.

Conclusions: The data are being analysed.
### A review of Munchausen syndrome by proxy in Madrid

**Chairperson:** Juan José López-Ibor Aliño. Catedrático de Psiquiatría. Universidad Complutense. Madrid. Spain  
**Co-chairperson:** Carlos Caban Pacheco. Psiquiatra. Escuela Graduada de Salud Pública. Universidad de Puerto Rico. Puerto Rico

**Abstract**  
OBJECTIVES: In Munchausen Syndrome by Proxy (MSP) factors are identified that may help the physician recognize this insidious type of child abuse and recommendations are provided regarding how to make a correctly psychiatric treatment.  
METHOD: Nineteen cases of MSP, ages 3 months to 13 years, are described. The clinical picture of all of them is full of medical consultations, hospital admissions and needless investigations. The persistence of symptoms ranged from 10 months to 6 years before the correct diagnosis was made. A great number of medical and surgical procedures for their treatment had been performed without results on the clinical course that remained unchanged at the time of psychiatric consultation.  
RESULTS: For identifying MSP it is necessary to give the huge importance at the perpetrating mother psychopathology. The correct treatment of disease has included mother confrontation with the reality and radical stopping of child abuse. MSP perpetrators obtain a same type of personal and social reward into the medical environment setting. This is a factor that plays consideration in the adequate and multidimensional treatment of syndrome.  
CONCLUSION: It should be considered that correct diagnosis and psychiatric treatment of Munchausen Syndrome by proxy is totally necessary for stopping this subtle type of child-abuse.

**References**  

**Speakers**  
1. José Luis Jiménez Hernández  
2. Mercedes López Rico  
3. Dolores Crespo Hervas  
   Psiquiatra. Presidenta del plan de atención integral al médico enfermo. ICOMEM. Madrid  
4. Jorge Trejo Hernández  
   Clínica de Atención Integral al Niño Maltratado. Institute Nacional de Pediatría, Coyoacán, México, DF

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### Psychiatric diagnosis and treatment of Munchausen syndrome by proxy

**Speaker**  
J. L. Jiménez Hernández  
Doce de Octubre Hospital, Madrid, Spain

**Abstract**  
OBJECTIVES: In this statement, factors are identified that may help to recognize, diagnose and deal with this insidious type of child abuse that is Munchausen syndrome by proxy (MSP).  
RESULTS: After childhood psychiatry assessment only 19 of 54 initially suspected MSP was confirmed with a real diagnosis of Factitious disorder by proxy. The persistence of symptoms ranged from 10 months to 6 years before the correct diagnosis was made. A great number of medical and surgical procedures for their treatment had been performed without results on the clinical course that remained unchanged at the time of psychiatric consultation.  
DISCUSSION: Diagnosis of MSP should be considered when persistent signs and symptoms defy adequate explanation despite previous negative somatic and psychiatric testing. It is necessary to identify
the MSP by pointed at perpetrator mother’s psychopathology. Personal and social reward that supposes physical permanence in a pediatric milieu for these abusing mothers must be a factor that plays consideration in the adequate and multidimensional treatment of syndrome. The obstacles to the treatment of this patients are described mainly the need to confront these abusing mothers with the reality and to accepting individual and familial psychiatric care.

CONCLUSION: In appointing the experts, should be considered that psychiatric diagnosis and treatment of Munchausen Syndrome by proxy itself has numerous difficulties but it is totally necessary to stop this child-abuse.

References


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**Session:** Regular Symposium  **SPEAKER 2**  **Code**  **SY411**

**Title:** Factitious disorder and dual pathology

**Speaker**
M. López Rico.
Salamanca University, Salamanca, Spain

**Abstract**

**OBJECTIVES:** The problematic use of hospital setting by perpetrators of Munchausen by proxy it is investigated. The characteristics of addictive behavior of this conduct it is analyzed. Psychiatric comorbidity presented in these mothers it is also checked.

**METHOD:** A semi-structured interview has been done to 15 mothers diagnosed of Munchausen Syndrome by proxy in their own children.

**RESULTS:** It brought together various aspects of which identify addictive behavior. We found 53% T.U.S., alcoholism, compulsive gambling, addiction to sex and kleptomania among other addictive problems, 33% personality disorders (borderline and histrionic) and 27% depressive disorder (suicide attempts).

**DISCUSSION:** A common psychopathological profile identified all the 15 mothers. Factors involved in the etiology of addiction diseases must be considered in order to explain the Munchausen syndrome by proxy as a problematic behavior with reward obtained at the hospital environment when mothers perpetrated this type of child abuse. Psychiatric comorbidity in MPS is widely accepted. Most frequently diagnosis associated are Munchausen in themselves, type borderline personality disorders, addictive problems and depression.

**CONCLUSIONS:** The greater motivation of Munchausen perpetrator mother is to get rewards from being in the hospital setting with her child as a patient by proxy. This behavior presents a high degree of psychiatric comorbidity.

**References**


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**Session:** Regular Symposium  **SPEAKER 3**  **Code**  **SY411**

**Title:** Factitious disorders ethical problems

**Speaker**
D. Crespo Hervas.
ICOMEM . Madrid. Spain

**Abstract**

In this presentation, intervention protocols used by hospital ethics committees and the respective legal advisors are described.
**OVERALL ABSTRACT**

**Title:** Psychosomatic Dermatology: Psychodermatology

**Chairperson**
Dr. Ricardo Campos-Rodenas. University of Zaragoza. Aragon Health Sciences Institute. Zaragoza, Spain

**Co-chairperson**
Dr. Lucia Tomas-Aragones. University of Zaragoza. Aragon Health Sciences Institute. Zaragoza, Spain

**Abstract**
Psychodermatology is a fairly new discipline in psychosomatic medicine. It addresses the connection between body (skin conditions) and mind (emotional factors), and examines disorders that are exacerbated by psychological or emotional stress. We know that psychological and emotional factors play an important role in the aetiology and the maintenance of many skin disorders, but what are we doing about it in our daily practice? We need to remember that dermatological conditions are often immediately visible to others and therefore the diagnosis cannot be kept a secret. This can have an important impact on the “sufferer’s” self-esteem and social interactions. Psychosocial adjustment to physical disease is a complex multivariate process. Moreover, evidence suggests that psychological issues often interact with skin physiology, and treating both may offer the best chance of improvement. Dermatologists should therefore be trained in psychodermatology in order to become more aware of the patients’ emotional and social impact in the process of the illness. Identifying psychosocial suffering and informing about appropriate therapeutic measures is often beneficial to patients with skin conditions. It is also necessary to be able to refer or consult with other professionals in order to offer a holistic attention.

**Speakers**
1. Dr. Servando E. Marron
   Alcañiz Hospital. Aragon Health Sciences Institute. Zaragoza, Spain
2. Dr. Ricardo Campos-Rodenas
   University of Zaragoza. Aragon Health Sciences Institute. Zaragoza, Spain
3. Dr. Lucia Tomas-Aragones
   University of Zaragoza. Aragon Health Sciences Institute. Zaragoza, Spain
4. Dr. Tamara Gracia-Cazaña
   Hospital Clinico Lozano Blesa. Aragon Health Sciences Institute. Zaragoza, Spain
5. Dr. María Jesús Cardoso-Moreno
   University of Zaragoza. Aragon Health Sciences Institute. Zaragoza, Spain

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**SPEAKER 1**

**Title:** Psoriasis and psychosocial comorbidities

**Speaker**
S.E. Marron
Alcañiz Hospital. Aragon Health Sciences Institute. Zaragoza, Spain

**Abstract**
Objectives
Psoriasis is a chronic disease in which psychological distress is a common part of the illness experience. The burden of coping with a chronic disease can have a negative impact on the patient’s quality of life and psoriasis patients frequently report poor self-esteem and high levels of psychological stress. Using the biopsychosocial model, we decided to look into the emotional and social burden of patients suffering from moderate and severe psoriasis. The aim of the study was to assess and follow up a group of patient during 6 months.

Methods
The sample comprised of 20 study patients and 60 controls, all having been diagnosed psoriasis. Patients received standard treatment for their skin condition. The study group was also included in a diet program and had follow up visits every month during the study period. Patients completed the Hospital Anxiety and Depression Scale, the EuroQol 5D-3L, the Dermatology Life Quality Index and the SCL-90-R.

Results
Patients in the study group all showed improvement in their psychosocial impact, and those who had followed the diet improved in many other health aspects.

Conclusions
Both physical and psychosocial comorbidities are common among psoriasis patients and a holistic approach is necessary, as well as health promotion programs.
### Session: Regular Symposium  
**SPEAKER 2**  

<table>
<thead>
<tr>
<th>Title:</th>
<th>The impact of itch on dermatological patients’ quality of life, emotional well-being and family dysfunction</th>
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</table>
| Speaker | R. Campos-Rodenas, S. Boira  
University of Zaragoza. Aragon Health Sciences Institute. Zaragoza. Spain |

**Abstract**  
**Objectives**  
The aim of this work was to study the impact of itch on quality of life, emotional wellbeing and family function in patients with dermatological problems.  

**Methods**  
The study sample comprised of 203 outpatients seen by the dermatologist. Patients were asked to complete the self-reporting Itch Severity Scale (ISS), the Dermatology Life Quality Index (DLQI), The Hospital Anxiety and Depression Scale (HADS), and the Family APGAR test. In accordance with the scores obtained for the Itch Severity Scale (ISS), the patients were divided into two groups: the itch group (X1) and the non-itch group (X2).  

**Results**  
60.10% (N = 122) of the patients obtained a positive score on the ISS scale. The results of the DLQI showed statistically significant differences (p < 0.001) between the two groups. The results of the HADS also revealed statistically significant differences on Emotional Distress (p < 0.001) and Anxiety (p < 0.001), although results for the Depression subscale were not statistically significant. The scores of the Family APGAR test showed no differences between the two groups.  

**Conclusions**  
a) Perceived quality of life of dermatology patients with itch is lower than for those with no itch; b) Patients with itch show greater symptoms of anxiety; c) Although the results of the APGAR did not provide clear evidence that patients with itch suffer a greater impact with regards to family function than those with no itch, further research is suggested.

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### Session: Regular Symposium  
**SPEAKER 3**  

<table>
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<tr>
<th>Title:</th>
<th>Self-inflicted skin lesions</th>
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| Speaker | L. Tomas-Aragones  
University of Zaragoza  
University of Zaragoza. Aragon Health Sciences Institute. Zaragoza. Spain |

**Abstract**  
**Objectives**  
Self-inflicted lesions in Dermatology include skin-picking syndromes and related skin damaging syndromes, as well as body modifying procedures. Terminology, classification, diagnosis, and therapy of these dermatological lesions remain an object of open debate. The aim of this presentation is to clarify and define terminology related to these disorders.  

**Methods**  
The present work is the result of various meetings of a task force of experts on psychodermatology, members of the European Society for Dermatology and Psychiatry (ESDaP). The existing literature on the subject was studied and this, together with the clinical experience of the experts in the task force, led to productive discussion resulting in definition of terminology and classification of self-inflicted skin lesions.  

**Results**  
After revising the existing terminology and classification, the task force proposes a glossary of terms and definitions that will hopefully clarify and help in the communication and assessment of self-inflicted skin lesions.  

**Conclusions**  
We believe that a clear classification of self-inflicted lesions in Dermatology, and the use of the same terminology among care providers, will facilitate communication and result in better health care.
### Title: Body dysmorphic disorder in acne patients

**Speaker**
T. Gracia-Cazaña  
Hospital Clinico Lozano Blesa. Aragon Health Sciences Institute. Zaragoza, Spain

**Abstract**

**Objectives**

The aim of this study is to ask appearance-specific questions to screen for BDD in patients with acne vulgaris. A study of the literature reveals that the prevalence of BDD is between 9% and 12% in dermatological clinics. In our Dermatological Department these patients are not usually detected because appearance-specific questions are not asked during consultation. With this study we aim to prove the usefulness of screening for BDD with these appearance-specific questions and thereby help to detect this serious disorder in order to offer possible treatment options to our patients.

**Methods**

Dermatology outpatients with acne were informed about the study and those who accepted were asked for written consent. The dermatologist completed a socio-demographic questionnaire and asked patients appearance-specific screening questions to screen for possible BDD. Patients who scored positive in the screening questions were informed about the disorder and offered the possibility of a referral to a mental health specialist.

**Results**

The sample size was 81 patients, the average age was 19, and 54% were female. Over half of the sample (53%) reported that their acne caused discomfort and/or distress. Although these patients would not meet DSM-IV-TR criteria for diagnosis with a psychiatric disorder, as they have a readily observable physical defect, their distress and impairment should be taken into consideration when implementing acne treatments and judging treatment success.

**Conclusions**

These findings demonstrate that a significant proportion of patients with acne presenting to a dermatology clinic, regardless of their acne severity, are very likely to have debilitating levels of preoccupation with real or perceived acne. Youngsters with acne represent a danger group and should be screened for possible BDD by the dermatologist.

### Title: Psychoeducation in dermatology

**Speaker**
M.J. Cardoso-Moreno, L. Tomas-Aragones  
University of Zaragoza. Aragon Health Sciences Institute. Zaragoza, Spain

**Abstract**

Psychoeducation is among the most effective of the evidence-based practices that have emerged in both clinical trials and community settings. Because of the flexibility of the model, which incorporates both illness-specific information and tools for managing related circumstances, psychoeducation has broad potential for many forms of illnesses and varied life challenges.

Many forms of psychosocial intervention are based on traditional medical models designed to treat pathology, illness, liability, and dysfunction. In contrast, psychoeducation reflects a paradigm shift to a more holistic and competence-based approach, stressing health, collaboration, coping, and empowerment.

Psychoeducation in itself may take many forms, from being a phase in a treatment, to an explicit component of such a treatment, to being an intervention in its own right. Psychoeducation aims to:

1. Increase patients’ awareness and understanding of their specific disorders as well as available treatments and supports appropriate to their service needs.
2. Reduce stigma by providing factual information and making it safe for patients to talk about their disorders.
3. Provide a more inclusive and inviting treatment environment.

Psychoeducational groups focus on informing patients about their condition and inquiring about ways of
coping. Current, up-to-date information is provided by the health professional and the participants share their concerns and strategies used to overcome difficulties related to their illness.
Title: Suicide prevention programme in patients with depression in primary care

Chairperson: Dr. M. Hernandez Monsalve Chief of the service of mental health of the district of Tetuan, Madrid, Spain

Abstract: Worldwide, suicide is considered to be one of the major public health problems. According to WHO data, each year worldwide nearly one million people commit suicide.

The WHO has proposed that Primary Care professionals should deal with these patients with suicidal thoughts or behaviour through their close contact with the community, their ability to warn of potential or real problems and be the key to providing these individuals with continuing attention and care.

It is for this reason that we propose a project for the prevention of suicide risk in patients attended in primary care.

Objective: To measure the clinical effectiveness of a suicide prevention programme in patients with depression in primary health care.

Method: Their involvement would take the form of providing information, training and skills to patients who participate in the programme and to their closest relatives. This consists of content organized in sessions, workshops and homework that refer to such important issues as depression, suicidal thoughts, shame, guilt, hopelessness and the importance of following treatment.

To start with, two groups are to be formed: a control group which will only receive standard treatment and another group of cases which will participate in the intervention programme for a period of 6 months.

The idea of suicide will be assessed before starting the programme after an individual session and then after completing the intervention programme, randomly assigned to both groups. For the clinical valuation they have been in use: Criterion diagnose DSM -IV depression; inventory Beck's depression; Scale Beck's hopelessness; scale of evaluation of suicide (SUAS); scale of risk suicide.

The program will be established in a group of 5 group sessions and 3 workshops, which will be held one week apart.

With sessions and group workshops will be delivered to each of the patients some homework to reinforce knowledge

Upon completion of the sessions may be mentioned individually to each of the patients for suicide risk assessment and the usefulness of the program.

Results: Program structure suicide prevention risk arises comparing with others and explaining the benefit in patients with depression.

Conclusion: The establishment of a Suicide Prevention Programme in the community decreases the risk of suicide and produces a change in participants.

References:

Speakers:
1. Dr. F. Rodríguez Pulido
tProfessor of Psychiatry, Dept. of Internal Medicine, Dermatology and Psychiatry. University of La Laguna. Santa Cruz de Tenerife, Canary islands, Spain
2. Dr M.M. Francisco Rodríguez
Family and community doctor. Canary Service of health. Santa Cruz de Tenerife, Canary

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**OVERALL ABSTRACT**

**Title:** Philosophy, mind, and psychiatry

**Chairperson:** Prof. Fernando Lolas, Centro Interdisciplinario de Estudios en Bioética. Universidad de Chile. Santiago, Chile

**Co-chairperson:** Prof. Jorge Ospina-Duque, Departamento de Psiquiatría. Facultad de Medicina. Universidad de Antioquia. Medellín. Colombia

**Abstract**

Philosophical reflection and critique are indispensable for progress in psychiatry. The very concept of mental disorder, for instance, is an issue that has been extensively discussed in the recent literature as well as in the early phenomenological tradition pioneered by Karl Jaspers and others. More specifically, such topics as the nature of meaning, self-constitution, and empathy are being addressed in relation to different psychopathological categories. As Parnas, Sass and Zahavi (2012) have noted (citing, among others, recent assessments from the NIMH in the U.S.A.), despite years of intensive research in psychiatry and the neurosciences, and the accumulation of enormous amounts of empirical information concerning major psychiatric disorders, rather little real progress seems to have been made over the past decades. This suggests the need the development of new methods more adequate to the nature of the psychiatric object.

The proposed symposium will address a variety of key topics at the intersection of psychiatry with philosophy and phenomenology and will include certain generalities regarding the philosophy of psychiatry such as: the phenomenological understanding and explanation of abnormal experience and behavior in various forms of psychosis, the meaning of empathic desynchronization in psychotic disorders as well as a discussion of the relationship between neuroscience and clinical practice. In particular, the question as to whether the phenomenological approach can be fruitfully applied to issues in the neuropsychological domain.

**Speakers**

1. Prof. Somogy Varga  
   Department of Philosophy. University of Memphis. Memphis, TN. United States
2. Prof. Louis Sass  
   Department of Clinical Psychology, Graduate School of Applied and Professional Psychology. Rutgers University. Piscataway, NJ. United States
3. Prof. Jorge Dávila  
   Departamento de Salud Mental. Hospital Universitario Fundación Santa Fé de Bogotá. Bogotá. Colombia
4. Prof. Diana Matallana  
   Departamento de Psiquiatría y Salud Mental. Facultad de Medicina. Pontificia Universidad Javeriana. Bogotá, Colombia

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**Session:** Regular Symposium

**Title:** Mind and mental health

**Speaker:** Prof. Somogy Varga  
   Department of Philosophy. University of Memphis. Memphis, TN. United States

**Abstract**

Due to several socio-political factors, to many psychiatrists only a strictly objective definition of mental disorder, free of value components, seems really acceptable. In this paper, I will explore a variant of such an objectivist approach to defining mental disorder, natural function objectivism. Proponents of this approach make recourse to the notion of natural function in order to reach a value-free definition of mental disorder. The exploration of Christopher Boorse's 'biostatistical' account of natural function (1) will be followed an investigation of the 'hybrid naturalism' approach to natural functions by Jerome Wakefield (2). In the third part, I will explore two proposals that call into question the whole attempt to define mental disorder (3). I will conclude that while 'natural function objectivism' accounts fail to provide the backdrop for a reliable definition of mental disorder, there is no compelling reason to conclude that a definition cannot be achieved.
Session: Regular Symposium  |  SPEAKER 2  |  Code  |  SY419
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Title: Varieties of self-experience: A comparative phenomenology of melancholia, mania, and schizophrenia
Speaker: Prof. Louis Sass  
Department of Clinical Psychology, Graduate School of Applied and Professional Psychology. Rutgers University. Piscataway, NJ. United States.
Abstract: This paper provides a critical survey of some subtle and often overlooked disturbances of self-experience that can occur in schizophrenia, melancholia, and mania. The goal is to better understand both similarities and differences between these conditions. We present classical and contemporary studies, mostly from the phenomenological tradition, and illustrate these with patient reports. Experiential changes in five domains of selfhood (following Parnas et al., 2005) are considered: Cognition, Self-Awareness, Bodily Experiences, Demarcation/Transitivism, and Existential Reorientation. We discuss: I. major differences involving self-experience between schizophrenia and affective disorders; II. experiences in which these conditions nevertheless resemble each other; III. suggestions on how these experiences may still differ on a more subtle, phenomenological plane. While affective patients may undergo significant changes in self-experience, their underlying sense of basic or minimal selfhood (‘ipseity’) remains intact. In schizophrenia, basic self is disturbed, and this may help to account for many characteristic disturbances of this disorder.

Session: Regular Symposium  |  SPEAKER 3  |  Code  |  SY419
--- | --- | --- | ---
Title: The meaning of empathic desynchronization in psychotic disorders.
Speaker: Prof. Jorge Dávila ¹. Prof. Jorge Ospina-Duque ²  
¹ Departamento de Salud Mental. Hospital Universitario Fundación Santa Fé de Bogotá. Bogotá. Colombia  
² Departamento de Psiquiatría. Facultad de Medicina. Universidad de Antioquia. Medellín. Colombia.
Abstract: Sheets-Johnstone has proposed the notion of animation as a fundamental phenomenological posit in antepredicative sense-making. We discuss the significance for psychopathology of Sheets-Johnstone’s concept of animation once it is articulated with the phenomenological posit of the Leibraum. The possibility of a synchronized and empathic intersubjective encounter requires an harmonic and rhythmic fluency of those elements of intentionality. The notion of Ipseity can be clarified through these categories and is necessarily alloyed with the notion of alterity. We emphasize that some features of the psychotic experience have to be understood as anomalies in the constitution of this basic register of intentionality. We review the constitution of the animated space (Leibraum) to elaborate a more refined account of the alleged alterations of Ipseity, and has to be understood as essential as the components of intentionality: affection, tendency, orientation, kinesthesias and apprehension. This “medium” is constituted as the horizon across which the subject inhabits the world and make possible for the subject to be populated by the world. The animated space is affectively loaded, as is the kinesthetic flux of any given action or gesture to which it is tied, giving to it the character of an atmosphere (Stimmung). The objects and persons, which appear through this atmosphere, deploy their affective saliences as part of their mode of giveness. This ongoing emotional “palette” is essential to establish the non-conceptual meaning of experience, in particular of intersubjective experience. The “lived” or “animate” space of human navigation is disrupted in the psychotic experience, by means of a desynchronization of the intercorporeal antepredictive field of shared animation. Finally, it seems not possible to elucidate the arousal of sense-making and its anomalies without taking into account that any event that contributes to the constitution of ipseity is at the same time a constitutive element of alterity.

Session: Regular Symposium  |  SPEAKER 4  |  Code  |  SY419
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Title: Constructing sense of self: Experiences from trauma brain injury (TBI) patients
<table>
<thead>
<tr>
<th>Speaker</th>
<th>Prof. Diana Matallana Departamento de Psiquiatría y Salud Mental. Facultad de Medicina. Pontificia Universidad Javeriana. Bogotá, Colombia.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>Moving towards a more humanistic method of cognitive assessment, in the age of an ongoing dominance of neuroscience, phenomenology could add an interceding element between neurological evidence and the unique experiences of the individual sense of self-impairments that affect selective social cognition abilities (among other impairments). Twenty-three patients with TBI were thoroughly studied with deep psychiatry interviews, fMRI with a paradigm of social intended motion, single human empathy and dots motion or non-intentional movement of dots. General social cognition assessment through videos were also used. A deep analysis was done with seven of those patients that lost all semantic and autobiographical information secondary to the TBI. Analyzing affective components, narratives and observation of experiences after the brain injury, besides the cognitive domains formal assessment, understanding not just the cognition of others’ emotional states that involves empathic abilities as well as Theory of Mind (ToM) ones, but construction of the sense of self. Results may imply that beyond the semantic amnesia there is a loss of the abstract attitude that disturbs the experience of self rather than a memory alteration.</td>
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# Novel approaches to personalized medicine in psychiatry

**Chairperson**
Tarhan, Nevzat, Neuropsychiatry Istanbul Hospital, Department of Psychiatry, Uskudar University, Istanbul, Turkey

**Abstract**
The major goals of personalized medicine are therefore to predict an individual’s susceptibility to developing an illness, achieve accurate diagnosis, and optimize response to treatment. Novel approaches, therapeutic drug monitoring, cytochrome p450 phenotyping and pharmaco-EEG will be discussed as tools of tailoring treatment in psychiatry.

**Speakers**
1. Hizli Sayar, Gokben
   Neuropsychiatry Istanbul Hospital, Department of Psychiatry, Uskudar University, Istanbul, Turkey
2. Eap, Chin B
   Unit of Pharmacogenetics and Clinical Psychopharmacology, Centre for Psychiatric Neurosciences, Department of Psychiatry, Lausanne University Hospital, Prilly, Switzerland
3. Konopka, Lukasz M.
   Department of Psychiatry, Loyola Medical Center, Maywood II, USA and Yellowbrick Consultation and Treatment Center, Evanston IL, USA

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# The use of cytochrome P450 phenotyping in psychiatry

**Speaker**
Dr. Gokben Hizli Sayar
Neuropsychiatry Istanbul Hospital, Department of Psychiatry, Uskudar University, Istanbul, Turkey

**Abstract**
**Objective:** Individualization of pharmacotherapy is essential in order to optimize efficacy and minimize toxicity, especially for compounds with narrow therapeutic index. Cytochrome p450 (CYP) phenotyping has been a valuable research tool and a way of assessing the genetic basis of metabolic capacity.

**Methods:** Phenotyping of CYP system depends on estimating metabolic capacity based on conclusions drawn from another probe drug. Phenotyping allows estimation of the total influence of drug interactions, genetic polymorphisms, hepatic diseases and other factors altering pharmacokinetics. This requires the use of selective substrates for specific cytochrome enzymes. Recently some phenotyping methods are becoming widely used especially for the in vivo evaluation of multiple cytochrome enzymes by using probe cocktails.

**Results:** The optimal method of describing real-time enzyme activity is phenotyping, where metabolism of a carefully selected probe compound is used to estimate the activity of one or more of the enzymes involved in its metabolism.

**Conclusion:** Phenotyping provides the most clinically relevant information because it is a reflection of the combined effects of genetic, environmental and endogenous factors on CYP activity.

**References**

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# Use of therapeutic drug monitoring in psychiatry

**Speaker**
Chin B. Eap

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Abstract

Objectives: Therapeutic drug monitoring (TDM), i.e. the quantification of serum or plasma concentrations of drugs, with the aim to improve pharmacotherapy, is increasingly used in psychiatry. Developments in the field will be presented.

Methods: Presentation based on consensus guidelines (e.g. Hiemke et al., 2011) and on our own experience of a TDM service within a Psychiatry University Hospital.

Results: A background on the usefulness of TDM will be presented, in particular the problems of observance to treatment and the variability of metabolism due to genetic polymorphisms in drug metabolizing enzymes and/or to metabolic interactions, leading to very large inter-individual variability in drug plasma levels. Some of the most recent analytical equipments increasingly used in TDM laboratories (e.g. ultra high performance liquid chromatography / tandem mass-spectrometry) will be discussed. The functioning of our unit, which provides a TDM service for most antidepressants and antipsychotics prescribed in Switzerland will be presented. In addition, when possible (i.e. when necessary informations are available, e.g. diagnosis, therapeutic response, side-effects, reasons for TDM) interpretations of the TDM results are given with clinical pharmacology counselling, taking into account important variables (e.g. half-life of the drug, time between drug intake and blood drawing, co-medications, recommended therapeutic range, graded levels of recommendations). TDM examples will be shown, with therapeutic failures, because of low or high drug plasma levels due to ultrarapid or deficient metabolizer status, and with clinical recommendations (e.g. dose adaptations, choice of drugs, genotyping and/or phenotyping tests) resulting in clinical improvement.

Conclusions: TDM is a valuable tool to personalize pharmacological treatment in psychiatry. However, to be fully efficient, it should be integrated into a clinical treatment process providing not only drug levels but also interpretations and advices for drug treatment.

References


Session: Regular Symposium

Title: Electrophysiologically-driven pharmacological interventions: A clinical perspective

Speaker

Lukasz Konopka
Department of Psychiatry, Loyola Medical Center, Maywood IL, USA and Yellowbrick Consultation and Treatment Center, Evanston IL, USA

Abstract

Objectives: In clinical settings, pharmaco-EEG can help evaluate an individual’s response to potential therapeutic medications. Significant data show how specific medications impact normal electrophysiological brain activities. As clinicians attempt to manage and normalize aberrant brain activity, they may use these data to relate symptoms to therapies.

Methods: qEEG, auditory and visual evoked potentials, and neuro-behavioral assessments was combined to demonstrate patient responses to acute medication. Then, baseline and post-medication results were compared to show the positive and negative responses.

Results: The data showed that patients, clinically diagnosed with ADHD, have significantly varying responses to acute oral stimulants. When a patient’s resting qEEG is compared with a normative database, the data show that improved evoked potential and behavioral performance does not always follow normalized background activity.

Conclusions: Objective data, such as qEEG, Evoked Potentials and neuro-behavioral assessments, provide insight into how a patient’s neuro-biological substrates affect the trajectory of clinical interventions. A clinical diagnosis should be correlated with neuro-biological substrates before defining a disorder. When only clinical impressions determine medication choices, many therapies end in failure.

References

### OVERALL ABSTRACT

**Title:** Mental health of students; Prevalence of complaints and disorders, methods and outcome of counseling and short-term psychotherapy

**Chairperson:** Prof. Dr. Rainer Matthias Holm-Hadulla, Heidelberg University; Universidad Diego Portales, Santiago de Chile

**Abstract**

Mental Health of Students: 1. Psychological distress among students is receiving growing attention in the scientific community as well as in the general public. There are counseling services available in student societies and universities which address psychological distress among students but scientific research in this area is rudimentary and poorly represented. In order to present data on the prevalence, extent and type of psychological complaints and mental disorders of students and the alterations over time, new data from different countries are reported. 2. There are many different approaches to counseling and short-term psychotherapy for students. An eclectic blending of different techniques is ubiquitous. The symposion should contribute to the development of a comprehensive framework of counseling and short-term psychotherapy that integrates different approaches into a broader frame of human understanding and communication. An integrative framework of counseling will be proposed that contains principles of the helping alliance, behavioral, cognitive, psychodynamic and existential aspects. It is based on modern psychotherapy Research and the hermeneutics of human communication.

**Speakers**

1. Volker Kress  
   Heidelberg University, Universidad Diego Portales, Santiago de Chile  
2. Dr. Jeffrey P. Prince  
   University of California, Berkeley; Counseling and Psychological Services – University Health Services; Berkeley, CA; USA  
3. M. Kulygina  
   Moscow Research Institute of Psychiatry  
4. Anneliese Dörr  
   University of Chile  
5. Frank Hofmann  
   University of Heidelberg, Universidad Diego Portales  
6. Michael Sperth  
   Heidelberg University, Universidad Diego Portales, Santiago de Chile
which has increased significantly. But, one study shows a decrease of complaints and disorders between 1994 and 2012 among students of medicine and psychology in Germany. An international comparison between Greek and German students shows that Greek students report lower satisfaction with life and studies but not more psychopathological symptoms. Another international study shows significant and relevant differences between Chilean and German students in respect to depressive disorders. Conclusions. Psychological complaints and disorders are frequently to be found among students and cause individual failure as well as economic expenses. Counseling Centers make an important contribution to diagnostics, primary health care and prevention of severe mental disorders among students. Further studies, especially in process-outcome-designs are needed. In respect to globalization and students flexibility international studies and preventive and curative programs are necessary.

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<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 2</th>
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| Title:   | University student mental health in the US: Recent trends and methods of intervention | Dr. Jeffrey P. Prince  
University of California, Berkeley; Counseling and Psychological Services – University Health Services; Berkeley, CA; USA |      |

Abstract
Objective: To demonstrate the increasing prevalence and severity of mental health concerns among university students in the United States and to highlight resulting challenges to the development of effective models of care within higher education.
Method: This presentation will review data from multiple, national US sources along with examples from specific universities to demonstrate national trends in students’ mental health concerns. Survey data from American directors of university counseling services will be evaluated to identify common themes, best practices of care, and challenges to addressing these emerging, campus-wide needs for increased attention to student mental health.
Results: Data from multiple sources confirm that American university students demonstrate dramatic increases in both frequency and severity of mental health concerns. In particular, there are dramatic increases in the numbers of students with both depressive and anxiety disorders. Furthermore, data indicate alarming rates of suicidal ideation, suicide attempts and aberrant behaviors (including increased incidents of violence on campuses) that interfere with students’ academic functioning.
Conclusions: This presentation will highlight examples of US efforts to design both effective treatment models and campus-wide interventions. Accreditation standards from the International Association of Counseling Services (IACS) will be reviewed as a template for structuring university counseling services to address emerging trends.

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<th>Session:</th>
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| Title:   | Methods of integrative counseling and short-term psychotherapy | Rainer Matthias Holm-Hadulla  
University of Heidelberg, Universidad Diego Portales |      |

Abstract
Objectives. Counseling is distributed in many psycho-social areas and there are many different approaches to counseling eclectically blending different techniques. The present paper describes a comprehensive model that integrates current practically relevant approaches.
Results. Integrative counseling contains principles of the helping alliance, behavioral, cognitive, psychodynamic and existential aspects. The practice of understanding and communication serves as a metatheoretical framework for integrating different methods of counseling and psychotherapy. Results of a naturalistic outcome-study (n=151) show high effect sizes of change.
Conclusion. The integrative model serves as a coherent concept for a creative practice of counseling and short-term psychotherapy. Implications for further research are outlined.
Title: Effectiveness of integrative counseling and short-term psychotherapy for students

Speaker: Michael Sperth, Rainer M. Holm-Hadulla
Heidelberg University, Universidad Diego Portales, Santiago de Chile

Abstract: Objectives. In this first effectiveness study of psychotherapeutic counseling and short-term psychotherapy for students in German-speaking countries, the effectiveness of an integrative model of counseling short term psychotherapy is evaluated.

Methods. Pre-post outcome study of a consecutive sample of 151 clients and patients.

Results. The effectiveness of integrative counseling according to the ABCDE-model was found to be high in comparison to other international studies in this area. Pre-post differences on measures of mental distress and satisfaction were significant and effect sizes were mostly moderate to high. A high percentage of clients improved statistically and clinically significant. Counselors’ expert rating and diagnostics according to ICD-10 that have been included in contrast to previous effectiveness studies showed that clients suitable for the counseling setting get treated in the counseling center while more severely disturbed clients in terms of psychopathology or diagnosis get referred to outpatient treatment, drop out or object to provide postdata.

Conclusion. Integrative counseling improves mental health and satisfaction with life and studies
Title: The state of psychogeriatrics in Europe

Chairperson: Mateos, Raimundo, University of Santiago de Compostela (USC) - ES

Abstract: Europe has been the cradle of Psychogeriatrics. Half a century years after the launch of the first psychogeriatric services in Europe, one wonders what is their level of development in the "Old Continent". The symposium includes contributions from recognized leaders in the psychogeriatric field, representing the national psychogeriatric associations of various European countries. This symposium is an institutional initiative of the International Psychogeriatric Association (IPA) that aims to resume in the XXI century the collaboration between the WPA and the IPA conducted late last century, under the auspices of WHO, that helped to conceptualize and disseminate Geriatric Psychiatry all around the world. Request Following the rules, we have submitted five presentations, but, given the institutional nature of the symposium, we would be grateful if this presentation Lia Fernandes . The state of psychogeriatrics in the Iberian Peninsula would be splitted into two presentations: Lia Fernandes. The state of psychogeriatrics in Portugal. Manuel Franco. The state of psychogeriatrics in Spain. In the case this is accepted, these are the data of the last speaker: Manuel Franco. Associate Professor, University of Salamanca. Chief of the Psychiatric Division, Hospital de Zamora. Av. Hernan Cortes 40. 49021 Zamora (Spain).

Speakers:
1. Fernandes, Lia  
   Faculty of Medicine - University Porto – PT
2. Gutzmann, Hans  
   Hospital Hedwigsh'he – DE
3. Trypka, Elzbieta  
   Medical University of Wroclaw – PL
4. Stek, Max L.  
   GGZ inGeest, Valerius Clinic – NL
5. Von Gunten  
   Armin, CHUV centre hospitalier universitaire vaudois - CH

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Title: The state of psychogeriatrics in Portugal

Speaker: Lia Fernandes, MD, PhD
1 Faculty of Medicine, University of Porto/CHSJ Porto, Portugal

Abstract: Psychogeriatrics is becoming a priority focus of intervention due to exponential growth in the elderly population all over the world, particularly in the European Union, where Portugal is experiencing the fastest increase (up to 32% of elderly by 2060). As a result of this increase, there are inevitably more diagnoses of chronic diseases, dementia, depression, BPSD and other mental disorders. All of them cause disability and dependence, resulting in a considerable burden and distress for families/caregivers and currently one of the main challenges for the sustainability of national social and healthcare systems (DGS, 2013).

Despite this, in Portugal there is no global integrated policy for the elderly to promote and prevent health, treatment of diseases and rehabilitation.

The last change in mental health care in our country, shifting from traditional psychiatric hospitals towards community primary care, psychiatric services in hospitals or centres is far from being effective, namely due to the lack of coordination between social and public health sectors, particularly for ageing. Furthermore, a lot of work needs to be done in the structured education and training programmes for all psychogeriatric professionals, recognition of the competency in Geriatric Psychiatry and the development of research on ageing, with continual innovation translating into clinical practice. As a final point, it is crucial to promote the mental health and wellbeing of the elderly, with a National Plan for Intervention in Old Age (Wang et al., 2013).

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<td>The health care situation of the mentally ill elderly in Germany</td>
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<tr>
<td>Speaker</td>
<td>H. Gutzmann</td>
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<td>Abstract</td>
<td>The majority of geropsychiatric patients live in the community and are supported by their families or by professional care providers. The multidimensional nature of the problems and the complexity of the professional care system require psychogeriatric-specific planning and regulation of healthcare services. In the majority of cases, medical care is provided by general practitioners. The belief that the supply of general psychiatric services alone can satisfy the demand for geropsychiatric care is not realistic. As an example, the situation of dementia patients highlights the problems of medical care in the geriatric psychiatry sector. It must be assumed that patients will only meet demographic and epidemiological expectations where there is functioning specific psychogeriatric healthcare. In the long term – due to the installation of efficient care networks – the significance of the inpatient sector will decline. In the meantime, there is a need for psychogeriatric centres and for competent inpatient care as an obligatory part of the regional mandatory care system. In order to keep up with international developments, the adequate and competent medical care of mentally ill elderly people in Germany urgently demands for the establishment of a psychogeriatric focus in the framework of psychiatric professional qualification.</td>
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<td>References</td>
<td>Gutzmann, H. The health care situation of the mentally ill elderly in Germany. GeriatricMentalHealthCare (2012), <a href="http://dx.doi.org/10.1016/j.gmhc.2012.11.001">http://dx.doi.org/10.1016/j.gmhc.2012.11.001</a></td>
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<td>Speaker</td>
<td>Dr. Elżbieta Trypka &lt;br&gt; Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland</td>
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<td>Abstract</td>
<td>Psychogeriatric treatment and care should be carried out in a holistic way, taking in to consideration the various forms of therapy, as well as the types of institutions. The population of people with dementia is estimated to be about 450–500 thousand. On the basis of unfavourable demographic and epidemiological projections, it can be assumed that within 20 years, in Poland, the number of patients suffering from dementia will rise to 1.2 million. The care of people with dementia is conducted within the framework of the functioning of different structures, under the Ministry of Health and Ministry of Social Welfare in Poland. Taking care of patients in this group is as organized as: &lt;br&gt;1. Home care (it is possible to employ a non professional care-giver dealing with patients at home). &lt;br&gt;2. Institutional care: full-time medical care facilities, nursing facilities welfare, community welfare centers and nursing homes, personal care homes), part-time (ambulatory: well-trained nurses, daily: daily psychogeriatric branches or short-term. &lt;br&gt;3. Functioning of psychogeriatric clinics, associations, foundations and support groups. &lt;br&gt;4. Individual medical units, dealing with mental health problems holistically and specific to neurological diseases typical of old age, which in one place are organized by integrated teams who focus on diagnosing and treating. &lt;br&gt;There is no data on the number of elderly people suffering from mental disorders residing in different types of institutions in Poland. In 2009, there were only 450 geriatric beds available in the entire country, which means that there were 1.20 beds per 100,000 population and 0.90 beds per 10,000 the elderly. The National Health Programme for 2007–2015 recommends the introduction of so-called Mental Health Centers, which would guarantee comprehensive psychiatric care, including the organization of specialized psychogeriatric teams.</td>
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<td>Title: Psychogeriatrics in The Netherlands</td>
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| Speaker: Prof dr Max L. Stek  
Dep Old Age Psychiatry GGZinGeest partner of VUmc, Amsterdam. |
| Abstract: | |
| Objectives | To provide an overview of the current state of psychogeriatric services in The Netherlands. |
| Methods | A survey of demographic changes, needs for psychogeriatric care, different arrangements and services and facilities, involved disciplines in psychogeriatric care and current use. To describe shifts in planned psychogeriatric services in the near future related to health care economics. |
| Results | Psychogeriatric services are delivered along different pathways in The Netherlands. Generally spoken, the current state of services is comprehensive with a relatively large proportion of services concentrated in nursing homes and mental health services. |
| Conclusion | In the near future there will be a shift from care provided in nursing homes and 24hr care facilities toward ambulatory services. There will be an increase in use of care arrangements in G.P. practices and possibly an increase of blended care arrangements when providing psychogeriatric services. |

### Session: Regular Symposium

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<td>Title: The state of psychogeriatrics in Switzerland</td>
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</table>
| Speaker: A. von Gunten  
Service Universitaire de Psychiatrie de l’Age Avancé (SUPAA), Lausanne University Hospital, Prilly-Lausanne, Switzerland |
| Abstract: | |
| Objectives. | The symposium presentation will give a short description of the state of psychogeriatrics in Switzerland. |
| Methods. | A short diachronous and current state overview of the development of old-age psychiatry and its core curriculum in Switzerland will be given. |
| Results. | The beginnings of old-age psychiatry in Switzerland go back to over 50 years when the first old-age university clinic was established in Lausanne. Marginal until the 1980s, old-age psychiatry’s importance as a discipline steadily increased in parallel to the increasing awareness of the impending mental health epidemics in the elderly and to decreasing therapeutic nihilism. Since 2006, old-age psychiatry in Switzerland has achieved the status of a subspecialty of psychiatry and psychotherapy with a coordinated post-graduate curriculum and federal examination necessary to obtain the specialist title. |
| Conclusions. | Old-age psychiatry is likely to further grow in Switzerland, perhaps more particularly so in the consultation-liaison sector. |

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### OVERALL ABSTRACT

**Title:** Historical - Epistemological review of the bipolar disorder

**Chairperson**
Dr. Juan Carlos Fantín, APSA (Asociación de Psiquiatras Argentinos). Buenos Aires, Argentina

**Abstract**
The present Symposium summons a critical review that starts with the Argentinian reception of classical works on “Circular Insanity” and “Double form Insanity” of J.-P. Falret and J. Baillarger and “Manic – depressive Insanity” of E. Kraepelin, to then put in perspective this work and its reception with the modern notion of “Bipolar Spectrum” in the works of H. Akiskal et al.

To aim this purpose three axes of analysis are proposed, because they allow sorting and discriminating – at least conceptually- these problems: the historical, the epistemological and the clinical. Although we will depart from the base that this separation is artificial and serves only for expository purposes, we argue –following Canguilhem- that all epistemology is historical and that this fact has always determined the clinical perspectives adopted in different times.

We will then begin with a historical survey regarding the construction of the “Periodic Madness” as a psychopathological entity on the second half of the nineteenth century in Europe and in Buenos Aires. The third presentation makes a fragmentary but significant research of the reception of the “Periodic Madness” in Argentina based in empiric research of documents. The fourth one will focus on the concept of “Bipolar Spectrum” in Akiskal as the main paradigm of current biological psychiatry.

**Speakers**
1. Dr. Gonzalo Cossia  
   APSA (Asociación de Psiquiatras Argentinos). Buenos Aires, Argentina
2. Dr. Diego Costa  
   APSA (Asociación de Psiquiatras Argentinos). Buenos Aires, Argentina
3. Prof. Lic. Ignacio Iglesias Colillas  

### SPEAKER 1

**Title:** The background of periodic madness

**Speaker**
G. Cossia  
APSA (Asociación de Psiquiatras Argentinos), Buenos Aires, Argentina

**Abstract**
The present work will attempt to, through a succinct historical-epistemological review, locate some of the variables involved in the birth, consolidation and permanence of certain concepts that allude and impregnate the field of Manic-Depressive Insanity, especially emphasizing the period of the second half of the nineteenth century in France and Germany.

It will travel through a series of readings, some of the key notions in the work of J. P. Falret, J. Baillarger and E. Kraepelin. Emphasis will be placed on the incidence of these authors in the conformation of certain paradigms of psychiatric field.

The preeminence of certain conceptualizations of some of the authors mentioned will be appreciated, mainly in giving continuity and support to certain clinical and epistemological concepts that contrast with the dilution and the declining importance of numerous theoretical and clinical working.

Some preliminary conclusions that attempt to account for the multiplicity of factors involved when it comes to give rise to hegemony of certain theoretical and clinical concepts are outlined.

**References**
- Acerca de la locura circular o forma de enfermedad mental caracterizada por la alternancia regular de la manía y de la melancolía (1854), Revista Vertex, Vol. VII, Nº 25, 1996.
### Forensic reports on "periodic madness" in Buenos Aires between 1915 - 1925

**Speaker**
D. Costa  
APSA (Asociación de Psiquiatras Argentinos), Buenos Aires, Argentina

**Abstract**
The aim of the following investigation is to describe the type of nosography that physicians of the early Argentinian psychiatry would have used in the early twentieth century. To this was selected the period 1915 - 1925 to analyze a representative sample of forensic reports of the time, in order to locate in them the concepts that were being used. The empirical study of forensic reports showed that many times what the authors called "circular insanity" does not necessarily coincide with the original theories that had produced those terms, but they were used in a unique way, often adapted to the psychiatric background of the time. In conclusion, we observed that in this case the clinic seems to be almost entirely subject to diachronic framing (the alternation, lucid intervals, etc.), implying that psychiatric symptoms themselves do not really influence the diagnosis. And as for the theoretical developments in Argentina psychiatry of the times, marked by positivist model, almost everything is subordinated to the etiology, etiology which in all cases is the same: degeneration.

**References**
Medical law reports files from the Graduate Library of the Faculty of Medicine, University of Buenos Aires.

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### Epistemological review of the “bipolar spectrum” of Akiskal

**Speaker**
I. Iglesias Colillas  
APSA (Asociación de Psiquiatras Argentinos), Buenos Aires, Argentina, Universidad de Buenos Aires

**Abstract**
The objectives of this study are to promote an epistemological critical review of the concept “Bipolar Spectrum” of Akiskal, define and circumscribe the epistemological assumptions that underlie it, and relieve and highlight the clinical consequences caused by the marked epistemological inconsistencies. We will use a qualitative methodology, especially the phenomenological hermeneutic method for the analysis of texts, being one of the most important. Resorted to detailed and critical analysis of conceptual sources, using different methods: the "critic - historical method" of Canguilhem, the "archaeological method" of M. Foucault, the "historical asking" in Heidegger and the textual "deconstructionism" of J. Derrida. The concept of “bipolar spectrum” presents multiple epistemological inconsistencies, joined with other so many logical contradictions that can be placed in the "DSM" manuals series. These inconsistencies are supported by two core conceptual turns operated by the concept “bipolar spectrum”: one clinical and one etiological. The “bipolar spectrum” considers the "affective disorders" as an independent criteria. There is a surreptitious operation of homologation between the «pathological mood swing», the «bipolar spectrum» and the «manic-depressive madness». "Pathological mood swings" is not one sufficient criteria to undertake a psychopathological characterization.

**References**
### OVERALL ABSTRACT

**Title:** Forensic psychiatry  

**Chairperson:** Dr. Shinfuku Naotaka, M.D., Ph.D., Emeritus Professor, Kobe University Graduate, School of Medicine, Asian Federation of Psychiatric Associations  

**Abstract**  
Criminal law is conceptualised on the reality of intentional and controllable wrongdoings and the elements of the crime are subdivided into 1. Actus Reus and 2. Mens Rea. The latter is the *state of mind* and it comprises a specific intent to do a particular act or to achieve a particular result or to omit doing a particular result.

Insanity defence in Indian context is highlighted in section 84 IPC which had roots in McNaughton Rules. Only Legal insanity (mental illness at the time committing the crime) and not medical insanity falls within the purview of section 84IPC. Analysis of 84IPC reveals the following ingredients. 1. The accused was insane. 2. He was insane at the time of the crime and not merely before or after the act and 3. as a result of unsoundness of mind, the accused was incapable of knowing the nature of act or he was doing what was really wrong or contrary to law. As per Indian legislation, idiots, imbeciles and persons deprived of understanding and memory and children below 7 or those between 7 and 12 are not criminally responsible. The question of insanity has to be primarily decided by the court in spite of the expert’s opinion. 

The issues related to assessment and certification of past mental status of the offender are discussed along with legal issues of neighbouring countries of South Asia

**Speakers**  
1. Prof. T.V. Asokan  
   Dept of Psychiatry Stanley Medical College & Hospital  
2. Prof. Roy Abraham Kallivayalil  
   Vice- Principal, Professor & Head, Dept of Psychiatry, Pushpagiri Medical College, Thiruvalla, India  
3. Dr. Kuruvilla Thomas  
   Kusumagiri Mental Health Centre, Kakkanad, Kochi, India  
4. Dr. Vidyadhar Watve  
   Medical College Poona University, Pune  
5. Dr. U.C. Garg  
   Garg Medical Complex, M G Road, Dhakran Crossing, Agra, (U.P.) India

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### Criminal responsibility issues in South Asia

**Speaker** Prof. T.V. Asokan  
Dept of Psychiatry Stanley Medical College & Hospital

**Abstract**  
Criminal law is conceptualised on the reality of intentional and controllable wrongdoings and the elements of the crime are subdivided into 1. Actus Reus and 2. Mens Rea. The latter is the ‘state of mind’ and it comprises a specific intent to do a particular act or to achieve a particular result or to omit doing a particular result.

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The issues related to assessment and certification of past mental status of the offender are discussed along with legal issues of neighbouring countries of South Asia.
### Session: Regular Symposium

**SPEAKER 2**

**Title:** Mental health legislation- Does it facilitate or hinder mental health care in countries of South Asia?

**Speaker**
Prof. Roy Abraham Kallivayalil  
Vice-Principal, Professor & Head, Dept of Psychiatry, Pushpagiri Medical College, Thiruvalla, India

**Abstract**
Mental Health Legislation is increasingly being recognized as a vital component of mental health delivery system in South Asia. In the ideal form, it is definitely facilitatory in delivering optimum care to the people. By tardy implementation, it can hinder progressive measures in every aspect.

Mental health is often a neglected area in South Asia. The number of psychiatrists available is often 0.2 – 0.4 per 100,000 population compared to 10 per 100,000 in the developed world. Besides, the number of other mental health personnel like clinical psychologists, psychiatric social workers and psychiatric nurses are even fewer. Budgetary allotment for mental health is just 2-3% of the general health budget. The number of psychiatric beds and psychiatric hospitals are also too few.

However the rapid spread of General Hospital Psychiatry has truly revolutionized mental health care in countries like India. The National Mental Health Programme launched in India 1982 aims at integrating mental health with general health. Bringing these GHP Units under MHA may stifle their growth and produce unnecessary and unwelcome obstructions, which will be a big blow to the poor and underprivileged mentally ill.

Involvement of Non- Governmental Organisations (NGOs) in mental health care has been a welcome step in many South Asian countries. Several countries in South Asia needs to take up Mental Health Legislation in a progressive manner

**References**

### Session: Regular Symposium

**SPEAKER 3**

**Title:** Ethical issues in forensic psychiatry

**Speaker**
Dr. Kuruvilla Thomas  
Kusumagiri Mental Health Centre, Kakkanad, Kochi, India

**Abstract**
Ethics in Psychiatric Practice is an important concern for professionals in the field. Every effort has been made by South Asian countries like India to follow the United Nations Convention on the Rights of Persons with Disabilities and Madrid Declaration on Ethical Standard in Psychiatric Practice (1996) of World Psychiatric Association with its latest enhancement by the General Assembly in Buenos Aires, Argentina on September 21, 2011. Attention is given in the legislations to protect the rights of the mentally ill, issues like Informed consent, Involuntary treatment and Research in Psychiatry. But due to Socio Cultural factors prevailing, it is at times difficult to implement it strictly. Many Indian Psychiatrists doubt whether “Advance Directive” is a boon or bane. It is difficult to do a proper auditing of the services provided in India with its vast population of people requiring Psychiatric help given by inadequate number of Psychiatrists. A practical approach to solve these burning problems is to be discussed.

### Session: Regular Symposium

**SPEAKER 4**

**Title:** Issues of closed ward

**Speaker**
Dr. Vidyadhar Watve  
Medical College Poona University, Pune

**Abstract**
Closed wards are those from whom patients cannot discharge themselves and often are locked in. The
The diagnosis of such patients can vary from highly suicidal to extremely violent and hence are kept in this ward. Some have been admitted on the directives by the legal system. Most of the patients are admitted against their expressed will. There are various issues as regards the patient rights and their human rights as the admission process is not always very transparent. Patients have limited rights as regards the treatment methods. The staff to patient ratio is often unsatisfactory. Working in such environment increases the chances of staff burnout as they work in a potentially dangerous and a highly demanding environment. The discharge procedure is at the discretion of the treating consultant and seldom has an outside independent governing body overseeing it. Given the social stigma and apathy, the patients are not always promptly discharged, increasing the stress on already over stretched system. Given the increasing demands for such facilities, they are often over crowded. Limited funding complicates the quality of care provided.

The biggest Mental Hospital in Asia is situated in Pune which is in state of Maharashtra, the closed wards are called “Uncha(high) Bhinti (walls) Wards”. Unfortunately even in this high security wards patients have committed suicides or homicides. The entire issue of closed wards in South East Asia needs to be addressed and evaluated.

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<tr>
<td>Title: The relevance of general hospital psychiatry in South Asia</td>
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<td>Speaker: Dr. U.C. Garg</td>
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<td>Abstract: The introduction of psychiatry to general hospitals in the region was influenced by the development of the general hospital psychiatry movement in Western countries, but there are significant differences in the development of general hospital psychiatric services between the low-income countries of the South Asian region, and the West. During the last few decades, general hospital psychiatry has become a major force in the overall mental health development in the region. India was the first country to establish psychiatry in general hospitals in 1930. In most countries of the region, general hospital services carry out a disproportionately large amount of clinical work compared to that carried out by the mental hospitals. However, more than two thirds of the beds are still located in the mental hospitals. The introduction of psychiatry to general hospitals was not associated with any significant reduction of mental hospital beds. In addition to dealing with serious mental disorders, general hospital psychiatric services also respond to the mental health problems presenting in the general hospitals, while also playing a very influential role in the training of health and mental health professionals. In spite of the development of general hospital psychiatry, the mental hospitals continue to attract most of the mental health funds on the basis of traditional budgeting procedures. Consequently the general hospital mental health care services have to compete with other specialties for funds allocated to general hospitals. In view of the dominant position of the traditional medical specialties, psychiatric services are often considered as a low priority, resulting in minimal allocation of funds. During the last half century, general hospital psychiatry has played a very important role in delivering mental health care, providing leadership and directing the development of mental health services in the countries of the South Asian region. The general hospital psychiatry will have to recognize the ongoing developments in overall mental health care and assess how best it could utilize its expertise, influence and resources to contribute to the development of a more comprehensive service to the community. The general hospital is likely to continue to play a dominant role in the care of patients with major mental illness in an institutional setting.</td>
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### OVERALL ABSTRACT

**Title:** Implications of spiritual experiences to mind-brain relationship and clinical practice

**Chairperson**
Prof Simon Dein. Durham University, Durham - UK

**Abstract**
Session's abstract: Although psychiatry is among the professions most centrally related to the relationship of mind and brain, there has been lack of reflection by mental health professionals on this crucial subject (1). Different positions taken on the nature of the interrelationship of the brain and the mind have produced very dissimilar clinical and research approaches (1-4). In addition, centuries old controversies on mind-body relationships have been based on observation of a narrow range of phenomena, often contaminated by several theoretical and methodological biases (1,4). This symposium explores how some of these disagreements can be resolved by rigorous investigation of spiritual experiences. Although spirituality has increasingly been recognized as an important topic in psychiatry, the implications of spiritual experiences for the mind-brain problem has been neglected. Applying contemporary research methods to meditation, mystical and near-death experiences may provide a badly needed broadening and diversification of the empirical base needed to advance our understanding of the mind-body problem. In this interdisciplinary symposium researchers from three countries will integrate different approaches (neurobiological, phenomenological, epidemiological, and clinical) to address the major clinical, research and theoretical implications of this challenging subject. A common theme is that both scientific rigor and humility are needed in order to understand the mechanisms underlying spiritual experiences, and human experience as a whole.

**References**

**Speakers**
1. Dr. Peter Fenwick  
   Kings College, Institute of Psychiatry- London, UK  
2. Prof. Alexander Moreira-Almeida  
   Research Center in Spirituality and Health, School of Medicine, Federal University of Juiz de Fora – UFJF. Juiz de Fora, Brazil  
3. Prof. Erlendur Haraldsson  
   University of Iceland, Reykjavik, Iceland

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### SPEAKER 1

**Title:** Do the near death and approaching death experiences extend our understanding of human consciousness?

**Speaker**
P. Fenwick  
Kings College, London, UK

**Abstract**
Recent studies on near death experiences (NDE) precipitated by cardiac arrest raise questions about the nature of consciousness. The NDE is an altered state of consciousness which in the West has stereotyped content and emotional experience. Some features of the experience are trans-cultural and suggest either a similar brain mechanism or access to a transcendent reality. Individual features of the experience point more persuasively to transcendence than to simple limited brain mechanisms. Moreover there are, so far, no reductionist explanations which can account satisfactorily for some of its features; the meeting of dead relatives, the apparent "sightedness" in the blind during an NDE, the apparent acquisition of psychic and spiritual gifts, accounts of healing occurring during an NDE, and of veridical experience during the resuscitation after a cardiac arrest. Although non-local mind would explain many of the NDE features, non-locality is not yet accepted by mainstream neuroscience. Only those theories based on a wider understanding of mind could fully explain the subjective experience of the NDEr. In addition, an understanding of the mental states of the dying is now recognized as an important part of palliative care. Both the dying and their carers may experience phenomena which suggest also a continuation of consciousness after death and that we do not yet fully understand the process of dying.
Their occurrence helps the grieving of the relatives who see them.

References

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<th>SPEAKER 2</th>
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<td>Title:</td>
<td>Research on possession/trance/mediumship and the mind-brain relationship</td>
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<tr>
<td>Speaker</td>
<td>A. Moreira-Almeida</td>
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<tr>
<td>Federal University of Juiz de Fora (UFJF), Juiz de Fora, Brazil.</td>
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<td>Abstract</td>
<td>Objective: To discuss the historical and current importance of Possession, trance and mediumship (PTM) to the mind-brain problem, focusing on studies investigating the origins, the sources of mediumistic communications. Methods: Empirical evidence provided by studies on mediumship are presented and analyzed, including a more detailed analysis of two very productive mediums: Mrs. Leonora Piper and Chico Xavier. Results: PTM are experiences widespread throughout human history that involve alterations in consciousness. Mediumship can be defined as an experience in which an individual (the so-called medium) purports to be in communication with, or under the control of, a deceased personality or other non-material being. Since the 19th Century there is a substantial, but neglected tradition of scientific research about PTM and their implications for the nature of mind, these studies were seminal in the development of concepts such as dissociation and subliminal mind. Findings show that most of these experiences are not related to mental disorders and some criteria to assess their clinical significance will be presented. Studies investigating the origins, the sources, of mediumistic communications suggest that fraud, hallucination, and unconscious mind activity may explain much but not all the observed data. Old and recent well controlled studies suggest that mediums can exhibit skills and knowledge unlikely to have been acquired by ordinary means and compatible with deceased personalities. Conclusions: Applying contemporary research methods to PTM may provide a badly needed broadening and diversification of the empirical basis needed to advance our understanding of the mind-body problem.</td>
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<tr>
<td>Title:</td>
<td>Children who claim memories of a past life and the mind-brain relationship</td>
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<td>Speaker</td>
<td>E.Haraldsson</td>
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<tr>
<td>University of Iceland, Reykjavik, Iceland</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Children are found who consistently claim to have memories of a previous life. Can their memories be verified or falsified? Methods: The children, their parents and others who witnessed them describe such memories, were interviewed to ascertain the content of the alleged memories and test their consistency. Then a search was made for a potential previous personality, and if found, events in his/her life were compared with the child’s statements. About 90 such cases were investigated over a period of some 15 years. Results: Analyses reveal interesting features; frequent claimed memories of a violent death (70-80% of cases), early onset of memories (mean 2.5 years), and expressed desire to find the previous family. Attempts of verification have been successful in some cases, and a deceased person has been found whose life events correspond to a large extent to the child’s statements. In other instances – the majority</td>
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such attempts failed, sometimes because of lack of specificity in the statements, and sometimes because they did not fit (were falsified). Furthermore, psychological, religious and cultural factors were explored. Conclusions: The cases have great implications for any theory of the mind-brain relationship, if the most impressive cases reveal genuine past-life memories.

References


**Session:** Regular Symposium  
**Title:** Novel psychoactive substances: From use to psychiatric disorders  
**Chairperson:** Marta Torrens, Head of Addiction Program, Institute of Neuropsychiatry & Addictions-Parc de Salut Mar, IMIM-Institut Hospital del Mar d’Investigacions Mèdiques, Universitat Autònoma de Barcelona, Barcelona –Spain  
**Abstract:** The Novel Psychoactive Substances (NPS) are a new group of substances synthesized over the most recent decade which are consumed for recreational purposes. In recent years, NPS consumption has dramatically increase. According to the EMCDDA-Europol, in 2011, 49 new substances were officially detected for the first time in the European Union via the Early Warning System (EWS). This is the largest number of substances ever reported in a year. These substances are not often found on the international lists of banned substances, and there are limited data in the scientific literature concerning their main pharmacological and toxicological effects. In this symposium we will present state of the art of the human pharmacology of the NPS, the psychiatric disorders related to the use of NPS and the EU early-warning system for NPS.  
**Speakers:**  
1. Magí Farré  
IMIM-Hospital del Mar Medical Research Institute & University Autonoma of Barcelona, Barcelona, Spain  
2. Fabrizio Schifano  
Chair in Clinical Pharmacology and Therapeutics, Consultant Psychiatrist, University of Hertfordshire, United Kingdom  
3. Ana Gallegos  
European Monitoring Center for Drugs and Drug Addiction. Lisbon. Portugal.

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**Session:** Regular Symposium  
**Title:** Human pharmacology of NPS  
**Speaker:** Magí Farré, MD, PhD

1IMIM-Hospital del Mar Medical Research Institute & University Autonoma of Barcelona, Barcelona, Spain  
**Abstract**

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**Session:** Regular Symposium  
**Title:** Psychiatric disorders induced by NPS  
**Speaker:** Fabrizio Schifano, MD, FRCPsych

1University of Hertfordshire, United Kingdom.  
**Abstract:** In this presentation, it will be provided an overview of the clinical pharmacological and toxicity challenges posed by a range of Novel Psychoactive Substances, including: psychedelic phenethylamines; synthetic cathinones, synthetic cannabimimetics; PCP-like drugs; and herbs/plants’ derivatives. He will comment as well on the clinical issues relating to the misuse of a range of prescription drugs, including gabapentinoids and anticholinergics.
### Title:
The European Union early-warning system: NPS

### Speaker:
Ana Gallegos
1European Monitoring Center for Drugs and Drug Addiction (EMCDDA), Lisbon. Portugal.

### Abstract

Objectives
The objective of this presentation is two-fold: to describe the European Union (EU) Early Warning System (EWS) on new psychoactive substances (NPS), which was established in 1997, and to provide an update on the NPS detected in Europe.

Methods
The EU EWS is a multidisciplinary network which collects, appraises and rapidly disseminates information on NPS. It allows to rapidly exchange information and to act on new narcotic and psychotropic substances that appear on the EU drug scene. It also provides the possibility of a risk assessment to be conducted and, if merited, the control of specific NPS.

Results
Over the past few years Europe has seen an unprecedented growth in the number, type and availability of NPS. In 2013, for the fifth consecutive year, a record number of 81 substances were detected for the first time in Europe via the EWS. The speed at which NPS appear and the way they can be distributed challenges the procedures for monitoring, responding to and controlling the use of NPS. Furthermore, the toxicity of those substances is largely unknown; recently, the EMCDDA has assessed the risks posed by AH-7921 (a synthetic opioid), 25I-NBOMe (a potent hallucinogenic phenethylamine sold as LSD), methoxetamine (an arylcyclohexylamine advertised as a ‘bladder friendly’ alternative to and sold as ketamine) and MDPV (a ring-substituted synthetic cathinone). Currently, the EWS is monitoring intensively 4,4′-DMAR (a derivative of the designer drug 4-methylaminorex and the weight-loss medicine aminorex) and MT-45 (a new synthetic opioid researched in the 1970s).

Conclusions
New substances from diverse chemical groups emerging rapidly and being sold in combination with and as a replacement of other drugs pose challenges to forensics and toxicologists, law enforcement authorities, health-care providers and policy makers and call for a joined-up strategy at global level.
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<th>Session: Regular Symposium</th>
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<tr>
<td>Title: <strong>Who will look after people with mental illness in the future?</strong></td>
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<tr>
<td>Chairperson</td>
<td>Peter Falkai (Germany).</td>
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<tr>
<td>Co-chairperson</td>
<td>Wolfgang Maier (Germany).</td>
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<tr>
<td>Abstract</td>
<td>What do mental health services need to do in order to ensure that they are ready to address the mental health needs of the mentally ill in 20-30 years’ time? Mental health services are currently straining at the seams and they are facing even greater pressures in the future, including a growing, and ageing, population; persistently high prevalence rates of mental disorders among adults and children with a decreasing number of persons willing to work in the mental health services. The aim of this symposium is to highlight various aspects of this topic, especially thinking about situations with no or limited access to mental health workers: Steffi Riedel-Heller from Germany will give us insight about THE MENTAL HEALTH WORKER OF 2025. Driss Mousssaoui from Morocco will focus on THE FUTURE MENTAL HEALTH WORKER IN AFRICA: NURSE, PHYSICIAN OR INTERNET? Iris Hauth, also from Germany, will talk about E-HEALTH AND ITS CHANCES TO REPLACE THE MENTAL HEALTH WORKER and Veronica Larach from Chile will focus on THE FUTURE MENTAL HEALTH WORKER IN SOUTH AMERICA: NURSE, PHYSICIAN OR INTERNET? Our expectations for this symposium are the initiation of a fruitful discussion on these very timely topics.</td>
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<td>Speakers</td>
<td>Johannes Wancata (Austria). Eva Meisenzahl (Germany). Veronica Larach (Chile). Driss Mousssaoui (Morocco).</td>
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### Title: WHO ICD-11 Symposium I: An overview of the World Health Organization’s development of the ICD-11 classification of mental and behavioural disorders

### Chairperson

Prof. José Luis Ayuso-Mateos, Department of Psychiatry, Universidad Autónoma de Madrid y Hospital Universitario de la Princesa, Madrid, Spain

### Abstract

**Objectives:** This will be the first in a series of symposia intended to provide a detailed report of the work of the World Health Organization (WHO) on the development of the classification of mental and behavioural disorders in the Eleventh Revision of the International Classification of Diseases and Related Health Problems (ICD-11).

**Methods:** The symposium will include four presentations. The first will describe WHO’s public health priorities for the ICD revision and their connection to WHO’s global Mental Health Action Plan. The second will describe how global evidence is being collected in the context of the field studies of the proposed classification and will provide key findings. The third will summarize major highlights of the proposed revision of particular relevance to clinicians. And the fourth will discuss the relevance of the proposed ICD-11 classification for research.

**Results:** Strategies and key results will be presented that advance WHO’s goal of improving the ICD’s clinical utility through a global, multilingual, and multidisciplinary development and data collection process, emphasizing the participation of low- and middle-income countries, in order to make the ICD a more effective tool in the identification and management of mental disorders.

**Conclusions:** In order for those who need mental health services to have better access to care, the conditions that define their eligibility for services must be based in a classification that is valid and useful at the point at which they are most likely to come into contact with the health care system.

### Speakers

1. Dr. Shekhar Saxena  
   Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland
2. Dr. María Elena Medina-Mora  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
3. Dr. Geoffrey M. Reed  
   Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland
4. Dr. Michael B. First  
   Department of Psychiatry, Columbia University Medical Center, New York State Psychiatric Institute, New York, New York, USA

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### Session: Regular Symposium

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### Title: Developing the ICD-11 classification of mental and behavioural disorders as a vehicle for improving public health

### Speaker

S. Saxena  
World Health Organization, Geneva, Switzerland

### Abstract

**Objectives:** To describe the public health objectives of the World Health Organization’s Department of Mental Health and Substance Abuse related to the development of the classification of mental and behavioural disorders in the ICD-11. Mental disorders account for a higher percentage of global disease burden than any other category of non-communicable disease, but continue to be drastically undertreated. Over 50% of people in high-income countries with serious mental disorders, and more than 75% in low- and middle-income countries, receive no treatment.
Methods: In May 2013, the World Health Assembly approved an historic Mental Health Action Plan (MHAP) for 2013 – 2020. MHAP objectives include strengthening effective leadership and governance; providing comprehensive, integrated and responsive mental health services in community-based settings; implementing strategies for promotion and prevention, and strengthening information systems, evidence and research.

Results: WHO’s analysis indicates that the ICD is integrally linked to the achievement of its public mental health objectives. WHO’s 194 member countries are required to report health statistics to WHO using the ICD as a framework, and most use it as a basic component of the architecture of their health care and health information systems. People can only have access to the most appropriate mental health services when the conditions that define eligibility and treatment selection are supported by a precise, valid, and clinically useful classification system. A better ICD will also help WHO to collect more accurate and more reliable information across the globe on the epidemiology and disease burden of mental disorders, how they present in health systems, and where we have the best opportunities for prevention and treatment, especially in settings where resources are scarce.

Conclusions: The development of a more accurate and more clinically useful classification of mental disorders in ICD-11 is an integral part of WHO’s public health efforts in mental health.

References


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<tr>
<td>Title: How is evidence conceptualized and collected for the ICD-11 classification of mental and behavioural disorders?</td>
<td>M.E. Medina-Mora National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico</td>
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<td>Abstract</td>
<td>Objectives: To provide an overview of the types of evidence evaluated and the strategies for formative and evaluative field studies used as a part of WHO’s development of the ICD-11 classification of mental and behavioural disorders. Methods: The Field Studies Coordinating Group of the International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders has developed and implemented a series of studies using a variety of methodologies intended to improve the clinical utility of the ICD-11 classification of mental and behavioural disorders. Results: First, WHO has conducted assessments of the perspectives and use of classification among key professional constituencies, including collaborating with WPA on the largest and most international survey of psychiatrists ever conducted on this topic. Second, WHO has completed analyses of country-level and regional adaptations of the ICD-10 as a source of revision proposals. Third, WHO has conducted two major international “formative” field studies focused on clinicians' conceptualizations of the interrelationships among mental disorders categories in order to inform the development of the overarching architecture of the ICD-11. Fourth, WHO has developed the Global Clinical Practice Network (GCPN; <a href="http://www.globalclinicalpractice.net">www.globalclinicalpractice.net</a>), including 11,000 health professionals from 130 countries participating in internet-based field studies for ICD-11. Internet-based field studies using the GCPN represent an innovative application of experimental methods comparing the application of the new ICD and the old system by global clinicians in response to standardized case material. Several such studies have already been completed. Finally, WHO will soon implement clinic-based field studies to test the reliability and clinical utility of the proposed classification via the extensive network that WHO has developed. Conclusions: The systematic development and wide range of studies being conducted in developing the classification of mental disorders for ICD-11 will improve the validity, reliability, and clinical utility of the system.</td>
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<th>SPEAKER 3</th>
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<tr>
<td>Title:</td>
<td>What are the major changes and innovations from THE ICD-10 in the ICD-11 classification of mental and behavioural disorders?</td>
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<td>Speaker</td>
<td>G.M. Reed</td>
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<td></td>
<td>World Health Organization, Geneva, Switzerland</td>
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<tr>
<td>Abstract</td>
<td>Objectives: This presentation reviews major changes and innovations from ICD-10 proposed for the ICD-11 classification of mental and behavioural disorders. ICD-10 was approved by the World Health Assembly in 1990, making the current period the longest in the history of the ICD without a major revision. Substantial scientific evidence has accumulated over the last quarter century regarding the validity of disorder categories and relationships among them.</td>
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<td>Methods: ICD-11 Working Groups reviewed available scientific evidence and proposals for DSM-5, considering the clinical utility and global applicability of potential changes. Changes in the coding structure of the ICD-11 made possible major structural changes in the mental disorders classification. The new proposed structure was determined based on Working Group recommendations, results of formative field studies, and a joint harmonization exercise with developers of DSM-5. Uniform information requirements have been used for the development of proposed ICD-11 diagnostic guidelines for mental disorders.</td>
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<td>Results: New disorder groupings have been created by subdividing large conglomerations necessitated by the structure of ICD-10. Based on a lifespan development perspective, separate sections on disorders of childhood have been eliminated. New chapters on Sleep-Wake Disorders and conditions related to sexuality have been proposed to overcome the false dichotomy between “organic” and “nonorganic” disorders inherent in ICD-10. New categories have been added in several areas (e.g., Bipolar Type II Disorder, Hoarding Disorder, Complex PTSD, Binge Eating Disorder), and subtypes lacking validity and utility (e.g., for Schizophrenia and Somatoform Disorders) have been eliminated.</td>
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<td>Conclusions: Formative field studies support the clinical utility of the proposed structure for mental disorders in ICD-11. New diagnostic guidelines are being tested in internet- and clinic-based field studies. Results to date indicate that the proposed ICD-11 diagnostic guidelines are more clinically useful and applied more consistently by global clinicians than their counterparts in ICD-10.</td>
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<tr>
<td>Title:</td>
<td>What are the differences between the ICD-11 classification of mental and behavioural disorders and the DSM-5?</td>
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<td>Speaker</td>
<td>M.B. First</td>
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<td></td>
<td>Columbia University/New York State Psychiatric Institute, New York, New York, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: The revision processes for the two major classifications of mental disorders, DSM-5 and ICD-11, have been undertaken during roughly the same time. Although definitional differences between the two systems are inevitable for a variety of reasons, for the purposes of international communication</td>
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and collaborative research such differences should be minimized as much as possible. Unfortunately, despite active efforts towards harmonization of DSM-IV and ICD-10, there were a large number of non-conceptual and likely unintentional differences between these two predecessor systems. This presentation presents an overview of the DSM-5/ICD-11 harmonization efforts and some of the continuing differences between the two systems.

Methods: Aspects of the DSM-5 and ICD-11 revision processes that facilitated harmonization are described. Differences and similarities between the DSM-5 classification and proposed ICD-11 changes are reviewed.

Results: A joint DSM-5/ICD-11 harmonization committee successfully developed a common organization structure for the diagnostic groupings. Most of the DSM-5 and ICD-11 Workgroups had at least one member in common, facilitating harmonization. Although the DSM-5 process was three years ahead of ICD-11, ICD-11 Working Groups were familiar with DSM-5 changes during their deliberations and avoided unintentional differences between the systems. Therefore, remaining differences—which are particularly notable in the areas of personality disorders, trauma and stress-related disorders, paraphilic disorders, substance use disorders, and somatic symptom/body distress disorders—are conceptual and intentional, based in part on the different purposes and constituencies of the two classifications.

Conclusions: Harmonization of the structure of diagnostic groupings has been largely achieved but differences in the disorders represented, definitions, and diagnostic guidelines for a number of disorders remain. Unlike the situation with DSM-IV and ICD-10, however, these differences reflect legitimate and intentionally different diagnostic approaches. Given the lack of a gold standard for descriptive diagnostic definitions, the availability of alternate operationalizations of these phenomena may have certain advantages.

**Session:** Regular Symposium  | **OVERALL ABSTRACT** | **Code** | SY465

**Title:** WHO ICD-11 Symposium II: Who’s global clinical practice network: What do 10,000 clinicians from around the world have to tell us about the classification of mental and behavioural disorders?

**Chairperson**
Dr. Geoffrey M. Reed, Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland.

**Abstract**
Objectives: This symposium is the second in a series of symposia focused on WHO’s ICD-11, and will describe WHO’s Global Clinical Practice Network (GCPN), an international network of mental health and primary care professionals participating in internet-based ICD-11 field studies and methodologies for internet-based field studies being conducted via the GCPN. Observations regarding clinical decision-making that have come from this network will be highlighted.

Methods: The first presentation will describe the network and its formation and current characteristics. The second presentation will describe novel and powerful research methodologies being used to assess clinical decision-making among clinicians around the world to improve the reliability, clinical utility and global applicability of ICD-11 diagnostic guidelines for mental and behavioural disorders. Subsequent presentations will discuss the development of the GCPN network and field study results to date from Latin America, the People’s Republic of China, the Arab Region and Japan.

Results: The GCPN includes over 10,000 registered clinicians: 36% from Europe, 27% from Asia, and 24% from the Americas. Nearly half of GCPN participants come from low- and middle-income countries. Physicians—primarily psychiatrists—represent 59% of the network and 30% are psychologists. Professionals may register to participate in nine languages (www.globalclinicalpractice.net). Field studies are being conducted in Chinese, English, French, Japanese, Russian, and Spanish. GCPN studies are but true comparison trials focused on the application of the new ICD and the old system by global clinicians in response to standardized case material. Study findings provide clear indications regarding ease of use and goodness of fit of the proposed guidelines with real clinical cases. Field study results from several studies will be presented.

Conclusions: The use of the GCPN in the development of the ICD-11 represents the most broadly participatory studies of the classification of mental disorders ever conducted.

**Speakers**
1. Dr. Kathleen M. Pike  
   Global Mental Health Program, Columbia University, New York, New York, USA
2. Dr. Jared W. Keeley  
   Department of Psychology, Mississippi State University, Starkville, Mississippi, USA
3. Dr. Rebeca Robles  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
4. Dr. Min Zhao  
   Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, P.R. China
5. Dr. Brigitte Khoury  
   Department of Psychiatry, American University of Beirut Medical Center, Beirut, Lebanon
6. Dr. Tsuyoshi Akiyama  
   Department of Neuropsychiatry, Kanto Medical Center, Tokyo, Japan.

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**Session:** Regular Symposium  | **SPEAKER 1** | **Code** | SY465

**Title:** Development and characteristics of the WHO global clinical practice network (GCPN)

**Speaker**
K.M. Pike¹, T. Rebello¹, G.M. Reed²

¹ Global Mental Health Program, Columbia University, New York, New York, USA  
² World Health Organization, Geneva Switzerland
Abstract

Objectives: This presentation describes the World Health Organization’s Global Clinical Practice Network (GCPN), one of the largest and most diverse global networks in mental health. WHO established the GCPN for the purpose of developing and evaluating the diagnostic guidelines for ICD-11 mental and behavioural disorders. GCPN members participate in internet-based studies that test the clinical utility and global applicability of proposed guidelines. This presentation will focus on the successful development and employment of the GCPN for the purpose of advancing mental health globally.

Methods: In developing the GCPN, WHO was committed to ensuring representation of clinicians from diverse geographical, disciplinary and lingual backgrounds. WHO worked with international associations, WHO Collaborating Centres, and affiliated groups, to share information about this initiative. Clinicians qualified to practice in their country were invited to register. Registration was made available in nine languages to maximize participation and enhance the diversity of the network.

Results: WHO’s sustained engagement efforts have been successful in generating an expansive and diverse network. The GCPN includes over 10,000 practitioners, representing all global regions. One-third of GCPN members are from Asia, one-third from Europe, and 20% from the Americas, equally divided between Latin/South and North America. Nearly half (41%) come from low- and middle-income countries. Physicians, primarily psychiatrists, represent 59% of the network and 30% are psychologists, though all the other major clinical disciplines (e.g., nursing, social work, and occupational therapy) are represented. GCPN members have registered through nine languages (Arabic, Chinese, English, French, German, Japanese, Portuguese, Spanish and Russian).

Conclusions: The GCPN is a highly diverse, international, multidisciplinary and multilingual network of practitioners who have already successfully contributed to ICD-11 development. This network represents an effective and inclusive paradigm by which to conduct rigorous, international field-studies.

WHO welcomes global practitioners to join the network by registering at: www.globalclinicalpractice.net.

Session: Regular Symposium
Title: Methodologies for ICD-11 field studies using the global clinical practice network
Speaker: J. Keeley1, M.C. Roberts2, P. Sharan3, S.C. Evans2, G.M. Reed4
1 Mississippi State University, Starkville, Mississippi, USA
2 University of Kansas, Lawrence, Kansas, USA
3 All India Institute of Medical Sciences, New Delhi, India
4 World Health Organization, Geneva, Switzerland

Abstract

Objective: This presentation will describe the methodologies of the internet-based field studies for the ICD-11 revision process and the types of information about clinical utility and clinical decision-making they can provide.

Methods: Internet-based field studies for ICD-11 using the Global Clinical Practice Network (GCPN) represent an innovative application of experimental methods, made possible through internet-based technology not available for previous revisions of the ICD. GCPN studies are not preference surveys, but true comparison trials focused on the application of the new ICD and the old system by global clinicians in response to standardized case material. Internet-based studies make use of vignettes methodologies with a long history in medicine, bioethics, and psychology that are considered more valid than many alternative methods. Vignettes are structured to closely resemble judgments that clinicians make in daily practice but offer a degree of control not available in clinic-based studies. Generally, participants are randomly assigned to use either the ICD-11 or the ICD-10 and presented with a series of vignettes that test specific diagnostic comparisons. Using these experimental designs, GCPN studies can: 1) systematically assess the impact of changes from ICD-10 to ICD-11 on diagnostic decisions and their consistency across clinicians, countries, languages and regions; 2) pinpoint sources of poor reliability; and 3) assess the usability and goodness of fit of proposed diagnostic guidelines.

Results: Example results from completed field studies will be used to illustrate the types of feedback these studies can provide for ICD-11, along with recommendations for changes to the guidelines that have already been made based on the study results.
Conclusions: No prior field trial of a psychiatric nosology has employed studies of this nature, which provide a novel and powerful means of assessing clinical decision-making in order to improve the reliability, clinical utility and global applicability of ICD-11 diagnostic guidelines.

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<th><strong>SPEAKER 3</strong></th>
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| Title:   | Key results of ICD-11 field studies in Latin America using the global clinical practice network | Speaker: R. Robles¹, J. Keeley², G.M. Reed³  
¹ National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico  
² Mississippi State University, Starkville, Mississippi, USA  
³ World Health Organization, Geneva, Switzerland | Abstract | Objective: To describe the results of ICD-11 internet-based field studies using the GCPN for the Latin American region.  
Methods: WHO’s development of the classification of Mental and Behavioural Disorders in ICD-10 has been characterized by systematic efforts to attain a genuinely global classification of mental disorders at all phases of the work, beginning with the appointment of experts from all WHO regions to ICD-11 Working Groups through global field testing of ICD-11 proposals in multiple languages and particularly including low- and middle-income countries. One area of focus has been the utility and applicability of the proposed classification for Latin American clinicians. This presentation will focus on ICD-11 internet-based field studies on Disorders Specifically Associated with Stress, Feeding and Eating Disorders, and Schizophrenia and Other Primary Psychotic Disorders implemented via the Global Clinical Practice Network (GCPN), in which a large number of clinicians from Latin American countries have participated (e.g., 19.2% of 1738 professionals from 76 countries who participated in the field study on Disorders Specifically Associated with Stress were from Latin America). Findings for Latin American participants in these three studies were summarized and compared with findings from other regions of the world.  
Results: In general terms, ICD-11 proposed diagnostic guidelines for the disorders evaluated in these three internet-based studies were accurately used by Latin American clinicians and found to have high clinical utility. However, some specific differences between clinicians from Latin America and the rest of the world were observed.  
Conclusions: These findings underscore the applicability of the proposals in the Latin American context and also provide information regarding needs for training regarding specific proposed modifications of ICD-11 to facilitate implementation in the region. The results also highlight the utility and importance of these types of studies within the challenging context of global mental health care. | References | Al-Adawi S, Bax B, Bryant-Waugh R, Claudino AM, Hay P, Monteleone P, Norring C, Pike, KM, Pilon DJ, Herscovici CR, Reed GM, Rydelius P-A, Sharan P, Thielis C, Treasure J, Uher R. Revision of ICD – status update on feeding and eating disorders. Advances in Eating Disorders 2013; 1:10-20.  

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<th>Session:</th>
<th>Regular Symposium</th>
<th><strong>SPEAKER 4</strong></th>
<th>Code</th>
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| Title:   | Natural taxonomies of mental disorders among psychiatrists in the people’s Republic of China: An ICD-11 field study | Speaker: Y. Dai¹, J. Keeley², M. Zhao³, Z. Wang⁴  
¹ Shanghai Mental Health Center, Shanghai, P.R. China  
² Mississippi State University, Starkville, Mississippi, USA |
Objective: To describe a study of clinicians’ natural taxonomies of mental disorders intended to inform decisions about the structure of ICD-11 Mental and Behavioural Disorders, and to examine differences between the structure of the Chinese clinicians’ working taxonomies and those of clinicians in other countries. Until recently, China has had its own local diagnostic system, the Chinese Classification of Mental Disorders. However, China’s new mental health law, which took effect in 2013, requires the use of ICD-10. This study presented a unique opportunity to examine differences between classification structures produced by Chinese clinicians and clinicians from other countries.

Methods: 517 mental health professionals in 8 countries, including 62 Chinese psychiatrists, sorted 60 cards representing different mental disorders into groups of similar disorders, and formed a hierarchical structure by aggregating and disaggregating these groupings. Distance matrices were created from the sorting data and used in cluster and correlation analyses.

Results: Clinicians’ taxonomies were rational, interpretable, and extremely stable across countries, diagnostic system used, and profession. Clinicians’ consensus classification structure was different from ICD-10 and DSM-IV, but in many respects consistent with ICD-11 proposals. An extremely high degree of consistency was observed across countries. Chinese psychiatrists’ classification structure was most similar to those of Japanese (r = .96) and Indian clinicians (r = .96), and least similar to that of U.S. clinicians (r = .90). Specific characteristics of Chinese clinicians’ taxonomies will be described.

Conclusions: Overall, the overall proposed structure of ICD-11 mental disorders is more compatible with the common conceptual organization of mental disorders observed across diverse global clinicians. Natural taxonomies of mental disorders among Chinese clinicians were found to be highly similar to those of clinicians from other parts of the world. Findings regarding specific differences can be used to inform educational programs for Chinese clinicians related to the ICD-11.

References
trials. Arab clinicians were open to sharing their experiences and participating in field studies in order to provide feedback during the process of developing the ICD-11 diagnostic guidelines. This proves will influence many aspects of mental health in the Arab region and help in recognizing the influence of the Arab culture on mental illness.

References


Session: Regular Symposium

Title: ICD-11 field studies in Japan through the global clinical practice network

Speaker T. Akiyama¹, C. Matsumoto², T. Maruta³, S Kanba³, P. Bernick⁴, H. Kuga³,⁵,⁶
¹ NTT Medical Center, Tokyo, Japan
² Tokyo Medical University, Tokyo, Japan
³ Kyushu University, Fukuoka, Japan
⁴ Nagasaki University, Nagasaki, Japan
⁵ National Hospital Organization Hizen Psychiatric Center, Saga, Japan
⁶ The Japan Young Psychiatrists Organization

Abstract

Objective: To report on the activities conducted by the ICD Committee of the Japanese Society of Psychiatry and Neurology (JSPN) in order to establish and run the Global Clinical Practice Network (GCPN) in Japan. The JSPN is the largest psychiatric association in Japan, with some 16,000 members.

Methods: The JSPN has recruited psychiatrists and other mental health professionals in Japan to participate in the GCPN. In order to implement the internet-based field studies via the GCPN in Japan, the JSPN ICD committee has organized a team composed of translation co-ordinators, ICD committee advisors, field specialist advisors, back translators, the Japan Young Psychiatrists Organization, the JSPN secretariat and WHO.

Results: Dissemination of information related to the GCPN has been extremely effective, and rates of participation have been high. Of all countries in the world, Japan ranks third in terms of absolute number of GCPN participants (behind only China and the USA). The JSPN team has successfully translated materials for studies on Disorders Specifically Associated with Stress and Feeding and Eating Disorders and is currently working on the Japanese version of the study on Schizophrenia and Other Primary Psychotic Disorders. Overall, 440 Japanese GCPN registrants participated in the study on Disorders Specifically Associated with Stress, and 332 took part in the study on Feeding and Eating Disorders. Example results from the Japanese studies will be presented.

Conclusions: In Japan, the GCPN has been efficiently established and managed through the leadership of the JSPN. The JSPN is committed to contributing as much as possible to future ICD-11 field trials. The JSPN is pleased that it was able to offer significant opportunities for its members to provide feedback during the process of finalizing ICD-11 criteria, which will influence many aspects of mental health in Japan and throughout the world.

References

### Session: Regular Symposium

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<th>OVERALL ABSTRACT</th>
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<tr>
<td>WHO ICD-11 Symposium III: Proposals and evidence for ICD-11: Neurodevelopmental disorders, disruptive behaviour and dissociative disorders, feeding and eating disorders, and impulse control disorders</td>
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**Chairperson**
Prof. Pratap Sharan, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India.

**Abstract**
Objectives: This symposium will be the third in a series of symposia focused on WHO’s ICD-11 and will include presentations on the following topics: Neurodevelopmental Disorders, Disruptive Behaviour and Dissocial Disorders, Feeding and Eating Disorders, and Impulse Control Disorders.

Methods: ICD-11 Working Groups were asked to review available scientific and other information about use, clinical utility, and experience with relevant ICD-10 diagnoses; to review DSM-5 proposals and consider whether they were suitable for global application; and to develop proposals for ICD-11 with a focus on improving clinical utility in a broad range of settings. Proposals were subsequently modified based on expert review and comment, and are currently being tested in international field studies.

Results: ICD-11 has taken a substantively different approach from DSM-5 and ICD-10 with respect to several aspects of Neurodevelopmental Disorders. The ICD-11 has rejected the proposal for the inclusion of Dysphoric Mood Dysregulation Disorder (DMDD), and instead includes a qualifier for Oppositional Defiant Disorder denoting chronic irritability/anger. Binge Eating and Avoidant-Restrictive Food Intake Disorders categories have been added to the grouping of Feeding and Eating Disorders. Impulse Control Disorders are characterized by repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person despite longer-term harm either to the individual or others. Results from field studies related to these groupings will be presented.

Conclusions: The global nature of the ICD-11’s development and the studies now underway will enhance the clinical utility of the ICD-11 for health professionals.

**Speakers**
1. Prof. M. Elena Garralda  
   Academic Unit of Child and Adolescent Psychiatry, Imperial College, London, UK
2. Dr. Francisco Rafael de la Peña  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
3. Dr. Angélica de Medeiros Claudino  
   Department of Psychiatry, Eating Disorders Program, Federal University of São Paulo, São Paulo, Brazil
4. Prof. Jon E. Grant  
   Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Pritzker School of Medicine, Chicago, Illinois, USA

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**Title:** Proposals and evidence for the ICD-11 classification of neurodevelopmental disorders

**Speaker**
E. Garralda  
Imperial College London, London, United Kingdom

**Abstract**
Objectives: To describe proposals for a new ICD-11 grouping of Neurodevelopmental Disorders encompassing various disorders previously classified in ICD 10 under Mental retardation, Disorders of psychological development and Disorders with onset in childhood and adolescence.

Methods: A Working Group on Classification of Mental and Behavioural Disorders in Children and Adolescents (2010 – 2011) and subsequent international expert discussion groups reviewed the relevant literature, discussed clinical utility, and considered the newly published DSM-5 categories and their suitability for global application.
Results: As is the case generally in ICD-11, the neurodevelopmental disorders will apply across the lifespan. There will be a reduced number of disorders from ICD-10, reflective of current knowledge and practice and in line with DSM 5’s with the exception of several specific conceptual differences. The new neurodevelopmental grouping is conceptualized as involving persistent behavioral and cognitive disorders that affect intellectual, learning, communication, motor, attention and social brain based functions. Disorders have an onset during the developmental period and cause impairment in activities and performance. Although starting in childhood, many persist into adulthood. They include Disorder of Intellectual Development (Mental Retardation in ICD-10, Intellectual Disability or Intellectual Developmental disorder in DSM 5), Autism Spectrum Disorder (with or without disorder of intellectual development; and, language having been removed as one of the triad of problems in autism, with and without functional language disability), Developmental Disorders of Speech and Language (including impairment of pragmatic language), specific Developmental Learning and Coordination disorders, Attention Deficit Disorders and Stereotyped Movement Disorders.

Conclusions: Neurodevelopmental disorders are now regarded as lifespan disorders with manifestations in adulthood as well as in childhood; they include generalized difficulty in intellectual development, as well as specific developmental problems varyingly involving communication, social and motor skills, attention and learning. Proposals will be tested in internet-based and clinic-based field studies.

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<tr>
<td>Title:</td>
<td>Proposals and evidence for the ICD-11 classification of disruptive behaviour and dissocial disorders</td>
<td>F.R. De la Peña¹, S.C. Evans², J.H. Lochman¹</td>
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<tr>
<td></td>
<td>University of Kansas, Lawrence, Kansas, USA</td>
<td>²University of Kansas, Lawrence, Kansas, USA</td>
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<td>Abstract</td>
<td>Objectives: To describe proposals for a new ICD-11 grouping of Disruptive Behaviour and Dissocial Disorders encompassing disorders previously classified in ICD 10 under Behavioural and emotional disorders with onset usually occurring in childhood and adolescence. Methods: A Working Group on Classification of Mental and Behavioral Disorders in Children and Adolescents (2010 – 2011) and subsequent international expert discussion groups reviewed the relevant literature, discussed clinical utility, and considered the newly published DSM 5 categories and their suitability for global application. Results: New ways of characterizing Oppositional Defiant Disorder (ODD) and Conduct-Dissocial Disorders have been proposed for ICD-11. First, recent findings on severe mood dysregulation and the dimensions of Oppositional Defiant Disorder (ODD), in particular chronic irritability and anger, and controversies regarding the new category of disruptive mood dysregulation disorder (DMDD) in DSM-5 converge to indicate the need for better identification of youth with persistent and severe irritable mood as a prominent aspect of psychopathology. Second, much evidence supports a subtype of the proposed ICD-11 category of Conduct-Dissocial Disorder (CDD) based on callous and unemotional (CU) traits (called ‘limited prosocial emotions’ in DSM-5). Conclusions: Proposals for ICD-11 view these disorders as lifespan conditions and do not limit their application children and adolescents. Research reviewed as well as global public health considerations (e.g., potential for harm/benefit, clinical utility, cross-cultural applicability) support adding a qualifier ‘with chronic irritability/anger’ for ODD and a qualifier ‘with limited prosocial emotions’ for both ODD and CDD in ICD-11. DSM-5’s addition of a separate category of DMDD has not been accepted for ICD-11, as the qualifier for ODD of ‘with chronic irritability/anger’ was seen as a more conservative and more scientifically justifiable basis for the identification and treatment of children with this form of mood dysregulation. Proposals will be tested in internet-based and clinic-based field studies.</td>
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<td>Title:</td>
<td>Proposals and evidence for the ICD-11 classification of feeding and eating disorders</td>
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Speaker | A.M. Claudino¹, J.W. Keeley², K.M Pike³, P. Hay⁴, C.R. Herscovici⁵, P. Monteleoni⁶, R. Bryant-Waugh⁷
---|---
¹ Federal University of São Paulo, São Paulo, Brazil
² Mississippi State University, Starkville, Mississippi, USA
³ Columbia University, New York, New York, USA
⁴ University of Western Sydney, Sydney, Australia
⁵ TESIS Center for Systems Therapies, Buenos Aires, Argentina
⁶ University of Salerno, Salerno, Italy
⁷ Great Ormond Street Hospital for Children NHS Foundation Trust, London, United Kingdom

Abstract | Objectives: To describe proposals for the ICD-11 grouping of Feeding and Eating Disorders and to present results of an internet-based field study of the proposals conducted in five languages among more than 2000 clinicians worldwide.
Methods: The Working Group on the Classification of Feeding and Eating Disorders prepared proposals based on available evidence, discussion of clinical utility, and consideration of newly published DSM-5 categories and their suitability for global application. Six eating disorders categories are proposed for ICD-11, including two new categories: Binge Eating Disorder (BED) and Avoidant-Restrictive Food Intake Disorder (ARFID). An internet-based field study testing consistency among clinicians and clarity of key proposed distinctions in response to standardized diagnostic material (vignettes) was conducted among participants in WHO’s Global Clinical Practice Network in five languages. Clinicians were randomized to assign diagnoses to one of eight pairs of vignettes using either ICD-10 or ICD-11 diagnostic guidelines.
Results: ICD-11 improved distinctions between: ARFID and AN; ARFID and normality; BED and BN; and BED and normality. A requirement of 1 year of sustained gains to drop the AN diagnosis has clinical utility but requires refinement. The subjective definition of an eating binge improves the clarity of ICD-11 over ICD-10, but objective binges were more reliably diagnosed. Inclusion of the BED category reduced diagnostic inconsistency, but the differentiation between BN and BED seems to be influenced by weight status, with more accurate diagnosis of BED among overweight individuals.
Conclusions: Overall, ICD-11 performed better than ICD-10 in terms of consistency of diagnosis and in capturing key distinctions. Study results are being used to refine the ICD-11 diagnostic guidelines, which will be further tested in additional internet-based and clinic-based field studies.


Session: | Regular Symposium | **SPEAKER 4** | Code | SY466
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Title: | Proposals and evidence for the ICD-11 classification of impulse control disorders

Speaker | J.E. Grant
University of Chicago, Chicago, Illinois, USA

Abstract | Objectives: Impulse Control Disorders are characterized by repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person despite longer-term harm either to the individual or others. In the past two decades, the public health importance of these disorders has become increasingly apparent. The ICD-11 Working Group on Obsessive-Compulsive and Related Disorders wanted to optimize the classification and description of these disorders and address some of the controversies surrounding them.
Methods: The ICD-11 Working Group on Obsessive-Compulsive and Related Disorders was asked to review the scientific and other information about use, clinical utility, and experience with the impulse control disorders; to review the approach of the DSM-5 to these conditions, with a focus on whether this approach might be suitable and useful for global applications; and to develop proposals for ICD-11.
Results: Based on research evidence, and expert clinical consensus, the Working Group has recommended that a grouping of impulse control disorders be retained in ICD-11. Impulse control disorders would therefore include pathological gambling, intermittent explosive disorder, kleptomania, and pyromania, as well as compulsive sexual behaviour disorder. Proposals will be tested in internet-based and clinic-based field studies.
Conclusions: Based on current evidence, and unlike the DSM-5 approach, which splits these disorders across diagnostic categories, the ICD-11 proposal recommends keeping these together based on similar mechanisms and psychopathology. The Working Group believes that this approach is much simpler, will be easier for clinicians to use, is more continuous with the previous classification, and will be more feasible in low-resource settings than the DSM-5 approach. Proposals will be tested in internet-based and clinic-based field studies.

### Session: Regular Symposium

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<tr>
<td><strong>WHO ICD-11 Symposium IV: Proposals and evidence for ICD-11: Schizophrenia and other primary psychotic disorders, mood disorders, anxiety and fear-related disorders, and the classification of mental disorders in primary care</strong></td>
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| Chairperson | Dr. Toshimasa Maruta, Department of Psychiatry, Tokyo Medical University, Tokyo, Japan |

| Abstract | Objectives: This symposium will be the fourth in a series of symposia focused on WHO’s ICD-11 and will include presentations on the following topics: Schizophrenia Spectrum and Other Primary Psychotic Disorders, Mood Disorders, Anxiety Disorders, and Common Mental Disorders in Primary Care. |

Methods: ICD-11 Working Groups were asked to review available scientific and other information about use, clinical utility, and experience with relevant ICD-10 diagnoses; to review DSM-5 proposals and consider whether they were suitable for global application; and to develop proposals for ICD-11 with a focus on improving clinical utility in a broad range of settings. Proposals are currently being tested in international field studies. A separate Working Group of mental health and primary care professionals has recommended a classification for primary care settings. |

Results: The proposed classification of schizophrenia spectrum disorders in ICD-11 differs markedly from ICD-10. Schizophrenia and schizoaffective disorder are characterized by their course as well as the prominence of positive, negative, mood, psychomotor, and cognitive symptoms. In the area of Mood Disorders, Bipolar Type II Disorder has been introduced and separate diagnoses of Manic Episode and Hypomania have been eliminated. ICD-11 will include a separate grouping of Anxiety and Fear-Related Disorders. The primary care classification has proposed important new categories of anxious depression and bodily stress syndrome. Results from field studies of these proposals will be presented. |

Conclusions: Significant changes recommended for these diagnostic categories are being tested in field studies that will inform the final ICD-11 and enhance the clinical utility of the classification. |

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<tr>
<td>1. Prof. Wolfgang Gaebel</td>
<td>Department of Psychiatry and Psychotherapy, Heinrich-Heine University, Düsseldorf, Germany</td>
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<tr>
<td>2. Prof. Mario Maj</td>
<td>Institute of Psychiatry, University of Naples SUN, Naples, Italy</td>
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<td>3. Dr. Cary Kogan</td>
<td>School of Psychology, University of Ottawa, Ottawa, Ontario, Canada</td>
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<tr>
<td>4. Prof. David P. Goldberg</td>
<td>Institute of Psychiatry, King’s College London, London, UK</td>
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<td>Proposal and evidence for the ICD-11 classification of schizophrenia and other primary psychotic disorders</td>
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<th>W. Gaebel</th>
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<td>Heinrich Heine University, Düsseldorf, Germany</td>
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| Abstract | Objectives: To describe the current state of the art of developing the new classification of Schizophrenia and Other Primary Psychotic Disorders based on the proceedings of the WHO Working Group on Psychotic Disorders for ICD-11. |

Methods: Review of the major changes suggested by the WHO ICD-11 Working Group on Psychotic Disorders and discussion of the rationale for some of the major changes. |

Results: The grouping will contain Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Acute and Transient Psychotic Disorders (ATPD), Schizotypal Disorder, and two categories for Other and
Unspecified Primary Psychotic Disorders. In Schizophrenia, the subtypes (paranoid, hebephrenic and catatonia) will be replaced by symptom specifiers in the domains of positive symptoms, negative symptoms, depression, mania and cognition. The symptom specifiers will serve to describe the clinical picture semi-quantitatively and will be used for all primary psychotic disorders. The course of schizophrenia will be described by new course specifiers and will distinguish between first episode, multiple episodes and continuous course types. Schizoaffective Disorder will be redefined with the key diagnostic criterion of the simultaneous occurrence of symptoms of both Schizophrenia and a Depressive, Manic, or Mixed affective episode. Previously defined subtypes of ATPD will be eliminated and there will be some clarification of the requirements for delusional disorder, but the former defining clinical characteristics of these disorders will be retained. In Schizotypal Disorder, only minor editorial changes were recommended. Attenuated psychosis syndrome is not being recommended as a novel diagnostic entity. The title of the grouping will omit the “spectrum” term, as it is poorly defined.

Conclusions: The first draft of the new diagnostic guidelines is available and field testing for feasibility and utility will commence in mid-2014. This may lead to further revisions before the preparation of the final versions due to be approved by WHO by 2017.

References

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<th>Session: Regular Symposium</th>
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<tr>
<td>Title: Proposals and evidence for the ICD-11 classification of mood disorders</td>
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<td>Speaker: M. Maj University of Naples SUN, Naples, Italy</td>
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<td>Abstract: Objectives: To describe current proposals for the classification of Mood Disorders in ICD-11 and differences from DSM-5.</td>
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<td>Results: Clinical reality presents a series of continua in the area of mood disorders: between “normal” sadness and depression, between “normal” elation and hypomania, between a “pure” depressive episode and a “pure” manic episode, between unipolar depression and bipolar disorder, between anxiety disorders and depression, and between mood disorders and psychotic disorders. Most of our classificatory efforts and controversies in this area center around how to deal with these continua, where to fix boundaries and how to delineate intermediate or mixed conditions. This presentation will review the expected convergences and divergences between the ICD-11 and the DSM-5 in handling these continua, and the research evidence supporting the proposals made for the ICD-11. Among the convergences are the inclusion of activation/increased energy as a defining symptom for hypomania/mania, and the acknowledgement that a manic/hypomanic syndrome emerging during antidepressant treatment, and persisting beyond the physiological effect of that treatment, qualifies for the diagnosis of manic/hypomanic episode. Furthermore, Bipolar II disorder will be recognized as a distinct diagnostic entity in the ICD-11, as in the DSM-5. Finally, the ICD-11, as the DSM-5, will allow the clinician to record the occurrence of prominent anxiety symptoms in a patient with a major depressive episode, by using a specifier. Expected divergences between the ICD-11 and the DSM-5 will include a different characterization of mixed states and schizoaffective disorder. The ICD-11 will also provide divergent guidance than DSM-5 related to mood symptoms in the context of bereavement reactions appropriate to the individual’s cultural and religious background.</td>
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<td>Conclusions: The first draft of the new diagnostic guidelines is available and field testing will commence in mid-2014.</td>
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**Title:** 
Proposals and evidence for the ICD-11 classification of anxiety and fear-related disorders

**Speaker** 
C. Kogan  
University of Ottawa, Ottawa, Ontario, Canada

**Abstract**

Objectives: To provide a summary of proposal for Anxiety and Fear-Related Disorders in ICD-11, including the rationale for changes based on current evidence supporting the novel structure of the classification, essential features of each diagnostic entity, and differential diagnostic considerations for entities both within and across categories. These features will be explicated within the context of the broader principles guiding the revision, including maximization of clinical utility and global applicability.

Methods: An integration of several sources of information was used to develop the novel structure and content for this grouping. Specifically, the proposal was drafted using consensus documents from Working Group members’ review of the extant literature on Anxiety and Fear-Related Disorders, feedback from practitioners based on results of field trials, and analyses of other current classification systems.

Results: Anxiety and Fear-Related Disorders will be a new grouping in ICD-11 rather than subsumed under “Neurotic, stress-related, and somatoform disorders”. Separate groupings are proposed for Obsessive-Compulsive and Related Disorders and Disorders Specifically Associated with Stress, although these share common symptoms and mechanisms with anxiety disorders. The arbitrary separation of phobic and other anxiety disorders was removed, and Separation Anxiety Disorder and Selective Mutism have been incorporated into this grouping as part of ICD-11’s emphasis on developmental continuity. The basic conceptualization of the entities within Anxiety and Fear-Related Disorders in ICD-11 is largely consistent with the ICD-10, though substantial changes have been made to the content of the clinical descriptions and diagnostic guidelines to bring them in line with current evidence-based conceptualizations.

Conclusions: Streamlining of Anxiety and Fear-Related Disorders to those entities that share fear and anxiety as key symptoms but differentiated on the basis of specific foci of apprehension and are expected to provide clinicians with clearer guidelines to determine caseness.

**References**

Maj M, Reed, GM (Eds.). The ICD-11 classification of mood and anxiety disorders: background and options. World Psychiatry 2012; 11(Suppl. 1).

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**Session:** 
Regular Symposium  
**SPEAKER 4**

**Title:** 
The WHO classification of mental disorders for primary care and general medical settings (ICD11-PHC)

**Speaker** 
D. Goldberg  
Institute of Psychiatry, King’s College, London, London, United Kingdom

**Abstract**

Objectives: To briefly describe the ICD10-PHC, and to describe both the aims of the revision for the ICD-11, and the progress of our Field Trials. The acceptability of a dimensional, rather than a categorical model for common disorders will be investigated, and specious co-morbidity will be eliminated.

Methods: We expect to have the results of our Field Trials later this year, and will make any necessary changes in the light of our Field Trial. We will then decide what changes we still need to make before ICD11-PHC is released.

Results: The present draft of the Classification will be presented, and details of the aims of the Field Trials at present taking place in 5 countries will be described. Detailed results of these are expected later this year.

Conclusions: Our classification will correspond much more closely to the actual conditions encountered in general medical care.

**References**


Goldberg DP, Prisciandaro JJ, Williams P. The primary health care version of ICD-11: The detection of...
### OVERALL ABSTRACT

**Title:** WHO ICD-11 Symposium V: Proposals and evidence for icd-11: Obsessive-compulsive and related disorders, disorders specifically associated with stress, bodily distress disorders, and dissociative disorders

**Chairperson:** Prof. Jair de Jesus Mari, Department of Psychiatry, Federal University of São Paulo, São Paulo, Brazil.

**Abstract**

Objectives: This symposium will be the fifth in a series of symposia focused on WHO’s ICD-11 and will include presentations on the following topics: Obsessive-Compulsive and Related Disorders, Disorders Specifically Associated with Stress, Bodily Distress Disorders, and Dissociative Disorders.

Methods: ICD-11 Working Groups were asked to review available scientific and other information about use, clinical utility, and experience with relevant ICD-10 diagnoses; to review DSM-5 proposals and consider whether they were suitable for global application; and to develop proposals for ICD-11 with a focus on improving clinical utility in a broad range of settings. Proposals are currently being tested in international field studies.

Results: ICD-11 will introduce a new grouping of Obsessive-Compulsive and Related Disorders, including new categories of Hoarding Disorder, Body Dysmorphic Disorder, and Olfactory Reference Disorder. There is reasonable consensus among researchers about the existence of an OCD spectrum, but WHO field studies suggest that most clinicians do not currently conceptualize this grouping. Disorders Specifically Associated with Stress is a new grouping for ICD-11, including new categories of Complex Post-Traumatic Stress Disorder and Prolonged Grief Disorder and positive symptom requirements for Adjustment Disorder. Bodily Distress Disorders encompass ICD-10 Somatoform Disorders, but pose challenges in differentiating them from other groupings. Proposals for Dissociative Disorders incorporate recent evidence about these phenomena. Results from field studies of these proposals will be presented.

Conclusions: Significant changes recommended for these diagnostic categories are being tested in field studies that will inform the final ICD-11 and enhance the clinical utility of the classification.

**Speakers**

1. Prof. Dan J. Stein  
   Department of Psychiatry, University of Cape Town and Groote Schuur Hospital, Cape Town, South Africa
2. Prof. Andreas Maercker  
   Department of Psychology, Division of Psychopathology, University of Zurich, Zurich, Switzerland
3. Prof. Oye Gureje  
   Department of Psychiatry, University of Ibadan, University College Hospital, Ibadan, Nigeria
4. Dr. Ellert R. S. Nijenhuis  
   Top Referent Trauma Center, Mental Health Care Drenthe, Assen, The Netherlands

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**Title:** Proposals and evidence for the ICD-11 classification of obsessive-compulsive and related disorders

**Speaker:** D.J. Stein  
University of Cape Town, Cape Town, South Africa

**Abstract**

Objectives: This presentation will discuss the work of the WHO ICD-11 Working Group on Obsessive-Compulsive and Related Disorders to date. The Working Group has considered Obsessive-Compulsive Disorder, Body Dysmorphic Disorder, Olfactory Reference Disorder, Hypochondriasis, Hoarding Disorder, Tic Disorders, Trichotillomania, and Excoriation (Skin Picking) Disorder.

Methods: The Working Group reviewed available evidence on each of these putative Obsessive-Compulsive and Related Disorders. This included a review of categories proposed for DSM-5 and
consideration of whether relevant diagnoses and diagnostic criteria are globally applicable and would improve clinical utility in a broad range of settings, including those staffed by non-specialist health care providers.

Results: A narrow approach to the Obsessive-Compulsive and Related Disorders, which includes only a few disorders with strong psychobiological evidence for relatedness to OCD might not be clinically useful. A broad approach, which includes a large range of disorders requiring quite different evaluation and treatment approaches might also not be clinically useful. The Working Group has proposed a new grouping Obsessive-Compulsive and Related Disorders consisting of OCD, Body Dysmorphic Disorder, Olfactory Reference Disorder, Hypochondriasis, and Body-Focused Repetitive Behaviour Disorders including Trichotillomania and Excoration Disorder. This grouping will be adjacent to Anxiety and Fear-Related Disorders in the ICD-11 linear structure in recognition of similar mechanisms and overlapping symptoms. Tourette’s Disorder will be primary parented in the ICD-11 chapter on Diseases of the Nervous System but will be cross-listed to this grouping.

Conclusions: Given the range of data that have emerged on the Obsessive-Compulsive and Related Disorders in recent decades, it is timely to review the ICD approach. The ICD-11 Working Group on Obsessive-Compulsive and Related Disorders has aimed to take a balanced approach to this wide range of data, and to competing views on how best to interpret them. Proposals are being tested in internet-based and clinic-based field studies.

References

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<tr>
<td>Title: Proposals and evidence for the ICD-11 classification of disorders specifically associated with stress</td>
<td>A. Maercker¹, J.W. Keeley²</td>
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<tr>
<td>Speaker:</td>
<td>University of Zurich, Zurich, Switzerland</td>
<td>¹ University of Zurich, Zurich, Switzerland</td>
<td>² Mississippi State University, Starkville, Mississippi, USA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To describe proposals for the ICD-11 grouping of Disorders Specifically Associated with Stress and present results of a global internet-based field study of the proposals.</td>
<td>Methods: The WHO ICD-11 Working Group on Disorders Specifically Associated with Stress prepared proposals based available evidence, discussion of clinical utility, and consideration of newly published DSM-5 categories and their suitability for global application. A new grouping of disorders was proposed, consisting of Post-Traumatic Stress Disorder, Complex Post-Traumatic Stress Disorder, Prolonged Grief Disorder, and Adjustment Disorder, as well as two types of childhood attachment disorders. An internet-based field study testing consistency of ratings among clinicians and clarity of key proposed distinctions in response to standardized diagnostic material (vignettes) was conducted among participants in WHO’s Global Clinical Practice Network in English, Spanish, and Japanese. 1738 clinicians from 76 countries were randomized to assign diagnoses to one of eight pairs of vignettes using either ICD-10 or ICD-11 diagnostic guidelines.</td>
<td>Results: For categories present in both systems, proposed ICD-11 diagnostic guidelines resulted in more consistent ratings than ICD-10 diagnostic guidelines. New requirements for PTSD have clinical utility, but there was some confusion in applying the new requirement of re-experiencing. There was some tendency for Complex PTSD to be applied based on the nature of stressful experiences rather than symptoms. Ratings for Prolonged Grief Disorder were highly consistent for above threshold cases, but differentiation from normal grief requires additional clarification, as do new threshold requirements for Adjustment Disorder.</td>
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<td>Conclusion: Overall, ICD-11 performed better than ICD-10 in terms of consistency of diagnosis and capturing key distinctions. New categories were well accepted, and diagnostic guidelines were rated as easy to use and as having high goodness of fit. Results have been used to refine ICD-11 diagnostic guidelines.</td>
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guidelines, which will be further tested in additional internet-based and clinic-based field studies.

### References


### Session: Regular Symposium  
**Title:** Proposals and evidence for the ICD-11 classification of bodily distress disorders  
**Speaker:** O. Gureje  
University of Ibadan, Ibadan, Nigeria

### Abstract

**Objectives:** The disorder categories currently classified in the group of Somatoform Disorders in ICD-10 have been the subject of controversy relating to their names, utility, reliability and acceptability. The ongoing development of ICD-11 presents an opportunity to revise these categories so as to enhance their utility and overall acceptability.

**Methods:** The WHO ICD-11 Working Group on Somatic Distress and Dissociative Disorders has conducted a comprehensive review of the current status of Somatoform Disorders, drawing on literature from across the world and considered within diverse clinical experiences of experts who were consulted for the revision exercise. Proposals for DSM-5 and their suitability for global application were also considered.

**Results:** Important areas for improving the utility and reliability of disorders grouped under Somatoform Disorders were identified. These areas encompass name, content, structure and clarity of the phenomenology. A simplified category of Bodily Distress Disorder with an improved set of guidelines for making the diagnosis has been proposed to replace current Somatoform Disorders categories. Bodily Distress Disorder may be described as Mild, Moderate, or Severe based on the extent of focus on bodily symptoms and their interference with personal functioning. Bodily Distress Disorder is currently a subject of tests of its utility and reliability in internet- and clinic-based studies, via the extensive network that WHO has developed.

**Conclusions:** Bodily Distress Disorder holds the promise of addressing the various concerns that have been expressed in regard to the utility and applicability of categories currently classified under Somatoform Disorders. The overarching goal of the new category is to enhance the clinical care of patients presenting with these common and disabling conditions. Bodily Distress Disorder is currently a subject of tests of its utility and reliability in internet- and clinic-based studies, including in primary care settings, via the extensive network that WHO has developed.

**References**  

### Session: Regular Symposium  
**Title:** Proposals and evidence for the ICD-11 classification of dissociative disorders  
**Speaker:** E.R.S. Nijenhuis¹, O. Gureje²  
¹ Top Referent Trauma Center, Assen, The Netherlands  
² University of Ibadan, Ibadan, Nigeria

### Abstract

**Objectives:** To describe proposals for the ICD-11 grouping of Dissociative Disorders. ICD-10 includes a complex classification of “Dissociative [conversion] disorders” that is not fully consistent with current
evidence and practice. The ongoing development of ICD-11 presents an opportunity to revise these categories so as to enhance their utility and overall acceptability.

Methods: The WHO ICD-11 Working Group on Somatic Distress and Dissociative Disorders has conducted a comprehensive review of the current status of Dissociative Disorders, drawing on literature from across the world and considered within diverse clinical experiences of experts who were consulted for the revision exercise. Proposals for DSM-5 and their suitability for global application were also considered. The boundary with Diseases of the Nervous System in relation to conditions commonly presenting to neurologists was also considered.

Results: The Working Group has recommended a separate grouping of Dissociative Disorders for ICD-11, organized in three subgroups. Dissociative Disorders of Movement or Sensation are characterized by chronic or intermittent loss of particular sensations, loss of volitional and intentional control of movements, and/or intruding sensations or movements (e.g., dissociative ataxias, paralysis, or convulsions). Cognitive Dissociative Disorders include Dissociative Amnesia, Dissociative Fugue, and Depersonalization-Derealization Disorder. Mixed Dissociative Disorders include Trance and Possession Disorder and Dissociative Identity Disorder.

Conclusions: The new classification of Dissociative Disorders proposed for ICD-11 attempts to address the various concerns that have been expressed in regard to the utility and applicability of the current classification. The overarching goal of the new classification is to enhance the clinical care of patients presenting with these conditions. Dissociative Disorders categories are currently a subject of tests of their utility and reliability in internet- and clinic-based studies, particularly in low- and middle-income countries where some of these disorders are believed to be more common, via the extensive network that WHO has developed.
WHO ICD-11 Symposium VI: Proposals and evidence for ICD-11: Substance use disorders and related conditions

Chairperson
Dr. Vladimir Poznyak, Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland

Co-chairperson
Dr. Tarek Gawad, National Rehabilitation Center, Abu Dhabi, United Arab Emirates

Abstract
Objectives: The sixth in the series of symposia on WHO’s ICD-11 will focus on the classification of substance use disorders and related conditions in ICD-11 and will be jointly organized with the WPA Addiction Psychiatry Section.

Methods: ICD-11 Working Groups were asked to review available scientific and other information about use, clinical utility, and experience with relevant ICD-10 diagnoses; to review DSM-5 proposals and consider whether they were suitable for global application; and to develop proposals for ICD-11 with a focus on improving clinical utility in a broad range of settings. Proposals are currently being tested in international field studies.

Results: The proposed structure of disorders due to psychoactive substance use in ICD-11 will be presented, highlighting links with other parts of the classification and the differences with ICD-10 and DSM-5. Major changes in clinical descriptions of acute intoxication, withdrawal, harmful use, and dependence will be discussed within the context of major functions and objectives of the ICD and WHO as a public health organization. The methodology and implementation of the ongoing field testing of the proposed changes will be described. The symposium will finish with an interactive panel discussion providing an opportunity to highlight the challenges in classification of substance use and related disorders and explore implications of suggested changes for clinical practice and public health.

Conclusions: Public health problems due to psychoactive substance use to other mental health conditions are significant and complex. Findings from the field studies will provide essential guidance to the development of the ICD-11.

References

Poznyak V, Reed GM, Clark N. Applying an international public health perspective to proposed changes for DSM-5. Addiction 2011; 106:868-870.

Speakers
1. Dr. Vladimir Poznyak
Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland

2. Dr. John Saunders
Centre for Youth Substance Abuse Research, Faculty of Health Sciences, University of Queensland, Sydney, Australia

3. Dr. María Elena Medina-Mora
National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
Methods: Review of activities and outcomes in the process of ICD-11 development with regard to disorders due to psychoactive substance use and behavioural addictions.

Results: The World Health Organization (WHO) is currently working on the development of the eleventh revision of International Classification of Diseases (ICD) that is planned to be released in 2017. The classification of disorders due to psychoactive substance use in the current draft of ICD-11 is, as was the case in ICD-10, a part of the chapter of mental and behavioural disorders. The overall focus of the revision of Chapter 5 of ICD-10 is focused on improving clinical utility of the classification and its diagnostic categories in a broad range of health system settings. The working group on classification of substance-related and behavioural addictions established in the framework of ICD-11 development recommended to maintain substance dependence and harmful use of substances as separate diagnostic entities in the draft classification. The survey of mental health professionals in eight countries demonstrated high observed cohesiveness and consistency of alcohol dependence in comparison with other ICD-10 categories. Slightly revised and simplified criteria for dependence are suggested, and the scope of the concept of “harmful use of alcohol” is expanded with substantial changes in the boundaries and diagnostic criteria of that category. The changes were suggested in the grouping of psychoactive substances with increased number of categories for different types of substances to be coded within the draft ICD-11. As a part of the ICD-11 development, a program of global testing of suggested changes is under development and implementation, including its several components: (a) internet-based testing implemented through the Global Clinical Practice Network (GCPN), a global network of individual mental health and primary care practitioners who volunteered to participate in internet-based field studies; (b) clinic-based field testing implemented through the network of selected clinical centers and programs around the world; (c) comparative analysis of suggested diagnostic criteria with the criteria currently used in clinical practice through the analysis of available datasets.

Conclusions: The process of developing draft ICD-11 classification with regard to disorders due to psychoactive substance use has entered field testing stage and health professionals and treatment centers and programs have an opportunity to participate in field-testing.

References

extensive field testing, which will incorporate clinical usefulness and the capacity of clinicians to discriminate between these diagnoses, as well as reliability testing. In addition, field testing will explore the boundaries between these diagnoses and between each one and normality.

References

Session: Regular Symposium
Title: Field testing of substance use disorders and related conditions in the process of ICD-11 development
Speaker: M.E. Medina-Mora
National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico

Abstract
Objectives: To provide an overview of the strategies for formative and evaluative field studies used to evaluate the recommended modifications to the substance use disorders section as a part of WHO’s development of the ICD-11 classification of mental and behavioural disorders

Methods: A series of studies using a variety of methodologies intended to improve the clinical utility of the ICD-11 classification of substance use disorders has been developed.

Results: WHO has conducted a series of surveys to assess the proposed changes to the classification of substance use disorders, these have included an analysis of existing data sets, an assessments of the views and practices regarding the classification systems among psychiatrists through a collaboration with WPA (4,887 psychiatrists in 44 countries) and with the International Union of Psychological Science (IUPsS) (2,155 psychologists from 23 countries), and two international “formative” field studies focusing on clinicians' conceptualizations of the interrelationships among mental disorders including substance use disorders categories, in order to inform the development of the overarching architecture of the ICD-11. WHO has also developed a series of field studies to assess clinical utility of the new ICD the Global Clinical Practice Network (GCPN; www.globalclinicalpractice.net), including 11,000 health professionals from 130 countries participating in internet-based field studies for ICD-11; proposed changes are evaluated comparing the application of the new ICD and the old system by global clinicians in response to standardized case material. A clinical study of validation of the proposed changes for substance use disorders will also be conducted.

Conclusions: The studies being conducted will improve the validity, reliability, and clinical utility of the substance abuse section.

References


### Session: Regular Symposium

#### OVERALL ABSTRACT

<table>
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<tr>
<th>Title:</th>
<th>WHO ICD-11 Symposium VII: Clinical, legal, and policy implications of the classification of conditions related to sexuality and gender identity in ICD-11: The Mexican example</th>
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</table>

#### Chairperson

Dr. Claudia García-Moreno, Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland

#### Abstract

**Objectives:** The seventh in the series of symposia on WHO’s ICD-11 will describe major changes being considered in the classification of conditions related to sexuality and gender identity previously classified in ICD-10 as Mental and Behavioural Disorders, and will explore the potential impact of these proposals through a detailed examination of their clinical, legal and policy implications in Mexico.

**Methods:** The impact of changes proposed for ICD-11 in the classification of conditions related to sexuality and gender identity are being tested through field studies and policy analyses being conducted in Mexico as part of WHO’s global field testing of these proposals.

**Results:** The first presentation will describe the proposed classification of Sexual Dysfunctions in ICD-11, integrating ‘organic’ and ‘nonorganic’ sexual dysfunctions in a way that is more consistent with current evidence and practice, and plans for field testing of the new classification. The second presentation will describe results of a clinic-based validation study of the proposed diagnostic guidelines for Gender Incongruence, proposed to replace ICD-10 Gender Identity Disorders and to be moved out of the chapter on Mental and Behavioural Disorders. The third presentation will focus on the results of a study examining the need for a category of Gender Incongruence of Childhood. The fourth presentation will describe an assessment of the legal, regulatory, and policy environment related to gender identity in Mexico, its effects on transgender people, and the potential impact of the new classification. The fifth presentation will provide an assessment of the forensic implications and clinical utility of the proposed substantially revised classification of Paraphilic Disorders.

**Conclusions:** Changes being considered for the classification of sexuality-related conditions in ICD-11 potentially offer substantially improved tools for Mexico from both clinical and policy perspectives. Given Mexico’s economic and cultural characteristics, these findings may be generalizable to many other countries.

#### Speakers

1. Dr. Iván Arango  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
2. Dr. Hamid Vega & Dr. Jeremy Cruz  
   Clínica Especializada Condesa, Mexico, D.F., Mexico
3. Dr. Ingrid Vargas-Huicochea  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
4. Dr. Rebeca Robles  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico
5. Dr. Nicolás Martínez  
   National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico, D.F., Mexico

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### Session: Regular Symposium

#### SPEAKER 1

<table>
<thead>
<tr>
<th>Title:</th>
<th>A proposed unified classification of sexual dysfunctions in the ICD-11: Concepts, clinical implications, and field studies in Mexico</th>
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#### Speaker

I. Arango¹, R. Robles¹, E. Atalla², P. Sharan³  
¹ National Institute of Psychiatry “Ramón de la Feunte Muñiz”, México D.F., Mexico  
² Primary Care and Public Health Directorate, Ministry of Health, Manama, Bahrain  
³ All India Institute of Medical Sciences, New Delhi, India
Abstract

Objective: To describe the main changes proposed for the classification of sexual dysfunctions in ICD-11, and to present the field study planned to evaluate the clinical utility of the new classification in Mexico.

Methods: The classification of sexual dysfunctions in ICD-10 is based on a false dichotomy between “mind” and ‘body” that is not consistent with either current evidence or current practice. So-called “nonorganic” sexual dysfunctions are listed in the chapter on Mental and Behavioural Disorders, and “organic” sexual dysfunctions mostly under Diseases of the Genitourinary System. However, sexual functioning involves a complex interplay among anatomical, physiological, psychological, and behavioural factors. The ICD-11 Working Group on Sexual Disorders and Sexual Health, constituted by worldwide experts, was charged with assembling and preparing specific proposals for a new classification of sexual dysfunctions in ICD-11.

Results: A unified classification of sexual dysfunctions has been proposed for ICD-11. Proposed groupings include Sexual Desire and Arousal Dysfunctions, Orgasmic Dysfunctions, and Sexual Pain Dysfunctions. Important proposed modifications include: in women, the unification of arousal and desire experience in a single category; in men, better specification of early ejaculation; and the renaming and integration of Dyspareunia and Vaginismus. Sexual dysfunctions may be described as lifelong or acquired and global or situational. Qualifiers are used to specify etiological factors, if known, including a physiological disorder, a medication or substance, lack of information or knowledge, psychological and behavioural factors, and relationship factors. Clinical utility of the proposed diagnostic guidelines for sexual dysfunctions will be evaluated through internet-based and clinic-based field studies.

Conclusions: The proposed integration of ‘nonorganic’ and ‘organic’ sexual dysfunctions in the ICD-11 better reflects current scientific evidence and best practices and should therefore be more clinically useful and support the availability of improved sexual health care.

References


Session: Regular Symposium

Title: Reconceptualizing gender identity: Empirical validation of proposed icd-11 diagnostic guidelines for gender incongruence of adolescence and adulthood

Speaker

R. Robles\(^1\), H. Vega\(^2\), J. Cruz\(^2\), V. Rodríguez\(^2\), J. Keeley\(^3\), A. Fresán\(^1\)

1 National Institute of Psychiatry “Ramón de la Feunte Muñiz”, Mexico D.F., Mexico
2 “Condesa” Specialized Clinic, Mexico, D.F, Mexico
3 Mississippi State University, Mississippi, USA

Abstract

Objective: To assess the adequacy of the major changes proposed for ICD-11 Gender Incongruence of Adolescence and Adulthood (GIAA) diagnostic guidelines among a sample of users of a transgender care clinic in Mexico City, Mexico.

Methods: Retrospective evaluation of GIAA diagnostic criteria during adolescence (when secondary sexual characteristics appear) in 140 transgender adults, using a structured interview including sociodemographic data, gender identity history (including the use of hormone therapy, surgery and other health services for body transformation as external validators), and the criteria for diagnoses related to transgender identity from ICD-11, ICD-10 and DSM-5. The degree of psychological distress and functional impairment (important diagnostic elements proposed for modification in ICD-11) were also evaluated.

Results: Principal findings will be presented, emphasizing data regarding the capacity of ICD-11 (vs. ICD-10 and DSM-5) diagnostic requirements (as a set and individually) to predict the use of health services for body transformation among individuals who present with GIAA. ICD-11 is expected to have a higher goodness of fit with history of gender identification and more predictive value for the use of health services for body transformation than ICD-10 and DSM-5. This is partly due to the proposed reduction in time required to establish the diagnosis in ICD-11 and the elimination of distress and/or dysfunction as a required elements.

Conclusions: Results will be used to make revisions in the proposed ICD-11 diagnostic guidelines in
order to improve their clinical and predictive utility.

**References**


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<td>Title:</td>
<td>Do we need a diagnostic category of gender incongruence of childhood?</td>
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<td>Speaker</td>
<td>I. Vargas-Huicochea¹, R. Robles¹, T. Real¹, H. Vega², J. Cruz², A. Fresán¹</td>
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<td>¹ National Institute of Psychiatry “Ramón de la Fuente Muñiz”, Mexico D.F., Mexico</td>
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<td></td>
<td>² “Condesa” Specialized Clinic, Mexico, D.F., Mexico</td>
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<tr>
<td>Abstract</td>
<td>Objective: To explore the utility of the proposed diagnosis of Gender Incongruence of Childhood in facilitating access to health care services, including information, counseling, support, and mental health services, if needed, for children and their families, from the perspective of transgender adults reflecting on their early experiences with diagnosis and treatment.</td>
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<td>Methods: Based on qualitative research methodology, focused interviews were conducted to explore the experience of gender identity consolidation process in a transgender population, emphasizing the need for and usefulness of medical diagnosis during the early stages of life. Data analysis is ongoing.</td>
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<td>Results: Identification, permanence and consistency in the process of consolidation of gender identity for transgender people are very complex phenomena. However, the overwhelming majority of indicated that gender incongruence had been present since childhood. From the age of 4 or 5 years old, the interviewed individuals identified the desire to be and to be seen as someone of a different sex. The impact of this experience was highly variable, depending on the level of tolerance and support available in the child’s environment. Upon entering puberty and adolescence, participants’ lived experience tended to become more conflictual due to the appearance of secondary sexual characteristics. In general, respondents pointed to the need for a diagnosis from an early age in order to reduce stigma and to promote the availability of support interventions that help them to live healthily.</td>
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<td>Conclusions: Preliminary results suggest that diagnosis at an early age may facilitate the search for information and access professional care, and support; likewise, early diagnosis may help reduce the risk of stigma, assaults, and dangerous treatments. A limitation of these data is that they were collected from adults who identify as transgender; experiences of individuals whose childhood transgender identification does not persist into adulthood are likely to be quite different.</td>
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<td>² World Health Organization, Geneva, Switzerland</td>
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<td>Abstract</td>
<td>Objective: To describe an assessment of the legal, regulatory, and policy environment related to gender identity in Mexico, its effects on transgender people, and their potential impact on the implementation of a proposed new classification of Gender Incongruence in ICD-11.</td>
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<td>Methods: Medical diagnostic classifications are embedded in a complex legal, regulatory and policy environment. An assessment and analysis of national laws, regulation and policies related to proposals for the classification of ‘Gender Incongruence’ in ICD-11 is being conducted in several countries, including Mexico. The Department of Mental Health and Substance Abuse and the Department of Reproductive Health and Research of World Health Organization developed an Assessment Guide for</td>
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Legal and Policy Issues Related to Proposals for Gender Incongruence in WHO’s ICD-11. A Mexican Advisory Group on legal, regulatory and policy aspects related to ICD-11 Gender Incongruence categories was formed with the inclusion of experts recommended by key informants and integrating national expertise related to legal and policy frameworks that govern transgender people’s access to health services (health care, social security and insurance laws). The assessment is being implemented by attorneys with relevant expertise and experience.

Results: The presentation will discuss issues related to: 1) the legal and health system in Mexico; 2) laws, regulations and policies related to the classification of health conditions; 3) jurisprudence, laws, regulations and policies related to gender identity and personal status; 4) health services and health systems; 5) gender identity and jurisprudence; and 6) relevant laws, regulations and polices related to children.

Conclusions: The legal and policy analysis will provide valuable information that will directly affect the implementation of a new classification of Gender Incongruence in Mexico, and highlight issues that will be relevant for implementation in other countries.

References

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<th>Session: Regular Symposium</th>
<th>SPEAKER 5</th>
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<tr>
<td>Title: Forensic implications and clinical utility of the proposed ICD-11 classification of paraphilic disorders</td>
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<td>Speaker N. Martínez¹, L. Goslinga², L.H. Orozco y Villa², E. Kismödi¹, G.M. Reed³</td>
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<td>¹ National Institute of Psychiatry “Ramón de la Feunte Muñiz”, Mexico D.F., Mexico</td>
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<td>² National Supreme Court, Mexico, D.F., Mexico</td>
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<td>³ World Health Organization, Geneva, Switzerland</td>
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<td>Abstract Objectives: To provide an assessment of the forensic implications and clinical utility of the substantially revised classification of Paraphilic Disorders proposed for the Mental and Behavioural Disorders chapter of ICD-11. Methods: A legal and policy analysis was conducted based on a review of relevant laws, regulations, and policies in Mexico that may have an impact on the clinical and forensic treatment of individuals with Paraphilic Disorders. Results: We found there was a wide range in the extent to which behaviours associated with different Paraphilic Disorders are regulated under Mexican law. Importantly, it is very clear that, in Mexico, a Paraphilic Disorder would not be considered a sufficient justification for avoidance of criminal responsibility, for example through an ‘insanity defense’, which is often raised as a concern in this area. A major need for legislative and policy development relates to the fact that provisions for the detection and treatment of individuals with Paraphilic Disorders are lacking in both public health policies and criminal laws. Through the public health system, there is no ability to provide services for individuals with Paraphilic Disorders who have not committed crimes, which could be helpful in prevention. In the criminal system, there is no mechanism for detection and treatment of Paraphilic Disorders among sexual offenders. Conclusions: In comparison to the ICD-10, the ICD-11 is very helpful in differentiating clinical from legal issues, and in identifying appropriate targets of public health resources and legal attention. It could be useful in advocating for the development of laws, policies, and clinical programs that facilitate the identification and treatment of individuals with Paraphilic Disorders in order to reduce incidence and prevent recidivism among sexual offenders.</td>
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### OVERALL ABSTRACT

**Title:** Effective treatments for coping with the cognitive and functional limitations of patients with schizophrenia

**Chairperson:** Miguel, Bernardo, Hospital Clinic Barcelona, Spain

**Abstract**

Actual treatments for schizophrenia present relevant limitations in their efficiency to improve cognitive deficits and functional outcome. Although some attempts have been made with pharmacological trials, most literature in the field accepts that medication, although needed to cope with clinical symptoms, presents limited effects on cognition and disability. At this symposium, the main contributions of current pharmacological and non pharmacological treatments in schizophrenia will be addressed. Regarding pharmacological treatments, the symposium will review the main contributions of the second generation antipsychotics, the need or not for an implementation in the early phases of the illness, and longitudinal changes of long term treatments. Regarding psychological treatments, there is growing literature reinforcing the positive role of cognitive remediation in the diagnosis. The different types of intervention, the main characteristics of the treatment programs, and additional variables relevant for an effective stimulation will be addressed. The role of neuropsychological rehabilitation and the called "new generation" cognitive remediation programs in most recent clinical trials will be reviewed. Transcranial direct current stimulation (tDCS) has been cited as an alternative treatment option. There are some concerns about its efficiency, its security and the profile of patients who benefit from TtDCS. Despite of the interest, there are few clinical trials proving efficiency and there is current debate about its indication and benefits. One study carried out with one of the largest sample in the world using TMS will be presented. Finally, the neuroanatomical and neurofunctional impact of these treatments in the brain will be presented and discussed.

**Speakers**

1. Pedro Sanchez  
   Hospital Psiquiatrico Alava, Spain  
2. Natalia Ojeda  
   Universidad De Deusto  
3. David Schretlen  
   Johns Hopkins Medical Institutions, US  
4. Rafael, Penades  
   Hospital Clinic Barcelona, Spain

### SPEAKER 1

**Title:** Efficiency of pharmacological approaches to cope with cognitive deficits in psychosis and schizophrenia

**Speaker**

Pedro Sanchez  
Hospital Psiquiatrico Alava

**Abstract**

The weak effect of antipsychotics on both the negative and cognitive symptoms of schizophrenia have been consistently demonstrated across various studies and meta-analysis. None of the several atypical antipsychotics launched over the last two decades have been able to fulfill the initial positive expectations that these medications arose in the 90s’. It seems that the paradigm of dopaminergic blockade (along with its variations over the serotoninergic system) is not useful in order to ameliorate the severity of the cognitive deficits and negative symptoms. So far, these groups of symptoms remain being the most refractory-to pharmacological interventions- signs of the disease. Recent advances in the pathophysiological basis of the disease have released the pathway to promising molecular targets that are being addressed by the pharmaceutical companies. A group of families of new drugs are being actively researched increasing the hope of efficiently targeting the cognitive impairment and/or negative symptoms in patients with schizophrenia.

Drugs modulating the glutamatergic neurotransmission and the nicotinic cholinergic system are on the first raw of this pharmacological development. Modulators of the GABAergic system or the dopaminergic D1 receptors in the cortical areas make up a rising field of research. Perhaps the most promising field of development in this area consists of the innovative and experimental interventions focused on improving the neuroplasticity of the brain in schizophrenia. These...
pharmacological agents are aimed to boost the efficiency of the psychosocial interventions, making the most of them and achieving the maximum impact on the functional outcome.

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<td>Title:</td>
<td>Cognitive remediation for the target of cognitive deficits in severe disorders</td>
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<td>Speaker</td>
<td>Natalia Ojeda Universidad De Deusto</td>
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<td>Abstract</td>
<td>Cognitive remediation improves cognition in patients with schizophrenia, but its effect on other relevant factors such as clinical symptoms and functional outcome has not been extensively studied. In addition, there are very few cog-rem programs available in Spanish with proven evidence of efficiency. This presentation will provide data of efficiency of the Rehacop program, design by the University of Deusto in an 80 inpatients with schizophrenia recruited from Alava and Bizkaia (Spain). All of the subjects underwent a baseline and a 3-month assessment that examined neurocognition, clinical symptoms, insight, and functional outcome according to the Global Assessment of Functioning (GAF) scale and Disability Assessment Schedule from World Health Organization (DAS-WHO). In addition to receiving standard treatment, patients were randomly assigned either to receive neuropsychological rehabilitation (REHACOP) or to a control group. REHACOP is an integrative program that taps all basic cognitive functions. The program included experts' latest suggestions about positive feedback and activities of daily living in the patients' environment. The REHACOP group showed significantly greater improvements at 3 months in neurocognition, negative symptoms, disorganization, and emotional distress compared with the control group (Cohen's effect size for these changes ranged from $d = 0.47$ for emotional distress to $d = 0.58$ for disorganization symptoms). The REHACOP group also improved significantly in both the GAF ($d = 0.61$) and DAS-WHO total scores ($d = 0.57$). Specifically, the patients showed significant improvement in vocational outcomes ($d = 0.47$), family contact ($d = 0.50$), and social competence ($d = 0.56$). In conclusion, neuropsychological rehabilitation may be useful for the reduction of negative symptoms and functional disability in schizophrenia. These findings support the integration of neuropsychological rehabilitation into standard treatment programs for patients with schizophrenia.</td>
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<tr>
<td>Title:</td>
<td>Can transcranial direct current stimulation (TDCS) help patients with schizophrenia?</td>
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<td>Speaker</td>
<td>David Schretlen Johns Hopkins Medical Institutions - Us -</td>
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<td>Abstract</td>
<td>Transcranial direct current stimulation (tDCS) is an emerging neuromodulation therapy that has been experimentally determined to affect a wide range of behaviors ranging from motor, cognitive, and memory processes to depression and pain syndromes. Specifically, our group has demonstrated that tDCS can selectively alter automatic aspects of speeded lexical retrieval in a polarity-dependent fashion during a category-guided fluency task. Some of these behaviors, and in particular verbal fluency, are deficient or altered in patients with schizophrenia. Therefore tDCS can be seen as a complementary therapy for these symptoms in the disease. Actually, a series of recent observations have demonstrated improvement in clinical status of schizophrenia patients with tDCS. An interesting line of investigation involves using tDCS for altering and examining neuroplasticity in patients and is likely to lead to new insights into the neurological aberrations and pathophysiology of schizophrenia. However, the published results remain still unclear. A potential explanation for the mixed findings about the efficiency of tDCS in schizophrenia could be related to the use of the technique itself. The effects of tDCS may be inhibitory or excitatory, depending on the relative polarities of electrodes and their proximity to different brain structures. This distinction is believed to relate to the interaction of current flow with activation thresholds of different neural complexes. tDCS currents are typically applied via a single pair of large electrodes, with one (the active electrode) sited close to brain structures associated with targeted processes. To efficiently direct current toward the areas presumed related to these effects, we devised a method of steering current toward a selected area by reference to a 19-electrode montage applied to a high-resolution finite element model of the head. We used a non-linear optimization procedure to maximize mean current densities inside the left inferior frontal gyrus (IFG), while simultaneously...</td>
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restricting overall current, and median current densities within the accumbens. We found that a distributed current pattern could be found that would indeed direct current toward the IFG in this way, and compared it to other candidate 2-electrode configurations. Further, we found a combination of four anterior-posterior electrodes could direct current densities to the accumbens. We conclude that a similar method using multiple electrodes may be a useful means of directing current toward or away from specific brain regions and also of reducing tDCS side effects.

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<td>Title:</td>
<td>Neuroanatomical modifications after the interventions in schizophrenia: Is it possible? Is it for best?</td>
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<td>Speaker</td>
<td>Rafael, Penades</td>
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<td></td>
<td>Hospital Clinic Barcelona, Spain</td>
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<td>Abstract</td>
<td>This presentation aims to review the literature evidence published up to date regarding clinical trials on the measure of structural and functional brain changes associated to cognitive remediation interventions. The disparity of the clinical trials designed to address this aim is wide broad in terms of the clinical characteristics of the samples, the intervention design (both, the type and the length) and the protocols to measure the reported benefits (scales and scanners). Nevertheless, the majority of them provide evidence of changes on the underlying neurobiological mechanisms of this treatment. The nature of these changes, their associations to the intervention provided and their a priori conceptual basis will be analyzed. In addition, specific data from a clinical trial performed on 30 schizophrenia outpatients and 15 healthy volunteers at the Hospital Clinic Barcelona will be presented and discussed. At this particular trial, a strategy-learning-based treatment was used as a cognitive remediation therapy which included both, training for general cognitive domains and specific social skills training. We investigated changes in the pattern of functional connectivity assessed during an n-back task by tensorial independent component analysis as implemented in the multivariate exploratory linear decomposition into independent components and in the fractional anisotropy index of white matter integrity using tract-based spatial statistics. We observed brain networks activation pattern significantly changed in patients exposed to the cognitive treatment. Additionally, in white matter, they showed an increase in fractional anisotropy index in the anterior part of the genu of the corpus callosum in correlation with cognitive and functional improvement. Although some discussion has recently been published questioning the nature of this brain changes, our data provides evidence that, compared to the normal control subject’s brain pattern, patients “normalize” their brain activity.</td>
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**Title:** Treating high blood pressure in those with cognitive impairment to slow the progress of cognitive decline

**Chairperson**
Professor Gavin Lambert, Baker IDI Heart & Diabetes Institute, Melbourne, Australia

**Abstract**
While the causes and course of dementia are varied, evidence supporting a link between high blood pressure, particularly in mid-life, and dementia risk has emerged. Although the targeting of vascular risk factors, including blood pressure, forms an important component of the therapeutic guidelines for dementia, appropriate blood pressure control is not achieved in a significant number of subjects. Whilst several patient and physician related aspects may contribute to this problem, even adequate use of multiple antihypertensive drugs fails to achieve blood pressure control in ~20-30% hypertensive patients. Based on the robust preclinical and clinical data surrounding the important role of renal sympathetic nerves in various aspects of blood pressure control from our lab and others, our group has pioneered a novel catheter-based approach using radiofrequency energy to selectively target and disrupt the renal nerves. Available evidence from trials in patients with resistant hypertension in whom renal denervation has been performed indicate that the procedure is associated with a substantial and sustained blood pressure reduction. Interestingly, it has been noted that antihypertensive treatment with renal denervation was accompanied by an improvement in both mental health-related quality of life and cognitive performance. These improvements were not related to the magnitude of blood pressure reduction achieved with renal denervation, suggesting that modulation of sympathetic nerve activity via renal denervation may perhaps contribute to this favourable effect.

**Speakers**
1. Dr Arup Dhar  
   Senior Psychiatry Registrar & Associate Research Scientist, Baker IDI Heart & Diabetes Institute, Melbourne, Australia
2. Dr Ronin O’Caoimh  
   Geriatrician, St Finbarr’s Hospital, Cork, Ireland
3. Professor David Barton  
   Senior Consultant Psychiatrist, Monash Health, Melbourne, Australia

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**Title:** Hypertension as a risk for

**Speaker**
A. Dhar  
Baker IDI Heart & Diabetes Institute, Melbourne, Australia

**Abstract**
There exists convincing evidence indicating that hypertension, particularly in mid-life, increases the risk of cognitive decline and the development of dementia later in life. Data derived from the Honolulu-Asia Aging Study (HAAS) indicated that the risk of developing dementia after 20 years was approximately 5 times in those subjects with systolic blood pressure above 160 mmHg compared with normotensive subjects. A recent report from the HAAS documented an association between elevated mid-life blood pressure, low plasma levels of beta-amyloid and the post-mortem demonstration of cerebral amyloid angiopathy. Brain imaging studies have provided some insight into the occurrence of structural changes associated with high blood pressure. Untreated hypertension in mid-life has been associated with decreased hippocampal volume after 30 years. Interestingly, Gianaros et al found an association between reduced grey matter volume and impaired memory and executive test performance in subjects with high blood pressure. Cognitive deficits in hypertension are often subtle but may occur across multiple neuropsychological domains, including learning and memory, attention, abstract reasoning, mental flexibility, psychomotor skills, and visuospatial abilities. Although the mechanisms by which hypertension may induce a progressive decline in cognitive function remain unclear a recent report stemming from the HAAS indicated that, compared with other treatments, beta blocker use was associated with a reduction in incidence of neuropathologic abnormalities associated with cognitive impairment and dementia. Elevated sympathetic activity is a hallmark of hypertension and diabetes, both risk factors for dementia. Whether chronic sympathetic activation could predispose to dementia development, perhaps through influences on cerebral perfusion, is unknown. The association between
Hypertension and the development of dementia raises three important questions: (1) does treatment of hypertension prevent the development of dementia, (2) does treating hypertension in somebody with MCI prevent or slow further cognitive decline, and (3) does targeting sympathetic nerve activation translate into additional/better protection?

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<td>Title:</td>
<td>The quick mild cognitive impairment screen</td>
<td>R O’ Caoimh</td>
<td>St Finbarr’s Hospital, Cork, Ireland</td>
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<tr>
<td>Abstract</td>
<td>As time is limited in clinical practice, short cognitive screens help to improve diagnostic efficiency and are useful in detecting and quantifying cognitive impairment. One of the major challenges in cognitive testing has been the development of rapid screening tests to differentiate mild cognitive impairment (MCI) from normal cognition (NC). Tools, such as the Folstein MMSE and standardised Mini-Mental State Examination (SMMSE), are useful in distinguishing NC and MCI from dementia, but take time to complete, and are less able to distinguish MCI from NC. Identifying MCI is important as it can be a prodrome to dementia and allows earlier recognition of individuals at risk. Although treatment options are limited, a diagnosis of MCI should prompt the search for reversible causes of cognitive impairment. Few tools used for detecting MCI are specific for the condition, because they were developed as dementia screening tests. Some, such as the Montreal Cognitive Assessment (MoCA), the Alzheimer’s Disease Assessment Scale-Cognitive section (ADAS-cog) and the AB Cognitive Screen 135 (ABCS 135), have shown improved sensitivity for detecting MCI when compared with the SMMSE. The ADAS-cog also screens for MCI, but takes up to 45 min, requires trainings and has ceiling effects, possibly limiting its usefulness. The addition of executive function and functional ability subtests has recently improved its sensitivity. The ABCS 135 is more sensitive and shorter than the SMMSE at differentiating MCI from NC and dementia. It is composed of five subtests, orientation, registration, clock drawing, delayed recall for words (DR) and verbal fluency (VF) for animals. The Qmci, the Quick mild cognitive impairment screening test, was developed to improve upon the ABCS 135 and is more sensitive and specific in differentiating MCI from NC.</td>
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<td>Title:</td>
<td>Health realted quality of life after renal denervation in patients with treatment-resistant hypertension</td>
<td>D. Barton</td>
<td>Monash Health, Melbourne, Australia</td>
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<td>Abstract</td>
<td>In a recent meta analysis, Trevisol and colleagues concluded that health-related quality of life in patients with hypertension was slightly worse than in normotensive individuals but highlighted the large heterogeneity of studies with regards to selection criteria and comparison groups. Indeed, while a number of studies have indicated that the health-related quality of life in patients with hypertension is diminished the actual effect of elevated blood pressure, as opposed to the medications used, on the assessment of quality of life is not well understood. Moreover previous reports have indicated that simply the diagnosis of hypertension itself may be sufficient to illicit a detrimental effect on health-related quality of life. A recent report demonstrated that patients with treatment resistant hypertension scored significantly worse in mental health aspects of quality of life. Studies by Croog and colleagues and Testa et al highlight the variable effects that different medications, even within the same class, may exert on health-related quality of life. Importantly, the presence of comorbidities such as diabetes or cardiovascular disease significantly worsens the subjective assessment of health quality of life in hypertensive subjects. A recent report from our group showed that following renal denervation improvement in health related quality of life was driven by the incremental elevation in the vitality, social function, role emotion and mental health domains whilst changes in symptoms of depression occurred largely in relation to symptoms, including sadness, fatigue and libido. The improvement in libido in our patients contrasts with the findings of the HOT study where the more intensive blood pressure reduction was associated with deterioration in sex life, particularly in males.</td>
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**Session:** Regular Symposium

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<td>ADHD &amp; comorbidity – Clinical significance &amp; management what should be learned?</td>
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**Chairperson:** Prof. Dr. M. Thirunavukkarasu MD, DPM, Prof. & HOD, SRM Medical College & Hospital, WPA Zonal Representative-Zone 16, Chennai, India

**Abstract**

Attention-deficit-hyperactivity disorder (ADHD) is one of the most common psychiatric disorders, affecting approximately 8% of school-aged children and 4.4% of adults. Although recognized and treated for decades, our understanding of the causes and underlying pathology associated with ADHD has made incredible progress in the past 5-10 years. Prevalence of ADHD ranges worldwide from 2.4 to 17.8%. These great discrepancies of the ADHD prevalence seem to reflect methodological differences rather than intrinsic population differences. Differentiating between BPD and ADHD presents special diagnostic problems due to a considerable symptom overlap. Symptoms such as inattention, distractibility, impulsivity and increased psychomotor activity may be common in both ADHD and BPD. Differences between these disorders with respect to age of onset, quality of the disturbed mood, and the course of each disorder may be helpful to clarify the diagnosis. Grandiosity, elated mood, racing thoughts, hypersexuality, increased sociability and decreased need for sleep are more specific to BPD.

**Speakers**

1. Dr. Aravind Vaithiyam, MD
   Senior Consultant Psychiatrist, Ram Psychiatry Hospital and Institutes, Madurai, India
2. Dr. Sujai Subramanian MD
   Senior Consultant Psychiatrist, Aashiana Hospital, Chennai, India
3. Dr. Takahiko Inagaki
   Department of Community Psychiatric Medicine, Shiga, University of Medical Science

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**Session:** Regular Symposium

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<td>Evidence based pharmacological intervention in ADHD and its co morbidities</td>
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**Speaker**

Dr Aravind Vaithiyam
Ram Psychiatry Hospital and Institutes, Madurai, India

**Abstract**

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood neuropsychiatric disorders, affecting 3% to 5% of school-age children. Children with ADHD often have other psychiatric disorders, with epidemiologic studies suggesting co morbidity rates of between 50% and 90%. High rates of psychiatric co morbidity have been reported both in psychiatric and pediatric patient populations. Because these symptoms of ADHD frequently are also seen in co morbid psychiatric conditions, some have questioned the validity of such co morbid diagnoses, suggesting instead that these are just symptom clusters and not true co morbidities. Co morbidity greatly influences presentation, diagnosis, and prognosis; complicates treatment; and significantly increases the morbidity and disease burden of ADHD.

The new DSM 5 criterion makes narrower definition of Childhood ADHD. Assessment and treating the co morbid conditions play a pivotal role and the duration of treatment with pharmacological and psychosocial intervention is a burdensome to the patient and the parents. In India there are certain modules of treatment while treating ADHD and its co morbid conditions which is usually done in op settings and carried on to the school programme. The higher incidence of delayed development, broken homes, and parental discord in children with ADHD calls for appropriate intervention in the family both for treatment and prevention. Also pharmacological management with medicines is the main stay of treatment at the early course of co morbid conditions. Evidence Based practice of medicine in treating ADHD and co morbid disorders play a pivotal role and certainly helps a child in bringing down the symptoms, thereby reducing the parental burden.
**Symposium**

| Title: | ADHD and comorbidity – An evolutionary perspective till DSM-5 |
| Speaker | Dr Sujai Subramanian MD  
Aashiana – Psychiatric Care Hospital, Chennai – India |
| Abstract | Attention Deficit Hyperactivity Disorder (ADHD) is a common neurobehavioral syndrome which affect the development of children. ADHD is one of the most under diagnosed and misdiagnosed condition in children. The main reason for this is comorbidity, since symptoms of ADHD, often, are seen in comorbid conditions as well. The term comorbidity first appeared in psychiatry literature in the mid-1980s. Since then, there has been a dramatic increase in the interest in this topic. Two-thirds of children with ADHD will have a comorbid learning disorder, another mental health disorder, or a neuro-developmental disorder. Comorbidity greatly influences presentation, diagnosis and prognosis. It complicates treatment and significantly increases the morbidity and disease burden of ADHD. The concept of ADHD is still developing and diagnostic criteria continue to evolve. A century ago, it didn’t even exist. The earliest reference was in 1775 & 1798 by the German Melchior Adam and the Scottish Physician Alexander Crichton. DSM–II in 1968 described ‘hyperkinetic reaction of childhood’, and DSM–III in 1980 defined ‘attention-deficit disorder’ with two subtypes - with and without hyperactivity. The term ‘Attention Deficit Hyperactivity Disorder’ first appeared in DSM–III–R in 1987 and in 1994 DSM–IV defined three subtypes: predominantly inattentive, predominantly hyperactive–impulsive and combined. DSM- 5 no longer refers to the diagnosis as a type but instead a presentation. It codes it as ADHD, combined presentation, predominately Inattentive and predominately Hyperactive/Impulsive. Additional specifications include “in partial remission.” In addition, DSM-5 no longer considers ADHD a Disruptive Behavior Disorder but as a neurodevelopmental disorder. While comorbidity in psychiatry is highly prevalent, in ADHD, it is the rule and not the exception, with more than a third suffering from it. Children with ADHD have a high chance of developing comorbid conditions which include oppositional defiant disorder & conduct disorder, anxiety disorder, depressive disorder, tic disorder, sleep disorders, substance abuse disorders and learning and language disorders. It is necessary to identify any comorbid conditions and determine if they are primary or secondary to the diagnosis of ADHD. Although DSM-5 adds valuable information to the classification and definition of the various ADHD diagnostic categories, it also relaxes the qualifications needed to make the diagnosis. It reduces the number of required symptoms and widens the age range during which those symptoms could be present. |

**Session:**  
Regular Symposium  
**SPEAKER 3**  
**Code**  
SY485  

| Title: | ADHD and comorbid depression in adults and its management |
| Speaker | Takahiko Inagaki  
Department of Community Psychiatric Medicine, Shiga University of Medical Science |
| Abstract | With respect to ADHD and comorbid depression, we must consider in four following situations.  
1: Patients diagnosed with ADHD complaining of depression  
2: Patients diagnosed with ADHD complaining about worsening carelessness or worsening hyperactivity  
3: Patients not yet diagnosed of ADHD complaining of depression  
4: Patients not yet diagnosed of ADHD complaining about carelessness or hyperactivity  
The first situation is rather straightforward. It must only be determined if the cause of the depression is a new psychiatric disorder, for example major depressive disorder, or not. But in the second situation, the problem is more complicated. The cause of carelessness or hyperactivity varies. Of course ADHD can be the cause for both of them, but a decline of the concentration or the irritation, due to depression, also can as well be cause.  
The third situation, it is rather easy to make a diagnosis of depressive disorder. But if the possibility of ADHD is overlooked, the treatment response may be poor. In the fourth situation, it is again rather easy to make a diagnosis of ADHD. However, it is important to consider why they come to us at this time, why they did not need to have a medical attention till then. We
must consider the cause that makes their condition so severe. In many cases, we must also diagnose them as something other than ADHD.

The situation depends on the quality of the local psychiatric care service. For example, if we can spend enough time for assessment, there are not so many problems. But in Japan we, as psychiatrists, can spend only 60 min or less, sometimes only 30min, for assessment. Of course it is not enough for using various assessment tools, for example to administer a structured interview.
### The healing power of art and community

**Chairperson:** Michel Botbol, Section on Psychoanalysis in Psychiatry, Paris, France

**Abstract:** This interdisciplinary symposium will explore critical and theoretical framings for the use of creative art in combating stigma and promoting reintegration

**Speakers:**

1. Hans-Otto Thomashoff, Chair, Section on Art and Psychiatry, Vienna, Austria
2. Dr. Ekaterina Sukhanova, City University of New York (CUNY), New York, USA
3. Carlos Zubaran, School of Medicine, University of Western Sydney, Australia
4. Alexander Kopytin, Russian Art Therapy Association, Kirovsk, Russia

### Brain and Society

**Speaker:** Hans-Otto Thomashoff, Chair, Section on Art and Psychiatry, Vienna, Austria

**Abstract:** By understanding the constantly interactive constructive process which leads to the creation of our brain structure the roots of cultural phenomena become evident. This process starts long before birth and the traces of these earliest stages of subjective world creation can be recognized in different areas. Not only many cultural phenomena can be elucidated by integrating our knowledge of the interactivity of the brain-structure’s build-up, but also the creation of political systems can be understood as a result of psychological needs deriving from the brain’s functioning. A central aspect of the dynamics determining the evolution of political systems as well as of conflict is psychodynamic splitting, which is at the core of any violent conflict and radical ideology. Splitting in the adult psyche usually is linked to traumatic experiences which are stored in the subconscious and re-enacted later in life. Like any form of behaviour also trauma tends to be passed on from one generation to the next. As a result trauma can persist as a constant source of violence e.g. in highly traumatised parts of the world. In humans evolution has shifted from being mainly genetic to being mainly cultural (transmitted through conscious and subconscious knowledge) and thus can be actively shaped.

### Mental health on university campuses

**Speaker:** Dr. Ekaterina Sukhanova, City University of New York (CUNY), New York, USA

**Abstract:** The mid-XX century demographic shifts in college and university population have resulted in morbidity rates reflecting the general population morbidity rates more closely. The growing worldwide rates of depression are particularly significant for the traditional college-age population. WHO data shows suicide to be the second leading cause for the population under 24. In the US only, about 8 percent of teens meet current criteria for having a serious emotional disturbance (NIMH 2012). Substance abuse, a concern on many campuses, often aggravates behavioral problems. Yet most college campuses are badly equipped for dealing with students who experience serious psychological concerns. This paper will discuss possible strategies and targeted initiatives to better serve this population, creating a more supportive environment and encouraging use of professional services.
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<tr>
<td><strong>Title:</strong></td>
<td>From cathartic manifestations to works of art: The meaning of raw art</td>
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<td><strong>Speaker</strong></td>
<td>Carlos Zubaran, School of Medicine University of Western Sydney, Australia</td>
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<td><strong>Abstract</strong></td>
<td>In this presentation, the artistic manifestations of individuals affected by mental disorders will be reviewed from a historical and conceptual point of view. The author will address pioneering contributions from Hermann Rorschach, as well as subsequent developments in artistic movements and in the medical field. The seminal publications in the 1920’s by Dr. Walter Morgenthaler and by Dr. Hans Prinzhorn on the artistic manifestations of patients with mental disorders will be examined. The contributions of Adrian Hill and Edward Adamson in the development of art therapy will also be reviewed. The presenter will show images of artworks produced by patients and artists in different epochs of conceptual development in this field.</td>
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<td><strong>Title:</strong></td>
<td>Clinical dynamics, humor and self-attitude in group art therapy with war veterans</td>
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<td><strong>Speaker</strong></td>
<td>Alexander Kopytin Russian Art Therapy Association, Kirovsk, Russia</td>
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<td><strong>Abstract</strong></td>
<td>This paper presents findings from a study of the therapeutic effects of a group art therapy used in a form of a brief intervention in the psychotherapy unit of a veterans' hospital. 112 patients being treated for stress-related disorders comprised an experimental group (art therapy) and a control group. A battery of assessment tools to measure the dynamics of patients’ symptomatic status, personality and quality of life revealed multifaceted effects of interactive group art therapy. Additionally, the study involved assessing the role of humor on different stages of the therapeutic process through the use of the Draw-a-Story and the Silver Drawing Test and the analysis of humorous images and narratives in spontaneous and thematic artistic creations. As for therapeutic effects, though certain positive effects were observed in the control group, these effects were less evident than in the experimental group. Comparison of mean post- to post-test scores in the experimental and control group for the most assessment tools indicated a more significant improvement in the symptomatic status, or personality functioning in the experimental group as compared to the control one. All these findings confirm that group interactive art therapy used in a form of a brief intervention provides various positive effects on symptomatic status, cognitive abilities, creativity and quality of life of patients treated at the psychotherapy department of the hospital for war veterans. Findings included a high frequency of humorous responses in both groups, and an increase of constructive, positive humor in the art therapy group post-treatment. It was found that humor has many important functions in art therapy with war veterans due to their clinical disorders and personality, stages of therapy and group dynamics. Humorous artistic representations and narratives assumed special significance as a therapeutic means in relation to various therapeutic group situations and goals involved.</td>
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**Title:** Novel therapeutic targets in psychiatry: Neuro-chemical mechanisms and therapeutic implications

**Chairperson:** Prof. Florence Thibaut, University Hospital Cochin-Tarnier, Paris, France  
**Co-chairperson:** Dr. Venu Gopal Jhanwar, Deva Institute of Healthcare & Research Pvt. Ltd. Varanasi; India

**Abstract:** There are several unanswered questions, unsolved problems, unaddressed issues and grey areas in the pharmacological management of psychiatric disorders. A significant proportion of patients with psychiatric disorder have only partial recovery. Poor response to treatment or treatment resistance is also very common. Residual symptoms are found in almost all major psychiatric disorders. Clinical manifestations like fatigue and chronic pain in a patient of major depressive disorder who has a score of 3 in HAM-D now, transient exacerbations of obsession in an otherwise euthymic patient of Bipolar Disorder or self-appraisal of difficulties in concentration and memory in a highly functional executive with schizophrenia are common but confounding issues for the psychopharmacologist.

**Speakers:**
1. Dr. M.S. Reddy  
   Asha Hospital, Hyderabad, India  
2. Dr. Rajesh Nagpal  
   Manobal Clinic, New Delhi, India  
3. Dr. Debashis Ray  
   Ruby General Hospital, Kolkata, India  
4. Dr. G. Prasad Rao  
   Asha Hospital, Hyderabad, India

**Session:** Regular Symposium  
**Code:** SY489

**Title:** Protein Kinase C Inhibitors in the Treatment of Bipolar Disorders  
**Speaker:** Dr. M.S. Reddy  
Asha Hospital, Hyderabad, India

**Abstract:** Bipolar disorder is a severe disabling illness often with poor outcome, productivity and increased morbidity and mortality. There is little knowledge of specific cellular or molecular biology of bipolar disorder though such knowledge is needed to develop targeted therapies that may have a quicker onset of action than the available treatments. Recent data suggests that regulating some signaling pathways that may be involved in the etiology of bipolar disorder may lead to new targeted treatment. For example, mania is associated with overactive protein kinase C (PKC) intracellular signaling and recent genome-wide association studies of bipolar disorder have implicated an enzyme that reduces the activation of PKC. The current mood stabilizers lithium and valproate indirectly inhibit PKC. Moreover, recent studies with PKC inhibitor tamoxifen also support the role of PKC inhibitors in the treatment of bipolar disorder.

**References:** Watkins, C.C et al., Glia and immune cell signaling in bipolar disorder: insights from neuropharmacology and molecular imaging to clinical application. Translational Psychiatry (2014) 4, e350; doi: 10.1038/tp.2013.119; published online 21 January 2014

**Session:** Regular Symposium  
**Code:** SY489

**Title:** Steroid 5-alpha-reductase as a Novel Therapeutic Target for Schizophrenia  
**Speaker:** Dr. Rajesh Nagpal  
Manobal Clinic, New Delhi, India
**Abstract**

The enzyme steroid 5-alpha-reductase (S5αR) catalyzes the conversion of Δ4-3 ketosteroid precursors e.g., testosterone, progesterone into their 5α-reduced metabolites. Though the current nomenclature assigns 5 enzymes to the S5αR family, only the types 1 and 2 appear to play an important role in steroidogenesis. The 5α-reduced metabolite of testosterone, 5α-dihydrotestosterone (DHT) is the most potent androgen, promotes growth of the prostate and leads to the development of S5αR inhibitors. Two of these, finasteride and dutasteride, are approved in the treatment of benign prostatic hyperplasia and are being tested for prevention of prostatic cancer. Finasteride is also approved for androgenic alopecia. S5αR inhibitors may have beneficial effects in various neuropsychiatric disorders associated with dopaminergic hyperactivity, including schizophrenia.

**References**


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<td><strong>Title:</strong></td>
<td>The Therapeutic Role of Inflammatory Biomarkers in Depression</td>
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<td><strong>Speaker</strong></td>
<td>Dr. Debashis Ray</td>
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<td>Ruby General Hospital, Kolkata, India</td>
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<tr>
<td><strong>Abstract</strong></td>
<td>The brain is not an immune privileged organ and current antidepressant treatments are effective in only less than two-thirds of the depressed patients with even lower remission. Clinical and pre-clinical studies suggest that psychiatric disorders particularly major depressive disorder may be associated with inflammatory processes. The elevated biomarkers of inflammation like inflammatory cytokines, metabolic enzymes like indoleamine-2-3-dioxygenase, acute phase proteins not only help in diagnosis and in predicting treatment response, they may also show a new direction in the pharmacotherapy of depression.</td>
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<td><strong>Title:</strong></td>
<td>Translating Mitochondrial Dysfunctions in Psychiatric Disorders into Therapeutic Benefits</td>
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<td><strong>Speaker</strong></td>
<td>Dr. G. Prasad Rao</td>
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<td>Asha Hospital, Hyderabad, India</td>
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<td><strong>Abstract</strong></td>
<td>Mitochondria are intracellular organelles, which are considered to be the “power-house” of the cell and play a key role in the production of adenosine triphosphate (ATP). They also participate in the metabolism of amino acids, lipids and steroids, regulate apoptosis and thus play an important role in neuroplasticity and cellular resilience. There is genetic, cellular and radiological evidence of mitochondrial dysfunction in mood disorders. There is also growing evidence of mitochondrial dysfunction in other neuropsychiatric disorders like schizophrenia, autism and Alzheimer’s disease. Conversely, psychiatric symptoms have been documented in mitochondrial diseases. This offers important therapeutic targets.</td>
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Title: War and mental health

Chairperson: Dinesh Bhugra, Institute of Psychiatry, London, UK
Co-chairperson: Rym Ghachem Attia, University el Manar, Tunis, Tunisia

Abstract: A series of outbreaks of war are still burning today and are producing horrible effects on mental health of communities. Studies relating to conflicts of the past suggest that the consequences of these wars afflict future generations for many years in the future. Many psychiatrists are engaged in the areas of crisis, other psychiatrists are engaged to support refugees and asylum seekers or to care of those suffering after many years of the consequences of the violence. The symposium aims to focus some relevant aspects of the consequences of the war in terms of mental health and suggest ideas for those professionals who are working in the field or for those that encounter in their work needs related to the effects of war.

Speakers:
1. Mauro Giovanni Carta  
   University of Cagliari, Italy
2. Elie Karam  
   IDRAAC and Balamand University, IDRAAC, Beirut, Lebanon
3. Susan Rees  
   University of New South Wales, Liverpool, Australia
4. Judith Bass  
   John Hopkins Bloomberg School of Public Health, Baltimore, US

Session: Regular Symposium  
Speaker 1  
Code SY493

Title: Conflicts and mental health in the Mediterranean

Speaker: MG Carta¹,² and MF Moro¹  
¹Department of Public Health, Cagliari University Italy  
²President of the Mediterranean Society on Mental Health

Abstract: Introduction
This paper explores the traumatic consequences of war and its impact on mental health with attention to the Mediterranean area.

Methods
Narrative review with focus on: 1) Consequences of war in terms of mental health in the short and long term; 2) War, refugees and (mental) health; and 3) data on mental health of the communities involved in the current crises in the Mediterranean region.

Results
A series of outbreaks of war are still burning in the Mediterranean region producing today horrible effects as a considerable number of refugees exist with un-meet needs. Studies relating to conflicts of the past suggest that the mental health consequences of these wars can affect future generations for many years in the future. While violations of human rights are not new, what is new is represented by attacks to medical institutions perceived to be Western in their traditions. Modern medicine has been produced by the contribution of scientists of all cultures of the Mediterranean region. The great Greek and Roman medical tradition was saved thanks to the contribution of the doctors of the Arabic courts who transcribed the Greek classics in Arab when cristian fundamentalism denied the science. These doctors included Muslims (such Ibn Rusd) and Jews (as Moshe ben Maimon). Beliefs that medicine and health care institutions are a product of Western culture is an offence to this Islamic medical tradition, as well as the right of patients to be cared for.

Conclusion
The scientific community has to fight violence with ideas and the mediation of conflicts. The idea that science can improve the lives is a concept that is found the history of the all Mediterranean cultures.
### Session: Regular Symposium | SPEAKER 2 | Code | SY493
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**Title:** War trauma and childhood adversities: Why should we look at both?  
**Speaker:** Elie Karam  
IDRAAC and Balamand University, IDRAAC, Beirut, Lebanon  
**Abstract**  
**Objective:** To evaluate the co-occurrence of childhood adversities (CA) and childhood traumatic events (including war), and to study their association with mental disorders.  
Methods: The nationally representative sample included 2,857 respondents and the instrument used was the Composite International Diagnostic Interview which screened for CAs, traumatic events, and mental disorders.  
**Results:** 27.9% experienced CAs; the most common were parental death and parental mental/substance use disorder. 70.6% experienced a war-related traumatic event during their lifetime, and around half of them (38.1%) experienced it below the age of 18 years. 51.3% of the subjects experienced a traumatic event not related to war during their lifetime, and 19.2% experienced it before the age of 18 years.  
Having any CA was associated with active war exposure (OR: 4.2, CI: 2.0-8.6); war-related direct personal trauma (OR: 3.9, CI: 1.5-10.0); war-related trauma to others (OR: 2.4, CI: 1.3-4.4); non-war direct personal trauma (OR: 3.8, CI: 2.0-7.4); and any non-war childhood traumatic event (OR: 1.9, CI: 1.1-3.1). In multi-logistic regressions controlling for gender, CAs and childhood trauma (war and non-war), having any mental disorder was significantly associated with having any childhood adversity (OR: 1.86, CI: 1.25-2.76), and any childhood war-related traumatic event (OR: 1.54, CI: 0.98-2.40).  
**Conclusions:** Childhood is awash with adversities and traumatic events that co-occur and should be measured simultaneously; otherwise, the effects of a subset of traumata or adversities could be wrongly thought to be the contributor to negative outcomes under study.

### Session: Regular Symposium | SPEAKER 3 | Code | SY493
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**Title:** Intermittent explosive disorder amongst women in conflict affected Timor-Leste: associations with human rights trauma including rape, intimate partner violence, poverty and injustice  
**Speaker:** Susan Rees¹, Derrick Silove¹, Natalino Tam¹, Elisa Soares², Kuowei Tay¹,  
¹ Psychiatry Research and Teaching Unit, University of New South Wales, Sydney, Australia  
² Alola Foundation, Timor-Leste  
**Abstract**  
**Objectives:** Women in conflict-affected countries are at risk of gender specific abuses such as rape, intimate partner violence and associated mental disorders such as posttraumatic stress disorder and depression.¹-⁴ No studies however have investigated the association between experiences of abuse and injustice and explosive anger amongst women in these settings, and the impact of anger on women’s health, family relationships and ability to participate in development.  
**Methods:** A mixed methods study including an epidemiological survey (n=1513, 92.6% response) and qualitative interviews (n=77) was conducted in an urban and rural site exposed to episodes of recurrent violence in Timor-Leste.⁵ The indices measured included Intermittent Explosive Disorder, posttraumatic stress disorder; severe distress; days out of role (the number of days that the person was unable to undertake normal activities); gender-specific trauma; conflict/violence; poverty; and preoccupations with injustice.  
**Results:** Women with Intermittent Explosive Disorder (n=184, 12.2%) were more disabled than those without the disorder. Multivariable associations with Intermittent Explosive Disorder, controlling for the presence of PTSD, psychological distress and other predictors in the model, included the sense of being sick (OR 1.73; 95% CI 1.08-2.77); victimization as a result of helping the resistance movement during the war (OR 2.33, 95% CI 1.48-3.68); war-related trauma specific to being a woman, including rape (OR 1.95, 95%, CI 1.09-3.50); ongoing family violence and community conflict (OR 1.88, 95% CI 1.27-2.77); extreme poverty (OR 1.23, 95%, CI 1.08-1.39); and distressing preoccupations with injustice (relating to 2/3 historical periods, OR 2.10, 95% CI 1.35-3.28). In the qualitative study, women elaborated on the determinants of anger, highlighting IPV and patriarchal expectations of women, poverty and having too many children as current triggers. Women explored the impact of anger on their health, family and community functioning, child-rearing, and capacity to engage in development.
Conclusions: Intermittent Explosive Disorder is prevalent and disabling amongst women in conflict-affected Timor-Leste, impacting on their personal health, child-rearing and ability to participate fully in activities relevant to socio-economic development. Issues such as patriarchy, poverty and feelings of injustice need to be considered in health and development policy.

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<td>Title:</td>
<td>Exposure to trauma and violence, including sexual violence, during and post-conflict is associated with high rates of depression, anxiety and posttraumatic stress (PTSD) symptoms</td>
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<td>Abstract</td>
<td>In community-based settings, providing psychological treatments in groups can provide a direct therapeutic effect and a social effect by bringing affected people together. Results will be presented from a recently completed trial of group Cognitive Processing Therapy (CPT) for sexual violence survivors in the Democratic Republic of Congo. Impact on mental health, functioning and social support outcomes will be presented as well as information on how providing services in the context of ongoing violence affected the services themselves</td>
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Clinical validation of therapeutic ICT'S in mental health

Chairperson: Dr. Diego J Palao. Executive Director of Mental Health, Parc Taulí. Sabadell. University Hospital. Department of Psychiatry and Forensic Medicine. Universitat Autònoma de Barcelona, International Excellence Campus, 08193 Bellaterra, Spain

Abstract: The Information and Communication Technologies (ICT's) are a new reality that facilitates the implementation of effective treatments in patients with mental disorders. The results of the clinical validation of computerized psychological interventions in depression and schizophrenia are presented. The Help4Mood Project aims to facilitate the monitoring of depressed patients, to perform cognitive behavioral psychotherapy, and to provide information about the disease and / or help in a crisis. The system has three components: sensors to measure biological parameters, an avatar that interacts with the patient and a connection to the medical history. iFighDepression is an online self-help programme for mild to moderate depression that has been developed in the context of the European project PREDI-NU which is managed by the European Alliance Against Depression (EAAD). It involves the most complete integration of the cognitive-behavioral online programs available to date. "Neuro Personal Trainer" is a new cognitive telerehabilitation platform that consists of tasks designed to improve specific cognitive deficits. Results of a controlled clinical trial evaluating the efficacy of an intervention in social cognition and not social using a new specific module for the treatment of cognitive biases are presented. The "Smiling is fun" is an internet-based, interactive multimedia, which facilitates self-help program for the treatment of depression in primary care application. It consists of several modules that allow depressed people to work sequentially with different psychological techniques to enhance their ability to cope with depression.

Speakers:
1. Antoni Serrano
   Psychiatrist. Parc Sanitari Sant Joan de Déu (Spain)
2. Annabel Cebrià
   Clinical Psychologist. Parc Taulí Sabadell Hospital Universitari. Sabadell. Spain
3. Esther Pousa
   Clinical Psychologist. Parc Taulí Sabadell Hospital Universitari. Sabadell. Spain
4. Javier García Campayo
   Psychiatrist. Hospital Miguel Servet y Universidad de Zaragoza. REDIAPP (Red Investigación en Atención Primaria)

The Help4mood project. An avatar to monitor depressed outpatients

Speaker: Serrano A1,2, Camuñas A1, Baladón L1,2, Burton C3, McKinstry B3, Szentagotai Tătar A4, Wolters M3
1. Parc Sanitari Sant Joan de Déu (Spain)
2. REDIAPP (Red Investigación en Atención Primaria) (Spain)
3. University of Edinburgh (Scotland)
4. Babes-Bolyai University (Romania)

Abstract: The Help4Mood (H4M) is a collaborative project, funded under the European Commission’s Framework 7 programme, which aim is to facilitate the monitoring of depressed outpatients through collecting a wealth of cognitive, psychomotor, and motor data, and perform cognitive behavioral psychotherapy, providing information about the disease and a crisis plan if needed. Here is presented the first trial with the complete system functioning.

Aim
The aim of this pilot trial is to test the feasibility of the H4M system, and to obtain study design parameters for testing Help4Mood in future effectiveness trials.

Methods
A randomized controlled trial involving 18 participants in two groups (H4M plus treatment as usual (TAU), and treatment as usual) with a 4 weeks follow-up period is being conducted in Spain, Scotland and Romania. Participants with a Major Depressive Disorder as a primary diagnosis with a score at the
Beck Depression Inventory II between 10 and 30 points, and without changes in their antidepressant medication since last four weeks are being recruited. Participants had been excluded if they had a significant risk of self harm or suicide, had a current or recent (last month) self-harm behaviour; current or past bipolar disorder; current or past psychotic disorder; current panic disorder; current substance abuse, organic brain syndrome or mental learning difficulty; augmented antidepressant treatment (multiple antidepressants, concurrent antipsychotic drug or lithium), or currently receiving psychological therapy (e.g. structured CBT, but not including general psychological supportive treatment).

Results
Eight participants had been recruited at the time this abstract is written. At this moment no drop-outs had occurred and participants didn’t reported major problems. Full data on acceptability and effectiveness of the H4M system compared to usual care will be provided at the oral presentation.

Conclusions
The H4M system seems to be a feasible way to monitor our depressed outpatients.

References
## Title

**Neuropsychological trainer: Improving social cognition in schizophrenia**

**Speaker**
Pousa E.\(^{a,d}\), Fernandez-Gonzalo S.\(^{b,d}\), Turon M.\(^{b,d}\), Garcia R.\(^{a}\), Hernandez C.\(^{a}\), Jodar M.\(^{d}\), Palao D.\(^{a,e}\)

- **a)** Mental Health Department, Parc Taulí. Sabadell. University Hospital – Universitat Autònoma de Barcelona, International Excellence Campus, 08193 Bellaterra, Spain
- **b)** Research Department. Fundació Parc Taulí. Universitary Institute, Universitat Autònoma de Barcelona. Parc Taulí Sabadell, University Hospital, 08208, Sabadell, Barcelona, Spain.
- **c)** Neurology Department Parc Taulí. Sabadell. University Hospital –Universitat Autònoma de Barcelona, International Excellence Campus, 08193 Bellaterra, Spain
- **d)** Department of Clinical and Health Psychology, Psychopathology and Neuropsychology Research Unit. Universitat Autònoma de Barcelona, International Excellence Campus, 08193, Bellaterra, Barcelona, Spain
- **e)** Department of Psychiatry and Forensic Medicine. Universitat Autònoma de Barcelona. International Excellence Campus, 08193, Bellaterra, Barcelona, Spain

### Abstract

**Aims:**
The aims of this study are: 1) To describe a new computerized social and non-social cognitive rehabilitation program tailored to each patient’s needs and 2) To present the preliminary efficacy results of the program in people with schizophrenia/schizoaffective disorder in early stages of the illness.

**Background:**
People with schizophrenia and schizoaffective disorders present both basic neuropsychological and social cognition deficits which can be observed before the illness onset, suffering a significant decline on the first episode. These deficits are associated with a poorer functional outcome. In particular social cognitive impairments have shown to have even a greater impact in everyday functioning than cognitive deficits. Cognitive rehabilitation (CR) has demonstrated consistent effects in improving cognitive performance as well as ameliorating symptoms and psychosocial functioning. However, the preventive role of the CR and the active key of these interventions for generalization remain unknown.

**Methods:**
61 patients that met inclusion criteria were randomized between treatment and active control groups. A comprehensive assessment of social and non-social neuropsychological and functional variables was carried out. Data before and after the treatment program were compared between the two groups.

**Results:**
A repeated-measures linear model showed significantly better results in the experimental group in Spatial localization (F=5.9; p=0.018); Memory retrieval (F=5.27; p=0.026); Memory retention (F=3.65; p=0.05); AVLT long term memory (F=4.36; p=0.041); Digit span backwards (F=6.5; p=0.014); Spatial localization Backwards (F=4.83; p=0.032); Block design (F=8.5; p=0.005); Reading the mind in the eyes (F=4.08; p=0.04); total POFA (F=9.93; p=0.003) and EEAG (F=8.75; P=0.005).

**Conclusion:**
This new intervention showed preliminary efficacy results for attention, verbal memory, working memory and planning. It also showed good results in emotional processing as well as in functional outcomes. This social and non-social cognitive rehabilitation may be a preventive tool in early phases of psychosis, although maintenance of these results should be further studied.

Project funded by Fundació la Marató TV3

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## Title

**Psychotherapy online in primary care.**

**Speaker**
Javier GarciaCampayo\(^1\), Mari Cruz PerezYus\(^2\), Paola Herrera Mercadal\(^2\)

- **1.** Hospital Miguel Servet y Universidad de Zaragoza
- **2.** REDIAPP (Red Investigacion en Atencion Primaria)

### Abstract

**Introduction**
Minor psychiatric disorders in primary care affect 25-33% of the patients that consult general practitioners. This huge amount of patients cannot be adequately managed by health services. Clinical guides recommend stepped-care models for the treatment of these disorders. All these model set computer-assisted psychotherapies as the key element of the treatment.

**Methods**
Two programs to treat anxiety and depression have been developed in Spain: “Defeating anxiety” and “Smile is fun”. They are made up of 8 weekly sessions of 30-45 mn that the patient can complete when they want. Both of them had been used in primary settings in multi-center randomized controlled trials. We have preliminary results of both studies. In addition, we have qualitative data on the expectations of
patients and doctors, reasons of withdrawal of the patients and use of the program by the patients.

**Results**

Both programs showed efficacy, i.e., significant decrease of the primary outcome (anxiety measured with GAD-7 for Defeating anxiety and depression measured with HAM-D for Smile is fun). Size effect is 0.5 analyzing by Intention-to-treat (ITT) but reaches 0.8 analyzing “per protocol”. Withdrawal rises to 30-40%, mainly in the first two sessions. Despite patients are allowed to consult an online therapist they do not use this facility. Qualitative studies confirm patients’ satisfaction with the program but raise questions about more therapists support.

**Discussion**

Computer-assisted psychotherapy is efficacious in primary care, both by ITT as “per protocol”, but withdrawal rates are high and patients do not use therapists on line. Qualitative studies show new improvements and modifications required in online psychotherapy programs to increase their efficacy.
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<td><strong>Title:</strong> Thinking of the clinical method: The interface between phenomenology and hermeneutics</td>
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Chairperson Norberto Conti, APAL, Argentina

Abstract From *Phenomenology and Hermeneutics*, it seeks to deepen the links between both orientations. "Phenomenology" is based on the idea that human experience is fully significant: your task is to discover, under the multiplicity of lived experiences, a primary structure and, make it phenomenon. "What shows up" will not be then lack but modes of being and structuring Existence. There is not a privileged world (healthy) over another one (sick), but specific modes of constitution. For that, it's necessary to discover in the transcendental structures fissures that precede their formation. Although Phenomenological Psychiatry has not been born of directly confrontation with patients, but of the theoretical foundation of Psychiatry itself, that does not imply don't have internal references to practice. A similar situation has been given in the debate between "Hermeneutic" and "Psychoanalysis". How can the current philosophical hermeneutics give account for the diagnostic process in the clinic and thus overcome its nomologic design, where diagnosis is equivalent to subsume a "case" in a "type" or "category"? It deals with go from logic of the recognition of observed thing to a diagnostic process that introduces a rationality that is close to the Aristotelian "phronesis' or Kantian" reflective judgment". If the Freudian clinical method was initially thought based on the concept of "interpretation" founded in the "repression", now it analyzes how the mechanism of the "denial" coupled with "constructions" of the analytic process modifies the idea of "significance" of the clinical method.

Speakers
1. M. L. Rovaletti  
   Consejo Nacional de Investigaciones Científicas, Buenos Aires, Argentina
2. A.V. Cruz  
   Universidad de Buenos Aires, Buenos Aires, Argentina
3. I. Iglesias-Colillas  
   Universidad de Buenos Aires, Buenos Aires, Argentina
4. P. Ramos-Gorostiza  
   Hospital La Princesa, Madrid, Spain
5. J. L. Dia-Sahún  
   Zaragoza, Spain

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<tr>
<td><strong>Title:</strong> Is it possible to think a clinical method from phenomenology?</td>
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Speaker M. L. Rovaletti  
Consejo Nacional de Investigaciones Científicas, Buenos Aires, Argentina

Abstract I. Objetivos  
- Considerar los presupuestos de una clínica fenomenológica  
- Plantear el a priori temporal (Binswanger) y el a priori corporal (Landgrebe) como condiciones de posibilidad de los distintos tipos de mundo.  
- Pensar una eidética semiológica

II Método  
Se utiliza metodología cualitativa y de ella el método fenomenológico hermenéutico para el análisis de textos. Van Namen (1990) explicita esta aproximación hermenéutica fenomenológica, introduciendo la semiótica: la investigación en ciencias humanas no puede separarse de la práctica textual de la escritura.  
III. Resultado  
Frente a una semiología sustentada en las funciones psíquicas -pensamiento, voluntad y afectividad (Esquirol), se postula una eidética semiológica fundada en los distintos modos de la intencionalidad, es decir en unas “categorías fundamentales”.  
De etiología al a priori antropológico de las enfermedades mentales, del síntoma al fenómeno, he aquí dos lecturas posibles en el campo de la clínica.
IV Conclusiones
Si bien la Psiquiatría Fenomenológica no ha nacido de la confrontación directa con los pacientes sino de la fundamentación teórica de la psiquiatría misma, esto no implica que no tenga referencias internas con la práctica.

References

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Session: Regular Symposium  SPEAKER 2  Code  SY499
Title: Diagnosis and hermeneutics
Speaker  A. V. Cruz  Universidad de Buenos Aires, Buenos Aires, Argentina
Abstract
I. Objetivos
- describir los diferentes procesos diagnósticos
- analizar la racionalidad “nomológica” o deductiva
- postular una racionalidad “configurante”
- mostrar como ésta última permite superar las antinomias de una clínica sin sujeto o una clínica sin tipicidad

II. Métodos
Se utiliza metodología cualitativa y de ella el método fenomenológico hermenéutico para el análisis de textos. Van Namen (1990) explicita esta aproximación hermenéutica fenomenológica, introduciendo la semiótica: la investigación en ciencias humanas no puede separarse de la práctica textual de la escritura.

III. Resultado
Desde la hermenéutica narrativa de Paul Ricoeur se muestra como es posible pensar de otra manera el proceso diagnóstico y superar, eventualmente, la antinomia de lo universal (tipo) y de lo particular (caso).
El proceso diagnóstico en su versión canónica, pensado como un acto de subsunción de un caso en un tipo o categoría diagnóstica conduce a la siguiente antinomia: o bien, una clínica sin sujeto, o bien, una clínica sin tipicidad.

IV. Conclusiones
El proceso diagnóstico en su versión canónica es pensado como un acto de subsumir un caso en un tipo o categoría diagnóstica. Este modelo de diagnóstico constituye una racionalidad “nomológica” o deductiva, y conduce a la antinomia de una clínica sin sujeto, o bien, una clínica sin tipicidad. Desde la hermenéutica narrativa de Paul Ricoeur es posible pensar el proceso diagnóstico de otra manera, superando eventualmente esta antinomia.

References

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Session: Regular Symposium  SPEAKER 3  Code  SY499
Title: From repression to constructions in analysis. About constructions in analysis and significance
Speaker  Ignacio Iglesias-Colillas  Universidad de Buenos Aires, Buenos Aires, Argentina
Abstract
I. Objetivos
- Problematizar el concepto de “construcción” en Freud
- Circunscribir su definición en relación al concepto de “análisis” e “interpretación”.
- Poner en perspectiva el concepto de “represión” con el de “desmentida”.

II. Métodos
Se utiliza metodología cualitativa y de ella el método fenomenológico hermenéutico para el análisis de textos. Van Namen (1990) explícita esta aproximación hermenéutica fenomenológica, introduciendo la semiótica: la investigación en ciencias humanas no puede separarse de la práctica textual de la escritura.

III. Resultados
El concepto de “construcción” en Freud no ha sido debidamente explorado en relación al cambio de concepción que hace Freud al pasar de la centralidad de la represión (Verdrängung) a la desmentida (Verleugnung).

IV. Conclusiones
Retomando la argumentación: en “Construcciones en el análisis” (1937) el trabajo de análisis pasa a ser un trabajo de construcción (Rabant, 1993: 55). Este ensayo testimonia un profundo cambio de perspectiva: “el vínculo entre Deutung y Bedeutung se ha distendido y transformado” (Ibídem). La relación entre «interpretación» y «significación» ya no es la misma. La búsqueda del sentido oculto de los pensamientos inconscientes ha dado paso a la exigencia de construir una “verdad histórica” a partir de fragmentos de discurso cuya dispersión y fragmentación son irremisibles.

References

Session: Regular Symposium
SPEAKER 4
Code SY499

Title: The psychiatric clinic as schematizing and reconstructive practice

Speaker
P. Ramos-Gorostiza
Hospital La Princesa, Madrid, España

Abstract
I. Objetivos
- plantear cómo el abordaje fenomenológico permite responder algunas contradicciones de la clínica actual.
- mostrar cómo incide en esta situación las exigencias de “positividad” y repensar las ontologías inherentes
- reflexionar a nivel práxico los acontecimientos clínicos esquematizando y reconstruyendo el significado de cara a su individuación.

II. Métodos
Se utiliza metodología cualitativa y de ella el método fenomenológico hermenéutico para el análisis de textos. Van Namen (1990) explícita esta aproximación hermenéutica fenomenológica, introduciendo la semiótica: la investigación en ciencias humanas no puede separarse de la práctica textual de la escritura.

III. Resultados
Frente a la contradicción entre tareas (descripción e individuación de expresión y conducta) y herramientas (semología), una de las mejores y más penetrantes formas intelectivas de abordar el problema psicopatológico ha sido la fenomenología. Sin embargo, ante la inestabilidad estructural de la psiquiatría, se requiere ahora escapar a las tentaciones determinantes y a la exigencia de positividad, esquematizando los acontecimientos clínicos y reconstruyendo su significado de cara a su individuación.

IV. Conclusiones
Si el problema psicopatológico consiste en la contradicción entre tareas y herramientas, una de las mejores y más penetrantes formas intelectivas de abordarlo ha sido y es la fenomenología. Sin embargo, este problema esencial deviene aporético confiriendo a la psiquiatría una inestabilidad estructural. Para ello se requiere un trabajo conceptual acerca de la ontología que subyace en estos planteos pero también una praxis capaz de crear inteligibilidad por medio de un ejercicio reflexionante incesante que se enfrente los acontecimientos.

References
### OVERALL ABSTRACT

**Title:** Stress, pituitary and the potential role of the HPG and HPA Axes in the pathogenesis of psychosis

**Chairperson:** Prof. Anita Riecher-Rössler, Center for Gender Research and Early Detection, University of Basel Psychiatric Clinics, Basel, Switzerland

**Co-chairperson:** Prof. Robin Murray, Institute of Psychiatry, King's College London, London, United Kingdom

**Abstract**

The role of stress in the onset of schizophrenic psychoses is being increasingly recognized. The underlying pathophysiological mechanisms are, however, poorly understood. In this symposium, we will present novel findings regarding the potential role of the hypothalamic-pituitary-adrenal (HPA) axis and also the hypothalamic-pituitary-gonadal (HPG) axis in the pathogenesis of schizophrenic psychoses. Levels of perceived stress seem to be higher in patients with an at-risk mental state (ARMS) or first episode of psychosis (FEP) than in healthy controls (HC), and ARMS subjects also seem to have higher stress reactivity. Regarding the HPG axis, well in accordance with earlier findings of hypoestrogenism we find hyperprolactinemia in a substantial proportion of antipsychotic-free ARMS and FEP patients. Since not only cortisol, but also prolactin is a well-known stress hormone, this might be stress-induced. Also genetic findings point to a potential role of prolactin in the pathogenesis of schizophrenia. Thus, prolactin gene is mapped to chromosome 6p21, a susceptibility locus for schizophrenia genes. A study of functional -1149 G/T polymorphism of prolactin gene showed a significant preponderance of allele G in schizophrenia. Allele G is connected with higher expression of prolactin mRNA. Studies also show an increase of the pituitary gland volume in antipsychotic-free ARMS or FEP patients, possibly due to the production of corticotropin-releasing hormone and prolactin in the pituitary. In animal models, it can be shown that chronic stress induces profound alterations in the HPA axis. Abnormalities in stress-related biological pathways may play an important role in the pathogenesis of schizophrenic psychoses.

**Speakers**

1. Dr. Dorte Nordholm  
   Mental Health Center Copenhagen, Copenhagen University Hospital, Denmark  
2. Prof. Anita Riecher-Rössler  
   Center for Gender Research and Early Detection, University of Basel Psychiatric Clinics, Basel, Switzerland  
3. Prof. Janusz K. Rybakowski  
   Department of Adult Psychiatry, Poznan University of Medical Sciences, Poznan, Poland  
4. Dr. Dragos Inta  
   Department of Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Germany  
5. Dr. Valeria Mondelli  
   Institute of Psychiatry, King’s College London, Department of Psychological Medicine, London, UK

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**Session:** Regular Symposium  
**Title:** Pituitary volume and cortisol during psychosis  
**Speaker:** D. Nordholm\(^1,2\), B. Glenthøj\(^2,3\), L. Randers\(^1,2\), V. Mondelli\(^4\), M.Ø. Nielsen\(^2,3\), S. Wulff\(^2,3\), K. Krakauer\(^1,2\), P. Dazzan\(^5\), Egill Rostrup\(^5\) and Merete Nordenstfo\(^1\)  
1 Mental Health Center Copenhagen, Copenhagen University Hospital, Denmark  
2 Lundbeck Foundation Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Center Glostrup, Copenhagen University Hospital, Denmark  
3 Center for Neuropsychiatric Schizophrenia Research, University of Copenhagen, Mental Health Centre Glostrup, Denmark  
4 King’s College London, Institute of Psychiatry, London, UK  
5 Glostrup University Hospital, Glostrup, Denmark  

**Abstract**

Objectives: It has been hypothesized that the pituitary volume increases during psychosis due to the
production of corticotrophin releasing hormone. However, the pituitary gland volume is also affected by e.g. gender and use of antipsychotics. The HPA-axis is one of the many biological systems involved in the development of psychosis and the aim of this study is firstly to investigate how pituitary volume and cortisol are affected during different stages of illness and secondly to describe the correlation with gender and use of antipsychotics.

Methods: We included 43 healthy controls, 39 ultra high-risk subjects and 38 drug naïve first episode schizophrenia subjects and measured the pituitary gland volume and diurnal salivary cortisol. In a meta-analysis of pituitary gland volume, the effect of gender and use of antipsychotics on pituitary volume was evaluated.

Results: In the case control study, the UHR subjects had a higher cortisol reactivity compared to healthy controls (cortisol nmol/L: healthy 1.6 (± 2.9), UHR 4.4 (± 4.2) and FEP 2.6 (± 3.0); p=0.009). Area under the curve cortisol levels showed no significant differences within the three groups, and we found no difference in pituitary volume within the three groups (healthy 0.74 (± 0.13), UHR 0.74 (± 0.18) and FEP 0.77 (± 0.18); p=0.428). Overall the females had larger volumes than the males; this was confirmed in the meta-analysis, which also showed larger pituitary volume in subjects using antipsychotics compared to antipsychotic-free subjects.

Conclusions: Increased cortisol reactivity in UHR patients suggests an association between stress and early phase of psychosis. But cortisol and pituitary volume do not seem to be associated. Our results of larger pituitary volume in females compared with males and larger in females compared with males suggest that some confounders have a greater impact on pituitary volume than the psychotic symptoms and increased cortisol

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**Session:** Regular Symposium  
**SPEAKER 2**

**Title:** How stress could trigger the outbreak of psychosis – The potential role of prolactin

**Speaker**  
Anita Riecher-Rössler  
University of Basel Psychiatric Clinics, Basel, Switzerland

**Abstract**

Objectives: Hyperprolactinemia in patients with schizophrenic psychoses is usually considered to be an adverse effect of antipsychotic medication. However, recently hyperprolactinemia has also been shown in antipsychotic-free patients with first episode psychosis (FEP) or at-risk mental state for psychosis (ARMS). At the same time, an increased pituitary volume in antipsychotic-naïve ARMS and FEP patients has been shown, which could partly be due to increased prolactin production in the pituitary.

Methods: Prolactin levels were measured in two studies: 1) Within the FePsy (Früherkennung von Psychosen) study, a prospective study on the early detection of psychoses, we examined 43 ARMS and 26 FEP patients. 2) Within the framework of the European First Episode Schizophrenia Trial (EUFEST), 249 FEP patients were investigated. All patients’ serum prolactin levels were measured with immunoassays, standardized against the 3rd International Reference Standard 84/500. Furthermore, within the FePsy study we compared pituitary volumes of 36 ARMS (16 with later transition to psychosis, ARMS-T, and 20 without, ARMS-NT), 23 FEP patients and 20 healthy controls (HC).

Results: In the FePsy study we found hyperprolactinemia in 24% of the antipsychotic-naïve ARMS and 33% of the antipsychotic-naïve FEP patients. In the EUFEST study, 39% of the 74 antipsychotic-naïve FEP patients showed hyperprolactinemia not explained by any other reason. In both studies hyperprolactinemia especially occurred in women. Pituitary volume was increased in FEP/ARMS-T > ARMS-NT > HC.

Conclusions: Hyperprolactinemia as well as increased pituitary volume may be present in some patients with emerging schizophrenic psychoses independent of antipsychotic medication. These results are in line with the well-known gonadal dysfunction and estrogen deficit of unmedicated women with schizophrenia.

The findings – if replicable – could contribute to explaining how stress can trigger the outbreak of psychosis: stress □ increase of prolactin as stress hormone □ increase of dopamine △ prolactin inhibiting factor □ psychotic symptoms.
Title: Stress and hyperprolactinemia: Genetic findings

Speaker: J. K. Rybakowski
Department of Adult Psychiatry, Poznan University of Medical Sciences, Poznan, Poland

Abstract
Objectives: Prolactin in schizophrenia has been usually considered in the context of antipsychotic drug-induced hyperprolactinemia. However, in the European First Episode Schizophrenia Trial hyperprolactinemia occurred in a significant proportion of drug-naive first-episode schizophrenia patients (50% of women, 35% of men). Stress can trigger the outbreak of psychotic symptoms and activate prolactin secretion, however, a tendency to stress-induced hyperprolactinemia can be connected with a genetic predisposition. The prolactin gene has been mapped to chromosome 6p21, a susceptibility locus for schizophrenia genes. A functional polymorphism –1149 G/T (rs1341239) of the prolactin gene was identified where allele G has been associated with a higher promoter activity of the gene and a greater increment of prolactin mRNA.

Methods: We investigated the functional polymorphism of the prolactin gene in schizophrenic patients compared with control subjects. The experimental group consisted of 403 patients with schizophrenia: 202 females and 201 males. The control group consisted of 653 subjects: 377 females and 276 males. In both groups, the functional polymorphism rs1341239 of the prolactin gene was genotyped using the TaqMan single-nucleotide polymorphism allelic discrimination method.

Results: The distribution of genotypes in schizophrenic patients was significantly different from those of the control subjects. After breaking down by gender, for male patients, the difference versus control males was significant for both genotypes and alleles, with allele G being observed more frequently in schizophrenic patients.

Conclusions: The results suggest a possible abnormality of the functional polymorphism of the prolactin gene in schizophrenic patients compared with control subjects. After breaking down by gender, for male patients, the difference versus control males was significant for both genotypes and alleles, with allele G being observed more frequently in schizophrenic patients.

Abstract
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Conclusions: The results suggest a possible abnormality of the functional polymorphism of the prolactin gene in schizophrenic patients compared with control subjects. After breaking down by gender, for male patients, the difference versus control males was significant for both genotypes and alleles, with allele G being observed more frequently in schizophrenic patients.

Title: Stress and hyperprolactinemia at the onset of psychosis: From clinical findings to neurobiological implications

Speaker: D. Inta, P. Renz, C. Dormann, P. Gass
Department of Psychiatry and Psychotherapy, RG Animal Models in Psychiatry, Central Institute of Mental Health, J5, 68159, Mannheim, Medical Faculty Mannheim, Heidelberg University, Germany

Abstract
Objectives: Stressful life events during adolescence are major predisposing risk factors for schizophrenia. The neuroendocrinological changes accompanying are complex and only partly understood. It remains also unknown, if stress interacts with neurobiological changes associated with schizophrenia, like NMDA receptor hypofunction. Several clinical studies reported higher prolactin levels in first-onset patients with schizophrenia. It is supposed that hyperprolactinemia at the onset of schizophrenia results from prolonged stimulation of the HPA axis preceding the outbreak of psychosis. The neurobiological mechanisms underlying the effects of stress on brain circuitry and vulnerability to psychosis are poorly understood. It remains also unclear, if hyperprolactinemia is only an epiphenomenon or an active contributor to neurobiological mechanisms triggering psychosis.

Methods: We analysed by immunohistochemical methods, if postweaning chronic isolation stress influences the cortical neurotoxicity triggered by NMDA receptor blockade in the retrosplenial rat cortex as assessed by expression of the heat shock protein 70 (Hsp70). Additionally, we investigated long-lasting consequences of prolonged increase of prolactin on neuroplasticity in subcortical areas like the nucleus accumbens and the ventral striatum associated with the onset of schizophrenia. Considering that
prolactin is a potent stimulator of subventricular zone neurogenesis, we analysed by classical fate-mapping methods the effect of high prolactin levels during pregnancy on neurogenesis in transgenic mice expressing EGFP in neurons expressing the dopamine D3 receptors.

Results: We found that chronic postweaning isolation stress, an established animal model of schizophrenia, significantly aggravated the neurotoxicity associated with psychotomimetic effects of NMDA receptor antagonists, suggesting an interaction between chronic stress and a hypoglutamatergic state in the development of schizophrenia-associated changes. Additionally, we found a modulation of neurogenesis in the subventricular zone and adjacent subcortical areas by enhanced prolactin levels.

Conclusions: These studies may contribute to better understanding of the role of neuroendocrine changes during the outbreak of schizophrenia.

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<td>Stress abnormalities and their role in clinical outcome at the onset of psychosis</td>
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<td>Speaker</td>
<td>V. Mondelli</td>
<td>Institute of Psychiatry, King’s College London, London, UK</td>
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<td>Abstract</td>
<td>Objectives: The association between stress and onset of psychosis has been known for decades, but the mechanisms linking stress to the onset psychosis and their role in clinical outcome remain yet unclear. The objective of the presentation will be to show data elucidating mechanisms behind abnormalities in stress biomarkers at the onset of psychosis, as well as new data on the possible role of stress biomarkers in predicting clinical outcome in patients with first episode psychosis. Methods: We collected saliva and blood samples in 68 first episode psychosis patients at baseline and after 3 months from first assessment. Saliva samples were collected at multiple time points during the day to measure diurnal cortisol levels and cortisol awakening response. Cytokines and brain-derived neurotrophic factor (BDNF) levels were analysed from serum samples. Patients were divided in Non-Responders (n=38) and Responders (n=30) according to the Remission criteria of the Schizophrenia Working Group Consensus. Results: At baseline Non-Responders have significantly lower Cortisol Awakening Response (p=0.02) and higher interleukin (IL)6 and interferon (IFN)γ levels (respectively, p=0.02 and p=0.01) when compared with Responders. At 3-month follow-up, Non-Responders still show significantly lower cortisol awakening response (p=0.05) and higher IL6 levels (p=0.03). Serum BDNF levels do not differ between Responders and Non-Responders at baseline, but they are significantly lower at 3 months follow-up in Non-Responders when compared with Responders (p=0.03). Conclusions: Stress biomarkers should be considered as possible predictors for treatment response at the onset of psychosis as well as future targets for the development of novel therapeutic agents.</td>
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**Title:** Intersectional view on personalized medicine in future psychiatry: What will the current biological markers bring?

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**

Psychiatric disorders are highly heterogeneous and chronicity, treatment resistance, recurrence and comorbidity are common. Especially, the drug resistance, chronicity and comorbidity of psychiatric disorders induce high socio-economic burdens to the society. The early detection and timely treatment is essential to prevent both chronicity and comorbidity. The research studies related to biomarkers have been carried out intensively to implement early diagnosis, better prognosis and efficient treatment. Under the WPA, there are different sections carrying out different biological markers studies. Each set of biomarkers related to the research studies of each section has reached a significant level. However, to reach the development of better service in personalized medicine, multi-factorial approach using different sets in combination and identifying the signature for particular type of patient to be applied in personalized medicine is necessary. To achieve this goal, intersectional collaboration and collaborative research studies under WPA are necessary. This intersectional workshop aims to promote the intersectional collaborative activities to bring the current results of our studies in different sections to practical mental health care. Each talk will take 15 minutes and the discussant will discuss about 10 minutes after all the talks and then facilitate the audience to participate in discussion for about 20 minutes.

Key words – personalized medicine, biomarkers, intersectional

**Speakers**

1. Dr. Myint AM  
   Psychiatric Hospital, LMU Munich, Munich, Germany  
2. Prof. Bogwardt S  
   Department of Psychiatry, University of Basal, Basal, Switzerland  
3. Prof. Schulze T  
   Psychiatric Hospital, Goettingen University, Goettingen, Germany  
4. Dr. Abou-Salech MT  
   St. George’s University London, Psychiatry Department

**Title:** Immune related metabolic biomarker in personalized medicine: Possibilities in practical application

Speaker Dr. Myint AM  
Psychiatric Hospital, LMU Munich, Munich, Germany

**Abstract**

Stress induced chronic low-grade immune activation can disturb several related metabolic pathways. Tryptophan metabolism is one of the key metabolic pathways since the dysbalance in this pathway can induce some neuropsychiatric symptoms since the downstream metabolites have effects on different important neurotransmissions such as serotonin, GABA, glutamate, nicotine and acetylcholine. Based on the finding of a European Consortium Moodinflame, we could identify different biochemical subgroups under mood disorder patients. Those biochemical patterns indicated the type of biochemical change which will be of interest for the choice of medication. Therefore, if we can use those biomarkers at the community health care level for personalized medicine approach, the correct medication for the right person could be provided early enough and that might reduce the rate of treatment resistant depression.

**Title:** Neuroimaging biomarkers in personalized medicine: Possibilities in practical application
### Speaker
Prof. Bogwardt S  
Department of Psychiatry, University of Basel, Basel, Switzerland

### 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 reflects 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. 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 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 prodromal phases of psychosis have the potentials to identify core structural and functional markers of vulnerability to psychosis and to clarify the ongoing changes during the transition from high-risk to first episode psychosis.

### Session: Regular Symposium  
**Title:** Genetic markers in personalized medicine in psychiatry: Possibilities in practical application  
**Speaker:** Prof. Schulze T  
Psychiatric Hospital, Goettingen University, Goettingen, Germany

### Abstract
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 international consortia have facilitated genome-wide analyses of tens of thousands of case-control samples of psychiatric disorders. For schizophrenia, over hundred vulnerability loci have been robustly identified. With increasing sample sizes, a similar scenario is expected to emerge for bipolar disorder within the next couple of years. In this presentation, I will present an overview of current genome-wide association studies (GWAS) and next generation sequencing approaches in bipolar disorder. I will also present the latest findings the international Consortium on Lithium Genetics (www.ConLiGen.org) on the genetics of lithium response in bipolar disorder. This consortium now comprises over 25 research groups from four continents (Europe, America, Asia and Australia). ConLiGen is currently performing a GWAS of lithium response in close to 2700 BD individuals. I will finally discuss the utility of current psychiatric genetics and pharmacogenetics for clinical practice.

### Session: Regular Symposium  
**Title:** Overview on use of biological markers in personalized medicine in future psychiatry  
**Speaker:** Dr. Abou-Salech MT  
St. George’s University London, Psychiatry Department

### Abstract
The second half of the 20th century witnessed major advances in neurosciences and in their use and applications for the benefit of the psychiatrically ill. There followed an explosion of preclinical and clinical neuroscience studies in search for the ‘Holy Grail’ of psychiatric disorders – their aetiology and pathogenesis. These advances promise to deconstruct present diagnostic entities into their true genotype-phenotype entities and inform the development of designer medicines and the introduction of preventive interventions. Moreover there are concerted approaches for study, which integrate different methodologies concurrently (phenotypical assessment, pharmacological studies, animal models, molecular and cellular biology, genetics and brain imaging) have been proposed. Such new knowledge will impact psychiatric practice with improvements in treatment, care and preventive approaches and better quality of life for the psychiatrically ill. Whilst our search for the ‘Holy Grail’ continues, we now have the roadmap and the tools for its excavation.
It is proposed to integrate the biological markers in personalized medicine in future psychiatry: diagnosis and treatment of the person depends on an integrative person-centred approach that recognizes the fact that biological and psychological processes are intertwined inextricably endorsing the primacy of the whole person-centred psychiatry.

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<td><strong>Title:</strong> Personalized psychiatry: A window on the future</td>
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**Chairperson**
Prof. Jerald Kay, Boonshoft School of Medicine, Wright State University, Dayton, Ohio

**Co-chairperson**
Prof. Giampaolo Perna, Villa San Benedetto Menni – Hermanas Hospitalarias, FoRiPsi, Albese con Cassano, Italy

**Abstract**
The core theme of personalized medicine is the premise that an individual’s unique physiologic characteristics play an important role in both disease vulnerability and response to therapies. Prediction of an individual’s susceptibility to developing an illness and the possibility to tailor in an effective way the therapies, are the main goals of personalized medicine. In psychiatry, these goals may allow to reduce morbidity and mortality in a significant way. Genetic alterations, epigenetic modifications, clinical diagnostics, biomarker and environmental changes and early life events are some of the aspects involved in personalized psychiatry that will allow to build a more tailored approach to persons with mental disorders. This symposium will bring together some of the most advances experts of the field with the intention to discuss specific topics involving some of the most prevalent mental disorders.

**Speakers**

1. Prof. Florian Holsboer  
   Max-Planck-Institute of Psychiatry, Munich, Germany
2. Dr. Maria Nobile  
   Villa San Benedetto Menni, Hermanas Hospitalarias, Forripsi, Albese con Cassano, Italy
3. Prof. Giampaolo Perna  
   Villa San Benedetto Menni – Hermanas Hospitalarias, FoRiPsi, Albese con Cassano, Italy
4. Prof. Charles Nemeroff  
   Leonard M. Miller School of Medicine, University of Miami, Miami, USA

### Session: Regular Symposium

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<th>SPEAKER 1</th>
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<tr>
<td><strong>Title:</strong> Personalized depression therapy – A repurposing opportunity for drugs with a specific mechanism of action</td>
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**Speaker**
F. Holsboer  
Max-Planck-Institute of Psychiatry, Munich, Germany

**Abstract**
Pharmaceutical industry has put antidepressant R&D on hold because of negative study results with new candidates. It is argued that the drug trials which prompted that decision were not negative but failed. This is demonstrated for the case of CRHR-1 antagonists. Almost all pharma companies had discovered compounds that specifically block CRH type 1 receptors, thus suppressing the depressiogenic effects of enduring CRH overexpression. Drug trials did not recognize that only about 20–30% of patients are likely to have a central CRH overactivity. A CRHR-1 antagonist that provided it has entered the brain can only work if CRH overactivity is present. Thus, gene tests and system biomarkers are needed to identify potential responders. This is the future task of personalized depression therapy. Other examples that call for appropriate companion tests combined with specific drugs are vasopressin receptor antagonists, ketamine and corticoid receptor antagonists.

### Session: Regular Symposium

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<th>SPEAKER 2</th>
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<tr>
<td><strong>Title:</strong> Personalized medicine in child psychiatry: The case of autism spectrum disorder</td>
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**Speaker**
M. Nobile  
1. Villa San Benedetto Menni, Hermanas Hospitalarias, FoRiPsi, Como, Italy.  
2. ‘Eugenio Medea’ Scientific Institute, Bosisio Parini, Italy

1. Villa San Benedetto Menni, Hermanas Hospitalarias, FoRiPsi, Como, Italy.
2. ‘Eugenio Medea’ Scientific Institute, Bosisio Parini, Italy

www.wpamadrid2014.com
Abstract

Objectives
Although a wide variety of drugs have been used to treat individuals with Autism Spectrum Disorders (ASD), none of the drugs usually prescribed target any of the core symptoms of autism. The choice of the proper pharmacological treatment is further complicated by the presence of co-morbid conditions, such as epilepsy, bipolar disorder, obsessive-compulsive disorder, and attention deficit-hyperactivity disorder, in addition to gastrointestinal and immune system disorders. Often psychotropic medications are used off-label and in combination with other drugs to treat co-occurring symptoms including anxiety, obsessions, hyperactivity, impulsivity, irritability and aggressive behaviours. This scenario is further complicated by the fact that children are characterized by rapid developmental changes that profoundly affect the responses to medications. Therefore, it is clear that response of patients with autism to therapy may be improved by the availability of feasible tools to be applied for the personalized treatment of autism spectrum disorders.

Methods
Here, we review the findings from recent studies that might provide new and tractable opportunities to identify new pharmacological strategies across a variety of scientific disciplines including genetic, pharmacogenetic and active pharmaco-vigilance approach.

Results and Conclusions
Ideally, an active surveillance programme based on the use of multidisciplinary integrated platforms and on the follow-up of well-characterized (i.e. based on biomarkers) patient cohorts will enable clinicians to optimise the therapeutic intervention for this disorder.

Session: Regular Symposium  
SPEAKER 3  
Code SY509

Title: Personalized psychiatry and panic disorder: From genetics to endophenotypes

Speaker
G. Perna 1,2,3, T. Torti 1
1. Villa San Benedetto Menni, Hermanas Hospitalarias, Albese con Cassano, Italy.
2. Leonard Miller School of Medicine, University of Miami, Miami, USA.

Abstract
The central theme of personalized medicine is the premise that an individual’s unique physiology plays a central role in both disease vulnerability and in response to specific therapies. Panic disorder has the unique characteristic to be quite homogenous in its psychopathologic features, with a strong root in body physiology, and to be variable in responses to panic provocation procedures, to treatment options and in long term prognosis.

There are now compelling evidences that the physiology of patients with panic disorder is different from the one of healthy controls in particular for respiratory, cardiovascular and postural systems and some data suggest that we can find those abnormalities in high risk subjects for panic disorder. Specific abnormal physiological functions might be the premise to the identification of differential diagnostic groups of patients with panic disorder.

Although many patients show a good response to drug treatment and psychotherapy, the ones who achieve a complete remission are not so frequent. A significant number of patients relapse and become chronic. In the recent years there are evidences of an association between some specific markers of panic vulnerability, i.e. CO2 hyperreactivity, and treatment response, as well as between genetic polymorphisms of serotonin transporter and the response to treatment with pharmacological compounds and with cognitive behavioral psychotherapy. Clinically, the effect of specific anti-panic drugs seems to be linked with specific clinical features, possibly the expression of different physiological mechanisms underlying panic disorder. The identification of genetic and physiologic markers and the evaluation of the interaction with clinical features might help to find tailored treatments able to ensure the best intervention possible for each patient.

Session: Regular Symposium  
SPEAKER 4  
Code SY509

Title: The persistent and pervasive neurobiological consequences of child abuse and neglect: Treatment implications
More than three decades ago data from laboratory animal studies suggested that trauma early in life in the form of child abuse and/or neglect was associated with persistent alterations in the central nervous system. The central role of the persistent biological consequences of the trauma on the developing organism, brain and body, in mediating the heightened risk for mood, anxiety and psychotic disorders has been accepted only in the last decade. There is now clear evidence that exposure to a variety of stressors early in life induce alterations in hypothalamic–pituitary–adrenal axis activity, a number of neurotransmitter systems (e.g., corticotrophin-releasing factor [CRF], substance P, monoamines, and others), and increased markers of inflammation including inflammatory cytokines (C-reactive protein, interleukin-6, and others). Changes in limbic and cortical areas has been observed in structural and functional magnetic resonance imaging and positron emission tomography brain imaging studies in adults exposed to child abuse and neglect. The value of these findings is also related to the evidences that child abuse affect treatment response. For example, Nanni al coworkers have recently reported that depressed patients with a history of childhood maltreatment showed a reduced response to antidepressants and psychotherapy.
**Title:** Emergency psychiatry in Mexico: Taking a social and clinical challenge

**Chairperson**
Dr. Maria Elena Medina-Mora PhD. National Institute of Psychiatry “Ramon de la Fuente”, Mexico City, Mexico

**Co-chairperson**
Dr. Martha Patricia Ontiveros-Uribe. National Autonomous University of Mexico, Mexico City, Mexico

**Abstract**
Emergency Psychiatry (EP) is a main issue in Psychiatry and Medicine. More the social problems such as violence, suicide, substance intoxication or withdrawal or attention of vulnerable groups like homeless people, more the increase EP demands and then more the need of improving emergency psychiatry care. We would like to share some research outcomes, clinical experiences and social programs work related with emergency psychiatry seen in different clinical and academic Mexican institutions. We have outcomes of a Mexican Psychiatric Triage Implementation Research and Improvement of quality indicators of EP attention in four Mexican Psychiatric Hospitals. Also we would like to share many experiences about social programs in northwestern Mexico which have efforted prevention of clinical relapses and psychiatric attention of homeless people. We also studied catatonia as a neuropsychiatric interphase syndrome. Also there is experience of adolescent suicide attention at a Child and adolescent Psychiatric Hospital, and finally we would like to share the current algorithms of acute treatment of agitated and aggressive patients, taught to Medical Students and Psychiatry Residents.

**Speakers**
1. Dr. Alejandro Molina-Lopez MD, Ms Sc. National Institute of Psychiatry, Mexico City, Mexico
2. Dr. Macario Lopez-Favela MD. Hospital Carlos Nava M, Hermosillo, Sonora, Mexico
3. Dr. Enrique Chávez-Leon MD, PhD. Northern Anahuac University, Huixquilucan, Mexico
4. Dr. Emmanuel Osorio-Rosales MD. Child and Adolescent Psychiatric Hospital “Juan N Navarro”, Mexico City, Mexico

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**Title:** Implementation and application of a psychiatric triage instrument in four Mexican psychiatric hospitals

**Speaker**
A. Molina-Lopez¹, A. Fresan-Orellana¹, JJ. Caraveo-Anduaga¹, S. Berenzon-Gorn¹, GL. Borges¹, ME. Medina-Mora²
¹National Institute of Psychiatry, Mexico
²Medicine School, National Autonomous University of Mexico, Mexico

**Abstract**
Objectives: The aim of this study was implementation, standardization and application a novel Psychiatric Triage (PT) instrument, which was based in actual or potential risk of Psychiatric Emergencies Presentations, in order to measure its impact in quality and satisfaction indicators comparing variables before and after PT implementation in several mexican psychiatric institutions.

Methods: Four mexican psychiatric hospitals (Center, Northwest and Southwest Mexico) accepted to participate in the study between April/2012 and April/2014. We first captured one census week variables for measure basal indicators and made a structured interview of satisfaction indicators after consultation of each patient. Each Emergency Staff were trained to assess and standardize PT at each institution. We captured a second census week variables in order to compare before/after PT implementation, and we followed outpatient compliance during six months.

Results: n=271 patiens were recluted at basal (no PT) phase and n=280 were recluted at PT phase. A total of 68 Medical Staff Members were trained for PT assessment. Higher risk levels of PT were highly associated with less wait time (F=16.11,p=0.001) and more Lenght of Stay (r=0.312,p=0.001). At follow up (n=407) there were less hospitalizations and crisis interventions at PT phase (F=5.609,p=0.026). There were not changes in outservice compliance (F=0.358,p=0.55) and satisfaction indicators.
Conclusions: PT can be useful to reduce wait times and crisis interventions due to early and opportune sorting of Psychiatric Emergencies, with no impact in satisfaction and compliance to outpatient services. Less average of hospitalization could impact positively in costs of services.

References

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<tr>
<td>Title:</td>
<td>Program for the emergency attention and community rescue of the addicted patients</td>
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<td>Speaker</td>
<td>López-Favela M 1,2, Rodríguez-Verdugo MS 2</td>
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<td></td>
<td>1. Hospital Carlos Nava M., Hermosillo, Sonora, México</td>
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<td>2. State Services of Mental Health Hermosillo, Sonora México</td>
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<tr>
<td>Abstract</td>
<td>Objective: Describe the characteristic of a public hospital’s program for the emergency attention and community rescue of the addicted patients.</td>
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<td>Results: In 2013, were attended 700 users in the special care area, which 50% were men over 30 years and the most frequency diagnostic was the multiple drug dependence (F19) in the 52.42% (367 patients) of all discharges. The main causes of attended emergencies were: in one 18% the alcohol intoxication and the opiate withdrawal syndrome in 11%. The stay in the especial care area for emergency was around 13 days, after that were transferred to a residential program of 5 weeks or another ambulatories services like the 100 hours program, the 5 days, etc. at the end of the program, were followed by the outpatient or the ambulatory services, in the case of someone missed 3 consecutive meetings the attention team proceed to found and recue. These team did 86 recues activities which 29 patients return to treatment, 40 patients were discharge and 18 cases were not found the patient.</td>
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<td>Conclusions: this is the only program offered by professionals in the public sector in the country. Is required the expansion and strengthen of the program and the validation to the reaplication and publishing.</td>
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<tr>
<td>Title:</td>
<td>Ethical issues in emergency psychiatry</td>
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<tr>
<td>Speaker</td>
<td>E. Chavez-Leon 1, M.P.Ontiveros-Uribe 2</td>
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<td>1. Universidad Anahuac Mexico Norte, Huixquilucan, Mexico.</td>
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<td></td>
<td>2. Instituto Nacional de Psiquiatria, Mexico D.F., Mexico.</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To describe the unique characteristics of the ethical aspects of psychiatric practice in the Emergency Department.</td>
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<td></td>
<td>Methods: Confidentiality, voluntary admissions, decision-making capacity, informed consent in patients with mental disorders, are examined.</td>
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<td>Results: Ethical psychiatric practice includes a reasoned and morale application of the power of the psychiatrist; its historical background is embodied in the Nuremberg Code and the Belmont Report. Respect to the four principles, beneficence, non-maleficence, justice and autonomy are a reference for the actions in the emergency service. The Madrid Declaration on Ethics in Psychiatry, in its articles 3 and 4 set the informed consent and the respect for autonomy. This presentation will describe the following ethical conflicts:</td>
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1) Respect for confidentiality and the need of information for diagnosis and treatment of the person or avoid damage to third parties (Tarasoff versus Regents of the University of California).
2) Respect for autonomy, the risk of harm to the patient or others, and pure voluntary, conditional voluntary, and “coerced voluntary” admissions, emergency holds/detention and involuntary hospitalization.
3) The informed consent, the assessment of the decision making capacity, and its exceptions: emergency, lack the capacity to make medical decisions, the patient who does not wish to hear the information about the treatment, and the therapeutic privilege.
4) The assessment of suicidal risk and the danger of aggression.

Conclusions: In the Emergency Service, it is necessary to know and act both, observing ethics as laws and administrative regulations. Respect the confidentiality as much as possible, respecting the autonomy, determine the capacity of decision and obtain informed consent whenever possible, and never lose sight of the benefit of the patient.

References

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<tr>
<td>Title:</td>
<td>Adolescent suicide prevention in an emergency unit of a children and adolescent psychiatric hospital</td>
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<td>Speaker</td>
<td>E. Osorio-Rosales</td>
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<td>Hospital</td>
<td>Psiquiátrico Infantil “Dr. Juan N. Navarro”</td>
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<td>México</td>
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Abstract
Objectives. In the children’s psychiatric hospital “Dr. Juan N. Navarro” in Mexico, we have an emergency unit, which gives attention to minors who show mental health problems in an acute or chronic way. In 2013 we provided attention to 15000 patients from which 8000 were treated for psychiatric emergency situations. The suicide behavior was the first cause of emergency attention representing more than 4500. That’s why, it has been necessary to create an attention protocol for those adolescents that show suicide behavior.

Methods. We realize a first intervention by the application of a “triage”. This one establishes the priority of physical risk, the evolution time and possible comorbidities. If it is routed to general hospital, it is possible that after their stabilization, the minor be channeled back to our institution. There are three levels of attention: 1) Clinical interview and psychopathological exploration in search of diagnostics of ICD 10; 2) Implementation of scales to support these diagnoses (MINI-KID, SAD-PERSONS); 3) Familiar intervention. If we find important risk factors then we propose integral management which can be hospitalization or outpatient. On the other hand, if we determine that the risk conditions are absent or are minimal, we proceed to channel to a second level of psychiatric care or the outpatient follow.

Results. With the application of this pathway of assessment in our emergency service we have the possibility to give integral attention to our clinical population in México.

Conclusions. The development and application of a structured attention system focuses on the suicide behavior in adolescents in México and that provides an efficient procedure to bring attention, control and prevention to this conduct.

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<tr>
<td>Title:</td>
<td>Implementation and application of a psychiatric triage instrument in four Mexican psychiatric hospitals</td>
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<td>Speaker</td>
<td>A. Molina-Lopez, A. Fresan-Orellana, JJ. Caraveo-Anduaga, S. Berenzon-Gorn, GL. Borges, ME. Medina-Mora</td>
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1National Institute of Psychiatry, Mexico
2Medicine School, National Autonomous University of Mexico, Mexico

Abstract
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Conclusions: PT can be useful to reduce wait times and crisis interventions due to early and opportune sorting of Psychiatric Emergencies, with no impact in satisfaction and compliance to outpatient services. Less average of hospitalization could impact positively in costs of services.

References

### Evaluation and management of suicidal behavior across the life cycle

**Chairperson:** Dr. Javier Didia Attas (Argentina)

**Abstract**

The assessment and treatment of suicidal behavior is one of the most challenging clinical scenarios in mental health. This behavior can be conceptualized as a spectrum ranging from fleeting thoughts of self-harm to completion of suicide. Lethal outcomes are a significant public health problem of great impact to society in general but of particularly devastating consequences to those close to the deceased. Suicide is also the most common cause of malpractice litigation against psychiatrists, held liable for failing to determine the patient's risk and deliver appropriate treatment. Importantly, there are significant epidemiological, clinical presentation, and management differences in suicidal behavior across the life cycle and health/illness status. While universal guidelines exist, in order to provide the best quality of care it is imperative to become proficient in evaluating patients according to their developmental/health stage. Recent developments in the field require the clinician’s attention such as new validated rating scales that facilitate the evaluation of risk. Furthermore, data from antidepressant trials that suggested the appearance of suicidal ideation during such trials prompted the US Food and Drug Administration to issue a black box warning cautioning medication use in patients younger than 24 years old. This symposium focuses on the neurobiology of suicide and the unique characteristics of working with suicidal patients in the Child and Adolescent, Adult, and Geriatric populations as well as with medically ill patients. Standards of care across the life cycle, implications of recently published research, and the most helpful management/treatment options for each stage of life will be reviewed.

**Speakers**

1. **M. Mercedes Perez-Rodriguez**  
   Icahn School of Medicine at Mount Sinai, New York, NY, US, The Mental Health Patient Care Center and the Mental Illness Research Education and Clinical Center, James J. Peters Veterans Affairs Medical Center, Bronx, NY, US, CIBERSAM at Fundacion Jimenez Diaz Hospital, Madrid, Spain
2. **Dra. Mercedes Navio Acosta**  
   Mental Health Regional Office. Madrid. Spain, Hospital 12 Octubre. Madrid. Spain
3. **Gabriel Kaplan, M.D**  
   Bergen Regional Medical Center, Paramus, New Jersey, US, Rutgers New Jersey Medical School, Newark, New Jersey, US
4. **L. Agüera-Ortiz**  
   University Hospital 12 de Octubre. Madrid, Spain, Complutense University. Madrid, Spain

---

### Suicidal behavior in adults: Neurobiology, risk factors, and prevention strategies

**Speaker:** M. Mercedes Perez-Rodriguez $^{1,2,3}$  
$^1$ Icahn School of Medicine at Mount Sinai, New York, NY, US  
$^2$ The Mental Health Patient Care Center and the Mental Illness Research Education and Clinical Center, James J. Peters Veterans Affairs Medical Center, Bronx, NY, US  
$^3$ CIBERSAM at Fundacion Jimenez Diaz Hospital. Madrid, Spain

**Abstract**

**Objectives:** The aim of this presentation is to review the current knowledge of the neurobiology and psychosocial risk factors for suicidal behaviour in adults. At the conclusion of this oral presentation, participants will be able to list standards for the assessment of risk for suicidal behavior in adult populations as well as the main neurobiological risk factors for suicidal behavior.  

**Methods:** Current definitions of suicidal behaviours will be reviewed, and the main neurobiological and developmental models for suicidal behaviour will be presented. The role of risk factors for suicidal behaviour will be discussed, including genetic factors, immune and hormonal factors, neurotransmitter systems, stress response system, childhood adversity, personality traits, and cultural factors.  

**Results:** The stress-diathesis model of risk for suicidal behaviour posits that risk for suicidal acts is the result of the combination of an underlying vulnerability or diathesis (e.g., high levels of pessimism,
aggression, etc.) and a stressor (e.g., a stressful life event, a major depressive episode, etc.). Neurobiological risk factors for suicidal behaviour include abnormalities in the serotonergic and noradrenergic neurotransmitter systems, alterations in the hypothalamic-pituitary-adrenal axis response to stress, immune dysregulation and inflammation, childhood adversity, and personality traits including pessimism and aggression. Prevention interventions include education and awareness programs; screening for individuals at high risk; treatment of underlying psychopathology through psychopharmacology and psychotherapy; ensuring adequate follow-up after a suicide attempt; limiting access to lethal means; and establishing reporting guidelines for media coverage of suicide. Conclusions: Suicidal behaviours are the result of a combination of neurobiological and psychosocial risk factors. Suicide prevention strategies are effective in decreasing rates of suicide.

Session: Regular Symposium  
Title: Suicide in older adults
Speaker: Dra. Mercedes Navio Acosta
  1 Mental Health Regional Office, Madrid, Spain  
  2 Hospital 12 Octubre, Madrid, Spain

Abstract: Objectives: Suicide is a public health problem, especially in older adults. Suicides reach 1 million cases per year worldwide and it is estimated that the number of suicide attempts is 10 to 20 times higher. The aim of this study is to evaluate the effectiveness in reducing repeat suicide attempts in a Suicide Attempts Prevention Program in Madrid. Methods: We performed a study that compared patients exposed to intervention program, with similar studies in other Spanish program. The sample was made up of 192 patients, with a 12-month follow-up. Results: Relapse occurred in 8% of patients in the treatment group compared with 10-11% in other program in Spain. There wasn’t relapse in older adults. Psychopathology is the first factor associated to repetition suicide. Conclusions: Relapse Suicide Attempts is infrequent in older adults. Madrid Prevention Program is similar to other program in Spain. The results show that subjects who are treated in the prevention relapse less, need fewer admissions and the time relapsed between the treatment and the first repeat suicide attempt is greater.
risk factors such as history of depression or other mental illness, history of previous suicide attempts, family history of suicide, substance abuse, stressful life event or loss, and others. Adolescent suicidal behavior is a medical emergency that must be assessed by highly qualified professionals. The evaluation must include a comprehensive psychiatric examination with input from family and teachers. Pharmacology is just one of many available treatments. The recent controversy regarding the use of antidepressants in youth will be examined in light of further research completed after the FDA issuing of a black box warning.

Conclusions: The potential for suicidal fatalities and non-fatal sequelae in youth has to be assessed in all minors presenting for psychiatric evaluation. Clinicians treating this population must be proficient in determining suicidal risk and recommending appropriate levels of care.

References


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| Title: | Depression and suicide in the medically ill |
| Speaker | L. Agüera-Ortiz 1,2 |
| 1 University Hospital 12 de Octubre. Madrid, Spain |
| 2 Complutense University. Madrid, Spain |

| Abstract | Objectives: Medical illness constitutes a significant risk factor for suicide independent of psychiatric and sociological factors. People with physical illness often suffer from psychiatric disorders and this comorbidity has a specific influence on suicide risk. The objectives are to critically review the prevalence of suicide among patients with medical illness and the risk factors for self-harm and complete suicide attempts. Additionally to review the interactions between physical and psychiatric illness in this population. |
| Methods: Medical databases review and comparison with the City of Madrid Public Health data. |
| Results: Real prevalence of suicide in medical patients is difficult to calculate due to problems of definition and accessibility of data. Physical illness is a recognized risk factor for suicide but it is mostly the concomitant presence of a psychiatric illness what precipitates suicide attempts. Time of onset of the two types of illness is important, being the appearance of psychiatric illness after the medical problem the mot frequent combination. Number and severity of medical illness exert a clear role. Depression is the most important psychiatric illness involved. Suicide attempts occurring during hospitalization have differential characteristics with respect to suicides occurring while the patient is living at home. Many types of medical conditions have been cited as risk factors for suicide. We will present data concerning some of the most relevant: Cancer, kidney disease, AIDS, neurological disorders, endocrine disorders including obesity, alcohol or drug consumption, and painful or disabling conditions. |
| Conclusions: There is an interaction between the presence of medical and psychiatric disorders and suicide. Prevention is possible but it needs the awareness of healthcare professionals and the detection of risk factors and problem situations, especially amongst those patients with multiple or recent hospitalizations, with multiple comorbidities and in the presence of depression. |
### OVERALL ABSTRACT

**Title:** Social Aesthetics In Psychiatry

**Chairperson:** Prof. Michael Musalek, MD, Anton Proksch Institute, Vienna, Austria

**Co-chair:** Prof. Bill Fulford, MD, University of Warwick, Coventry, United Kingdom

**Abstract:**

The relationship between aesthetics and psychiatry is manifold, frequently implied and usually unexplored. The aim of the European Society of Aesthetics and Medicine, to which the contributors to the symposium “Social Aesthetics in Psychiatry” belong, is to establish a new field of discourse and to highlight a dimension, which has always been an implicit dimension in the field of psychiatry, namely aesthetics. In a theoretical and historical reconstruction of the concept of atmosphere, referring to the Phenomenological Philosophy Tradition, the contributions propose that experiencing beauty has therapeutic power. The symposium demands that treatment must be attractive and raises the question of attractive therapy goals. The aesthetic perspectives with which the psychiatric discipline identifies itself as ars diagnostica and ars therapeutica range from the elegance of psychiatric exploration that obtains additional valuable information regarding the individual disorders, the atmosphere in which the treatment takes place and which allows therapy to be successful or makes it impossible to the development of positive utopian life perspectives for patients.

**Speakers**


---

### SPEAKER 1

**Title:** Atmospheres In Clinical Settings: Where The Possible Becomes Possible

**Speaker:** Dr. Guenda Bernegger
University of Applied Sciences and Arts of Southern , SUPSI, Manno, Switzerland

**Abstract**

**Objectives:**
The atmosphere is a dimension that plays a crucial role in medical practice: it affects the quality of the meeting, can open or close exchange and provide a framework that encourages or not the patient’s trust and compliance. However, like other aesthetic dimensions included in clinical settings, its importance is often not recognized. On the contrary, this recognition is essential in order to rely on it advantageously for the purposes of an effective treatment.

**Methods:**
Through the tools offered by the phenomenological approach (including, in particular, the New Phenomenology (Schmitz 1964)) and the social aesthetics (Berleant 2005) it is possible to identify, designate and recognize the elements that make up the atmospheres of clinical settings as well as highlighting the role they play (Böhme 1995, Griffero 2010, 2013).

**Results:**
The atmosphere turns out to be a dimension of care settings, particularly in psychiatry, which is extremely important with regard to the adherence to the treatment plan: actually it affects the "sense of the possible" (Bruner 2013), while supporting or hindering the therapeutic process in the sense of "making possible the possible" (Musalek 2011).

**Conclusions:**
In psychiatry in particular, the atmosphere conditions – whether you like it or not – the healthcare relationship. As it is a dimension difficult to objectify, it tends, however, not to be studied, which results in risk that, in the event of onset of its effect, this would follow its course in an uncontrolled way. The quality of care and the success of the treatment can instead take advantage of the understanding and control of the atmospheric component of clinical settings.
### Session: Regular Symposium  
**SPEAKER 2**

<table>
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<tr>
<th>Title</th>
<th>Social Psychiatry As An Opening Up Of Possibilities</th>
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| Speaker | Prof. Martin Heinze, MD  
University of Applied Sciences and Arts of Southern , SUPSI, Manno, Switzerland |
| Abstract | Beyond all psychopathological symptoms, the burden of psychiatric disorder means a loss of possibilities to realize subjective potentials in dealing with oneself, other persons and the surrounding world. Thus the superior aim of psychiatric practice should be to restore such possibilities, especially concerning the ability to shape social relationships. Phrased in aesthetic terms, one could speak about the conditions of a successful way of relating to oneself and to others, and of being rooted in a shard world of social meaning.  
This paper will focus on a modern understanding of the term "social" as it is used in "social psychiatry". Only a shared world is a space in which the unfolding of subjectivity can take place. Thus, being able to access the social realm is the crucial condition for a successful conduct of life, even though it might be influenced by psychiatric disorder. Psychiatric and psychotherapeutic interventions should aim to enhance the quality of social interconnections in the real world. The therapeutic space needs to be shaped in such a way that social encounters are fostered rather than being restricted. |

### Session: Regular Symposium  
**SPEAKER 3**

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<th>Title</th>
<th>Phenomenology Of Atmosphere And The Use Of Tact In The Clinical Encounter</th>
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| Speaker | Prof. Giovanni Stanghellini, MD  
Università "G. d'Annunzio", Chieti |
| Abstract | Objectives: To illustrate the use of tact as the ability to feel the atmospheres that evolve the clinical encounter.  
Methods: Building on theoretical studies, clinically useful definitions of ‘tact’ and ‘atmosphere’ are provided.  
Results: ‘Atmosphere’ is the elusive and almost indefinable ‘air’ that imbues and envelops a given situation, the global awareness of that situation. Since the features of an atmosphere cannot be readily described in the terms of any particular domain of experience, with atmospheres one can feel more than one can tell. In the clinics of mental disorders, the concept of ‘atmosphere’ applies both to what is felt by the patient (e.g., ‘existential feelings’) and by the clinician (e.g., ‘atmospheric diagnosis’). The relationship between the two is controversial.  
‘Tact’ is not a piece of knowledge, but the sensitivity to what is appropriate in dealing with others, for which explicit knowledge does not suffice. It is the capacity to feel the atmospheric rather than to grasp unequivocally what is already explicit, to attune with a situation that is not yet plainly and unambiguously defined. Being tactful means to keep an eye on something that is felt and cannot be said. Also, tact is the capacity not to intrude into the other’s sphere, the ability to preserve distance, but not avert the gaze from what was felt, rather, minding what was felt in order to avoid intrusion into the other’s intimate sphere. Finally, tact is a form of connection released from instrumental relationship expressing a kind of relationship that is not that of physical or intellectual possession.  
Conclusions: when evidence-based guidelines are unavailable, atmospheres designate a fundamental concept and a central object of cognition. Tact seems to be the prerequisite background knowledge to create a space of coexistence and facilitate clinician-patient reciprocal approximation. |

### Session: Regular Symposium  
**SPEAKER 4**

<p>| Title |  |
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<th>Title:</th>
<th>Clinical Philosophy: Cinema-Therapeutic Interventions</th>
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| Speaker | Dr. Martin Poltrum  
Anton Proksch Institute, Vienna, Austria |
| Abstract | Objectives:  
The history of reciprocal interaction between philosophy and psychotherapy has reached a vast amount by now. Despite multiple interconnections between philosophy and psychotherapy only few serious attempts to introduce philosophy as therapeutic tool within a clinical context have been made.  
Methods:  
Philosophical activities have been an integral part of treatment and rehabilitation in the Anton-Proksch-Institute for nine years by now. The peculiarity is that cinema-therapeutic interventions used in the context of philosophical groups. There have been some efforts to experiment with movies in different therapeutic settings labelled “cinema therapy” for some time by now. Except for a few trials to apply movies as medium within psychotherapeutic outpatient settings though, there are presently only isolated attempts to apply “cinema therapy” within inpatient group settings. A novelty is to include the cinema therapy in philosophical groups.  
Results:  
The lecture discusses the applicability and the influence of the film treatment in the inpatient treatment for addiction diseases. Central ist the question how far movies are capable of inducing hopes in patients to alter their lives in a positive way and that way eliciting salutogenetic effects.  
Conclusions:  
Our experiences with philosophical cinema therapeutic groups indicate the necessity to integrate philosophical therapy strategies within the overall psychiatric treatment concept of mental disorders. |
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<th>OVERALL ABSTRACT</th>
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<td>Title:</td>
<td>Human Based Psychiatry: Theoretical And Practical Issue</td>
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<td>Chairperson</td>
<td>Prof. Mario Maj MD, PhD, Department of Psychiatry, University of Naples SUN, Naples, Italy</td>
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<td>Abstract</td>
<td>Human-based Psychiatry (HbM), a form of psychiatry that focuses not only on fragments and constructs but again on the whole person, no longer finds its theoretical basis in the positivism of the modern era, but rather owes its central maxims to the post-modernist ideal that ultimate truths or objectivity in identifying the final cause of illness remain hidden from us for theoretical reasons alone. Evidence-based Medicine (EbM) and HbM are thus not mutually exclusive opposites; rather, despite superficial differences in methods of diagnosis and treatment, EbM must be integrated into HbM as an indispensable component of the latter. Probably the most important difference between EbM and HbM is in the treatment aims and methods. In HbM the goal is no longer simply to make illnesses disappear but rather to allow the previously sick patient to return to a life that is as autonomous and happy as possible. The human being with all his or her potential and limitations once again becomes the measure of all things. This also implies, however, that the multidimensional diagnostics of HbM are oriented not only towards symptoms, pathogenesis, process and understanding but also to a great degree towards the patient’s resources. Treatment options and forms of therapy do not put the disease construct at the centre of the diagnostic and therapeutic interest, but have as their primary aim reopening the possibility of a largely autonomous and joyful life for the patient.</td>
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| Speakers | 1. Prof. Michael Musalek, MD, Anton Proksch Institute, Vienna, Austria  
2. Prof. Levent Küey, MD, Psychology Department of Istanbul Bilgi University, Istanbul, Turkey  
3. Prof. Andreas Heinz, MD, Klinik für Psychiatrie und Psychotherapie, Charité – Universitätsmedizin Berlin, Germany |                  |      |       |

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<tr>
<td>Title:</td>
<td>Theoretical Background Of Human Based Psychiatry</td>
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</table>
| Speaker  | Prof. Michael Musalek, MD  
Anton Proksch Institute, Vienna, Austria |          |      |       |
| Abstract | Objectives: Human-based Psychiatry (HbM), does not find its theoretical basis in the positivism of the modern era, but rather owes its central maxims to the post-modernist ideal that ultimate truths or objectivity in identifying the final cause of illness remain hidden from us for theoretical reasons alone. HbM is a form of psychiatry that focuses not only on fragments and constructs but again on the whole person.  
Methods: In HbM the goal is no longer simply to make illnesses disappear but rather to allow the previously sick patient to return to a life that is as autonomous and happy as possible.  
Results: The human being with all his or her potential and limitations once again becomes the measure of all things. This also implies, however, that the multidimensional diagnostics of HbM are oriented not only towards symptoms, pathogenesis, process and understanding but also to a great degree towards the patient’s resources.  
Conclusions: Treatment options and forms of therapy do not put the disease construct at the centre of the diagnostic and therapeutic interest, but have as their primary aim reopening the possibility of a largely autonomous |          |      |       |
and joyful life for the patient.

References

Session: Regular Symposium | SPEAKER 2 | Code | SY522
---|---|---|---
Title: Human Based Psychiatry: A Clinical Perspective
Speaker: Prof. Levent Küey, MD
Psychology Department of Istanbul Bilgi University, Istanbul, Turkey
Abstract: Human based medicine and human based psychiatry are contemporary approaches to the theory and practice of medicine and psychiatry. It is a post-modern way of re-thinking psychiatry enriched by humanities. In questioning the current research and praxis of psychiatry, it shares the statement by Wittgenstein, “What a curious attitude scientists have: ‘We still don’t know that; but it is knowable and it is only a matter of time before we get to know it’ as if that went without saying.” So, our problematic is not only ‘what and how’ but also ‘how and why’ we do.

Objectives:
This presentation aims to discuss what the human based psychiatry could offer in daily clinical praxis.

Methods:
First, the three main epistemologies (subjectivism, objectivism, and constructivism) used in clinical practice will be reviewed. Then, the characteristics of the clinical encounter and the diagnostic process will be critically reread, keeping in mind that diagnostic categories are human made conceptual constructs, and do not represent the “the truth” itself but are necessary tools in helping to explain, understand, and re-construct the reality of human suffering.

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

Conclusions:
There is no meta-theory explaining “the clinical truth”. From the perspective of a human based psychiatric practice, we do not need such a meta-theory; we need multi-level / multi-dimensional approaches. We suggest the clinicians to be modest, honest and respectful towards “the clinical truth”.

References

Session: Regular Symposium | SPEAKER 3 | Code | SY522
---|---|---|---
Title: How To Conceptualize Mental Maladies
Speaker: Prof. Andreas Heinz, MD
Klinik für Psychiatrie und Psychotherapie, Charité – Universitätsmedizin Berlin, Germany
Abstract: Objectives: Mental disorders are currently defined by their symptoms and outcomes, individual suffering and social
exclusion. We aim at a distinction between disease-, illness- and sickness-related aspects of mental maladies.

Methods:
We review theories in Philosophical Anthropology and Philosophy of Medicine and discuss whether they distinguish between medical, subjective and social aspects of mental maladies.

Results:
With respect to the definition of diseases, symptoms that impair functions relevant for human life and survival can define mental disorders on a medical level, while individual suffering (the illness aspect) and impaired social participation (the sickness aspect) represent harmful consequences of such disorders. The combination of illness experiences and social exclusion in the absence of core disease symptoms does not fulfill criteria of a mental malady but can cause substantial suffering, which can deserve treatment.

Conclusion:
We suggest a narrow concept of mental maladies that is based on the impairment of functions relevant for human life and survival, which causes substantial suffering or social exclusion. There is a wide range of mental disorders causing suffering and reduced social participation that do not fulfill criteria for a medical disease but represent a challenge for psychotherapy and social services.

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<td>Title: Neurocognitive and functional impairment in mood disorders</td>
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<td>Chairperson: A. Young, Kings’ College, London, United Kingdom</td>
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<td>Abstract: CANMAT is a non-profit academic organization with close to 20 years of experience in education and research in the area of Mood and Anxiety Disorders. CANMAT has been the leading course of promoting the importance of functional outcomes in the management of people with Mood Disorders. It has been well understood that Mood Disorders are associated with significant burden of disease and affect a significant portion of the population. In this symposium we will review the biological underpinnings of the neurocognitive deficit in Depression and Bipolar Disorders. We will examine some of the important clinical tools in assessment and evaluation of neurocognition in patients and improving clinical outcomes. We will look into specific deficits of neurocognition and functional outcomes in Depression and Bipolar Disorders.</td>
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<td>Speakers: 1. B. Frey, McMaster University, Hamilton, Ontario, Canada 2. M. Berk, University of Melbourne, Melbourne, Australia 3. S. Beaulieu, McGill University, Montreal, Quebec, Canada 4. A. Ravindran, University of Toronto, Toronto, Ontario, Canada</td>
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<tr>
<td>Title: Neurocognitive deficits in mood disorders: Biological underpinnings</td>
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| Speaker: B. Frey\(^1\), M. Berk\(^2\), S. Beaulieu\(^3\), A. Ravindran\(^4\)  
\(^1\) McMaster University, Hamilton, Ontario, Canada  
\(^2\) University of Melbourne, Melbourne, Australia  
\(^3\) McGill University, Montreal, Quebec, Canada  
\(^4\) University of Toronto, Toronto, Ontario, Canada |
| Abstract: Objectives: Major depressive disorder and bipolar disorder are associated with poor performance in several cognitive domains which are often correlated with clinical factors including number of episodes and length of illness. Functional neuroimaging has revealed key brain networks associated with the regulation of cognitive performance. The objective of this presentation is to review the neurobiology of cognition in health and disease, with a focus on mood disorders.  
Methods: We will conduct a critical review of the brain imaging and neurocognitive studies carried out in individuals with major depressive and bipolar disorder. We will also briefly review some of the main gaps in the research in this field.  
Results: Brain networks associated with the regulation of non-emotional cognition such as attention, verbal memory and executive functioning (“cold cognition”) highly overlap and interact with brain regions involved in emotional regulation (“hot cognition”). A critical aspect of cognitive control is the ability to promote goal-relevant processes/information, while inhibiting goal-irrelevant stimuli. In this context, functional neuroimaging studies have revealed that cognitive performance is associated with engagement of subareas of the prefrontal cortex (e.g. DLPFC, VLPFC, ACC, OFC), temporal cortex (e.g. hippocampus/parahippocampus) and the basal ganglia, and suppression of emotional stimuli (e.g. amygdala).  
Conclusions: Cognitive performance is one of the main determinants of overall functioning and disturbances in cognition are associated with poor functioning in individuals with bipolar and major depressive disorder. Therefore, understanding the interplay between emotional-cognitive control is a key area for research in the development of new pharmacological and non-pharmacological approaches. |
Session: Regular Symposium  |  SPEAKER 2  |  Code  | SY530
---|---|---|---
Title: Clinical assessment of neurocognition: The basis for improved clinical outcomes
Speaker: B. Frey¹, M. Berk², S. Beaulieu³, A. Ravindran⁴
¹. McMaster University, Hamilton, Ontario, Canada  
². University of Melbourne, Melbourne, Australia  
³. McGill University, Montreal, Quebec, Canada  
⁴. University of Toronto, Toronto, Ontario, Canada
Abstract: Objectives: Despite cognition being normal or even superior to controls prior to a first episode of mania, there is a decline in cognitive capacity that is arguably steepest in the interval after a first episode of mania. What is unclear, is the extent to which this can be prevented and which agents might be most useful for doing so.
Methods: This study reports the outcomes of a single-blind, randomised control trial of maintenance therapy with lithium compared to quetiapine after a first episode of mania. Cognition and structural imaging were the primary endpoints.
Results: This study examined a number of paper and pencil tests of neurocognition as well as a computerised battery Cogstate. Tests used include the Wechsler Test of Adult Reading, The Wechsler Abbreviated Scale of Intelligence, Digit Span and Digit Symbol sub-tests of the Wechsler Adult Intelligence Scale – III, Trail Making Test, Rey Auditory Verbal Learning Test, Controlled Oral Word Association Task, Porteus Mazes, Pennsylvania Smell Identification Test, Go-Nogo and Stroop Tasks. Results of this study will be presented.
Conclusions: Given that cognition is a major symptomatic domain of bipolar disorder and has substantive effects on quality of life, functioning and symptomatic outcomes, the ability to influence the trajectory of cognitive change is of considerable clinical importance.

Session: Regular Symposium  |  SPEAKER 3  |  Code  | SY530
---|---|---|---
Title: Neurocognition and functional outcomes in bipolar disorder
Speaker: B. Frey¹, M. Berk², S. Beaulieu³, A. Ravindran⁴
¹. McMaster University, Hamilton, Ontario, Canada  
². University of Melbourne, Melbourne, Australia  
³. McGill University, Montreal, Quebec, Canada  
⁴. University of Toronto, Toronto, Ontario, Canada
Abstract: Objectives: To understand the neurocognitive deficits of bipolar disorders; To understand the impact of emotional regulation on functional outcomes; To review the treatment options to improve functional outcomes.
Methods: We will conduct a critical review of the neurocognitive and functional studies carried out in individuals with bipolar disorder.
Results: It has been demonstrated that impairment in cognitive domains can still be present during euthymic or sub-syndromal phases of bipolar disorder and could be a trait-related neuropsychological deficit. Most studies investigating the association between neurocognition and functional outcomes have found that cognitive deficits significantly predicted functional outcomes but to a lesser extent than clinical symptoms. Moreover, neurocognitive dysfunction is present early in the course of the disease and may increase with illness progression. One of the most consistent finding is a reduced response inhibition. Overall, the literature points to executive function deficits in type I Bipolar Disorder associated with functional abnormalities in the prefrontal cortex. Of interest, social cognition, as reflected by facial emotion recognition, is also impaired in some bipolar subjects, and this may play a significant role into the clinical-functional gap observed in these patients.
Conclusions: This data points to the importance that should be given to the development of more specific clinical treatments aiming at improving the functional outcomes in bipolar disorder. Techniques such as social and cognitive remediation should be explored in this diagnostic group.

References


Session: Regular Symposium  
SPEAKER 4

Title: Neurocognitive and functional outcomes in depression

Speaker  
B. Frey¹, M. Berk², S. Beaulieu³, A. Ravindran⁴
¹. McMaster University, Hamilton, Ontario, Canada  
². University of Melbourne, Melbourne, Australia  
³. McGill University, Montreal, Quebec, Canada  
⁴. University of Toronto, Toronto, Ontario, Canada

Abstract

Objectives: Major depressive disorder (MDD), a common mental illness, is often associated with low remission rates, chronic/recurrent course and significant functional impairment. It is well documented that over 50% of MDD patients also show some degree of cognitive deficits, mostly in the domains of executive function, working memory, attention and psycho-motor processing. Such deficits which are thought to contribute to the functional disability associated with MDD. Factors noted to influence such deficits include long illness duration, high episode frequency, as well as poor pre-morbid intellectual attainment and function. This presentation will review the characteristics and pathophysiology of cognitive deficits seen in MDD and will discuss possible contributing factors and proposed interventions.

Methods: PubMed, Medline, PsychINFO and applicable reference lists were searched for relevant randomised controlled trials, naturalistic studies, systematic reviews and meta-analyses published between 1 January 2004 and 30 April 2014.

Results: The published literature was relatively sparse. There is robust evidence for the significant presence of cognitive dysfunction in MDD. There is good evidence that such deficits play a key causative role in the disability and functional impairment, and in particular, in poor workplace performance. Although psychopharmacological and psychotherapeutic interventions which improve depression are noted to improve cognitive performance, there are few studies that evaluate their specific benefits on cognitive dysfunction. There are also few reported investigations of cognitive enhancers to treat such deficits.

Conclusions: Cognitive deficits contribute to the functional impairment in MDD and remain underinvestigated. While most cognitive deficits may result from the depression itself, in a subgroup the cognitive dysfunction may precede depressive symptoms and may even be a trait phenomenon. The benefit of pharmacological and psychological interventions for impaired cognitive function needs evaluation.
## Title: The Canadian network of mood and anxiety disorders treatments (CANMAT) Task force recommendations for management of co-morbidities in patients with bipolar disorder

**Chairperson:** S. Beaulieu, McGill University, Montreal, Quebec, Canada

**Abstract:** Bipolar Disorders are common and serious disorders, running a chronic course and associated with significant personal and societal burden. One of the hallmarks of Bipolar Disorders is the significant presence of co-morbidities. A significant proportion of patients have one or more co-morbidities and their presence usually negatively affect the treatment outcomes and prognosis. CANMAT is a non-profit academic organization with an over 16-years history. In 2010, CANMAT created a task force to study this problem. This symposium will present the recommendations of the task force, specifically in management of co-morbid substance use disorders, anxiety disorders and metabolic disorders.

**Speakers:**
1. D. McIntosh
   University of British Columbia, Vancouver, BC, Canada
2. R. Milev
   Queen’s University, Kingston, Ontario, Canada
3. S. Beaulieu
   McGill University, Montreal, Quebec, Canada

## Title: The Canadian network for mood and anxiety treatments (CANMAT) task force recommendations for treating metabolic comorbidity in individuals with major depressive disorder or bipolar disorder

**Speaker:** S. Beaulieu¹, D. McIntosh², R. Milev³

1. McGill University, Montreal, Quebec, Canada
2. University of British Columbia, Vancouver, BC, Canada
3. Queen’s University, Kingston, Ontario, Canada

**Abstract:** Objectives: Comorbid anxiety is the rule rather than the exception in patients with mood disorders. This is particularly true of patients with bipolar disorder, where nearly three-quarters also have an anxiety disorder diagnosis. It is not uncommon for bipolar patients to have two or more anxiety disorders concurrently. Risk of suicide is substantially increased in patients with both bipolar and an anxiety disorder diagnosis.

Methods: There are very few treatment studies in patients with comorbid bipolar and anxiety symptoms/disorders. Nor is there adequate data regarding side effects or adverse outcomes if treatment is directed toward bipolar and anxiety vs bipolar disorder alone.

Results: The data suggests reasonable treatment options, but no clear algorithms.

Conclusion: This symposium will review some of the evidence for appropriate management and suggest a step-wise approach to treatment of patients who have both bipolar disorder and an anxiety disorder.
**Speaker**  
S. Beaulieu\(^1\), D. McIntosh\(^2\), R. Milev\(^3\)  
\(^1\) McGill University, Montreal, Quebec, Canada  
\(^2\) University of British Columbia, Vancouver, BC, Canada  
\(^3\) Queen’s University, Kingston, Ontario, Canada  

**Abstract**  
Background: CANMAT is a not for profit academic organization and one of its goals is to develop evidence-based guidelines for clinical practice and disseminate the results. This presentation will report all the findings of the task force recommendations for the management of patients with Mood Disorders and comorbid metabolic disorders.  

Methods: Systematic review of the published literature in English.  

Results: Findings will be presented about the routine screening for risk factors. Some recommendations for management of excess weight gain, binge eating and dysglycemia will be presented.  

Conclusion: The importance of comprehensive care for individuals with Mood Disorders and metabolic co-morbidities cannot be over explained, although there is a need of further research in that area.
Title: D-Serine And D-Amino Acid Oxidase (Daao) Based Modulation Of Nmdar Neurotransmission: Diagnostic And Therapeutic Implications

Chairperson: Rogerio Panizzutti (Brazil)

Abstract

Objetivo: D-serina actúa como un agonista completo en el sitio receptor de NMDA-glicina y alostéricamente modula la neurotransmisión NMDAR in vivo. D-serina niveles y la función sináptica están reguladas por la oxidasa del ácido D-aminoácido (DAAO). Empleamos mecanismos reguladores NMDAR basada D-serina-para desarrollar un nuevo tratamiento y los métodos de diagnóstico. Métodos: Se analizaron los efectos conductuales y cognitivos de la D-serina en roedores y en humanos sanos y llevamos a cabo ensayos clínicos con un inhibidor DAAO en pacientes con esquizofrenia y demencia en estadio temprano. Resultados: En el modelo de roedores, hemos demostrado que la combinación de D-serina y DAAO inhibidor como terapia potencial para la esquizofrenia. Además, la administración de suplementos de D-serina durante la adolescencia puede prevenir la aparición de la psicosis en adultos. En seres humanos sanos, se encontró que la administración aguda de D-serina dio lugar a mejor estado de ánimo y las funciones cognitivas mejoradas. Add-on benzoato de sodio, un inhibidor de DAAO, la mejora de los síntomas positivos y negativos, y la función cognitiva en pacientes con esquizofrenia. Benzoato también mejoró la función cognitiva en pacientes con demencia en fase temprana. También se encontró que los niveles plasmáticos de G72, un modulador DAAO, fueron mayores en pacientes esquizofrénicos que en los individuos sanos. Conclusiones: Estos moduladores NMDA novedosos proporcionan potenciales para futuros tratamientos y herramientas de diagnóstico para los trastornos mentales.

Speakers

1. HY. Lane1,2, CH. Lin3
   China Medical University Hospital, Taichung, Taiwan
   China Medical University, Taichung, Taiwan
   Chang Gung Memorial Hospital-Kaohsiung, Kaohsiung, Taiwan
2. Chieh-Hsin Lin1,2, Ping-Kun Chen1,3, Yue-Cune Chang4, Liang-Jen Chuo5, Yan-Syun Chen6, Guochuan E. Tsai7, Hsien-Yuan Lane1,7
   China Medical University, Taichung, Taiwan
   Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan
   Lin-Shin Hospital, Taichung, Taiwan
   Tamkang University, Taipei, Taiwan
   Taichung Veterans General Hospital, Taichung, Taiwan
   China Medical University Hospital, Taichung, Taiwan
3. K. Hashimoto
   Division of Clinical Neuroscience, Chiba University Center for Forensic Mental Health, Chiba, Japan

Session: Regular Symposium | OVERALL ABSTRACT | Code | SY541
Title: Novel Treatment And Diagnostic Method For Schizophrenia Based Upon D-Amino Acid Oxidase (Daao) And Daao Activator (G72)

Speaker

HY. Lane1,2, CH. Lin3
1. China Medical University Hospital, Taichung, Taiwan
2. China Medical University, Taichung, Taiwan
3. Chang Gung Memorial Hospital-Kaohsiung, Kaohsiung, Taiwan

Abstract

Objectives: Enhancement of NMDA neurotransmission has been proposed as a potential treatment of schizophrenia. Several studies targeted at the glycine site of the NMDA receptor using an agonist (glycine, D-serine, or D-cycloserine). Another strategy is increasing synaptic concentrations of D-serine by inhibiting D-amino acid oxidase (DAAO), which can be activated by DAAO activator (DAOA, or named G72). We employed D-amino acids based NMDAR regulatory mechanisms to develop novel
Methods: Sodium benzoate, a legal food preservative, is an inhibitor of DAAO. We conducted a clinical trial to show its efficacy for cognition enhancement in schizophrenia. In another study, we examined whether peripheral G72 protein expression is characteristic of schizophrenia.

Results: In a double-blind, placebo-controlled trial (n = 52), 6-week, 1-g/day sodium benzoate adjunctive therapy significantly improved positive, negative, general-psychopathology, and depression symptoms, as well as global function and quality of life. Processing of speed and visual memory were also improved. In the study on G72, we enrolled two independent cohorts. In the learning set, the G72 protein level was higher in medicated schizophrenia patients (n = 39) than healthy individuals (n = 30); the optimal cutoff value, 2.017, generated a sensitivity of 0.97 and specificity of 0.93 (AUC of ROC = 0.986). For the testing set, the G72 level was higher in drug-free schizophrenia patients (n = 27) than the second group of healthy individuals (n = 30). A cutoff of 2.131 differentiated the two groups with a sensitivity of 0.78 and specificity of 0.96 (AUC = 0.896).

Conclusions: These findings indicate that enhancing NMDA function via inhibiting DAAO can improve cognitive functions of patients with schizophrenia. In addition, the study on G72 plasma concentration, if confirmed by further replication studies, could provide the first peripheral biomarker for schizophrenia to assist its diagnosis.
Abstract

Objectives: The hypofunction of glutamatergic neurotransmission via the N-methyl-D-aspartate (NMDA) receptors plays an important role in the pathophysiology of schizophrenia. Currently, the glycine modulatory site on the NMDA receptors is the one of the most attractive therapeutic targets for schizophrenia. D-Serine, an endogenous co-agonist at the glycine modulatory site on the NMDA receptors, plays a role in the pathophysiology of schizophrenia. D-Serine is shown to be effective in the treatment of schizophrenia. In this study, we examined whether early intervention with D-serine could prevent the onset of psychosis at adult stage.

Methods: We examined whether chronic treatment with D-serine from juvenile to adult stages prevents behavioural abnormalities at adult stage after neonatal disruption of D-serine synthesis. Furthermore, we examined whether treatment with D-serine from juvenile to adult stages prevents behavioural abnormalities at adult stage after maternal immune activation.

Results: Both neonatal disruption of D-serine synthesis and maternal immune activation lead to behavioural abnormalities (e.g., cognitive deficits) relevant to prodromal symptoms at juvenile stage, and caused cognitive deficits and prepulse inhibition deficits at adult stage. Interestingly, the repeated treatment with D-serine from juvenile to adult stages could prevent the onset of behavioural abnormalities at adult stage.

Conclusions: These results suggest that early intervention with D-serine might prevent the onset of psychosis at adult.
OVERALL ABSTRACT

Title: Structure-function pathologies in psychosis high-risk states and schizophrenia: new evidence from multimodal imaging

Chairperson: Professor Dr. Daniel R. Weinberger, Lieber Institute for Brain Development, Baltimore, USA.

Abstract: Substantial pathophysiological questions about the relationship of brain pathologies in psychosis can only be answered by combining different imaging modalities that capture unique information about the brain structure and function. Thus, multimodal imaging has the potential to unravel the core neuronal mechanisms underlying the major pathophysiological features of schizophrenia and high-risk states such as prefrontal structural alterations, disturbed functional connectivity, or altered glutamatergic neurotransmission.

This symposium will give a condensed overview of the latest advances in multimodal imaging of psychosis high-risk states (Borgwardt et al., Schizophrenia Bulletin, 2013), first episode patients (Schultz et al., Biological Psychiatry, 2012), siblings (Guo, Palaniyappan et al., Schizophrenia Bulletin, 2013) and established schizophrenia (Wagner, Koch et al., Neuroimage, 2013; Krug et al., Schizophrenia Bulletin, 2013) by covering state-of-the-art structural neuroimaging (surface based and voxel based morphometry, diffusion tensor imaging), functional neuroimaging, proton MR spectroscopy and novel analysis techniques (e.g. graph theory, dynamic causal modelling). Both cross-sectional data and longitudinal studies focusing on the transition from high-risk states to first episode schizophrenia will be presented. Furthermore, the symposium will illustrate the influence of genetic and environmental variables on these altered structure - function relationships.

Major conclusions regarding translational aspects and the impact on diagnosis and treatment will be drawn (Palaniyappan et al., JAMA psychiatry, 2013).

Speakers: Stefan Borgwardt (Switzerland).
         Christoph C. Schultz (Germany).
         Kathrin Koch (Germany).
         Lena Palaniyappan (United Kingdom).
         Tilo Kircher (Germany).

SPEAKER 1

Title: STRUCTURAL AND FUNCTIONAL NEUROIMAGING OF THE PSYCHOSIS HIGH RISK STATE: TRANSLATING RESEARCH EVIDENCE INTO CLINICAL UTILITY

Speaker: Stefan Borgwardt1,2

1 Department of Psychiatry, University of Basel, Switzerland
2 Institute of Psychiatry, King’s College London, UK

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. 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 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 prodromal phases of psychosis have the potentials to identify core structural and functional markers of vulnerability to psychosis and to clarify the ongoing changes during the transition from high-risk to first episode psychosis.
### References


Schmidt A et al. (2013) Brain connectivity abnormalities predating the onset of psychosis: correlation with the effect of medication. JAMA Psychiatry, 70(9):903-12

### Session: Regular Symposium

**SPEAKER 2**

**Title:** CONVERGING EVIDENCE FOR ALTERED PREFRONTAL CIRCUITRY IN SCHIZOPHRENIA: CORTICAL THINNING, DISTURBED NEURONAL ACTIVATION, AND ABERRANT PREFRONTAL GLUTAMATE

**Speaker**

C. C. Schultz¹, I. Nenadic, K. Koch², Gerd Wagner¹, C. Schachtzabel¹, R.G Schlösser¹, H. Sauer¹, S. Smesny¹

¹Department of Psychiatry and Psychotherapy, Jena University Hospital, Jena, Germany

²Klinikum rechts der Isar, Munich, Germany

**Abstract**

**OBJECTIVES:** Altered prefrontal neuronal circuitry is of critical relevance for major clinical features of schizophrenia such as negative symptoms and cognitive deficits. Prefrontal structural, functional and brain metabolic alterations are pathophysiological underlyings. However, if and how these different pathophysiological components of altered prefrontal circuitry are related to each other remains to be elucidated.

**METHODS:** In the present studies, patients with schizophrenia and healthy controls have been explored by MRI based measurements of prefrontal cortical thickness, dorsal anterior cingulate cortex (dACC) neuronal activation and prefrontal glutamate.

**RESULTS:** Patients demonstrated prefrontal and temporal cortical thinning, reduced dACC neuronal activation and decreased lateral prefrontal glutamate. A thinner prefrontal and temporal cortex was associated with reduced dACC neuronal activation. Decreased prefrontal glutamate was correlated with cortical thinning in dorsolateral and ventrolateral prefrontal regions. These correlations were not observed in healthy controls.

**CONCLUSIONS:** In conclusion, our data provide novel evidence for an aligned correlation of the different functional, brain metabolic and structural pathophysiological components underlying disturbed prefrontal circuitry in schizophrenia. Further studies have to clarify if e.g. glutamatergic therapeutic interventions might positively effect these structure – function pathologies in schizophrenia.

### Session: Regular Symposium

**SPEAKER 3**

**Title:** MULTIMODAL INVESTIGATION OF STRUCTURAL AND FUNCTIONAL DYSCONNECTIVITY IN SCHIZOPHRENIA

**Speaker**

K. Koch², G. Wagner¹, C.C. Schultz¹, F. De la Cruz¹, C. Schachtzabel¹, D. Güllmar¹, K.J. Bär¹, R.G Schlösser¹

¹Jena University Hospital, Jena, Germany

²Klinikum rechts der Isar, Munich, Germany

**Abstract**

**Objectives:** Disrupted fronto-thalamo-cerebellar connectivity is being regarded as a core alteration underlying cognitive impairment in schizophrenia. Against this background this multimodal study aimed at investigating potential alterations in effective and structural connectivity of the fronto-thalamo-cerebellar circuitry in schizophrenia.

**Methods:** Applying a Stroop task we investigated cognitive processing in 38 patients with schizophrenia and 40 matched healthy controls. Effective connectivity analysis using dynamic causal modeling was performed and connectivity parameters were related to parameters of corresponding white matter
integrity assessed with Diffusion Tensor Imaging (DTI).

Results: Patients showed significantly lower activation relative to healthy controls in a predominantly right lateralized fronto-thalamo-cerebellar network. Regarding effective connectivity there was an abnormal connectivity in the connection between thalamus, anterior cingulate and dorsolateral prefrontal cortex. In the DTI analysis, significantly decreased fractional anisotropy was observable in patients in the right thalamus, the right anterior limb of the internal capsule, and the right corpus callosum. Fractional anisotropy in the anterior limb of the internal capsule was significantly correlated with the fronto-thalamic BOLD signal, effective connectivity and cognitive performance in patients.

Conclusions: Present data indicate a structural and functional disruption within the fronto-thalamo-cerebellar circuitry which may constitute the basis of the cognitive deficits in schizophrenia.

Session: Regular Symposium  
Title: A UNIFYING STRUCTURAL PRINCIPLE BENEATH THE FUNCTIONAL DYSCONNECTIVITY IN SCHIZOPHRENIA  
Speaker: Lena Palaniyappan, Shuixia Guo, Bo Yang, Zhening Liu, Zhimin Xue, Jianfeng Feng  
1University of Nottingham, Nottingham, England, UK  
2Hunan Normal University, Changsha, Hunan, China  
3Second Xiangya Hospital, Central South University, Changsha, China  
4Fudan University, Shanghai, China  
5Warwick University, England, UK.

Abstract  
OBJECTIVES: Since Wernicke's initial proposal of the concept of sejunction or dysconnectivity as a pathological basis of schizophrenia, numerous imaging and molecular studies have reported abnormal brain wiring patterns in schizophrenia. The efficiency of brain circuits depends on the integrity of both long- and short-range connections, but the long-range connections need to be "penalized" to reduce overall wiring costs in healthy individuals. This principle, termed as the anatomical distance function (ADF), refers to the presence of an inverse relationship between anatomical distance and connectivity. A crucial developmental feature that occurs in normal adolescence is the weakening of ADF, which is characterized by a selective strengthening of long-distance connections. We investigate whether the connectional abnormalities in schizophrenia follow this basic structural principle of normal anatomical development and organization.

METHODS: We studied the ADF in adults with schizophrenia (n = 28), their age-matched siblings (n = 28), and healthy controls (n = 60). We investigated the proportional abnormalities in the long-range connections involving interhemispheric, subcortical, frontal, and salience network regions and localized the connections showing most significant changes in schizophrenia. The groups were discriminated on the basis of short- and long-range connectivity using a machine-learning algorithm.

RESULTS: Both patients and their siblings showed abnormally pronounced ADF. This was associated with a disproportionate reduction in the number of long-range connections, affecting the subcortical, interhemispheric, and the salience network connections. The abnormalities in long-range connections had superior ability to accurately identify group membership.

CONCLUSIONS: A crucial organizing principle of the brain architecture that becomes apparent during normal adolescence is disturbed in schizophrenia. While siblings show some evidence of compensating for this deficit, patients lack putative compensatory changes. Age-related shift in ADF provides an explanatory framework for the developmental emergence of widespread dysconnectivity that is influenced by genetic risk in schizophrenia.

Session: Regular Symposium  
Title: CORRELATIONS OF PSYCHOPATHOLOGICAL SYMPTOMS AND RISK FACTORS FOR PSYCHOSIS WITH BRAIN NETWORKS  
Speaker: Prof. Dr. Tilo Kircher, Marburg
Department of Psychiatry and Psychotherapy, Philipps-University Marburg, Marburg, Germany

Abstract  
Magnetic resonance imaging (MRI) is an important tool to study the neural correlates of symptoms and risk factors in mental disorders. One possible approach is to investigate correlations of psychopathology with results from imaging. In the symposium an overview of the current state of the field and an outlook
will be given about past and current studies, with a focus on hallucinations, formal thought disorder and passivity phenomena. It will be shown, that these symptoms have correlations with neural activation and structural alterations in specific brain networks. Further, it will be demonstrated how genetic variations and environmental risk factors affect brain networks.
French psychiatric information society: pedopsychiatry: autistic spectrum disorder and learning disabilities: three lectures tackling research and treatments while including families

Chairperson: Dr Gisèle Apter. 

Abstract: The symposium consolidates three research and treatments modes in pedopsychiatry. The first lecture describes an ongoing French research about integrative practices among autistic children. The research is based on approved and selected clinical and assessment tools and is organized in network. The experimentation will assess clinical evolution and detail families’ viewpoints.

The second presentation concerns children before thirty months with autistic spectrum disorder. It is based on the early start Denver Model and highlights the importance of early detection and intervention. The last talk deals with a supporting group of parents who must face their children learning disabilities. This group offers a more complex vision on children disorders while helping parents devoting resources and treatments.

Speakers: Fabienne Roos-Weil (France). 
Cesarino Zago Azienda (Italy). 
Jean Chambry (France).

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Clinical assessment of integrative practices amongst autistic children: research in progress

Speaker: N. Garret-Gloancé (1) M. Squillante, (1) F. Roos-Weil (2). 
1 CHU Nantes, 2 CH Maison Blanche Paris

Affiliations: French Psychiatric Information Society

Abstract: Objectives: First objective: assessing healthcare program, based on the clinical evolution of autistic children (F_84_0 and F_84_1 of the CIM 10) aged from 3 to 6 years, treated during one year in units using integrative practices. Secondary objective: showing the effectiveness of integrative practices by children clinical global evolution based on clinical criterions and approved and selected clinical and assessment tools.

Methods: The research is a national multicentric observational study, in a natural situation; integrative practices are multi-dimensional, characterized by a co-ordinated clinical, psychopathological, social and somatic approach. The global evolution of the children is estimated by clinical structured observation, studying different fields of development (communication, language, sensori-motor domain, social interactions, behaviours, cognitive field anxiety and emotions) and by assessed tools: PEP 3, ECA-R, CARS, ELO and Brunet Lezine. It includes the detailed viewpoint of the families, both in relation to the state of the child and his development and on the quality of the established relationship with the healthcare team, based on a questionnaire adapted from the Tavistock Clinic one.

Results: The participating clinicians make up a network. This organization ensures greater rigour and discussion on questions regarding theory and quality of practices. It could contribute to their homogenization.

Conclusions: This research concerns intensive and early care practices taking place in part-time day care therapy, such
as child welfare centres. Care in the form of integrative systems has not yet been the subject of clinical research.

References


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<td>Title:</td>
<td>PRESENTATION OF AN EARLY DIAGNOSIS AND TREATMENT PROTOCOL BASED ON THE MODEL ESDM (EARLY START DENVER MODEL) FOR AUTISTIC SPECTRUM DISORDERS INTEGRATED BETWEEN HOSPITAL AND TERRITORIAL CHILD NEUROPSYCHIATRY SERVICES</td>
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<td>Speaker</td>
<td>C.Zago, D.Vidoni(1), R.Devescovi, M.Carrozzi,(2), S.Frisari (1), M.Stocchi (1) Triestina-Italy</td>
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<td>Abstract</td>
<td>Objectives</td>
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<td>To define a diagnostic and treatment protocol integrated between hospital and territorial Neuropsychiatric Services for preschool-aged children affected by Autistic Spectrum Disorders (ASD). To apply a developmental behavioural intervention adapted to the evidence-based Early Start Denver Model (ESDM) of Sally Rogers.</td>
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<td>To implement early detection of autistic symptoms by pediatricians based on screening questionnaire M-CHAT (Modified Checklist for Autism in Toddlers) for toddlers (18-30 months).</td>
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<td>Methods</td>
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<td>Since 2012 we have followed 10 children with ASD aged between 21-30 months. Diagnosis is made in the hospital by a neuropsychiatrist expert in autism and includes a comprehensive clinical and instrumental assessment.</td>
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<td>Pediatricians have been trained to administer M-CHAT questionnaire of screening to 18-30 months aged children’s parents.</td>
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<td>The treatment is given at the territorial Neuropsychiatry Services by therapists trained to the ESDM intervention in toddlers up to 48 months of age.</td>
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<td>The ESDM intervention includes individual treatment, parent-training and teachers-training.</td>
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<td>Results</td>
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<td>In 2012 there have been 5 children diagnosed under 30 months of age, but only one sent by paediatrician on the basis of M-CHAT results. In 2013 there have been 5 children diagnosed under 24 months, all of them with M-CHAT positive screening.</td>
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<td>All of these children have given a semi-intensive treatment based on ESDM model and half of them showed significant improvements in IQ and adaptive behaviour.</td>
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<td>Conclusions</td>
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<td>Our experience confirm the importance of early detection and intervention for improving outcomes of toddlers diagnosed with autism spectrum disorder (ASD).</td>
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<td>References</td>
<td>Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model. Geraldine Dawson, Sally Rogers et al. Pediatrics 2010;125</td>
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### Abstract

**Objectives**  
Many parents are facing difficulties with the learning disabilities of their children. The main group objective is to help them to share their experiences.

**Methods:**  
For three years, a speaking group was established in Bicêtre hospital conducted by a psychiatrist to receive complaints and suffering of parents. Its main objective is to help them to share their experiences.

**Results**  
The most frequent complaints are based on conflicts with school. Mutual incomprehension settles towards demands of pedagogical aid between teachers and parents. Moreover, they are worried about their children's development. They perceive that their children have a fragile self-esteem and learning disorders are often accompanied a psychological malaise. They worry about their futures, especially in adolescence. They are facing to the concept of disability. They wish to get insights on the concept of learning disorder in both neurodevelopmental and psychological aspects.

They do not understand the proposed pedopsychiatric treatment and its objectives.

Throughout the sessions, they discover that they themselves are anxious, guilty, and disappointed in the relationship to their child. They underpin the various testimonies and exchange their assumptions, strategies they have implemented.

**Conclusions**  
This group offers a more complex vision on children disorders while helping parents to invest those resources and treatments.

### References

Neuropsychiatrie de l’enfant et de l’adolescent-2013- Chambry
### SPIRITUALITY IN DEEP HYPNOSIS

**Speaker**
Mauricio Moreno  
Abbott, Bogota, Colombia.

**Abstract**
In some cases managed with hypnosis, regardless of diagnosis, episodes appear spontaneously during therapy bringing an anamnesis of near-death experiences, religious experiences or epiphanies. In these events the patient expresses total ignorance of why these events appear and do not relate them to any event of their lives.

Most patients refer to those memories under hypnosis once taught self hypnotic therapy to relieve recurrent symptoms and also sometimes express continuity related experiences that have been narrated in consultation or other different but definitely related experiences that we may call spiritual.

The clinical description of these cases, the views of patients and a theoretical approach to explain the reason for these is the intention of this presentation.

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### JOSEPH, THE BIBLICAL EXODUS IN PAST LIVES THERAPY

**Speaker**
Eduardo Miranda  
Private Practise, Bogota, Colombia.

**Abstract**
A 40 years old patient with Separation Anxiety Disorder in hypnotic state goes back to a past life as JOSUA from the Exodus in the Bible, Moses’s successor; the patient’s clinical narrative is confronted with the historic truth as registered in the Bible, Theology, Egyptology and Archeology.

The patient guides us through the origins of Moses and Joshua, their parents and brothers, the People of Israel in Egypt, the Pharaoh of Slavery and the Pharaoh of Exodus, the Pharaoh’s first born child, the...
plagues of Egypt, the Red Sea crossing, the desert crossing, the Torah, Moses’s death, the Conquest of Jericho, the Conquest of Canaan and Joshua’s death.

The patient’s narrative explains the Merneptah Stele (Israel Stele).

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<th>Session:</th>
<th>Regular Symposium</th>
<th>Speaker 3</th>
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<tr>
<td>Title:</td>
<td>SPIRITUALITY: THE POWER OF FAITH AND CHARACTER</td>
<td>Osvaldo Restrepo</td>
<td>Nervous System Institute</td>
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<tr>
<td>Abstract</td>
<td>Faith and character are intimately related. Faith in the power of obedience to the commandments of God will forge strength of character available to you in times of urgent need. Such character is not developed in moments of great challenge or temptation. That is when it is intended to be used. Your exercise of faith in true principles builds character; fortified character expands your capacity to exercise more faith. As a result, your capacity and confidence to conquer the trials of life is enhanced. The more your character is fortified, the more enabled you are to benefit from exercising the power of faith. You will discover how faith and character interact to strengthen one another. Character is woven patiently from threads of applied principle, doctrine, and obedience. When faith is properly understood and used, it has dramatically far-reaching effects. Such faith can transform an individual’s life from maudlin, common everyday activities to a symphony of joy and happiness.</td>
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<tr>
<td>Title:</td>
<td>SPIRITUALITY: THE MEETING WITH OUR TRUE ESSENCE</td>
<td>Uriel Escobar</td>
<td>Instituto Del Sistema Nervioso De Risaralda, Pereira, Colombia.</td>
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<tr>
<td>Abstract</td>
<td>Humans are cosmic and eternal beings. We have no personal biographical age (30, 40, 50), but the age of the universe: Between 13.761 - 13.835 years, according to the Big Bang theory, which has not only confirmed what the great spiritual traditions have captured through the relentless pursuit of enlightened beings who have invited us through his teachings to reflect on our true essence. This presentation is proposed based on the findings of scientific research on human origin and connection with all that exists, complementing it with the precepts of the most important spiritual traditions of humanity with which a synthesis and reflection is done from the perspective of our work as psychiatrists about which is the true essence that we have in common as human beings. Guidelines will be at the end on how this vision can occur not just in a more integrative understanding of the individual, but as it can be used in the healing process of our patients.</td>
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<td><strong>Training in psychosocial rehabilitation in community mental health: new paradigms-new learning methodology</strong></td>
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<td>La formación en rehabilitación psicosocial en salud mental comunitaria: nuevos paradigmas, nuevas metodologías de aprendizaje</td>
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<td>Prof. M. Ángeles Ruipérez Rodríguez. Universidad Jaume I. Castellón. España.</td>
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<td>La formación en rehabilitación psicosocial enfrenta nuevos retos: un enfoque multidisciplinar, nuevas oportunidades para el “e-learning” combinado con una razonable formación práctica, la integración de la perspectiva del usuario y los cambios teóricos en los campos relacionados con los paradigmas de la recuperación (recovery) y del empoderamiento.</td>
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<td>Training in psychosocial rehabilitation faces some new challenges: multidisciplinary approach, opportunities for e-learning combined with a fair practical training, integration of user’s perspectives and the theoretical shifts in the field around recovery and empowerment paradigms.</td>
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<td>Josep Pena-Garijo (Spain). José Luis Méndez (Spain).</td>
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<tr>
<td><strong>MASTER EN REHABILITACIÓN PSICOSOCIAL EN SALUD MENTAL COMUNITARIA. UNA PROPUESTA INTEGRADORA</strong></td>
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| J. Pena-Garijo  
Universitat Jaume I. Castelló. España. |

<table>
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<th>Abstract</th>
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| Objetivo: Proponer un modelo integrador de formación en rehabilitación psicosocial en salud mental comunitaria, con especial referencia al conocimiento de los nuevos acercamientos psicológicos.  
Método: Se presenta la estructura general del Master en Rehabilitación Psicosocial en Salud Mental Comunitaria que se está llevando a cabo en nuestro entorno. Además, se resume el estado actual de algunas de las Nuevas Terapias Psicológicas para las psicosis.  
Resultados: El Máster se promueve conjuntamente desde las asociaciones profesionales y las de familiares y usuarios. Nace de la práctica cotidiana en los servicios y tiene una orientación comunitaria e integradora. Se articula en cinco módulos con una proporción importante de aprendizaje práctico. Los módulos son:  
El factor humano: las personas, los equipos y la comunidad.  
Los contextos de la intervención: historia y fundamentos científicos y éticos.  
Los instrumentos técnicos: una intervención basada en pruebas y en valores.  
Los lugares de la intervención: los dispositivos.  
Metodología de la investigación en rehabilitación.  
Desde esta perspectiva, proponemos, entre otras consideraciones, el uso de las tecnologías basadas en el “e-learning”, las Terapias Psicológicas empíricamente validadas y los más recientes desarrollos tanto en el campo teórico, como en el práctico, Se hace especial énfasis en las terapias de baja intensidad, como el Entrenamiento Metacognitivo (MCT), en las intervenciones tempranas, como los Programas de Primeros Episodios, y en la Rehabilitación Cognitiva.  
Conclusiones: Las nuevas tecnologías de “e-learning” y la aplicación de terapias empíricamente validadas en el tratamiento de los trastornos mentales graves deben formar parte del plan de estudios en Rehabilitación Psicosocial en Salud Mental Comunitaria. Además, la práctica supervisada se convierte en una pieza fundamental del aprendizaje. |
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<td>DETENERSE EN EL CAMINO. LA PERSONA CON TRASTORNO MENTAL COMO EXPERTO DE SU PROCESO DE RECUPERACIÓN</td>
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<td>JL. Méndez Flores</td>
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<td>Confederación FEAFES, Madrid, España</td>
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<td>Abstract</td>
<td>El objetivo de la presentación, es poner de manifiesto la importancia de la figura de la persona con trastorno mental en su propio proceso de recuperación, desde el momento en el que los problemas de salud mental rompen momentáneamente sus proyectos de vida. La mayoría de los primeros contactos de las personas con trastorno mental con los dispositivos de atención y/o rehabilitación se producen en un episodio de crisis.</td>
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<td>Ante esta realidad es preciso en primer lugar facilitar información clara y detenida, que sirve para asentar el proceso de aceptación de esta nueva realidad y que debe culminar cuando se consiga integrar a la enfermedad en su nuevo proyecto de vida. En un segundo lugar, es importante potenciar la participación, es decir que existan elementos que faciliten al máximo la posibilidad de tomar decisiones. La participación entendida como derecho fundamental de las personas.</td>
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<td>En esta presentación, el empoderamiento se concibe como componente esencial del proceso de recuperación, y como una herramienta de capacitación e incorporación de las personas con trastornos mentales en esa recuperación. Este enfoque aparta los síntomas y la enfermedad, centrándose en la promoción del reconocimiento y el desarrollo de las fortalezas, recursos y habilidades que la propia persona posee, con el objetivo de favorecer la toma de decisiones sociales y políticas, y consecuentemente aumentar la autoestima de las personas.</td>
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<td>La enfermedad mental es una circunstancia más en la vida de las personas, que se debe abordar según las necesidades de cada una de ellas, dejando a un lado los prejuicios sobre los diagnósticos.</td>
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<td>Users' involvement: from declarations to implementation simposium aen</td>
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<td>Chairperson</td>
<td>Dr. Mikel Munarri-Ferrandis. Universitat Jaume I. Agencia Valenciana de Salut. Castellón (Spain)</td>
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<td>Abstract</td>
<td>Users' involvement in all mental health fields has a solid support in institutional manifests, some legislative and evidence bases but its actual implementation differs from these proposals. All mental health agents should be involved in this development.</td>
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<td>Speakers</td>
<td>David Creepaz (United Kingdom). José Manuel Arévalo (Spain). Raul Velasco (Spain). Pablo Fernandez de Sevilla Otero (Spain).</td>
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<td>EXPERIENCE FROM UK USERS’ MOVEMENT</td>
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<td>Speaker</td>
<td>D. Crepaz-Keay ¹</td>
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<td>¹.</td>
<td>Mental Health Foundation. Wales.</td>
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<td>Abstract</td>
<td>Mental health users’ movement in UK acts as an example to other European countries in their way from declarations to actual implementation. Although user’s involvement is widely recognized as important in most European countries, it subsides huge differences among them. Leadership, institutional support, good care practices and orientation towards recovery are cornerstones. Participation is, by itself, a key element of recovery.</td>
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<td>Speaker</td>
<td>J. M. Arévalo ¹</td>
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<td>¹.</td>
<td>Federación Andaluza de Usuarios/as de SM. Andalucía España.</td>
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<td>Abstract</td>
<td>En el Estado Español han surgido diferentes iniciativas de usuarios con procedencias y objetivos dispares. Se revisan estos movimientos, su trayectoria y su posible confluencia.</td>
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<td>Speaker</td>
<td>R. Velasco ¹</td>
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<tr>
<td>Abstract</td>
<td>Posibilidades de desarrollo y amenazas del movimiento de usuarios en el estado español.</td>
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<td>Title:</td>
<td>GUÍA PARTISAM: PROMOCIÓN DE LA PARTICIPACIÓN Y AUTONOMÍA EN SALUD MENTAL</td>
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<tr>
<td>Speaker</td>
<td>JP. Fernández de Sevilla Otero ¹</td>
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<td>Abstract</td>
<td>El objetivo con el que nació la elaboración de la guía “Partisam” fue promover el desarrollo de acciones, actividades, actitudes y compromisos para aumentar la participación efectiva de las personas usuarias de los servicios de salud mental. La obra se encuentra organizada en los siguientes capítulos: en el primero de ellos se describe el estado actual de la participación en los servicios de salud mental, haciendo un repaso general por la legislación vigente en este ámbito, las oportunidades que se plantean si se fomenta la participación y las dificultades a las que se enfrentan las personas que quieren ejercer este derecho. En el segundo capítulo se pone a disposición de los profesionales herramientas para promover la participación en el ámbito social, en la investigación en salud mental y formación de los profesionales, en la gestión de los servicios y en los procesos individuales de recuperación y tratamiento propio. Por último, la guía recopila algunas experiencias positivas que evidencian que esta participación es posible. La metodología utilizada ha consistido en un primer análisis documental sobre la materia, en la identificación y discusión de recomendaciones por parte de las personas usuarias a través de varias reuniones presenciales, de comunicaciones electrónicas, de la recogida de buenas prácticas de diferentes servicios y de revisiones de agentes externos y expertos. Para el desarrollo se ha contado con un equipo de redacción compuesto por 8 personas usuarias de servicios de salud mental que han estado implicadas en todo el proceso de elaboración. Algunas de las conclusiones a las que se han llegado es que existe una necesidad imperante de elaborar y poner en práctica un plan de participación de las personas usuarias de los servicios de salud mental para que estos puedan denominarse “de calidad” y atendiendo al respeto y cumplimiento de los derechos de las personas.</td>
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¹ Confederación FEAFES, Madrid, España.
**Session:** Symposium  |  **OVERALL ABSTRACT**  |  **Code**  |  SY561  
---|---|---|---
**Title:** Long-term integrated approaches to mental health care: the russian experience

**Chairperson**  
Dr. Mayya Kulygina. Moscow Research Institute of Psychiatry. Moscow, Russia

**Abstract**  
Over the last two decades, the trends of the development of Russian psychiatry have been focusing on biopsychosocial approaches to mental health care provision that suppose increasing the multi-professional team work, the prevalence of outpatient services, as well as the long-term forms of psychosocial therapy and prevention. It becomes especially significant for mental health consequences in victims of manmade disasters and war conflicts.

Taking into account the social and psychological factors that contribute to long-term mental health conditions, the treatment of this group of patients includes various types of combined therapy and rehabilitation, such as recovery programmes, cognitive and social skills training, psychoeducation, individual and group psychotherapy.

The use of timely detection of psychoorganic and endogenous or stress related disorders in combination with the complex of psychosocial interventions, tailored therapy and medication allows to considerably prevent the more severe mental health problems, and secures a successful return of patients with long-term conditions to society.

**Speakers**  
Valery Krasnov (Russia).
Oleg Papsuev (Russia).
Kyuri Idrisov (Russia).
Evgeny Nikolaev (Russia).
Elena Pervichko (Russia).

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**Session:** Symposium  |  **SPEAKER 1**  |  **Code**  |  SY561  
---|---|---|---
**Title:** EARLY CEREBROVASCULAR DISORDERS: LONG-TERM TREATMENT AND PREVENTION STRATEGY

**Speaker**  
V. Krasnov, E. Samedova, V. Kryukov, I. Emelianova  
Moscow Research Institute of Psychiatry. Moscow, Russia

**Abstract**  
Objectives. Cognitive dysfunction is one of the key problem in patients suffering from cerebrovascular disease. It often may correlate with affective spectrum disorders and demands to provide a specialized combined therapy in long-term format of care.

Methods. To investigate a cognitive impairment in depressive patients with cerebrovascular disorders (arteriosclerosis and hypertension types) 52 patients of a certain age (58.4± 5.8 years) were investigated with a set of clinical methods like as original psychopathological scale developed by one of the authors, neuropsychological tests, Hamilton depression (HDRS-21) and anxiety (HARS) rating scales, dopplerography, EEG, MRI.

Results and conclusion. The severity of depression was revealed to be moderate (16, 5+-4,3 by HDRS data). The most frequent symptoms were connected with suppression of motivation, early awakening, emotional lability, anxiety and dysphoric reactions. Conducted therapy with use of vascular tropic medication and SSRI facilitated an improvement of affective state of the patients and their cognitive functioning as well. Long-term treatment of such conditions promoted prevention of more severe impairment of cognitive functions.

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**Session:** Symposium  |  **SPEAKER 2**  |  **Code**  |  SY561  
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### COGNITIVE DEFICIT DYNAMICS IN SCHIZOPHREinia: INTEGRATIVE APPROACH

**Speaker**  
I.Y. Gurovich, A.B. Shmukler, O.O. Papsuev, Y. Zaytseva, Y.A. Kuzin  
Moscow Research Institute of Psychiatry, Moscow, Russia

**Abstract**  
Objectives  
A complex study was performed in order to investigate dynamics of neurocognitive deficit and social cognitive function on different stages of schizophrenia and schizophrenia spectrum disorders.  
Aims: 1) to study dynamics of neurocognitive deficit in patients with early psychosis (EP) with a 5-year follow up; 2) to measure social cognitive function on different stages of the disorder (less than 5 years, more than 5 years of illness); 3) to study social cognition in remitted patients with schizophrenia and schizophrenia spectrum disorders.  
Methods  
In 3 groups 178 patients with schizophrenia and schizophrenia spectrum disorders were assessed with a number of scales (PANSS, CDSS, SPS, AIHQ, Luria Neurocognitive Battery, Hinting Task, Eckman Emotion Recognition Test, MSCEIT, Faux Pas Recognition Test, Mind in the Eyes Task).  
Results  
1) Positive tendency of neurocognitive scores were registered in patients with less severe (episodic) during the first 5 years of the illness, with a major improvement during the first 2 years (p<0.001); in more severe patients (continuous) these measures remained stable. Both groups of patients showed worsening of neurocognition scores whilst exacerbation, different tests were declined to different degrees. 2) Hinting Task test scores were better in recently ill patients (less than 5 years) (p<0.001), Eckman Emotion Recognition Test scores didn’t differ in recently ill and chronically ill patients. 3) Complex social cognition measures in patients with schizoaffective disorder were significantly better, than those of with schizophrenia, both in stabilized and remitted states.  
Conclusions  
Trajectory of certain neurocognitive and social cognitive measures is not stable, but vary depending on the length of illness, its’ stage and severity.

### INTEGRATED MENTAL HEALTH CARE AT THE LONG-TERM EMERGENCY SITUATION: THE CHECHEN CASE

**Speaker**  
K. Idrisov  
Chechen State University, Grozny, Russia

**Abstract**  
War stressful events cause mental disorders at a large number of people. Still only a small part of victims seek a professional help for mental health, mainly in primary care. A study of the primary health care outpatients revealed that 62% of the patients have experienced one or more psychotraumatic events in the connection of military operations in the region, but PTSD was found only in 31.2%, while the others were diagnosed with depression, anxiety, somatoform and adjustment disorders. Additionally to the combined therapy a complex of psychosocial support to the patients has been provided during one year after the treatment.  
It is important to build psychiatric care with understanding that traumatized people seeking help often turn not to the psychiatrist, but to the primary health care. The main task at the post conflict stage was identifying among outpatients those with mental health disorders and setting up the complex medical care for them. The combination of primary health care with psychiatric and psychotherapeutic help had been most effective. It is essential to apply psychotherapy and psychosocial interventions taking into account a special context of cultural and religious traditions of the population. The psychosocial support consisted of psychoeducation of the patients and their family members that was consisted of a training to identify various symptoms and individual responses to the stressful events. It was also included a training of family members on recognizing the feelings of the patient, providing emotional support and creating a "warm" atmosphere which could lead to relaxation and to a greater sense of security.
MENTAL HEALTH PROBLEMS IN CLEAN UP WORKERS AFTER CHERNOBYL NUCLEAR DISASTER: LONG-TERM PERSPECTIVE OF CARE

E. Nikolaev
Chuvash State University, Cheboksary, Russia

Mental health problems in Chernobyl nuclear disaster clean-up workers are mainly characterized by prevalence of organic disorders due to brain damage, dysfunction and physical disease, somatoform and neurotic disorders, disorders of adult personality and behavior and mixed forms of mental disorders.

Present day challenges of long-term perspective results in clean-up workers’ treatment and rehabilitation dictate the need for addressing to follow several principles in psychosocial rehabilitation of these patients. Some of them were proposed by M. Kabanov for all mental patients, others were specially added for Chernobyl disaster clean-up workers. These rehabilitation principals are: principle of partnership, diversity efforts principle, principle of unity of psychosocial and biological means of influence, principle of gradation in rehabilitation, principle of totality and principle of priority of psychosocial methods upon biological methods of rehabilitation.

The described rehabilitation principles of Chernobyl disaster clean-up workers are not of absolute nature. They focus on specific patient having specific clinical, social and psychological characteristics of mental disorders. We consider the special person-centered model should be used in rehabilitation of this group of patients that unite efforts and supports of medical, psychological and social origin. The components of this model are better described by the system of several directions of support: connected with family members, with friends, with vocational activity, with personal creativity, with psychological counseling, with psychotherapy, with medical treatment, with administrative resources.

The foundation of this model is formed by four key links that provide rehabilitation in the region.

LONG-TERM PSYCHOTHERAPY EFFICACY IN MITRAL VALVE PROLAPSE PATIENTS WITH ANXIETY DISORDERS: PSYCHOLOGICAL AND CLINICAL PROOF

E. I. Pervichko1, Yu. P. Zinchenko1, A. I. Martynov2, E. V. Akatova2
1 Lomonosov Moscow State University, Moscow, Russia
2 Moscow State University of Medicine and Dentistry, Moscow, Russia

Objectives. To prove the efficacy of long-term integrative psychotherapy of mitral valve prolapse (MVP) patients with anxiety disorders (AD).

Methods. During 15 years 32 MVP patients with AD attended psychotherapy on request. Among them 18 MVP patients received medication with Alprazolam in addition to psychotherapy. Patients assigned to these groups attended courses about systemic integrative psychotherapy (12-16 sessions per year, individual assessments).

Psychological and clinical examinations of the patients were made before and after psychotherapy courses. Psychological testing embraced the assessment of “quality of life” (QOL) indicators by VAS, DISS and the PWB Ryff Scales as well as anxiety level (Spilberger Scales), the level of frustration tolerance (Rosenzweig test) and personality characteristics (MMPI and Thematic Apperception Test).

The control group comprised 18 MVP patients suffering AD; they were not seeing therapist and not receiving a medication; they were reexamined within 15 years.

Results. 72% patients demonstrated valid improvements of QOL self-rating, reduction of anxiety level, increasing of frustration tolerance after psychotherapy, a sound tendency toward the development of personality reflection and emotional-state reflection; the structuring and recognition of emotional experience; and a reduction in the clinical aspects of MVP, which accords with the published data [2, 3]. The decrease of prolapse depth was observed in all the patients after long-term psychotherapy. The control group did not reveal significant dynamics in psychological or clinical indices during the 15 years.

Conclusions. The results show effectiveness of psychotherapy in working with MVP patients suffering AD.
## OVERALL ABSTRACT

### Title: Helping the trauma survivors (symposium AEN)

**Chairperson:** Beatriz Rodriguez Vega  
*University Hospital La Paz. IdiPAZ. Autonoma University. (Madrid). Spain*

**Abstract**  
Traumatic experiences challenge the nature of self-in-relation of the human being and could be considered as a non specific frame to understand mental suffering. In the last decade there was an important development in the understanding of the mechanism underlying the traumatic symptoms and the psychotherapeutic way to cope with them. Dissociation is considered as a common mechanism for the understanding of human, individual and collective reactions to trauma. Affect dysregulation-whether due to a disorganized attachment or a single trauma experience- is considered a late expression of trauma. Emergent approaches such as mindfulness practices and mentalization are included in the more general psychotherapy frame based on the integration of emotional experience into the subject’s narrative.

**Speakers**  
- Onno van der Hart (The Netherlands).
- Josefina Mas (Spain).
- Pau Pérez-Sales (Spain).
- Beatriz Vega (Spain).

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## SPEAKER 1

**Title:** DEALING WITH TRAUMA-RELATED DISSOCIATION

**Speaker:** O. van der Hart¹  
¹ Utrecht University, Utrecht, The Netherlands

**Abstract**  
**Objectives**  
To argue that dissociation of the personality—originally described by Pierre Janet and further elaborated in recent times—is fundamental to the understanding and treatment of patients who has been repeated traumatized. However, since the concept of dissociation has received in the last decades so many, often contradictory meanings, a second objective is to improve conceptual clarity, in line with original 19th century psychiatric understanding.

**Methods**  
An integration of clinical observations, historical, empirical and clinical studies.

**Results**  
Dissociation is not an epi-phenomenon of traumatic experience but rather its major feature. Based on an integrative failure, it involves a division of the survivor’s personality, that is, of the dynamic, biopsychosocial system as a whole that determines his or her characteristic mental and behavioral actions, into two or more insufficiently integrated subsystems. Known by various names such as personality or identity states or dissociative parts, these subsystems exert functions. Each dissociative part of the personality minimally includes its own, at least rudimentary, first-person perspective. Phenomenologically, dissociation of the personality manifests in dissociative symptoms that can be categorized as negative (functional losses such as amnesia and paralysis) and positive (intrusions such as flashbacks or voices), and psychoform (symptoms such as amnesia, hearing voices) or somatoform (symptoms such as anesthesia or tics). Traumatized patients maintain the dissociation of their personality by a series inner- and outer-directed phobias, that need to be overcome in a systematic way.

**Conclusions**  
Empirically-validated treatments for simple PTSD following single traumatizing events require a minimal understanding of dissociation. However, behind an apparently simple PTSD, a far more complex trauma-related disorder may be hidden, requiring treatment which explicitly deals with the dissociative parts of their personality.
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<td>THE CONCEPT OF PSYCHOLOGICAL TORTURE. CHALLENGES OF A CHANGING PARADIGM IN THE TREATMENT OF SURVIVORS</td>
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<td><strong>Speaker:</strong></td>
<td>Pau Perez Sales</td>
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<td>1 Hospital Universitario la Paz. Idipaz. Grupo de Acción Comunitaria (GAC) Madrid Member of the Section on Psychological Consequences of Torture (World Psychiatric Association)</td>
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<td><strong>Abstract:</strong></td>
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<td>To discuss the existent empirical evidence about the efficacy of the Mindfulness based treatments in the Trauma field and to propose some necessary adaptations for its application in this area. Experiential avoidance, repeated dissociation and emotional detachment were associated with a worse clinical evolution. Acceptance and exposition to feelings related with the traumatic experience were associated with a better evolution. Mindfulness practice promotes an attitude of being in the present without judging or fighting against the experience. Some studies found that Mindfulness practice facilitates the emergence of self-compassion feelings, positive emotions and the activation of brain areas involved in emotional processing and</td>
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empathy.

Method
We reviewed literature empirical studies, case reports and our own clinical experience.

Results
Mindfulness practice promotes the acceptance and challenges the traumatic state of emotional detachment. The presence of symptoms of traumatic stress can hinder the practice of Mindfulness. We need to adapt the practice in order to make it tolerable for the patient. Some of these adaptations include interventions aimed at understanding the emotional processing of the trauma, the breakdown of time stuck in emotional trauma through learning to be in the present, the recognition of the different mental states and their protective intentions, without reacting or judging them, to trust their own wisdom and pace themselves with the unique rhythm of each patient

Conclusions
Mindfulness practice has shown to be a very promising intervention to integrate into the psychotherapy of trauma experiences.
Session: Regular Symposium

OVERALL ABSTRACT

Title: Neurobiological underpinnings of cognitive and socio-emotional aspects in psychiatric disorders and psychotherapy

Chairperson Prof. Dr. Kristina Hennig-Fast, PhD, Department of Psychology, University of Vienna, Austria
Co-chairperson Dr. Susanne Karch, PhD, Department of Psychiatry, LMU Munich, Germany

Abstract Emotion theories have long time posited the critical role for affect in the modulation of behaviour and cognition. There is already evidence from diverse scientific disciplines suggesting that emotion and cognition interact in many different ways, as revealed by behavioural und neural patterns. Emotion may benefit cognition by favouring choices and goals, by biasing memory and information processing, by coordinating social interactions and by supporting perspective taking. When considering the adaptive function of emotion and cognition and their interaction both can be posited to function as control systems to regulate behaviour.

In the present symposium, emotional and cognitive underpinnings in psychiatric disorders as well as psychotherapeutic interventions and their neurobiological and psychophysiological correlates will be addressed.

Speakers Roberto Viviani (Germany).
Kristina Henning-Fast (Austria).
Karin Labek (Austria).
Anna Buchheim (Austria).
Susanne Karch (Germany).

Session: Regular Symposium

SPEAKER 1

Title: ATTENTION TO EMOTION, EMOTION REGULATION, AND NEGATIVE COGNITIONS IN FMRI STUDIES

Speaker Roberto Viviani Institute of Psychology, University of Innsbruck, Innsbruck, Austria

Abstract Objectives. Emotion regulation plays a key role in neurobiological models of affect disorders and their therapy. However, little is known about the control of content arising from within the mind. According to an influential model, top-down regulatory prefrontal areas also control internal thoughts. We examine the evidence for the involvement of alternative ventral attentional orienting network areas in the literature on attention to emotion, emotion regulation, and own neuroimaging studies of negative cognition in minor depression.

Methods. Two neuroimaging studies were conducted while participants were asked to form sentences from a set of words, implicitly choosing from alternatives that reveal their tendency to negative cognition and depressiveness (for example, 'is the dismal bright future' can be reassembled into 'the future is bright' and 'the future is dismal'; Wenzlaff 1991). We examined the effect of explicit instructions to form positive sentences, the neural correlates of forming positive vs. negative sentences spontaneously, and of depression scores.

Results. Choice in the formation of words was associated with different networks when following an instruction and when spontaneous. The latter recruited ventral parietal attentional networks associated with reorienting and the ventromedial prefrontal cortex. Depending on sentence type, choice of negative sentences and depressiveness loaded in different parts of this network. Its importance is confirmed by examination of the literature on attention to emotion and emotion regulation.

Conclusions. A ventral attentional network associated with effortless orienting to behaviorally relevant content and selection of preferences may play an important role in steering our thoughts toward healthy optimism and...
in minor depression. This ventral network has also been associated with spontaneous thought, planning the future, determination of choices on the basis of personal preferences, and the generation of affective meaning.

References

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<th>SPEAKER 2</th>
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<tr>
<td>Title:</td>
<td>NEUROBIOLOGICAL UNDERPINNINGS OF COGNITION-EMOTION INTERACTION IN SCHIZOPHRENIA</td>
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<td>Speaker</td>
<td>Kristina Hennig-Fast¹,², Dominik Meißner¹, Anna Buchheim³, Sandra Dehning¹, Janosch Blautzik⁴, Norbert Müller¹, Peter Zill¹, Maximilian Reiser³, Hans-Jürgen Möller¹ ¹Department of Psychiatry and Psychotherapy, LMU Munich, Germany ²Department of Psychology, University of Vienna, Austria ³Department of Psychology, University of Innsbruck, Austria ⁴Department of Clinical Radiology, LMU Munich, Germany</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Emotion theorists have long time posited the critical role for affect in the modulation of behavior and cognition. When considering the adaptive function of emotion and cognition and their interaction both can be posited to function as control systems to regulate behavior. Patients with schizophrenia often demonstrate profound functional dysregulation compared to healthy subjects especially in fronto-temporal-limbic brain areas. These functional anomalies are related to the clinical symptomatology of the patients. Methods: In the present fMRI study 3 experiments on affective attachment, affective perspective taking and affective regulation were conducted in patients with schizophrenia. Results: In accordance to our hypotheses oxytocin level and behavioral socio-emotional functions in schizophrenia were reduced. When analysing conjunctive brain activation of all 3 experimental paradigms a fronto-temporal-occipital network was found to be dysfunctional in patients including brain areas that are critical for episodic autobiographical memory, mirroring other’s emotions, self-reflection, affective risky decision-making and painful information processing. The findings are presented in relation to oxytocin levels in patients with schizophrenia (ICD-10: F20; PANSS&lt;78) and healthy subjects (each group: males, n= 20, IQ&lt;85). Conclusions: Our findings can explain the difficulties in self-other distinction and the psychopathological self-relevance of social and affective stimuli in schizophrenia.</td>
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<tr>
<td>Title:</td>
<td>NEURAL CORRELATES OF ATTACHMENT-RELATED STIMULI AND SOCIAL COGNITION - AN FMRI-STUDY</td>
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<tr>
<td>Speaker</td>
<td>Karin Labek², Roberto Viviani²¹, Anna Buchheim² ¹Department of Psychiatry and Psychotherapy III, University of Ulm ²Institute of Psychology, University of Innsbruck</td>
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<tr>
<td>Abstract</td>
<td>Objectives Affect, affective disorders, and their neural substrates have been investigated with stimulus batteries scoring high in the emotional arousal dimension (facial expressions, arousing scenes). The human attachment system, in contrast, may be assessed by eliciting participant's response to scenes potentially evoking complex representations of mental states affected by threatened loss and loneliness. This study aims at characterizing the distinctive neural substrates activated by exposure to these scenes and preliminarily assesses their potential use as a phenotype of vulnerability to affect disorder through its association with individual traits. Methods</td>
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Images of attachment scenes used to empirically characterize attachment representations in adults (AAP, George and West 2012) were expanded with a set of carefully matched control scenes of neutral character. Functional neuroimaging data from 25 healthy participants were acquired while instructed to pay attention to the persons depicted in the scenes. Data on individual variability in the tendency to activate the attachment system (RAQ scale), history of past trauma (CTQ), and depressiveness (BDI) were collected.

Results
When compared to the control neutral images, attachment-laden scenes activated a network of areas associated with social cognition (inferior parietal lobe, temporo-parietal junction, anterior temporal lobe), the precuneus, and the dorsomedial prefrontal cortex. No effect of attachment was noted, even at uncorrected levels, in areas activated by emotionally arousing stimuli (amygdala, the anterior hippocampus). Activation in the social cognition network areas was associated with higher scores in the rating scales. History of past trauma was also associated at trend level with activity in the amygdala and parahippocampal cortex.

Conclusions
The areas selectively activated by the attachment-laden scenes were recruited in other studies when reasoning about mental representations (Saxe 2006). This activation pattern confirms the distinctive quality of this stimulus set and its capacity to elicit individual difference on variables of potential clinical significance.

References

Session: Regular Symposium
Title: NEURAL CHANGES IN DEPRESSION DURING PSYCHODYNAMIC PSYCHOTHERAPY: AN FMRI AND EEG STUDY USING AN ATTACHMENT PARADIGM
Speaker: Anna Buchheim 1, Karin Labek 1, Svenja Taubner 2, Henrik Kessler 3, Horst Kächele 4, Manfred Cierpka 5, Gerhard Roth 6, Roberto Viviani 7, Oliver Pogarell 8, Susanne Karch 8
1 University of Innsbruck, Innsbruck, Austria
2 University of Klagenfurt, Klagenfurt, Austria
3 University Bochum, Germany
4 International Psychoanalytic University, Berlin, Germany,
5 University of Heidelberg, Heidelberg, Germany
6 University of Bremen, Bremen, Germany
7 University of Ulm, Ulm, Germany
8 Ludwig-Maximilians-University Munich, Germany

Abstract
Objectives. Clinical neurosciences approaches have characterized specific neural circuits or brain regions associated with psychiatric disorders; fMRI studies on depression have mostly examined the effect of short-term, interpersonal or cognitive-behavioral psychotherapy. The effect of long-term, psychoanalytic treatment has not been assessed using fMRI and EEG so far. In this presentation we will focus on our EEG-data.

Methods. In this study we investigated recurrently depressed (DSM-IV) unmedicated outpatients (N=16) and matched healthy participants (N=17) before and after 15 months of psychodynamic psychotherapy. Participants were administered with the Adult Attachment Projective Picture System (AAP) to evaluate attachment representations. Moreover participants were presented AAP pictures combined with personalized core sentences contrasted with non-personalized, neutral descriptions at the beginning and after 15 months of treatment in an fMRI and EEG setting. EEG activity was recorded at 32 electrode sites of the extended 10–20 system. We extracted several frequency ranges (alpha, beta, gamma) using Morlet wavelet transformation. Late positive potential were computed for time window 500 – 1000 ms.

Results. In the fMRI study patients showed a higher activation in the left anterior hippocampus/amygdala, subgenual cingulate, and medial prefrontal cortex before treatment and a reduction in these areas after 15 months. (Buchheim et al. 2012, PLoS ONE, 7: e33745). The EEG data are about to be analyzed. Patients showed higher levels of gamma activity and late positive potentials than control participants in fronto-central electrode sites when confronted with personalized attachment material compared to neutral sentences. Decrease of this activity was significantly higher in patients compared to controls especially in the personalized condition.

Conclusions. This is the first study documenting neural changes in circuits implicated in emotional...
reactivity and control after long-term psychodynamic psychotherapy. The interpretation of these results in the course of the psychoanalytic treatment using two independent measures (fMRI and EEG) will be discussed.

Session: Regular Symposium  |  SPEAKER 5  |  Code  |  SY573
Title: NEUROBIOLOGICAL ASPECTS OF PSYCHOTHERAPY IN OCD
Speaker: Karch, s. Ludwig-Maximilians-University Munich, Germany
Abstract: Objectives: Patients with obsessive compulsive disorder often demonstrate profound functional dysregulations compared to healthy subjects especially in fronto-striato-thalamic brain areas. These functional anomalies seem to be related to the symptomatology of the patients.
Methods: In the present study we focused on functional responses related to OCD-associated pictures and their changes during psychotherapy. In addition, the functional MRI results were combined with self-assessment ratings of the patients.
Results: The results of the patients demonstrated increased responses especially in the anterior cingulate cortex, supplementary motor area, the dorsolateral prefrontal cortex, insula, thalamus, cuneus and parieto-occipital areas before treatment during the presentation of OCD-relevant information. These responses decrease considerably during psychotherapy. The comparison of fMRI results and self-ratings revealed that the functional brain responses change during different phases of the therapy.
Conclusions: These results may indicate that different therapeutic processes may be related different brain responses.
**Title:** Fight against stigma (fast): a quickly expanding program for developing access to mental health care in developing countries implemented

**Chairperson:** Professor T Jamieson Craig (UK)

**Co-chairperson:** Professor D Moussaoui (Morocco)

**Abstract**

Fighting Against Stigma (FAST) programme is a multi-partnership project which aim is to develop access to mental health care in low and middle income countries through (1) awareness to decrease stigma related to mental disorders (2) training primary health care professionals to improve the quality of care and (3) sustainable supply of affordable medicines of high quality. In countries, among the poorest in the world, where the project is already implemented, Ministry of Health, national academics, medical associations, NGOs, patients/families associations, the World Association of Social Psychiatry (WASP) and Sanofi join forces to tackle the huge difficulties encountered by people with mental disorders. Through the presentation of the rationale and the main achievements of the pilot programs implemented in Armenia, Cambodia, Guatemala, Madagascar and Comoros, this symposium aims to give a picture of the harsh situation of people with mental disorders in these countries, to show through concrete examples that improvement is possible with relatively few means, and to stimulate awareness, debates and initiatives regarding mental health in poor countries.

**Speakers**

- Kim Savuon (Cambodia).
- Keo Sothy, (Cambodia)
- Armen Soghoyan (Armenia).
- Alejandro Paiz (Guatemala).
- Daniel Gerard (France).
- Mbolatiana Raharinivol (Madagascar).
- Mistohi Hassani (Comoros Republic).

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**Session:** Regular Symposium  
**Title:** LAUNCHING A PILOT PROGRAM TO ADDRESS MAJOR DEPRESSIVE DISORDERS IN CAMBODIA

**Speaker**

Kim Savuon, (Cambodia). Keo Sothy, (Cambodia)  
Mental Health Association of Cambodia

**Abstract**

**Background:** Cambodia experienced more than 30 years of civil war and nearly 3 millions of people were killed. In 2014, Cambodia has 52 psychiatrists to cover more than 14 million population. Due to stigma, discrimination and poverty people believe that mental illnesses are caused by black magic and spiritual forces and do not bring patients to appropriate treatment. Most people with mental disorders refer mainly to the traditional healers and few patients have access to mental health care at hospitals. To meet people’s needs, the Mental Health Association of Cambodia, the World Association of Social Psychiatry, Sanofi and the Provincial Health Department proposed a FAST (Fighting Against STigma) pilot project to implement in Cambodia.

**Objectives:** (1) Increase population awareness on MDDs and available care. (2) Develop health care professionals' skills in management of MDD: to recognize depressive patient, to choose between treating or referring to the hospital, to identify the suicide risk and to perform a follow-up of the patient.

**Methods:**

- Take opportunity of the good integration of the Community Health Workers, working already in other diseases, for the detection and support of people with Depression through Information-Education-Communication campaign.
- Strengthen competencies of Primary Health care providers in diagnosing and managing MMD.

Thanks to the use of teleconference, we will overcome the paucity of psychiatrists and will be able to
bring specialized consultation to the community level.

**Expected Outcome:**

- Estimate the size of the problem, know the real epidemiological situation
- Reduce the “Treatment Gap” in MDD by 20% in 2 years in the pilot area of Selected Districts
- Validate an access to care model for people with MDD, so as to scale up, in a second phase, to the national level.
- Increase awareness of key decision makers

**Conclusion:** The Cambodia FAST program pilot project is the first one implemented in ASEAN. If is successful, it could pave the way for a wide extension in the rest of the provinces of Cambodia as well as to other ASEAN countries like Vietnam and Laos. Feedback from the training sessions, awareness materials and first results will be presented.

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<tr>
<td><strong>Title:</strong></td>
<td>THE FAST PROJECT IN ARMENIA: FIRST ACHIEVEMENTS AND NEXT STEPS</td>
<td>Armen Soghoyan</td>
<td>Department of Psychiatry, Mkhitar Heratsi Yerevan State Medical University Yerevan, Armenia.</td>
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<td><strong>Abstract</strong></td>
<td>A memorandum of understanding (MoU) was signed in Yerevan, Armenia by the Minister of Health of the Republic of Armenia with the World Association of Social Psychiatry (WASP) and Sanofi on January 17, 2014 in Yerevan. The aim of the MoU is to: 1-Improve the management and follow-up of people affected by mental illness in Armenia; 2-Increase the awareness of decision-makers; 3-Train healthcare professionals; 4-Organize psycho education sessions for patients and their families; 5-Make medicines available at preferential prices; 6-Give information to the general population. In the framework of MoU, a pilot programme was started in Yerevan. Collaborative partners of the programme are: Armenian Psychiatric Association, Sanofi’s office in Yerevan. Experts are involved from WASP and “Access to Medicine” programme. So far the following activities were done: KAP Study, Experts Meeting, Workshop, all training materials for Psychiatrists, GP’s, nurses, families were translated and adapted. Next steps are: symposia in Yerevan on September 2014, June 2015 and two in 2016. During this symposium, all activities will be presented and discussed.</td>
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<td><strong>Title:</strong></td>
<td>ALAS, AN NGO FOCUSED ON IMPROVING ACCESS TO CARE IN A GUATEMALA REMOTE AREA</td>
<td>Alejandro Paiz</td>
<td>Guatemala</td>
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<td><strong>Abstract</strong></td>
<td><strong>Background:</strong> Sololá is located in the highlands of Guatemala and as most of the country, it suffered from a long civil war, massacres, social cleaning and poverty; and prior to 2009 had no Mental Health service. Due to advocacy of different organizations, the Mental Health Program operated for four years. In 2013 with the support of the World Association of Social Psychiatry and Sanofi, ALAS PRO SALUD MENTAL became more operational. <strong>Purpose:</strong> To provide care and rehabilitation to people with mental diseases within their community, respecting their culture and values. <strong>Objectives:</strong> (1) To provide access to therapy for the poorest patients (2) To reduce the stigma and discrimination. (3) To train personnel in public health centers. (4) To provide rehabilitation and empowerment for a sustainable lifestyle. <strong>Results:</strong> - Alliances with: the state health service to help patients in their facilities; local pharmacies to provide pharmacological treatment; a private university to endorse training and a microfinance institution to</td>
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facilitate micro-loans.  
- Lectures and speeches to organizations dedicated to development and empowerment.  
- Advocacy and facilitation of families and patient association.  
- In house treatment to severely ill patients.  

**Conclusion:** ALAS PRO SALUD MENTAL is the first non-profit organization in Guatemala dedicated to Mental Health access. At the moment it is operating only in Sololá but given the lack of Mental Health offer across the country, it is expected to expand to the rest of the country to facilitate access to treatment, influence government policies and actions and change the general population’s view towards mental illness.

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<tr>
<td><strong>Title:</strong> FAST PROGRAMME IN THE INDIAN OCEAN: MADAGASCAR AND COMOROS</td>
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| **Speaker** Daniel Gerard (France), M Raharinivo (Madagascar), Mistohi Hassani (Comoros Republic)  
Sanofi, Access to Medicines departed, Gentilly, France  
Malagasy Association of Social Psychiatry, Antananarivo, Madagascar  
El Maarouf Hospital, Moroni, Union of Comoros |
| **Abstract**  
**Background:** Madagascar and the Union of Comoros are both paradise for tourists but not for people with mental disorders. With one psychiatrist for 3 islands and about 700 000 inhabitants in Comoros and 15 psychiatrists for 22 million inhabitants in Madagascar, resources dedicated to mental health are scarce. In addition, people are not aware of modern concept and treatment of mental disorders. As a consequence, people with mental disorders refer mainly to traditional healers and few patients have access to appropriate care. To answer patients’ needs a Fight Against STigma (FAST) project (a partnership between the World Association of Social Psychiatry, Sanofi and the Ministries of Health) was implemented in both countries.  

**Objectives:** (1) Reduce the treatment gap. (2) Validate an access to care model.  

**Methods:** the programs focus on main mental disorders (schizophrenia in Comoros, schizophrenia, mood disorders, anxiety disorders and addiction in Madagascar), and they are located in pilot areas along 3 axes:  
1. Enable a team of Community Healthcare Workers to identify people with schizophrenia or epilepsy, orient them to the community healthcare center, support patients and their families and educate general population about mental disorders;  
2. Empower primary health care professionals to provide care for the people with mental disorders;  
3. Provide support of specialists to primary health care professionals through a system of telemedicine (Comoros) or face to face coaching (Madagascar)  

**Results:**  
Pilot areas were selected (catchment area of 150 000 inhabitants in Comoros, 21% of the general population and 4 million inhabitants in Madagascar, 18% of the general population).  
Community Healthcare Workers were recruited in both countries.  
Training slide kits and Information-Education-Communication materials were prepared through workshops.  
Awareness materials were adapted to the local environment.  
Feedback from the training sessions, awareness materials and first results will be presented.  

**Conclusion:** Within the FAST program pilot projects have been implemented in Latin America, Asia and Africa. The Madagascar and Comoros programs are the first ones implemented in the Indian Ocean region. If they are successful, they could pave the way for a wide extension in the rest of Indian Ocean region.  
The Comoros program is supported by a Grant from Grand Challenges Canada.
### Session: Regular Symposium

#### OVERALL ABSTRACT

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<tr>
<th>Title:</th>
<th>Inflammation, obesity, diabetes and anxiety and affective disorders</th>
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<tr>
<td>Chairperson</td>
<td>Prof. Julio Bobes, Universidad de Oviedo, Spain.</td>
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<tr>
<td>Abstract</td>
<td>The relationship between Obesity and Diabetes with Stress, Affective Disorders and Anxiety Disorders, will be discussed. New data from epidemiological studies conducted in Europe and America will be presented.</td>
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<td>Speakers</td>
<td>Salvador Ros (Spain). Manuel Bousño (Spain). Laura Ferrando (Spain).</td>
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#### Session: Regular Symposium

| Title: | INFLAMMATORY PROCESSES AND ANXIETY DISORDERS |
| Speaker | Dr. Salvador Ros Dr. Salvador Ros Professor Nisha Dogra Professor of psychiatry education and consultant in child and adolescent psychiatry Greenwood Institute for Child Health, University of Leicester |
| Abstract | Objectives: To assess the relationship between inflammation processes and Anxiety Disorders Methods: concise review of current evidence Results: very few studies have investigated the relationship between Anxiety Disorders and inflammation. Recent studies have correlated anxiety symptoms with increased cytokine levels, in particular C-reactive protein (CRP). With regard to Anxiety Disorders, research has mainly focused on Posttraumatic Stress Disorder, in which high levels of inflammatory markers have been found. Evidence from relatively small clinical studies (N=100) suggests increased inflammatory activation in patients with Panic Disorder and Generalized Anxiety Disorder. There are evidences that cytokines and their signaling pathways have significant effects on the metabolism of multiple neurotransmitters such as serotonin, dopamine, and glutamate, leading to significant changes in motor activity, motivation, anxiety, arousal, and alarm. Conclusions: The identification of inflammatory processes common to Anxiety Disorders, will enable researchers and clinicians to better understand the etiology of Anxiety Disorders, and develop treatments that simultaneously target all aspects of this multi-system condition. |

#### Session: Regular Symposium

| Title: | INFLAMMATORY PROCESSES AND AFFECTIVE DISORDERS |
| Speaker | Prof. Manuel Bousño Prof. Manuel Bousño Universidad de Oviedo, Spain |
### Abstract

**Objetives:** To assess the relationship between inflammation processes and Affective Disorders.

**Methods:** concise review of current evidence

**Results:** Evidence shows inflammation as a critical mediator in the pathophysiology of Affective Disorders. Elevated levels of pro-inflammatory cytokines have been demonstrated in both, Major Depressive Disorder (MDD) and Bipolar Disorder (BD) patients. Potential mechanisms involved include, but are not limited to, direct effects of pro-inflammatory cytokines on monoamine levels, dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, pathologic microglial cell activation, impaired neuroplasticity and structural and functional brain changes.

**Conclusions**
The identification of inflammatory processes common to Affective Disorders, will enable researchers and clinicians to better understand the etiology of Affective Disorders, and develop treatments that simultaneously target all aspects of this multi-system condition.

### References


### Session: Regular Symposium | SPEAKER 3 | Code | SY575

### Title: **DIABETES AND ANXIETY AND AFFECTIVE DISORDERS. DE PLAN STUDY RESULTS**

### Speaker

Dr. Laura Ferrando  
Instituto de Investigación y Asistencia Psiquiátrica, Madrid

### Abstract

**Objetives:** To assess the relationship between Anxiety and Affective Disorders and Diabetes.

**Methods:** review of current evidence and comparative results with De Plan European Study

**Results:** People with Major Depression has more risk to develop Type 2 Diabetes (T2D) that baseline population. The rates of Diabetes, among depressive people are increased from 37% to 60% and raise until 65% among people older 55 years. The risk to develop T2D among bipolar people is 3 times the baseline population. In the other side there are not evidence about frequency of Affective Disorders among people with Type 1 Diabetes (T1D), and the rates of Depression among people with T2D is from 15% to 24% higher. De PLAN results are consistent with these dates There are little evidences of relationship between Anxiety Disorders and Diabetes. The results of De PLAN Study are negative

**Conclusions:** Current research suggests that the risk of developing Affective Disorders is increased in people with Diabetes and also, the risk of developing T2D is increased in people with Affective Disorders.  
The evidence of relationship between Anxiety Disorders and Diabetes is unclear. Further studies are required in order to establish the nature of the relationship between these disorders

### References


**Session:** Regular Symposium  
**Code:** SY578

### OVERALL ABSTRACT

**Title:** Use of psychotropic drugs in Spanish assertive community treatment teams

**Chairperson:** Alberto Durán Rivas. Psychiatrist. Complejo Hospitalario Universitario de Ferrol. Public Mental Health Services of Galicia. Ferrol Assertive Community Treatment Team.

**Abstract**

Objectives: To know the prescription habits of antipsychotic drugs and non-antipsychotic drugs in Spanish Assertive Community Treatment Teams. Data on the specific use of medication in Assertive Community Treatment (ACT) teams is scarce in literature and even more so on non-antipsychotic drugs. The use of medication in these teams tends almost always to be considered very similar to the standard psychiatric care. Due to the broad range of disorders that can be treated within an assertive outreach, in addition to schizophrenia, we feel it is strongly recommended to review the available information about the use of psychotropic drugs in this kind of patient care.

Methods: Observational, cross-sectional, naturalistic, and multicenter study. Prescription data of antipsychotics, depot neuroleptics, clozapine, lithium, antidepressants, mood stabilizers and anxiolytics drugs before and after the inclusion of patients in the program are compared.

Results: A high percentage of prescription of antipsychotic depot and a reduced use of clozapine were observed. Particularly striking are the high rates of use of antidepressants and anxiolytics.

Conclusions: The prescription before and after the inclusion in the ACT Teams was very similar in most of the ACT Teams. It would be necessary to conduct a larger study to confirm the general impression that the prescription of psychotropic drugs in these teams depends more on the kind of patient seen in these devices than on the specific assertive outreach.

**References**


**Speakers**

Noelia Aller Gómez (Spain).  
Iván Ruiz Ibáñez (Spain).  
Luz Marina Guerra Cazorla (Spain).  
Joaquin Moreno Vela (Spain).  
Carlos Oliván Roldán (Spain).

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**Session:** Regular Symposium  
**Code:** SY578

### SPEAKER 1

**Title:** PRESCRIPTION OF PSYCHOTROPIC DRUGS IN THE AVILÉS ASSERTIVE COMMUNITY TREATMENT TEAM

**Speaker:** Noelia Aller Gómez. Psychiatrist. Hospital San Agustín de Avilés. Public Mental Health Services of Asturias.

**Abstract**

Objectives: To know the prescription habits of antipsychotic drugs and non-antipsychotic drugs in the Assertive Community Treatment Team of Aviles. Data on the specific use of medication in Assertive Community Treatment (ACT) teams is scarce in literature and even more so on non-antipsychotic drugs. The use of medication in these teams tends almost always to be considered very similar to the standard psychiatric care. Due to the broad range of disorders that can be treated within an assertive outreach, in addition to schizophrenia, we feel it is strongly recommended to review the available information about the use of psychotropic drugs in this kind of patient care.

Methods: Observational, cross-sectional, and naturalistic study about prescription data of antipsychotics drugs (oral antipsychotics including clozapine and long acting injectable [LAI] antipsychotics), mood stabilizers, antidepressants and anxiolytic drugs before and after the inclusion of patients in the ACT program.
Results: A high percentage of prescription of antipsychotic depot (44.4%) and a reduced use of clozapine (9.3%) were observed. Particularly striking are the high rates of use of antidepressants (31.5%) and anxiolytics (74.1%).

Conclusions: The prescription before and after the inclusion in the ACT Team suffered different variations according to the kind of psychotropic drugs. It would be necessary to conduct a larger study to confirm the general impression that the prescription of psychotropic drugs in this team depends more on the kind of patient seen in these devices than on the specific assertive outreach.

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<td>PRESCRIPTION OF PSYCHOTROPIC DRUGS IN THE ASSERTIVE COMMUNITY TREATMENT TEAM OF BILBAO EZKERRALDEA</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To know the prescription habits of antipsychotic drugs and non-antipsychotic drugs in Assertive Community Treatment Team of Bilbao Ezkerraldea. Data on the specific use of medication in Assertive Community Treatment (ACT) teams is scarce in literature and even more so on non-antipsychotic drugs. The use of medication in these teams tends almost always to be considered very similar to the standard psychiatric care. Due to the broad range of disorders that can be treated within an assertive outreach, in addition to schizophrenia, we feel it is strongly recommended to review the available information about the use of psychotropic drugs in this kind of patient care. Methods: Observational, cross-sectional, and naturalistic study about prescription data of antipsychotics drugs (oral antipsychotics including clozapine and long acting injectable [LAI] antipsychotics), mood stabilizers, antidepressants and anxiolytic drugs before and after the inclusion of patients in the ACT program. Results: The total number of antipsychotic and psychotropic drugs per patient increased slightly. The number of treatments with oral atypical antipsychotic. Monotherapy with Depot with upward trend. Particularly striking are the high rates of use of antidepressants (42%) and anxiolytics (66%). The number of patients with anticholinergics, Clozapine and Lithium remains stable but they are a few who take them. Conclusions: The prescription before and after the inclusion in the ACT Team suffered different variations according to the kind of psychotropic drugs. It would be necessary to conduct a larger study to confirm the general impression that the prescription of psychotropic drugs in this team depends more on the kind of patient seen in these devices than on the specific assertive outreach.</td>
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Assertive Community Team from Gran Canaria. Data on the specific use of medication in Assertive Community Treatment (ACT) teams is scarce in literature and even more so on non-antipsychotic drugs. The use of medication in these teams tends almost always to be considered very similar to the standard psychiatric care. Due to the broad range of disorders that can be treated within an assertive outreach, in addition to schizophrenia, we feel it is strongly recommended to review the available information about the use of psychotropic drugs in this kind of patient care.

Methods: Observational, cross-sectional, and naturalistic study about prescription data of antipsychotics drugs (oral antipsychotics including clozapine and long acting injectable [LAI] antipsychotics), mood stabilizers, antidepressants and anxiolytic drugs before and after the inclusion of patients in the ACT program.

Results: The total number of psychotropic drugs per patient decreased slightly and a high percentage of patients (59.5%) had one antipsychotic drug after their inclusion in the TAC team. The number of treatments with oral atypical antipsychotic, monotherapy with depot and clozapine increased (60.8% to 63.5%, 9% to 23% and 5.4% to 12.2% respectively), while use of benzodiazepines decreased substantially (45.95% to 33.8%).

Conclusions: The prescription before and after the inclusion in the ACT Team suffered different variations according to the kind of psychotropic drugs. It would be necessary to conduct a larger study to confirm the general impression that the prescription of psychotropic drugs in these teams depends more on the kind of patient seen in these devices than on the specific assertive outreach.

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<td>Speaker</td>
<td>Joaquin Moreno Vela Psychiatrist. Assertive Community Treatment Team of Oviedo. Public Health Services of Asturias.</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To know the prescription habits of antipsychotic drugs and non-antipsychotic drugs in Assertive Community Team from Oviedo (Asturias). Data on the specific use of medication in Assertive Community Treatment (ACT) teams is scarce in literature and even more so on non-antipsychotic drugs. The use of medication in these teams tends almost always to be considered very similar to the standard psychiatric care. Due to the broad range of disorders that can be treated within an assertive outreach, in addition to schizophrenia, we feel it is strongly recommended to review the available information about the use of psychotropic drugs in this kind of patient care. Methods: Observational, cross-sectional, and naturalistic study about prescription data of antipsychotics drugs (oral antipsychotics including clozapine and long acting injectable [LAI] antipsychotics), mood stabilizers, antidepressants and anxiolytic drugs before and after the inclusion of patients in the ACT program. Results: The total number of antipsychotic and psychotropic drugs per patient increased slightly. A moderate percentage of prescription of antipsychotic depot (less than 50%) and an increase in the use of clozapine (from 6% to 10%) were observed. Particularly striking are the high rates of use of antidepressants (increase from 14% to 31%) and anxiolytics (70%). Conclusions: The prescription before and after the inclusion in the ACT Team suffered different variations according to the kind of psychotropic drugs. It would be necessary to conduct a larger study to confirm the general impression that the prescription of psychotropic drugs in these teams depends more on the kind of patient seen in these devices than on the specific assertive outreach.</td>
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## Title
PRESCRIPTION OF PSYCHOTROPIC DRUGS IN THE ÁGUILAS - LORCA ASSERTIVE COMMUNITY TREATMENT TEAM

## Speaker
Carlos Oliván Roldán
Psychiatrist. Águilas - Lorca Assertive Community Treatment Team. Public Health Services of Murcia.

## Abstract
**Objectives:** To identify prescription habits of both antipsychotic and non-antipsychotic drugs in the ACT Team of Lorca-Águilas (Murcia, Spain). Literature data available concerning drug prescription patterns in ACT patients is scarce, especially on non-antipsychotic drugs. The use of medication in these teams is usually considered to be analogous to the standard psychiatric outpatient care. Due to the broad range of mental health disorders an ACT team can include, we propose here a comprehensive analysis of drug prescription patterns across different ACT teams located in Spain.

**Methods:** Observational, cross-sectional, naturalistic and multicenter study about prescription data of antipsychotics drugs (oral antipsychotics including clozapine and long acting injectable [LAI] antipsychotics), mood stabilizers, antidepressants and anxiolytic drugs before and after the inclusion of patients in the ACT program.

**Results:** A relatively high use of LAI antipsychotics (70.6%) and a trend to use clozapine (9.8%) were observed. High rate of antidepressant use (29.4%) and anxiolytic use (52.9%) were particularly striking. We identified certain “advanced” drug practices requiring great supervision and monitoring that are almost unique to ACT teams such as co-administration of fluvoxamine to enhance clozapine therapy and association of different LAIs in selected complex patients.

**Conclusions:** Prescription patterns in ACT Teams fit somehow into the general picture of standard outpatient care with some meaningful differences which are not likely to be implemented in less intensive outpatient resources due to its complexity. However, it would be desirable to conduct a larger study to confirm whether the different prescription patterns of psychotropic drugs in ACT teams depend upon the patient diagnosis, the psychiatrist personal background or upon the distinguishing characteristics of the ACT model.

## References
Session: Regular Symposium
Title: **The inter-correlations among behaviors, brain and mental disorder - a neuroimaging perspective**

Chairperson: Dr. Frank Huang-Chih Chou; Kaohsiung City Municipal Kai-Syuan Psychiatric Hospital, Kaohsiung, Taiwan.

**Abstract**

We used to approach the human behaviors with psychological thinking. For example, a repeated maltreatment dog will show hypersensitivity to false-alarm electronic shock which memory could play an important role in so called “a conditioning learning”. Although psychological training helps psychiatrist to become an excellent observer in clinical setting, however, only sticking on traditional psychological terminology to insight the phenomenon of psychiatric manifestation could be harmful to further understand the intimately interaction between the human behaviors and brain in molecular levels. In this symposium, several kinks of brain image techniques will be covered such as fMRI, sMRI, MRS, PET and SPECT. Firstly, the image of neurotransmitter system will be provided including the development of new tracers and occupancy model which has been extensively used in pharmaceutical industry. The potential clinical application of MRI and integrate of multiple modalities will be discussed later. The weakness of neuroimaging in psychiatry will also be discussed. Secondary, using diffusion spectrum imaging, we will demonstrate that youths with ADHD or autism have disturbed microstructural integrity of several fiber pathways corresponding to their neuropsychological deficits and language / social dysfunction, respectively. Finally, we will demonstrate the inter-correlations between behaviors and human brain, based on our studies results, which substance abusers, major depression disorder, life events, social supports, HPA axis, dexamethasone suppression test and seasonal changes will be used as examples for explaining neuroplasicity in brain. Neuroimaging tools could provide a bridge to see more clearly the so called “invisible mental effects”.

Speakers: Yen Kuang Yang (Taiwan), Susan Shur-Fen Gau (Taiwan), Yuan-Hwa Chou (Taiwan).
explaining neuroplasicity in brain. Conclusions: Neuroimaging tools could provide a bridge to see more clearly the so called “invisible mental effects”.

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<th>Session:</th>
<th>Regular Symposium</th>
<th><strong>SPEAKER 2</strong></th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>WHITE MATTER INTEGRITY ASSESSED BY DIFFUSION SPECTRUM IMAGING IN AUTISM AND ATTENTION DEFICIT HYPERACTIVITY DISORDER</td>
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<td>Speaker</td>
<td>S. S.-F. Gau¹</td>
<td>¹. National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan.</td>
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<td>Abstract</td>
<td>Objectives: The aims of this study are to explore autism and ADHD, using Diffusion Spectrum Imaging (DSI). Methods: We examined the microstructural integrity of frontostriatal tracts and cingulum in attention deficit hyperactivity disorder (ADHD) and its correlations with attention, executive function, and ex-Gaussian parameters of reaction time; and investigated that of association fibers and dorsal and ventral pathways related to language processing and social function in autism and their associations with brain activation and language function. In addition to the core symptoms, youths with ADHD, with autism, and matched typically developing (TD) youths were assessed with the Continuous Performance Test (CPT) and the Cambridge Neuropsychological Test Automated Battery (CANTAB) involving executive function. We computed the ex-Gaussian distribution of reaction time derived from CPT. The white matter tracts were reconstructed by DSI tractography. Tract-specific analysis was used and generalized fractional anisotropy (GFA) values were measured along individual targeted fiber tracts to investigate alterations in microstructure integrity. Results: We found youths with ADHD had lower GFA in four bilateral frontostriatal tracts, performed worse in CPT and CANTAB, and had larger σ and τ ex-Gaussian parameters. Overall, the integrity of frontostriatal tracts was associated with executive functions and the three ex-Gaussian parameters in the ADHD and TD groups, and with attention performance only in the control group. The integrity of cingulum was associated with the three ex-Gaussian parameters noted in the ADHD group only. For the autism research, we found loss of leftward asymmetry of association fibers and reduction of interhemispheric connection related to languages and social function; and the possible involvement of the ventral and dorsal pathways to compensate semantic processing in high-functioning autism. Conclusions: Our findings indicate youths with ADHD and youths with autism have disturbed microstructural integrity of several fiber pathways corresponding to their neuropsychological deficits and language/social dysfunction, respectively.</td>
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<tr>
<td>Title:</td>
<td>TOWARD THE CLINICAL APPLICATION OF BRAIN IMAGE IN PSYCHIATRY</td>
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<td>Speaker</td>
<td>Y.-H. Chou¹</td>
<td>¹. Taipei Veterans General Hospital, Taipei, Taiwan.</td>
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<td>Abstract</td>
<td>Objectives: Psychiatrists have known at least 100 years that mental illness must be fundamentally due to perturbations in the normal neural activity in the brain. Although Emil Kraepelin identified diseases such as schizophrenia and manic-depressive psychosis that form the basis of contemporary psychiatry nosology, he was unable to identify the neural mechanism of mental disorders. The development of technology of brain image during the past 15 years has changed the situation significantly. However it is still questionable for clinical application since most of results were either inconsistent or non-replicated. This situation made the dream that applied brain image in clinical use far away. Methods: In this presentation I will summarize the most convincing results as far as the beginning of brain image research. Several kinks of brain image techniques will be covered in this presentation such as fMRI, sMRI, MRS, PET and SPECT. Results: Firstly, the study on image of neurotransmitter system will be provided in details including the development of new tracers as well as the occupancy model which has been extensively used in pharmaceutical industry. The potential clinical application of structural MRI and integrate of multiple</td>
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modalities will be discussed in the second. The weak point of brain image in psychiatry will also be discussed. Lastly, a tentative conclusion will be drawn on how we should use brain image techniques for our patients in the future. The long-term promise of brain image is substantial.

Conclusions: It will permit the mapping of cerebral function in normal individuals so that we can achieve a better understanding of normal brain structure, physiology, chemistry and functional organization. On the basis of knowledge the abnormalities underlying the major mental illness can also be mapped.
### OVERALL ABSTRACT

**Title:** Cardiovascular disease and obesity in bipolar disorder: translational research focused on epidemiology and genetics

**Chairperson:** Renato Alarcon (USA).

**Abstract**

Bipolar disorder (BD) presents with high rates of medical morbidity, such as cardiovascular disease and obesity. Also, high mortality rates due to cardiovascular disease have been reported in this population. The first lecture will focus on phenotype analyses from the Mayo Clinic Bipolar Biobank. Clinical correlates of obesity and binge eating disorders were explored in a sample of 1175 patients with BD. High rates of obesity were found (43%). Differential clinical correlates patterns were found for BD+binge eating disorders (BED) and BD+obesity, even after adjusting for obesity or BED, respectively. Patients with BD+BED showed markers of higher illness severity.

The second lecture will be aimed at the subsequent risk of cardiovascular disease and mortality due to cardiovascular illness in patients with BD. A systematic review and meta-analysis of all the published case-control and cohort studies of myocardial infarction and stroke in BD showed a differential risk for both diseases. In a separate study, shared genetic variants were found between BD and peripheral atherosclerotic disease. Potential mechanism involved will be discussed.

A secondary GWAS study was conducted using publicly available genomic data from the Genomic Association Information Network (GAIN), testing the risk of 729,454 single nucleotide polymorphisms (SNP) on BD, after adjusting for BMI, which will be part of the third lecture. Rs1277242 in an intron of TCF7L2 (associated with Diabetes type II) showed genome-wide significant association, displaying a protective effect in low BMI patients with BD. Implications for BD and obesity comorbidity will be referenced.

**Speakers**

Mark A. Frye (USA).
Miguel L. Prieto (Chile).
Alfredo B. Cuéllar-Barboza (Mexico).

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### SPEAKER 1

**Title:** THE MAYO CLINIC BIPOLAR BIOBANK: FOCUS ON METABOLIC DISORDERS

**Speaker**

Mark A. Frye, M.D.
Mayo Clinic, Rochester, MN, USA.

**Abstract**

**Objectives:**

Mayo Clinic established a bipolar disorder biobank to enable clinical and biomarker studies of disease risk and treatment response.

**Methods:**

The SCID was used to confirm bipolar I, bipolar II, or schizoaffective bipolar disorder and the BIB-CQ and BIB-PQ were designed to collect detailed demographic and clinical data, including clinical course of illness measures that would delineate differential phenotypes for subsequent analyses. Blood specimens were obtained (45mL) from all enrolled subjects with various aliquots stored for future research.

**Results**

The first 1175 participants (69.6% BPI, 28.5% BPII, 1.9% schizoaffective BP, 59.7% female) enrolled in the biobank were predominantly Caucasian (91%) with a mean age of 42.5 ± 15 years. Clinical phenotypes included: history of psychosis (43.4%), high medical comorbidity (46.2%), and obesity (43.5%). Multivariate regression models were developed for the cardiac phenotype. Adjusting for classic cardiac risk factors, age (OR 1.04, 95% CI 1.02-1.05), hypertension (OR 2.22, 95% CI 1.52-3.25) and history of psychosis (OR 1.51, 95% CI 1.05-2.17) remained significantly associated with cardiovascular disease among patients with bipolar disorder. In a similar multivariate model: age (OR 1.06, 95% CI 1.04-1.07), cardiovascular disease (OR 2.29, 95% CI 1.41-3.72), male gender (OR 1.66, 95% CI 1.16-2.39), higher BMI (OR 1.05, 95% CI 1.03-1.08) and the mood instability sum (OR 1.20, 95% CI 1.06-1.36) were associated with higher rates of hypertension in bipolar disorder.
Conclusions:
Quantifying phenotypic patterns of illness, beyond bipolar subtype, will provide more detailed clinical disease characteristics for subsequent genomic analyses. This phenotypically-rich resource will continue to enroll new subjects with clinical data and biological samples for future study and discovery of genomic biomarkers utilizing state-of-the-art research technology to help stage disease burden and better individualize treatment selection for patients with bipolar disorder.

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<th>Session: Regular Symposium</th>
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<tr>
<td>Title: CARDIOVASCULAR DISEASE IN BIPOLAR DISORDER: MORBIDITY, MORTALITY AND POTENTIAL BIOMARKERS</td>
<td>Miguel L. Prieto, M.D. Universidad de los Andes, Santiago, Chile.</td>
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<td>Abstract: Objectives: While it is well known that mortality due to cardiovascular disease (CVD) in bipolar disorder (BD) is higher than the general population, the differential contribution from risk factors to the risk of this medical comorbidity in patients with BD is not fully understood.</td>
<td>Methods: A sample of 988 patients with BD confirmed by Structured Clinical Interview for DSM-IV-TR disorders (SCID) from the Mayo Clinic Bipolar Biobank was included. Course of illness measures included assessment of medical comorbidity utilizing the Cumulative Illness Severity Rating Scale (CIRS). The 13-item organ-based scale records CVD and hypertension (HT) disease severity. Confirmed by medical record review, patients who scored 1 (current mild or past significant problem) or higher were compared by logistic regression to patients who scored 0 (no impairment), adjusting for potential confounders.</td>
<td>Results: In multivariate models, older age [odds ratio (OR) 1.04, (CI) 1.02-1.05], hypertension (OR 2.22, 95% CI 1.52-3.25) and history of psychosis (OR 1.51, 95% CI 1.05-2.17) were associated with CVD. However, other typical CVD risk factors (gender, smoking, BMI) were not associated with CVD. In multivariate models older age (OR 1.06, 95% CI 1.04-1.07), CVD (OR 2.29, 95% CI 1.14-3.72), male gender (OR 1.66, 95% CI 1.16-2.39), high BMI (OR 1.05, 95% CI 1.03-1.08) and mood instability (OR 1.20, 95% CI 1.06-1.36) were associated with HT.</td>
<td>Conclusions: Psychosis emerged as a novel association with cardiac disease among patients with BD. Potential underlying mechanisms should be explored.</td>
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<tr>
<td>Title: THE GENETIC RISK FOR BIPOLAR DISORDER WHEN ACCOUNTING FOR OBESITY: INVOLVEMENT OF TCF7L2 AND THE WNT CANONICAL PATHWAY</td>
<td>Alfredo B. Cuéllar-Barboza, M.D. Universidad Autónoma de Nuevo León, Monterrey, México.</td>
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<td>Abstract: Objectives: Bipolar disorder (BD) has been associated with higher body mass index (BMI) and BD patients with high BMI have a distinct disease course. This study sought to determine if BMI modifies the genetic risk of BD.</td>
<td>Methods</td>
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We conducted a genome wide association (GWA) study, using publicly available data from the Genomic Association Information Network (GAIN), accounting for marginal effects and SNP*BMI interactions. 729,454 SNPs were genotyped, on 388 bipolar cases and 1020 healthy controls, with available data for maximum BMI. We performed pathway analysis and gene-set analysis to establish interaction networks, and SNP main effects at the pathway level. 724 BD cases and 770 controls from the Mayo Clinic Bipolar Biobank were used for replication.

Results
Rs1277242 in an intron of TCF7L2, showed genome-wide significant association; displaying a SNP*BMI interaction effect. This association was replicated in the independent sample. TCF7L2 is a notable genetic risk factor for Type 2 Diabetes, a transcription factor in the Wnt canonical pathway; involved in the bipolar medication mechanisms, neurogenesis and neuroplasticity. Pathway analysis and gene-set analysis provided further evidence of associations at the pathway level.

Conclusions
We provide evidence that suggests that BMI modifies BD genetic risk. Further functional studies are needed to unveil the mechanisms of this association.

References

Stigma, general concepts, international guidelines for combat and their applicability in Mexico

Chairperson
Dr. Eduardo Ángel Madrigal de León. Chief Executive of the Psychiatric Care Services/ Professor in Guadalajara University (UdeG). México, D.F.

Abstract
The stigma of people with mental disorders is a common phenomenon that leads to discrimination and delays treatment. Its assessment is a prerequisite for the design of government strategies to effectively prevent and combat.

Objectives. The international guidelines for management of stigma turn around six key points: 1. The increase in the development and use of drugs to control symptoms and minimize side effects, because that stigmatize. 2. The generation of community activities aimed at changing attitudes. 3. The inclusion of anti-stigma education for teachers and health professionals. 4. Promote psychoeducation of patients and their families about ways to live with the disease. 5. Involve patients and families in identifying discriminatory practices. 6. Promote legal and social actions to reduce discrimination.

Methods. The electronic databases of PubMed, Ovid and PsycINFO were searched for reviewed articles published from January 2003 to December 2013, by using the key words “stigma,” “social stigma”, “self-stigma”, “internalized stigma,” “perceived stigma,” and “stigma intervention.”

Results. One of the most significant problems of persons with mental disorder and mental health professionals is the stigma. The main barriers to applying in Mexico the international guidelines for management of stigma, are the economic limitations for mental health and the clear indifference to mental illness with erratic and dispersed health policies.

Conclusions. The introduction of anti-stigma policies is one of the most important challenges of mental health professionals in our country today, we need to find the best way to work with national and the international agencies to improve our health policies.

Speakers
Eduardo Madrigal de León (Mexico).
Juan Luis Vázquez Hernández (Mexico).
EduardoNuñez Bernal (Mexico).

STIGMA AND GENERAL CONCEPTS

Speaker
E.A. Madrigal1, JL Vázquez2, E. Nuñez3.
1. Psychiatric Care Services, México D.F.
2. Mexican Psychiatric Association (MPA), México D.F.
3. Psychiatric Hospital "Fray Bernardino Álvarez", México D.F.

Abstract
Objectives. Identify and remember basic concepts of mental health stigma.

Methods. The electronic databases of PubMed, Ovid and PsycINFO were searched for reviewed articles published from January 2003 to December 2013, by using the key words “stigma,” “social stigma”, “self-stigma”, “internalized stigma,” “perceived stigma,” and “stigma intervention.”

Results. The consciousness allows the creation and transcendence, but also generates existential angst with ancestral fears like a fear of death and fear of insanity. The Greeks, who apparently knew a lot of visual aids, originated the term stigma to refer to bodily signs which are trying to show something bad and unusual in the moral status of those who had. Goffman defined it as a condition, attribute, trait or behavior that makes its wearer to be included in a negative social category and see them culturally unacceptable or inferior. However, that the concept of stigma is not static and fixed but one that is influenced by the social changes over any given epoch. Although it seems that the stigma has a long historical and an almost universal extension, there are more tolerant societies, although it is unclear how much of that apparent tolerance is a real phenomenon or associated with cultural variables.

Unfortunately, the definition of stigma, what it is and how it develops, the leaves unanswered why it
occurs and people with mental illness have to face two problems: The symptoms of the same disease and the effects of stigma associated with their disease.

Conclusions. The person with chronic mental illness in addition to disability and difficulty of integration derived directly from the disease, the consequences of social prejudice against mental illness and those who suffers.

References


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Session: Regular Symposium | SPEAKER 2
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Title: STRATEGIES TO COMBAT STIGMA
Speaker | EA. Madrigal1, JL Vázquez2, E. Nuñez3.
1. Psychiatric Care Services, México D.F.
2. Mexican Psychiatric Association (MPA), México D.F.
3. Psychiatric Hospital "Fray Bernardino Álvarez", México D.F.
Abstract | Objectives. Identify the strategies that have been implemented in Mexico to combat stigma, Where are we and where are we going?

Methods. The electronic databases of PubMed, Ovid and PsycINFO were searched for reviewed articles published from January 2003 to December 2013, by using the key words “stigma,” “social stigma”, “self-stigma”, “internalized stigma,” “perceived stigma,” and “stigma intervention”.

Results. The stigma linked to mental illness is a "primary barrier" to treatment and recovery. It has been identified that internalized stigma differs in psychiatric disorders, which may be due to schizophrenia, substance abuse and bipolar disorder are more stigmatized conditions in society, generating a lower social adaptation.

Mental Health Literacy (MHL) is an element that is being used, considering it a tool to reduce stigma and treatment gap for patients with mental illness. MHL campaigns for medical students must undertake to increase awareness of the essential characteristics of mental disorders. They are creating new policies that promote equality and human rights of psychiatric patients.

Conclusions. There are multiple tasks and long way to go, but our country there is growing research regarding stigma, there is still much work to be done. Strengthen education and promotion of mental health, agreed and supported by scientific evidence, stripped of prejudice or ideological positions, improve information to patients and their families with consistency in diagnosis and treatment. Measure their impact and find the best alternative to the suggestions of the International Organizations are the backbone of our health policies, is one of the Most Important challenges of mental health professionals in our country today.

References


### Session: Regular Symposium  
**SPEAKER 3**  
**Code** SY592

### Title: DIFFICULTY TO IMPLEMENT INTERNATIONAL GUIDELINES ANTI-STIGMA IN MEXICO

### Speaker
EA. Madrigal1, JL Vázquez2, E. Nuñez3.
1. Psychiatric Care Services, México D.F.
2. Mexican Psychiatric Association (MPA), México D.F.
3. Psychiatric Hospital "Fray Bernardino Álvarez", México D.F.

### Abstract
Objectives. Recognize the limitations of Mexico with respect to the implementation of the International Guidelines anti-stigma.

Methods. The electronic databases of PubMed, Ovid and PsycINFO were searched for reviewed articles published from January 2003 to December 2013, by using the key words “stigma,” “social stigma”, “self-stigma”, “internalized stigma,” “perceived stigma,” and “stigma intervention”.

Results. According to literature, it is important to develop anti-stigma programs taking into account cross-cultural considerations. Research in this field shows that interventions against stigma should be applied at different levels to achieve changes in society, however, it seems necessary to initiate structural changes, as for long-term changes necessary work package of interventions education and changes in the structure of the current system.

In Mexico's anti-stigma interventions are focused on a few study groups are not implemented at the national level and in many cases the results are not reported.

There is no funding to establish national programs with a clear disregard for the mental illness demonstrated in erratic and scattered health policies.

Conclusions. In recent years there have been advances in the fight against stigma in Mexico, with the emergence of associations of social, family and professionals that promote education, however there is still a long way to go, since it is necessary to make changes different structural levels to promote education and reduce social discrimination and legal actions.

### References
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<th>OVERALL ABSTRACT</th>
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<tr>
<td><strong>Title:</strong> Prevention strategies for mental health, the best alternative for emerging countries</td>
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<tr>
<td>Chairperson</td>
<td>Dr. Juan Luis Vázquez Hernández. President of Mexican Psychiatric Association (MPA). México, D.F.</td>
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<td>Abstract</td>
<td>Objectives. To show the latest findings on the effectiveness of prevention strategies, from the traditional classification of Public Health (primary, secondary and tertiary prevention) and the Medicine Institute (universal, selective and indicated interventions) in the area of psychiatric illness. Particularly in high epidemiological impact conditions such as anxiety disorders, major depression, schizophrenia and addictions.</td>
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<td>Methods. Was performed a search in the databases PubMed, Ovid and PsycINFO for articles published from January 2003 to December 2013, we include keywords according to each topic considered high epidemiological impact were used.</td>
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<td>Results. In the last twenty years, there have been significant advances in the prevention of Mental Health. Showing that opportune and specific evidence-based interventions can decrease so significantly the prevalence and burden of most mental disorders.</td>
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<td>Conclusions. The model of psychiatric care, particularly in emerging countries, is still predominantly curative. A paradigm shift to focus on prevention is urgent for mental health in these countries. Discuss its feasibility and the main barriers for implementation in countries like Mexico is a crucial issue.</td>
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<td>Speakers</td>
<td>Rafael Medina (Mexico). Yanik Osorio (Mexico). Gabriela Cortés (Mexico). Wazcar Verduzco (Mexico).</td>
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<tr>
<td><strong>Title:</strong> BASIC CONCEPTS OF PREVENTION IN MENTAL HEALTH AND PREVENTION OF ANXIETY DISORDERS</td>
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<tr>
<td>Speaker</td>
<td>JL Vázquez¹, R. Medina², Y. Osorio³, G. Cortés³, W. Verduzco⁴.</td>
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<td>¹ Mexican Psychiatric Association (MPA), México D.F.</td>
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<td>² CAISAME, Long Stay Jalisco Institute of Mental Health, Guadalajara, México.</td>
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<td>³ Psychiatric Care Services, México D.F.</td>
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<td>⁴ Mexican Institute of Social Security (IMSS), México D.F.</td>
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<td>Abstract</td>
<td>Objectives. To show the role of preventive medicine in contemporary psychiatry from the new classification models of prevention strategies, as proposed by the National Institutes of Health in the United States. To introduce anxiety disorders as a successful paradigm of prevention strategies.</td>
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<td>Methods. Key documents on prevention in mental health published by the World Health Organization were analyzed and a search was conducted in the databases PubMed, Ovid and PsycINFO for articles published from January 2003 to February 2014. Keywords used were &quot;prevention&quot;, &quot;prevention strategies&quot;, &quot;anxiety&quot; and &quot;anxiety disorders&quot;.</td>
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<td>Results. Prevention has always been a controversial and complex issue in the area of mental health, however, within the range of interventions, both prevention and promotion have been holding for a growing body of knowledge from various disciplines; showing comparable effectiveness to that presented in other areas of health.</td>
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<td>Anxiety disorders are the most prevalent mental health problems. These disorders tend to be less severe and costly than affective disorders; however, for its high prevalence they represent a similar burden in society. So it should be taken into account that burden associated with anxiety has other common factors</td>
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such as depression and substance abuse.

The evidence is consistent in showing that it is highly feasible to prevent the onset of anxiety, decrease their intensity and even prevent many of the comorbid conditions of the general and at risk population.

Conclusions. Psychiatry has new intervention models where prevention strategies may be of very high impact. It should be placed particular emphasis on disorders with increased burden and prevalence such as affective and anxious disorders.

Regarding anxiety disorders, public health policy should consider universal strategies focused on prevention. Individual strategies based on cognitive behavioral models, which have shown significant success rates, should be applied as recommended and indicated strategies for risk population.

References
Title: CHILD ABUSE PREVENTION STRATEGIES

Speaker: JL Vázquez¹, R. Medina², Y. Osorio³, G. Cortés³, W. Verduzco⁴.
¹ Mexican Psychiatric Association (MPA), México D.F.
² CAISAME, Long Stay Jalisco Institute of Mental Health, Guadalajara, México.
³ Psychiatric Care Services, México D.F.
⁴ Mexican Institute of Social Security (IMSS), México D.F.

Abstract
Objectives. Identify patterns and prevention programs against child abuse. View the latest findings regarding the effectiveness of prevention strategies in child abuse cases.

Methods. Was performed a search in the databases PubMed, Ovid and PsycINFO for articles published from January 2003 to December 2013 were used the following keywords "adult survivors of child abuse," "child abuse", "prevention of child abuse" "interventions in child abuse", "guidance", “abuso infantil” y “violencia infantil”.

Results. There is strong evidence of harm in the short and long term health, development and child welfare effect of abuse. The effects of child abuse can last throughout adulthood and include anxiety, depression, substance abuse and self-destructive, oppositional or antisocial behaviors. In adulthood, there may be difficulties in the exercise of parenting, form and sustain relationships and maintain jobs. Physical abuse can result in lifelong disability, in addition to the effects on mental health and can sometimes even be fatal.

Conclusions. The high cost of child abuse and neglect for both the individual and society underpins the duty and responsibility of all organizations for be proactive in safeguarding the health, development and child welfare.

Each hospital should have policies/procedures to ensure consistency and accountability in cases of child abuse and neglect. These policies in turn be subject to periodic review to ensure compliance with state and local regulations.

Homogenize the legal definitions of terms related to child abuse as they may vary from state to state.

References

Session: Regular Symposium | SPEAKER 4 | Code | SY593

Title: PREVENTION STRATEGIES FOR SCHIZOPHRENIA

Speaker: JL Vázquez¹, R. Medina², Y. Osorio³, G. Cortés³, W. Verduzco⁴.
¹ Mexican Psychiatric Association (MPA), México D.F.
² CAISAME, Long Stay Jalisco Institute of Mental Health, Guadalajara, México.
³ Psychiatric Care Services, México D.F.
⁴ Mexican Institute of Social Security (IMSS), México D.F.

Abstract
Objectives. To identify the strategies that have been proposed and implemented in many countries to prevent schizophrenia.

Methods. A search was performed in the databases PubMed, Ovid and PsycINFO for articles published from January 2003 to March 2014. The key words "prevention", "prevention strategies" and "schizophrenia" were used.

Results. Schizophrenia is a serious and complex mental illness. It has a chronic, heterogeneous and unpredictable course, whose etiology is assumed multifactorial. Those who suffer it, must deal with psychotic and affective symptoms, disabilities and handicaps, cognitive impairment, and consequently the impairment in their quality of life. Failure to comply with the use of antipsychotic medications, which may be up to 75%, leads to relapses and repeating hospitalizations.
Based on the above, however the literature review shows the limitations for the primary prevention of the disorder, public health activities aimed at influencing the identified risk factors could have an impact in reducing the incidence of the disease. On the other hand, secondary prevention includes psychoeducational interventions focused on disease management, adherence and learning strategies for handling crisis situations and prevent relapses, all of this, decreasing the burden of disease through psychosocial rehabilitation.

Conclusions. Given the complexity of the disorder, the greater and better knowledge of the risk factors identified so far will allow to design effective preventive strategies.

### Title:
**Gender a multidimensional concept. A new approach with future implications in psychopathology and mental health disorders in women**

### Chairperson
Ana Gozález-Pinto Arrillaga. Professor of Psychiatry. Alava University Hospital. Basque University Hospital

### Abstract
**Objective:**
The World Health Organization has identified gender as a critical determinant of mental Health and mental illness and suggested that integrating gender considerations in health research contributes to better science and consequently to more effective and efficient mental health programs.

**Method:**
In this symposia it is analyzed the gender as a multidimensional concept. Gender as a paradigm has been omitted in Descriptive Psychopathology, and this should be included in the way some clinical disturbances are presented. Gender differences are variations that result from biological sex as well as an individual self-representation that includes the psychological, behavioural, and social consequences of one’s perceived gender as it is recently included in DSM-5. A return to the definition of gender as the term that subsumes masculinity and femininity (male versus female) could also have implications in Psychopathology and for the study of Mental Health Disorders. It will be an advance in preventive, diagnostic, and therapeutic Mental health care practices. Gender bias in research could be defined as a systematically erroneous gender-dependent approach related to social construct, which incorrectly regards women and men as similar/different.

**Reflection:**
Most gender bias can be found in the context of discovery but it has also been found in the context of justification, which would be improved. It is necessary a reflexion for future research.

### Speakers
- Margarita Saenz Herrero (Spain).
- Magdalena Marino (USA).
- Beatriz Payá (Spain).
- Olatz Napal (Spain).
- Belén Sanz-Aránguez (Spain).

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### Title:
**WOMEN MENTAL HEALTH ALL OVER THE WORLD: POVERTY, DISCRIMINATION, AND VIOLENCE. SOCIO-POLITICAL ASPECTS**

### Speaker
Magdalena Marino, MA, LMSW.
Roberto Clemente Center, New York (USA)

### Abstract
**Objective:**
This presentation has as objective the review and discussion of some of the challenges that women face in the health system, especially the lack of access that suffer much of the world’s female population, and the insufficient awareness of their specific needs. We will defend a change of approach to the women’s health issues whenever and wherever they need to use the health system.

**Methods:**
To thereby, we will describe some gender inequalities that appear from the family microsystems to social and political macrostructures of power and world organization that are some causes behind the female pathology: gender violence, poverty, migration, human trafficking, and violence used against women during armed conflicts. In conclusion, we talk about lack of social justice, an ignored strong cause of psychopathology, and its effects in women’s mental health.
Conclusions:
After analyzing these aspects, we suggest some recommendations to mental health professionals for possible lines of work from the health system, with the objective of making a change possible, a change based in the empowerment of women, considering health professionals as active agents and enablers of that empowerment.

References


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<th>SPEAKER 2</th>
<th>Code</th>
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<tr>
<td>Title:</td>
<td>SEX AND GENDER DIFFERENCES IN ADOLESCENCE DEPRESSION</td>
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<tr>
<td>Speaker</td>
<td>B. Payá. Child and Adolescence Psychiatrist. Hospital Marques de Valdecilla, Santander. Spain</td>
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<tr>
<td>Abstract</td>
<td>Objective</td>
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<td>Adolescence is a key period in the acquisition of autonomy and the formation of personal identity, sociocultural pressure becomes particularly important. In this sense, the familiar and social context, which is closer to the adolescent is crucial for the transmission of cultural values and stereotypes. Methods</td>
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<td>In this lecture, differences between males and females in diverse aspects of the clinical manifestations of depressive disorders will be reviewed, as well as biological, cognitive and social factors that attempt to explain gender differences in adolescence depression. Conclusions:</td>
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<td>Finally, it is necessary to take into account that the role and gender stereotypes internalised by patients and health professionals can influence both the way of manifestation of depressive disorders and the clinical attention provided.</td>
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<th>Session: Regular Symposium</th>
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<tr>
<td>Title:</td>
<td>LIFE INSCINT AND SUICIDE. A GENDER PERSPECTIVE</td>
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<td>Speaker</td>
<td>O. Napal Alava University Hospital, Vitoria-Gasteiz, España.</td>
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<td>Abstract</td>
<td>Objectives:</td>
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<td>The instinct for survival or self-preservation represents the most relevant tendency of the human being, as the development of other instincts and vital functions depends on it.</td>
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<td>Life and death are interdependent; they exist simultaneously and not consecutively and they exert an enormous influence on experience and behavior.</td>
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<td>Our life and hence our experience, behavior, and identity (including gender) are related to experiences of change, pain, risk, symptoms, ambivalence, loneliness, the experience of “the others”, the grief, the anxiety before death and the perception of the meaning of life.</td>
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<td>Methods:</td>
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<td>Based on Pierre Bourdieu’s model, through his work “Masculine Domination”, we conduct an analysis of how culture and society interfere/interact in our behavior, therefore in our lifestyle and hence in our identity (from a gender perspective) to the extent that we unconsciously add incorporations (from that culture/society) and subsequently assume them as “natural”, “immovable” aspects that are determined by our sex, biologically.</td>
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Results/Conclusions:
However, things are not as simple as that because, if so, we would not feel disagreement with those behaviors/manifestations/ways of feeling that are given to us “naturally”, and that is where de human being (regardless of sex/gender) makes an effort to “take the reins” of what belongs to him: his life, his body. We will thus approach the subject of suicide from some different theoretical perspectives and models, as well as the subject of self-harm, where we will also specifically address self-mutilations, and conclude by providing our reflection.

References

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<tr>
<td>Title:</td>
<td>PSYCHOPATHOLOGY, ART AND GENDER</td>
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<td>Speaker</td>
<td>M. del Rio Diéguez: Universidad Autónoma de Madrid. B. Sanz-Aráñuez Ávila: Hospital Universitario Puerta de Hierro Majadahonda</td>
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| Abstract | Objective
The objective of this lecture is to show how the artistic medium brings an experiential framework into play. This framework facilitates the integration of sensorial, affective, cognitive and relational elements, wherein it is possible to address some of the difficulties derived from the patriarchal structure inherent to Western societies.

Methods:
We will show these processes through several clinical examples; however, before doing so, we must pause and consider a few aspects.
1. Artistic language.
2. Experience and language.

Reflexions/Conclusion:
Many of the creative processes developed within the framework of the therapeutic device we are proposing, which have proven to be key in initiating significant individual subjectivity, must be observed from a gender perspective in order to be understood, and addressed from that “network of beliefs, personality traits, attitudes, values, behaviours and activities that differentiate men from women” (Burin & Meler, 2000, p. 23) (1).
We will take these processes, insofar as they are discursive inscriptions allowing to reframe formulas regarding power, control and regulation which, a priori, appear to be unshakeable, as the axes of our presentation.

References
Merleau-Ponty, Maurice, Fenomenología de la percepción (Phenomenology of perception), Editorial Altaya, Barcelona, 1999.
**Session:** Regular Symposium  
**OVERALL ABSTRACT**  
**Code:** SY596

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<th><strong>Title:</strong></th>
<th><strong>Health care policy: outreach to government</strong></th>
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<td><strong>Chairperson:</strong></td>
<td>Prof. John McIntyre</td>
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**Abstract**

**Objectives:**
Changes in the global economy has caused major shifts in how governments make health care policy decisions. This shift presents particular challenges for policy makers and mental health professionals and affects the ways they cooperate with each other.

**Methods:**
How do special interest groups and their members choose how best to influence government policy? What kinds of expert opinions on mental health matters do politicians find useful? These relationships give psychiatrists around the globe opportunities to affect legislation that can affect the health of their patients and communities.

**Results:**
Some studies show a direct correlation with the amount of time interest groups devote to advocacy and the probability of legislative success. It remains unclear how medical specialty organizations can best influence what actually gets passed.

**Conclusion:**
These strategies are important to members of the World Psychiatric Association, who need to keep informed about what succeeds in the political process so they can best work with their legislatures.

This symposium will focus on specific ways psychiatrists can provide information to government on health care policy and how impending legislation is likely to soon have a major influence on healthcare delivery in the USA. Presentations will focus on how individual psychiatrists can work with their Representatives, what bills Congress and the state legislatures are considering, and how the American Psychiatric Association can help frame the important issues for legislators to consider and how to best advocate for the adoption of laws that would help.

**Speakers**

Kenneth Busch (USA).  
Bruce Hershfield (USA).  
Paul Summergrad (USA).  
Saul Levin (USA).

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| **Session:** | Regular Symposium  
**SPEAKER 1**  
**Code:** SY596 |
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<tr>
<td><strong>Title:</strong></td>
<td>HOW PSYCHIATRISTS CAN BEST WORK WITH LEGISLATORS</td>
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<tr>
<td><strong>Speaker:</strong></td>
<td>K. Busch¹</td>
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¹American Psychiatric Association Assembly, Chicago, IL - USA

**Abstract**

**Objectives:**
The economy and budgets have caused a major shift in how health care policy decisions are made by governments on a global basis. This shift has created particular challenges for policymakers across the world. This presentation will highlight the importance of being well-informed about the political process and the need to develop relationships with policy makers.

**Methods:**
How do interest groups choose across different kinds of lobbying to influence policy? Most groups wish to develop relationships with policymakers to shape policy decisions to their liking. In return politicians have a strong incentive for expert opinion on matters of importance to them. They are eager to learn about technical information as it relates to legislation. They hope to measure public opinion from their constituents and how it will influence voters in the next election. This kind of relationship presents a special opportunity for psychiatrists across the globe to lobby on essential health care policy matters.
Results:
Political science research has focused on the relationship between lobbying from interest groups and the effect it has on policy outcomes. Some studies show a direct correlation with the amount of time interest groups devote to advocacy and the probability of legislative success. The extent to which organized interests can impact members in legislatures is a matter of political debate. Voting behavior has multiple determinants. It can include leadership position, party affiliation, policy goals, constituency concerns, and expertise and interest in a particular policy.

Conclusion:
Why is this research important to members of the World Psychiatric Association (WPA)? Office holders want to hear from their constituents and what they are saying. In turn constituents want to meet their legislators and find out about their interests. It is through this kind of networking that legislators will become better educated about health care policy and our patients.

Session: Regular Symposium
Title: WHAT’S CONGRESS GOING TO DO?
Speaker: B. Hershfield
John Hopkins University School of Medicine, Baltimore, MD, USA.

Abstract
Objectives:
To conceptualize the problems facing the mental health delivery system in the USA and the legislative attempts to correct them.

Methods:
A description of the most important public mental health problems, followed by a review of current and proposed federal and, in some instances, state legislation designed to address them.

Results:
Some of the proposed legislation is likely to be enacted into law, though some is likely to fail. There will be some discussion of the reasons for the different levels of success.

Conclusion:
Although there is widespread agreement among many residents of the USA that mental health issues, particularly related to violence, need to be addressed; Congress is unlikely to pass legislation in the near future that will significantly resolve them. The perception that the solutions would be costly, and a lack of agreement about how to work together to pass legislation have damaged the chances of resolving some of these issues and are likely to continue to do so in the near future.

Session: Regular Symposium
Title: WHAT THE AMERICAN PSYCHIATRIC ASSOCIATION WOULD LIKE TO SEE LEGISLATORS DO
Speaker: P. Summergrad
Tufts University School of Medicine and Tufts Medical Center, Boston, MA USA.

Abstract
Objective:
With passage of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act, the last several years have been one of the most transformational periods in American history with regard to mental health. The goal of this presentation is to provide a perspective on the major domains of the legislative advocacy agenda of the American Psychiatric Association to serve as a model for learning.

Methods:
The American Psychiatric Association employs a comprehensive strategy based on member grassroots, member expert grassstots, staff lobbying, allied and coalition stakeholder activities, and political actions to make its case to national and local legislators on a variety of issues. The current legislative advocacy
agenda includes lobbying for issues related to physician practice, federal research activities, public and commercial insurance reforms, access to care for veterans and active duty military, patient safety, confidentiality of health records, and criminal justice reforms among other items. The presenter will discuss in further detail the ways a national psychiatric organization achieves these while working effectively with multiple internal and external constituencies and groups.

Results:
Demonstrated efforts in advocacy at the national and local level through comprehensive strategies and current agendas ensure good legislation. The legislative advocacy agenda of the American Psychiatric Association serves as only one model for consideration as it is important for national psychiatric organizations to take into consideration their unique situation.

Conclusion:
The American Psychiatric Association is committed to achieving needed legislation to transform mental health care in the United States on the basis of the best science and clinical care. While working effectively with multiple internal and external constituencies and groups has proven successful on many levels, there is much more left to do in order to foster a robust psychiatric delivery system.

Session: Regular Symposium  
SPEAKER 4  
Code SY596

Title: HOW THE AMERICAN PSYCHIATRIC ASSOCIATION ADVOCATES FOR OUR PROFESSION AND OUR PATIENTS

Speaker S. Levin
1American Psychiatric Association, Arlington, VA USA.

Abstract
Objective:
There is no more powerful lobbying tool than an effective grassroots advocacy strategy. National organizations can help their members make their voice heard, individually and collectively, by keeping them up to date on state and federal legislative issues impacting them and their patients. The goal of this presentation is to provide a perspective of a national organization’s grassroots strategy.

Methods:
National organizations can implement various initiatives to enhance their advocacy efforts. The American Psychiatric Association increases advocacy on behalf of psychiatry and those living with mental illness and substance use disorders through direct communications and personal interactions. Meeting with elected officials during periods of recess and at their offices to discuss issues at various levels of governance is necessary for an effective grassroots network. The establishment of a political action committee (PAC) within a national organization allows the education and lobbying of governance leadership at a national level. Contributions to a PAC also provide a way to present significant contributions to elected officials or candidates on behalf of the entire profession of psychiatry.

Results:
Grassroots advocacy allows organized psychiatrists to communicate concerns and praises directly with elected legislators.

Conclusion:
An effective grassroots advocacy strategy is vital to the future and advancement of psychiatry. As members of the medical community, psychiatrists have a responsibility to communicate with elected representatives. Psychiatrists are highly respected and consequently have the ability to be an effective voice for psychiatry and its patients. Concerns expressed by constituents help influence a legislator’s position and the more strongly a constituent group can articulate its concerns, the greater likelihood an elected official will pay attention and take action. Well-reasoned personal views supported by professional experience have proven to be extremely persuasive.
**Title:** Neurodegenerative disorders and neurodevelopmental disorders: differences and similarities

Chairperson: Prof. Jerzy Leszek, Wrocław Medical University, Department of Psychiatry, Wrocław, Poland.

Abstract: Alzheimer's disease (AD), schizophrenia and attention-deficit hyperactivity disorder (ADHD) represent the most frequently diagnosed neurodegenerative and neurodevelopmental condition, respectively. According to Anita Riecher-Roessler, first speaker of this symposium, neuropathological, neuroimaging, neuropsychological or clinical studies have a great meaning to identify individuals at risk as early as possible to predict transition to psychosis. These studies may supporting neurodevelopmental hypothesis of schizophrenia. Studies presented by Andrzej Kiejna and co-workers suggest that schizophrenia and AD have a common link - metabolic syndrome (MetS). MetS deregulation described in first-episode of schizophrenia patients and AD subjects suggests that these disorders may share common pathophysiological mechanisms. Johannes Thome suggest that are some striking parallels between AD and ADHD. In both cases cognitive processes are affected and patients suffering from these conditions exhibit a profound disturbance of their circadian rhythm (e.g. sleep disorders, "sun downing" etc.) Elżbieta Trypka present some key evidence supporting concept of neurodevelopmental and neurodegenerative followed by a critical analysis of each.

Speakers: Anita Riecher-Rössler (Switzerland).
Andrzej Kiejna (Poland).
Johannes Thome (Germany).
Anton Alvarez (Spain).
Elżbieta Trypka (Poland).

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**Title:** EARLY DETECTION OF PSYCHOSES – RESULTS FROM THE BASEL FEPSY PROJECT

Speaker: A. Riecher-Rössler
University of Basel Psychiatric Clinics, Basel, Switzerland.

Abstract: Early detection of psychoses has been a major focus of schizophrenia research in recent years. The main goal of this research is to identify individuals at risk as early as possible and to predict the transition to frank psychosis as accurately as possible – with the aim of early intervention.

Within the prospective FePsy (Früherkennung von Psychosen, early detection of psychoses) study at the University of Basel, Switzerland, we recruited patients with first episode psychosis (FEP) or an at-risk mental state (ARMS) for psychosis [1]. All subjects underwent an extensive entry examination regarding psychopathology, neuropsychology, neurophysiology, and neuroimaging. ARMS individuals were then followed up regularly either until actual transition to psychosis or for at least 5 years. 34% of those with a suspected risk, based on the Basel Screening Instrument (BSIP) [2] actually made the transition to psychosis, mainly within the first 3 years of follow-up. The accuracy of predicting transition to psychosis could be further improved by a more detailed assessment of psychopathology, but also from neurocognitive impairment, EEG abnormalities, and MRI findings.

Thus, early detection of emerging psychoses is possible with clinical screening methods, but accuracy of prediction can be improved by multidomain assessments.

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<td>Title:</td>
<td>METAHOLIC SYNDROME - A COMMON LINK IN THE PATHOPHYSIOLOGY OF SCHIZOPHRENIA AND ALZHEIMER’S DISEASE</td>
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<td>Speaker</td>
<td>A.Kiejna¹, D. Frydecka¹, B. Misiak¹</td>
<td>Wrocław Medical University, Department of Psychiatry, Wrocław, Poland</td>
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<tr>
<td>Abstract</td>
<td>The prevalence of metabolic syndrome (MetS) in schizophrenia patients is significantly higher than in the general population. Notably, MetS occurs due to antipsychotic treatment, lifestyle factors, predominance of negative symptoms in clinical manifestation. However, extensive evidence indicates that metabolic profile alterations occur already in drug-naive first-episode schizophrenia patients. This would suggest that schizophrenia is in itself associated with metabolic and cardiovascular risk. On the other hand, MetS is increasingly recognized as a risk factor for Alzheimer’s disease (AD). Impaired insulin signalling and deregulation of adipocytokines production have been repeatedly found in AD patients. Therefore, AD has been also designated as brain diabetes or diabetes type 3. Metabolic deregulation described in first-episode schizophrenia patients and AD subjects suggests that these disorders may share common pathophysiological mechanisms, which require further investigation.</td>
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<tr>
<td>Title:</td>
<td>ALTERED CLOCK-GENE EXPRESSION: A COMMON NEUROPATHOLOGICAL PATHWAY IN AD AND ADHD?</td>
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<td>Speaker</td>
<td>J. Thome</td>
<td>University of Rostock</td>
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<tr>
<td>Abstract</td>
<td>Alzheimer's disease (AD) and attention-deficit hyperactivity-disorder (ADHD) represent the most frequently diagnosed neurodegenerative condition and neurodevelopmental condition, respectively. While AD is typically associated with old age as most important risk factor, ADHD begins during childhood and symptoms can continue into adulthood. Apart from many further differences, there are some striking parallels between both conditions regarding clinical symptoms: In both cases cognitive processes are affected and patients suffering from these conditions usually exhibit a profound disturbance of their circadian rhythm (e.g. sleep disorders, &quot;sun downing&quot; etc.). Thus, molecular and cellular mechanisms underlying these phenomena might represent a common neuropathological pathway for both AD as well as ADHD. There is increasing evidence from recent studies that CLOCK-gene expression is altered in AD and ADHD patients and that the physiological synchronisation between the internal clock and external zeitgeber is disrupted. Further, chronotherapeutic measures might be helpful to alleviate the symptoms in both conditions.</td>
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<tr>
<td>Title:</td>
<td>BDNF INTERPLAY BETWEEN NEURODEGENERATION AND APATHY</td>
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<td>Speaker</td>
<td>X. Anton Alvarez</td>
<td>Medinova Institute of Neurosciences, Clinica RehaSalud, A Coruña, Spain</td>
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<tr>
<td>Abstract</td>
<td>Brain-derived neurotrophic factor (BDNF) levels were found to be reduced and to correlate with the volume of the hippocampus in both Alzheimer's disease (AD) and depression. A reduction of brain BDNF signaling may contribute to synaptic and neuronal damage, cognitive deficits, and depressive symptoms. According to recent publications, some BDNF gene polymorphisms increase the risk of AD-related depression and are associated with the response to antidepressant treatment in AD patients. Dysphoria/depression shows an important overlapping with apathy, the more prevalent neuropsychiatric symptom in AD. However, there are no studies evaluating the influence of dysphoria/depression and</td>
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We found that apathy was significantly associated to reduced serum BDNF levels in mild to moderate AD patients, that apathy and dysphoria interacted to reduce circulating BDNF in patients without SSRIs treatment, and that treatment with SSRIs was associated to a significant increase of BDNF levels in AD patients without apathy and dysphoria as compared to those patients having apathy, dysphoria or both. In the subgroup of female AD patients, but not in males, serum BDNF levels were found to be significantly lower in APOE4 than in non-APOE4 carriers. Our results indicate independent effects of apathy and APOE4 on the reduction of circulating BDNF levels in AD patients.

These observations of low BDNF levels in apathetic AD patients and in AD females bearing the APOE4, together with recent findings that electroconvulsive therapy increases serum BDNF in patients with treatment-resistant depression and that lower plasma BDNF are associated with steeper brain volume decline in non-demented females but not males, suggest that interventions aimed at enhancing BDNF signaling might contribute to improve neurorestoration processes and to ameliorate apathy-depression symptoms in AD patients. Our results are also supporting the role of BDNF as an interplay element between AD and depression.

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<td>Title:</td>
<td>A NEURODEVELOPMENTAL AND NEURODEGENERATIVE DISORDER OR A COMBINATION OF BOTH?</td>
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<td>Speaker</td>
<td>Wrocław Medical University, Department of Psychiatry, Wrocław, Poland</td>
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<td>Abstract</td>
<td>The history of psychiatric research is filled with widely accepted etiologic and pathophysiologic theories that eventually were proven wrong. The prevailing pathophysiologic theories of psychiatric disorders have emphasized the role of abnormal neurodevelopment in determining the onset and course of the illness. Relatively little attention has been paid to the role of neurodegenerative processes despite the clinical course of the illness and the fact that most patients experience varying degrees of behavioral and cognitive deterioration. This is partially due to the absence of clear histologic evidence of neurodegeneration, but may also be due to the narrow traditional conception of neurodegeneration that is generally employed. Each hypothesis explains some of the phenomena associated with psychiatric disorders and it is probable that many variables described in these hypotheses interact to produce a disorder characterized by heterogeneous symptomatology, progression and prognosis. For example compelling evidence suggests that the primary disturbance is a neurodevelopmental abnormality, possibly resulting from a genetic defect(s), resulting in a predisposition to schizophrenia, but recent evidence suggests that the progressive course of schizophrenia is associated with ongoing neurodegenerative processes. Recent versions of the hypothesis have incorporated evidence from structural neuroimaging which suggests changes in brain volumes after the onset of schizophrenia. More detailed models that incorporate progressive neurobiological processes have replaced early versions of the neurodevelopmental hypothesis, which were based on a 'static encephalopathy'. It could be an evidence that both mechanism play role in development of psychosis.</td>
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<tr>
<td><strong>Title:</strong> Post war psychiatry, lessons from 100 years after wwi - part ii</td>
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**Chairperson**
E. Vermetten ¹, ², ³

¹ Leiden University, The Netherlands
² Ministry of Defence, Utrecht, the Netherlands
³ Arq Psychotrauma Research Group, Diemen, The Netherlands

**Co-chairperson**
A.C. McFarlane MB BS(Hons), MD, FRANZCP, Dip Psychother ¹

¹ Centre for Traumatic Stress Studies, University Adelaide, Adelaide, South Australia

**Abstract**
To be continued from symposium I - These two symposia bring together a series of perspectives on the impact that the Great War had on psychiatry from a wide array of nations: United Kingdom, Canada, Australia, Germany, United States of America, Japan, Turkey, Serbia, and France. Presenters from these countries will highlight from a historical survey a perspective of the conduct of war, with an emphasis on front-line experiences and the psychological pressures typical of various combat situations after WWI. They will also deal with military psychiatry itself. And discuss if the relation between civil and military psychiatry will show that, the phenomenon of war has led to innovations in the area of therapy.

**Speakers**
Robert Pynoos (USA).
Nagamine Masanori (Japan).
Zeljko Spiric (Serbia).
Levent Sevincok (Turkey).
Louis Crocq (France).

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<td><strong>Title:</strong> 'OVER, OVER, THERE': WORLD WAR 1, AMERICAN PSYCHIATRY AND CULTURE</td>
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**Speaker**
R Pynoos, C Layne

University of California, Los Angeles
Los Angeles, California, United States of America

**Abstract**
Objective: This presentation will trace the impact of World War I on American culture and the practice of psychiatry. Because the US entered the “overseas” war late, with untested military recruits from across American society, Americans brought a unique perspective to the conflict. Historical context: Through the US National Committee for Mental Health Hygiene, the twentieth century had already brought professional and civilian calls for radically improving a terrible system of institutionalized mental health care, and the need to increase mental health research. Contributions: A Committee psychiatrist, Thomas W. Salmon, became the chief consultant in psychiatry for the American Expeditionary Force. Building on his 1915 visits to learn about Britain’s treatment of “shell shock,” Salmon instituted screening of US military recruits for major psychiatric disorders, a comprehensive three tiered system of military neuropsychiatric services that placed high priority on front-line interventions for psychiatric casualties, and long-term physical and mental health rehabilitation programs for injured soldiers returning to the US. World War I saw the emergence of the American psychiatric nurse, the beginnings of the Veteran’s Administration hospital system, and passage of federal veterans’ benefits. Developmental Perspective: At the same time, the American cultural response as represented through the “lost generation” of WW I authors Boyd, Hemmingway, and Fitzgerald depict developmental consequences that grew out of becoming disillusioned, disaffected and developmentally derailed. In Through the Wheat, Boyd describes the profound psychological changes of an everyday WWI combatant faced with the daily onslaught of modern warfare and concludes with the words, “His soul is numb.” Hemmingway and Fitzgerald provide characterizations of ongoing disturbances in interpersonal intimacy and reckless self-distraction. The role of American film will also be discussed. Conclusion: Integrating a developmental perspective within advancements in diagnosis and treatment has been a long-term legacy of the American experience of WWI.
Title: HISTORICAL REVIEW OF MILITARY PSYCHIATRY IN JAPAN

Speaker: M. Nagamine \textsuperscript{1}, M. Tanichi \textsuperscript{2}, N. Harada \textsuperscript{3}, K. Shimizu \textsuperscript{1}, J. Shigemura \textsuperscript{3}

\textsuperscript{1} National Defense Medical College Research Institute, Saitama, Japan
\textsuperscript{2} Japan Self-Defense Force Central Hospital, Tokyo, Japan
\textsuperscript{3} National Defense Medical College, Saitama, Japan

Abstract: Objectives: We attempted to review the military psychiatry issues in Japan after World War I (WWI).
Methods: Systematic review.
Results: In WWI, Japan was not involved in a large-scale battle, resulting in less than 1000 war deaths. Therefore, Japan had not virtually faced war neurosis issues until the battles in the 1930’s with China to World War II (WWII). In WWII, war-related psychiatric treatment was provided only at the Imperial Army-designated hospitals. Japan was defeated in WWII, and most of the war neurosis literatures were destroyed, although limited clinical records remain in the former Konodai Imperial Army Hospital, a final transfer site for military patients. After WWII, Japanese Imperial Army and Navy had been dismantled, and the Japan Self-Defense Forces (JSDF) was established. JSDF is based on the newly-enacted constitution insisting war-renouncing clause. Since then, Japan has never experienced wars, and war neurosis research has gradually diminished. Although PTSD was introduced for the DSM in 1980, this concept had not attracted much attention in Japan for a while. The Japanese also has been culturally reluctant to disclose individual psychological distress due to feelings of shame. However, the 1995 Great Hanshin Earthquake had changed this situation; Japan began to pay attention to psychological trauma and actively started trauma studies. Given the constitutional limitations, current JSDF activities include international/domestic contributions such as United Nations peacekeeping operations and disaster relief activities. Mental health management of JSDF members under these activities is a major topic in the modern Japanese military psychiatry.
Conclusions: In Japan, war neurosis studies did not develop well owing to the WWII defeat. After the 1995 Great Hanshin earthquake, trauma studies have been gaining attention although Japanese cultural virtues still remain as an obstacle. Trauma researches following natural and manmade disasters are expected in the Japanese military psychiatry.

Title: ONE HUNDRED YEARS OF WAR PSYCHIATRY IN SERBIA – A LOOK BACK

Speaker: Z. Spiric \textsuperscript{1}, V. Jovic \textsuperscript{2}

\textsuperscript{1} University of Defense, Faculty of Medicine of the Military Medical Academy, Belgrade, Serbia
\textsuperscript{2} University of Pristina, Faculty of Philosofhy, Kosovska Mitrovica

Abstract: During the course of the twentieth century Serbia was involved in four major conflicts: The Balkan Wars (1912-1914), WWI (1914-1918), WWII (1941-1945) and the wars in ex-Yugoslavia (1991-1999). Objectives: In this paper we intend to make an analysis of medical (psychiatric) literature that was published in Serbian and Yugoslav medical journals and books that dealt with war-related psychiatric consequences.
Methods: A critical review of literature from 1913 was performed.
Results: It is possible to divide these publications into several period-specific groups, roughly following these wars: the first articles appeared in the midst of the Balkan War of 1913. In a second period, after WWI and extending into the 1930s fourteen articles were recovered. At the very end and after WWII, a further sixteen articles appeared and one major monograph describing a specific incidence of post-war sequelae, which was termed “War neurosis of Yugoslavs/Yugoslavian War Neurosis”. In our opinion, these documents provide us with a unique index of symptoms within the history of psychiatry, which requires further attention and detailed analysis.
Conclusions: We can infer that in a period of one hundred years there is obvious heterogeneity in the described presentation of psychiatric consequences in the population due to wars in the region, and we debate if this heterogeneity, like in other parts of the world, could be understood by pathoplasticty (societal and cultural effects on presentation of the core disorder) and specifically – iatrogenity (impact of medical conceptualization of mental disorders to it’s presentation). We also discuss implications of...
Yugoslav War neurosis – it’s “contagious” character and apparent dependence on societal incentives and influences. In conclusion, we would like to address and emphasise the necessity of understanding the psychological sequelae of war in different contexts, including the psychosocial, which is likely to be significant in determining the presentation of the disorder.

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<td>Speaker</td>
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<tr>
<td>Title:</td>
<td>EVOLUTION OF MILITARY PSYCHIATRY IN WORLD WAR I</td>
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<td>Speaker</td>
<td>L. Crocq ¹</td>
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| Abstract | From the beginning to the end of the war, papers of military psychiatrists in allied camp (English, French, Italian, Russian) or in the german camp (Germany and Austria) show a similar evolution in diagnosis concepts, pathogenic theory and therapeutic doctrines. Evolution in diagnosis concepts:
- 1914: battle hypnosis (Millian)
- 1915: vent de l’obus (Meige), granatshockwirkung (), shell shock (Mott, Myers)
- 1916: war neurasthenia and war hysteria (Logre, Meige, Burton-Fanning, Smith and Pear, Westmacott, Abraham, Gallavardin, Morselli, Pighini, Westphal)
- 1917-18: war neurosis, war psychoneurosis (Campbell, Adrian, Grasset, Abraham, Ferenczi, Simmel)
Evolution in pathogenic hypothesis:
- 1914: the war mental confusion (Capgras, Gaupp)
- 1915-16: the post-commotional hypothesis (Mairet et Piéron), and reflexe paralysis of nerves (Babinski, Oppenheim)
- 1916 -17: the post-émotional hypothesis (Lépine, Morselli, Wiltshire,; Smyly, Soukhanoff, Cygielstreich) ; the fear neurosis (Brousseau, Voivenel, Adrian, Bonhöffer)
- 1917-1918 : psychoanalysis, fright and libidinal regression (Ferenczi, Abraham, Freud) ; change of soul (Simmel).
Evolution in therapeutic doctrines:
1914-15: rest, sleep, sedative drugs (Chavigny, Marriage, Nonne)
1916: counter-suggestion (Lépine), faradic shock (Kauffmann, Roussy, Vincent)
1917: hypnosis (Feiling, Smith, Smirnoff, Podiapolsky) ; narcose (Milligan, Proctor, Hurst, Pansera) ; psychoanalysis (Abraham, Simmel, Forsyth)
1917-18: forward psychiatry : moving advanced station (Damaye), casualty clearing station ; Salmon : 5 principles : immediacy, proximity, expectancy, simplicity, centrality
In four years, the consideration and empathic attitude towards psychic wounded become more admitted. |
### OVERALL ABSTRACT

**Title:** Violence against women and children – trauma, mental illness and social marginalization among the most vulnerable and the challenges for psychiatry

**Chairperson:** Unaiza Niaz (Karachi) Section of Women’s mental health.

**Co-chairperson:** Michael Krausz (Vancouver) Section of Addiction Psychiatry.

**Abstract:** The prevalence of addiction, physical challenges, trauma, and mental illness are not equally distributed, especially in our growing cities worldwide. Vulnerable individuals are marginalized and shift to specific neighborhoods with high morbidity and mortality rates and little access to care. Collaboratively with other health care partners, Psychiatry needs to play an active role in addressing the downward spirals that plague vulnerable populations.

**Speakers:**
- Jonathan Burns (South Africa).
- Ester Di Giacomo (Italy).
- Helen Herrman (Australia).
- Jair Mairi (Brazil).

### SPEAKER 1

**Title:** Violence and maltreatment of women and young children as a major public health threat in South Africa

**Speaker:** Jonathan Burns (South Africa) – Section for Public Policy

**Abstract:** NOT RECEIVED

### SPEAKER 2

**Title:** INTERGENERATIONAL VULNERABILITY TO PSYCHOPATOLOGY: THE ROLE OF CHILD ABUSE

**Speaker:** Ester di Giacomo, Massimo Clerici
DCMI- University of Milano Bicocca – Italy
Psichiatric Department – S.Gerardo health Care Trust- Italy

**Abstract:** Child abuse is a deeply aberrant phenomenon still underestimated. Starting from a lack of detection to a lack of standardized treatment options, we have to realize the huge consequences a victim has to face. Short and long term outcomes may afflict psychological as well as physical wellbeing. It is important to note the role of intergenerational transmission of vulnerability. The offspring of child abuse victims could be at increased risk of future psychopathology as a consequence of the interplay between nurture and biology. In particular, the role of cortisol has been highlighted in the last decade, since abnormalities in its cycle have been linked to many adverse outcomes including psychopathology in mothers and their offspring. The attempts made to try to establish the real extent of outcomes might lead to an increased effort in researching and treatment.

**References:**

Session: | Regular Symposium | SPEAKER 3 | Code |
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Title: | IMPROVING MENTAL HEALTH FOR YOUNG PEOPLE IN OUT OF HOME CARE IN MELBOURNE |
Speaker | Helen Herman  
Melbourne, Australia. |
Abstract | Young people who have been removed from their families because of maltreatment experience significant trauma and mental health problems while in care and after leaving care. The presentation will describe the development of a program for systemic mental health intervention with the community service and government agencies responsible for the care of these culturally diverse young people.

Session: | Regular Symposium | SPEAKER 4 | Code |
---|---|---|---|
Title: | FACTORS RELATED TO THE CORTISOL AWAKENING RESPONSE OF CHILDREN WORKING ON THE STREETS AFTER TWO YEARS OF A PSYCHOSOCIAL INTERVENTION |
Speaker | Andrea Feijo Mello¹, Mario Francisco Juruena², Mariana Rangel Maciel¹, Luciana Porto Cavalcante-Nobrega¹, Giuliana Claudia Cividanes¹, Victor Fossaluza³, Marcio Medeiros⁴, Vinicius Calssavara ³, Marcelo Feijo Mello¹, Anthony James Cleare⁵, Jair de Jesus Mari¹.  
¹ Department of Psychiatry, Paulista Medical School, Federal University of Sao Paulo, Sao Paulo, Brazil  
² Department of Neurosciences and Behaviour, Faculty of Medicine Ribeirao Preto, University of Sao Paulo, Sao Paulo, Brazil  
³ Mathematics and Statistics Institute, University of Sao Paulo, Sao Paulo, Sao Paulo, Brazil  
⁴ School of Public Health, University of Sao Paulo, Sao Paulo, Brazil  
⁵ King’s College London, Institute of Psychiatry, Department of Psychological Medicine, London, UK |
Abstract | The study objective was to observe the cortisol awakening response (CAR) pattern before and after a psychosocial intervention of children from dysfunctional families who had at least one child working on the streets. The program was developed by a non-governmental organization (RUKHA) aimed to stop child work with a family focused intervention. Two hundred and eleven children between 7-14 years old were selected and 191 (126 children working on the streets and 65 siblings) were included. Besides cortisol, they were evaluated at baseline and two-years after regarding to the extent of abuse/neglect, mental health symptoms, exposure to urban violence and family environment. One hundred and seventy eight children were re-evaluated two years after, of whom 113 had cortisol measures completed.  
There was no significant difference between the CAR area under the curve before and after the intervention. Two regression models were developed to evaluate factors related to the CAR before and after intervention. The first model, before the intervention showed that working on the streets was related to a bigger difference in the mean cortisol level between wakening and 30 minutes after. At end point suffering severe physical abuse was related to a smaller difference for the same measure. The conclusion was that working on the streets was an important stressor for children and was probably related to a sharper cortisol increase before the intervention. After the intervention, where children were no longer working on the streets, the impact of physical punishment was related to a flattened cortisol response. |
### OVERALL ABSTRACT

**Title:** Evaluation of capacity and supported decision making for people with cognitive disabilities

**Chairperson:** Jin Narumoto (Japan).

**Abstract**

Evaluation of capacity is an important procedure to support decision making of people with cognitive disabilities especially in aged society. Psychiatry can make important contributions to this field by developing tools and systems. This symposium will comprise of recognized experts from Australia, Japan and Thailand, and will integrate experience in each country. Dr. Jenna Macnab will present the educational approach for the banking sector in Australia to prevent financial abuse and to facilitate supported decision making. Ms. Yuka Kato will present Japan’s experience in developing an educational tool for the non-specialist to evaluate consent capacity to treatment and help supported decision making. Moreover, Prof. Masaru Mimura will present data from the survey about driving capacity of Japanese old drivers and will also introduce evaluation system for older drivers. Finally, Dr. Pornjira Pariwatcharakul from Thailand will report the current situation and the future needs about evaluation of capacity in a developing country. This symposium will share experience of capacity evaluation and supported decision making in various sectors and countries, and will provide a view of the contributions of psychiatry to this field.

**Speakers**

- Jenna Macnab (Australia).
- Yuka Kato (Japan).
- Masaru Mimura (Japan).
- Pornjira Pariwatcharakul (Thailand).

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### DEVELOPING A TAILORED EDUCATION TOOL ON DEMENTIA, FINANCIAL ABUSE AND SUPPORTED DECISION MAKING FOR THE BANKING SECTOR IN AUSTRALIA

**Speaker**

Peisah C.1,2, Macnab J.1,3, Bhatia S.1, O’Neill N1, Brodaty H.2

1 Capacity Australia
2 University of NSW, Sydney Australia.
3 NSW Department of Police and Justice

**Abstract**

**OBJECTIVES**

Up to 5% of older Australians are subject to financial abuse, although this is likely to be an underestimate due to under-reporting of cases. Capacity Australia, established to promote capacity education and human rights such as autonomy and dignity for people with cognitive disability, was awarded a grant by the Dementia Collaborative Research Centre, UNSW, to educate the banking sector on dementia and abuse. Our objectives were to prevent financial abuse of people with dementia by increasing dementia awareness and empowering banking staff to understand financial capacity, supported decision-making, signs of financial abuse and strategies to deal with such within the banking environment. We hypothesised that (i) the banking industry can be engaged in and will be amenable to awareness raising regarding dementia and financial abuse; and (ii) an education tool on dementia, abuse and banking, tailored to the banking industry will demonstrate knowledge translation.

**METHODS**

The banking industry across Australia were engaged and consulted to develop a tailored education module based on the recently released Australian Banking Association’s Guidelines on Financial Abuse Prevention.

**RESULTS**

An online education tool was developed in conjunction with Smart Sparrow, an Australian ed-tech company pioneering adaptive and personalized learning technology. The tool comprised a pre-test of 15 multiple choice questions, followed by a learning module tailored to the individual’s baseline performance on the pre-test, and a post-test to measure knowledge translation. Preliminary analysis of the tool’s performance demonstrated significant changes between pre and post scores demonstrating successful knowledge translation.
CONCLUSIONS
The Australian banking industry was amenable to exploring strategies to prevent financial abuse and to assist in the development of an online education tool on dementia, abuse and financial capacity specifically designed for, and tested on, banking staff. The tool provided an effective medium for knowledge translation.

Session: Regular Symposium | SPEAKER 2 | Code | SY612
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Title: DEVELOPING AN EDUCATION TOOL ON EVALUATION OF CONSENT CAPACITY TO TREATMENT FOR NON-SPECIALISTS IN JAPAN
Speaker: Y. Kato¹, ², J. Narumoto¹, ²
¹. Kyoto Prefectural University of Medicine, Kyoto, Japan
². JST/RISTEX
Abstract: Objectives
The lack of consent capacity to treatment is common in general hospitals. However, non-specialists including physicians and nurses in Japan are not familiar with the assessment of the capacity because family member has conventionally made substitute decision without enough assessment of consent capacity of the patient. We held a workshop about the assessment of capacity for the member of the clinical ethics committee of our hospital, which consisted of physicians and nurses of the department other than psychiatry. To develop education tool for non-specialists, we administered questionnaire concerning the evaluation of consent to capacity in their clinical settings.
Methods
The questionnaire consisted of several questions which asked, 1) experiences of difficult situation concerning consent capacity, 2) the need for the evaluation of consent capacity, 3) how long should assessors take time to evaluate capacity?, 4) who should evaluate capacity?
Results
Thirteen members of the clinical ethics committee answered the questionnaire. The number of each members were as follows; physicians, 5; nurses, 7; an external committee, 1. Frequently reported difficulties were as follows; “capacity varied according to the time and circumstances.” “When medical team respected patients’ will and did not treatment, the team got complaints from the relative of the patients.” 2) Their most frequent choice was “the evaluation consent capacity is necessary (n=12, 92%).” 3) The responses varied; 10-15 minutes (n=2, 17%), 30 minutes (n=2, 17%), 60 minutes (n=3, 23%). 4) Psychiatrist (n=6, 46%) was the most frequent choice followed by nurse, psychologist, and multidisciplinary medical team.
Conclusions
These results suggest the need for developing an education tool of the evaluation of consent capacity to treatment for non-specialist members of multidisciplinary medical team. Also, it is important that specialists in psychiatry and psychology support non-specialists.

Session: Regular Symposium | SPEAKER 3 | Code | SY612
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Title: DEVELOPING A SYSTEM FOR EVALUATION OF DRIVING CAPACITY IN JAPAN
Speaker: M. Mimura¹, Y. Fujita², S. Nakaaki¹
¹. Keio University, Tokyo, Japan
². Mejiro University, Saitama, Japan
Abstract: Objectives
In Japan, the number of crucial traffic accidents and crashes caused by elderly drivers is significantly increasing as the number of elderly drivers’ license holders increase. However, the relations between current driving situations of elderly drivers and their cognitive status are not well documented. To understand the elderly drivers’ current driving situations and awareness of their own driving activities as a function of their cognitive status and demographic characteristics.
Methods
The questionnaire was given to 4299 elderly individuals over 75 years old who received cognitive assessment prior to the renewal of the driver’s license in 24 prefectures in Japan. The answers were obtained by 4250 individuals. The questionnaire included questions about demographic data, decision of cognitive assessment and driving situations.

Results
More than one third of elderly license holders were judged with cognitive decline (28.7% mild decline and 8.0% severe decline) while 56.7% were judged with no cognitive decline. There existed less female elderly drivers than male who were judged with cognitive decline. Also, there existed less cognitively problematic persons among drivers in urban districts including Tokyo, Osaka, Kyoto, Fukuoka and Aichi. Those with severe cognitive decline were likely to answer that they did not have alternative resource of mobility except for their own driving.

Conclusions
There existed few female elderly drivers with cognitive decline presumably because females were likely to quit driving when they feel cognitive problems. Elderly persons in the rural areas were likely to continue driving irrespective of cognitive decline because of the lack of mobility resource.

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Session: Regular Symposium | **SPEAKER 4** | Code | SY612
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Title: HOW TO PREPARE FOR AGED SOCIETY REGARDING EVALUATION OF CAPACITIES IN DEVELOPING COUNTRIES: A REPORT FROM THAILAND

Speaker: P. Pariwatcharakul ¹, S. Singhakant ¹
¹. Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

Abstract
Objectives: To investigate the current situation of mental capacity assessment in Thailand and the role of liaison psychiatry services

Methods: A 6-year retrospective study (2008–2013) was conducted using routinely collected data (e.g. age, physical illnesses, psychiatric disorders, Thai version of Mini-Mental State Examination (TMSE) score, reasons for the referral and the outcome of capacity assessment) on referrals for mental capacity assessment to a Consultation-liaison Psychiatry Unit at a university hospital in Bangkok. In addition, we also review legal structures and the capacity assessment process in Thailand.

Results: Among 6,194 referrals to the liaison-psychiatry services, only 0.6% of them (n=37, mean age=59.83, SD=20.42) were referred for capacity assessment; 43.24% of whom lacked for capacity. The most common requests from the referring physicians were for the assessment of testamentary capacity (15 assessed, 53.33% lacking capacity), finances (14 assessed, 50% lacking capacity) and capacity to consent to treatment (9 assessed, 22.22% lacking capacity). Delirium, rather than dementia or other mental disorders, were associated with incapacity (p < 0.001). Mental incapacity was associated with being more dependent during the admission (p = 0.048). However, there were no significant differences of the mean age (p=0.257) or TMSE score (p=0.206) between patients with intact mental capacity and those lacking capacity. Legal framework related with mental capacity, e.g. the Mental Health Act 2008, and plans to prevent the problem will be discussed.

Conclusions: Since there is no specific process for mental capacity assessment, assessing capacity depends on the exercise of clinical judgement taking related legal framework into account. In contrast with previous studies in other countries, referrals to liaison psychiatry services for mental capacity assessment were yet uncommon in Thailand. However, the increased rate of referrals in recent years urges psychiatrists to prepare for capacity evaluation which can be a challenge in the global aging society.
### OVERALL ABSTRACT

**Title:** Strengthening mental health and psychosocial support services in emergency settings and chronic hardship

**Chairperson:** Dr. Ricardo Angora (Spain)  
Psychiatrist  
Work Center: Hospital Universitario 12 de Octubre. Madrid. Spain

**Co-chairperson:** Dr. Rosa Molina (Spain)  
Psychiatrist  
Work Center: Hospital Madrid and Hospital Universitario Fundación Alcorcon. Madrid. Spain

**Abstract**  
Humanitarian crises have an extremely negative impact on the health and well-being of affected population. Mental health and psychosocial components as part of any response in Humanitarian Action, is, currently, being an aim integrated by humanitarian agencies working in disasters and armed conflict settings. Social problems usually rise in this context as well as psychological problems and mental health disorders.  
Humanitarian organizations have mental health and psychosocial support teams, trained in humanitarian interventions in such contexts. These teams carry out psychosocial interventions focused on addressing the impact on the social field caused by disasters or conflicts. In addition mental health interventions are focused on addressing the psychological consequences caused by crisis, and to distress caused by disasters or conflicts on people with mental health disorders.  
It will be present several intervention experiences in the field, concerning mental health and psychosocial support in acute and chronic humanitarian crisis.

**Speakers**  
Miguel Angel Navarro (Spain).  
Maria Alonso (Spain).  
Juan Gonzalez (Spain).  
Victoria Carlin (Italy).  
Lara Repeto (Spain).

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### SPEAKER 1

**Title:** COMMUNITY BASE ORGANIZATIONS PSYCHOSOCIAL CAPACITY BUILDING IN HAITY AFTER THE EARTHQUAKE

**Speaker**  
M.A. Navarro 1  
1. Asociación Española de Neuropsiquiatría (AEN) Madrid, Spain

**Abstract**  
**Objectives**  
To describe a psychosocial intervention which took place in camps for affected displaced Haitian population after the earthquake

**Methods**  
Data from the psychosocial intervention was collected between February 2010 and July 2010 into two different camps in Port Au prince.

**Results**  
In 2010 an earthquake left 300,000 dead in Haiti and millions of homeless. Communication teaching a part of the procedure done in the country in the months following the earthquake. Referencing the IASC guide community work was performed in any of the camps for the displaced in Port au Prince as well as in a nearby town called Petit Goave. This presentation will also show some of the difficulties of intervention in complex emergencies such as the Haiti context.

**Conclusions**  
The intervention in Haiti shows that, in addition to psychiatric interventions, it is necessary psychosocial activities where those affected have become a leading role.
### Title:
IMPROVING ACCESS TO MENTAL HEALTH SERVICES AT JERICHO DISTRICT (AREA C) THROUGH COORDINATION, SUPPORT AND AWARENESS PROGRAM AT PRIMARY HEALTH CLINICS

### Speaker
Dr. Maher Said\(^1\), Heba Balo\(^1\), Hanan Al-Ghoj\(^1\), Maria Alonso\(^{1,2}\), A. Fernandez\(^3\)

1. Community Mental Health Center, Jericho, Cisjordania.MoH
2. Mental Health Department of Hospital Universitario de Ciudad Real. Spain
3. Head of Mental Health Service of Hospital Universitario Principe de Asturias de Alcalá de Henares. Madrid. Spain

### Abstract
**INTRODUCTION**
About 22.5% of the total Jericho district population’s live in Area C (rural areas). Mentally ill person’s which reside in these area are at a greater disadvantage due to limited access to health care, a scarcity of resources, distance, Israeli check points, lower incomes and traditional cultural belief systems. Specific strategies are needed to provide support to the health system for managing and coping with mental health problems.

**OBJECTIVES:**
This Program aims to increase access to mental health services by the integration of mental health services into the primary health care through scheduled activities run by the Mental Health team in the clinics located in Al Oja, Al Jiflik, Zbeidat and Al Fasayel.

**METHODOLOGY:**
We will share the first 5 months experience of the “Mental Health And Area C Primary Health Care At Jericho District Coordination, Support And Awareness Program”: goals, activities, results, difficulties and lessons learned.

**CONCLUSIONS**
These activities will benefit the Primary Health Care staff (training, coordination, and supervision), the general population attending Primary Health Care clinics (awareness) and mental health patients living in this area (assessment, follow-up, supervision of PHC intervention).

This is new experience for the Community Mental Health Center of Jericho but a promising methodology to improve access and decrease stigma to mental health issues.

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### Title:
MENTAL HEALTH PROGRAM IN KOSOVO AFTER THE CIVIL WAR

### Speaker
J. González Cases\(^1\)

1. Psychosocial Rehabilitation Center. Alcalá de Henares, Madrid, Spain.

### Abstract
**INTRODUCTION:**
In 1999, after the war in Kosovo, Medicos del Mundo (MDM) developed a project to improve the mental health network in the region.

**OBJECTIVES:**
The program aimed to reconstruct, with local authorities and other international organizations, the network of mental health care in the territory. It also intended to develop and consolidate a model of a community mental health approach.

**METHODOLOGY:**
In this communication it will be discussed the experience of MDM.

**RESULTS:**
This presentation will be describe the context, background of MDM intervention in the region, the
program developed in Kosova, the main actions and a review of such of them.

CONCLUSIONS
Long-term interventions like this may facilitate the development and consolidation of a community mental health approach in Kosova.

Session: Regular Symposium
Title: MENTAL HEALTH AND PSYCHOSOCIAL CHALLENGES OF SYRIAN REFUGEE POPULATION
Speaker: MV Carlin
Abstract: INTRODUCTION
Since the beginning of the Syrian conflict in 2011, well over 2,000,000 Syrians have fled to neighbouring countries. Almost 600,000 of these have gone to Jordan and live in camps and non-camp settings. Both as a direct result of the conflict and while fleeing from Syria to Jordan, some families have been separated. Traditional protection networks have broken down, which has increased the vulnerability of women, girls, boys and men to Sexual and Gender-Based Violence (SGBV) and increased the level of psychological distress and complaints.
The Jordanian context is moving to a protracted crisis, main efforts are focused on supporting existing structures and in this framework Médicos del Mundo (MDM) started a project orientated to support a local NGO: Institute of Family Health (IFH) in the implementation of access for Syrian refugees to GBV response.
OBJECTIVES
During the four month project the main goal has been integrate a cross-cultural approach in the psycho-social personnel interventions as well as reinforce their ability to deal with SGBV survivors and ensure safe and confidential referrals to multi-sector services.
METHODOLOGY
Analyzing the 4 month experience of MDM in the field.
CONCLUSIONS
Support to the local NGOs with psycho-social interventions will reinforce their ability to deal with SGBV and ensure safe confidential referrals to multi-sector services.

Session: Regular Symposium
Title: STRENGTHENING MENTAL HEALTH PUBLIC SERVICES IN GAZA STRIP: LESSONS LEARNED
Speaker: L. Repeto, L. Luna, A. Fernandez
Abstract: Objectives
To develop a participatory process to evaluate the implementation and results of a two phase Mental Health Program in Gaza, made by the Spanish NGO Doctors of the World, between 2009 and 2011. The main goal of this program was to strengthen the technical skills of the mental health workers in public centers of the region through in service training, and improve the organizational development. This evaluation tried not only to assess about the results, but also about the processes.
Methods
The evaluators and the core team designed the objectives, structure, contents and methods of the evaluation through a multilevel process. In the core team participated professionals leading the program in the field and in Spain, as well as the program consultant, and was coordinated by the two evaluators, who worked previously as volunteers in the NGO (total 7 members). The team worked with skype, mail and other internet skills, as we were in different countries.
Results
The evaluators travelled to Jerusalem and Gaza for two weeks to carry out the field work. 45 interviews, participative observation in two supervisions, one case presentation an one session of technical training were done. After that, in Madrid, were done the rest of the interviews, in person o through telephone or skype. With all the information they elaborated a report with recommendations for the NGO and the professionals.

Conclusions
Most of the problems during the development of the program were resolved by the different actors, and when it was not possible the concern leaded to this evaluation. We understand this evaluation as an essay of the people to speak about problems and learn one from each other.
### OVERALL ABSTRACT

**Title:** Personality disorders in Asians

**Chairperson:** Roger Mulder (New Zealand).

**Abstract:**

This session will cover the topic of personality disorder in Asians comprehensively, including Asians residing in Asian countries like China, Japan, Korea and India, as well as Asians living in Western countries like the USA and UK. It will also cover the topic of emergent personality disorder and how to diagnose and intervene for personality pathology in Asian adolescents.

It will start with a systematic review of the prevalence of personality disorder in Asians, covering Asians living in countries like China and India, as well as Asians living in Western countries like USA and UK. It will then go on to cover personality, temperament and defence mechanisms amongst Asians in countries like China, Japan, Taiwan and Korea, reflecting on their differences from Western populations and how that can be reflected in the ICD and DSM classification systems.

The symposium will then focus on India and the cultural and clinical connotations of a diagnosis of personality disorder. Finally, the symposium will cover the detection and management of emergent personality disorder through the presentation of a study from China on the detection and management of personality disorder in high school students.

**Speakers:**

- Alireza Farnam (Iran).
- Youl-Ri Kim (South Korea).
- Partha Choudhury (United Kingdom).
- Piyal Sen (United Kingdom).

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### SPEAKER 1

**Title:** DIAGNOSIS AND TREATMENT OF PERSONALITY DISORDERS IN MIDDLE EAST

**Speaker:**

- **Alireza Farnam MD**
  - Associate professor of psychiatry
  - Tabriz University of Medical Science
  - Member of the working group for revision of personality disorder section of ICD-11 (WHO)

**Abstract:**

The history of Middle East dates back to ancient times, and the region has generally been a major centre of world affairs. In modern times the Middle East remains a strategically, economically, politically, culturally and religiously sensitive region.

Naturally, people and lands of such a vast area have as many differences as they have similarities, if not more. These differences are in areas of history, geography, economic conditions, art, culture, concepts of health and illness and the like.

But there are also important unifying characteristics. Of these, two seem to be most important. The first is religion. The region is the cradle of three of the most important religions practiced in the world today. These are Christianity, Islam and Judaism. All these religions have been important factors in shaping the way of life in the region. However, one religion, Islam, is part of the region’s common identity. Islam is also a way of life that unlike some other religions has clear and earthly regulations for many aspects of the personal, family and social activities of believers. The second is the opportunity for equal exposure to the intuitive, holistic philosophies of the East on the one hand, and the objective, pragmatic, fact-oriented philosophies and methodologies of the West on the other.

Diagnosis and treatment of personality disorders in middle east has got specific challenges;

1) Most of the countries in the region are developing ones with ever changing economic and social situation with the consequent altering values and principles which can interfere in the formation of a stable identity in the individuals living there. Unstable political and economical situations make the situation even worse.

2) The societies in this region are very old ones and the cultures are multilayered and complex which sometimes result in complicated representation of personality disorder symptoms and signs. A matter which makes the implementation of formal criteria of personality disorders (which has been created according to dominant western values) difficult.
Session: Regular Symposium | SPEAKER 2 | Code | SY614
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Title: PERSONALITY DISORDER IN THE FAR EAST
Speaker: Youl-Ri Kim, Piyal Sen, Glori-Louise de Bernier, Sung Kil Min
1 Department of Psychiatry, Seoul Paik Hospital, Inje University, Seoul, South Korea
2 Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King’s College, London, and St. Andrew’s Healthcare, Essex
3 King’s College London, London, UK
4 Yonsei University College of Medicine, Seoul, South Korea
Abstract: Objectives: Asia is the most populous region of world and also the one with marked cultural, religious, and socioeconomic diversity. Personality disorder in Asia has not been systematically studied, and furthermore it has not well understood in most part of the Far East. We intended to bring focus on cultural aspects of personality and personality disorder in East Asia (China, Japan, and Korea).
Methods: We searched databases using the terms of (personality OR personality disorder) and (China or Japan or Korea) and (culture).
Results: In a social and interpersonal context, the understanding of personality in the Far East rooted from the Chinese concepts of harmony and face, the Japanese concept of Amae (sweet indulgence) and the Korean concept of Cheong (affection) and Chemyon (social face)(Cheung et al., 2003). In Eastern culture, shame is regarded as an important moral aspect, and internalized Confucian ideals such as moderation and self-discipline may contribute to obsessive–compulsive and avoidant personality traits.
One comprehensive study in China (Zhang et al., 2012) showed almost one third of the psychiatric outpatients to be suffering from personality disorders with obsessive-compulsive, avoidant, borderline and paranoid being the most common subtypes.
Conclusions: Personality disorder has not been given sufficient attention from psychiatric professionals in East Asia as compared to other biologically oriented serious mental illnesses such as schizophrenia and major depression. Personality disorder is seldom considered as potential aetiological factor for severe behavioral and interpersonal problems, or the co-occurrence for other mental disorders in the Far East. Cross-cultural factors may impact on personality disorders.

Session: Regular Symposium | SPEAKER 3 | Code | SY614
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Title: DEVELOPING A PSYCHOTHERAPEUTIC APPROACH FOR PEOPLE WITH PERSONALITY DISORDER AT A TERTIARY MENTAL HEALTH CENTRE IN INDIA
Speaker: P. Choudhury
Cumbria Partnership NHS Foundation Trust, Carlisle, Cumbria, UK
Abstract: Tertiary Care Mental Health Centres in India have been catering to the needs of people with personality disorders and complex mental health needs for a long time. There is such a centre in Bangalore, India, where these people receive detailed assessments and tailored treatment delivered by a Multi-Disciplinary Team. This includes individual and family interventions, focused pharmacotherapy, follow ups, as well as liaison with the local and outstation teams of help providers. I had been a consultant and a member of...
the faculty in the Department of Psychiatry, in this institution between 1995 and 2004. Many of the patients under my care had personality disorders and were quite complex, alongside having multiple diagnoses. As the demand for psychotherapeutic help was far more than the existing resources could meet, some of the consultants tried to provide psychotherapy, in addition to their everyday clinical work. When I tried to do the same, it became a daunting prospect for me. My knowledge and skills in psychodynamic and behavioural approaches were often insufficient and/or not appropriate to the needs of this complex group of patients. Gradually I developed an approach in Humanistic Psychotherapy, which, after hundreds of hours of individual and family therapy, got consolidated into a model and a book of self-help therapy. In this talk an experiential account of this entire process will be presented.

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<th>SPEAKER 4</th>
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<td>Title: A SYSTEMATIC REVIEW OF THE GLOBAL PREVALENCE OF PERSONALITY DISORDERS IN ADULT ASIAN POPULATIONS</td>
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<td>Speaker</td>
<td>Dr Piyal Sen, Consultant Forensic psychiatrist, St. Andrew's Essex, Visiting Researcher, Institute of Psychiatry, King's College, London. Glori-Louise de Bernier - King’s College London Dr. Youl-Ri Kim - Department of Psychiatry, Inje University, South Korea</td>
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<td>Abstract</td>
<td>Introduction: Background: No systematic reviews have been conducted into the prevalence of personality disorders (PD) in Asian populations. This review aims to investigate the prevalence of all PD sub-types within community and clinical Asian (Chinese, Indian, Japanese and South Korean) populations worldwide. Method: 7 databases were searched in addition to manual examination and reference tracking. Exclusion criteria were applied with the remaining studies subjected to quality appraisal. Results: 19 studies were included for review. Results were grouped by community studies in Asian countries, clinical studies in Asian countries and comparative studies. Prevalence of PD assessed by clinical judgement was lower than by diagnostic tools. The highest rates of PD were found in suicidal cohorts within the various countries. Four of the five comparative studies found lower prevalence rates of PD in Asians compared to the overall sample. Conclusion: Insufficient consistent research has been published to ascertain prevalence of PD in Asians and whether it is higher or lower than in Western cohorts. Asians presenting with suicidal ideation may benefit from PD assessment.</td>
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Contemporary mental health practice: recovery, empowerment and experiential expertise of users of mental health services


Since the eighties, long-term follow up studies have changed the pessimistic view on the prognosis of people with schizophrenia. At the same time, the voice of people with severe mental disorders is challenging the traditional view on the course of the disease. According to Anthony recovery is “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness.” Supporting personal recovery involves moving away from a focus on treating illness towards promoting well-being. The development of care models based on recovery implies changes in all mental health actors. For people with mental problems, this model re-introduces hope as a dynamic factor, encourages their empowerment and highlights control over their lives. For mental health services the concepts of control and contention are replaced by accompaniment. User's rights are highlighted and a personal life project is facilitated. Users are considered experts by experience and are empowered to share the decision taking process.

Therefore, recovery implies a change in the role of professionals, who will support, advise, propose interventions and, essentially stimulate the user personal process. To implement this model of recovery requires the collaboration of the different actors: patients, family members and care providers and mental health services. This board proposes a debate on this model following the experience of collaborative work with users and professionals in Andalusia and Catalonia.

Paz Flores (Spain).
Trinidad Solá (Spain).
José Manuel Arévalo (Spain).
Domingo Díaz del Peral (Spain).
Vicente Ibáñez (Spain).

PROFESSIONALS AND USERS TRAINING IN RECOVERY

Paz Flores Martínez 1, Trinidad Solá 2
1 Psychiatry Day Hospital INAD-Parc Salut Mar, Barcelona, Spain
2 Users Association EMILIA Barcelona

Introduction
Changing the mental health care system to one based on the recovery principles implies the effort and partnership of users and professionals in order to change the beliefs and practices in each one of the levels of the health care system. Through life long learning, we encourage the team work between expert users and professionals to build these partnerships and design the interventions aimed to empowerment.

Objective
Introduce the life long learning methodology in the health care organizations dealing with recovery. Evaluate the training given and shared by expert users and professionals in the training modules that were carried out in our organization.

Methodology
In the last 2 years, there have been 4 workshops in recovery aimed at professionals and users in the health care field. These workshops were given by 4 users and 2 professionals trained in recovery. There were 14h of workshops in two weeks. The training focused on the recovery bases, the empowerment and the exchange of experiences.
Results
60% of the participants in the training were mental health care users and 40% were professionals. Most of the professionals came from the social field and nursing. The level of satisfaction between the users as trainers and the professionals has been evaluated, showing equal results of satisfaction in the exchange of experiences between the different levels of responsibility.

Conclusions
The participants find necessary to increase these recovery training modules. The users as trainers report their initial fear of training professionals at the same time that they were legitimated as trainers. We have seen that a group of professionals (40%) shows different levels of skepticism about the role of the user as trainer.

Session:  Regular Symposium
Title:  SELF-HELP AND USERS ORGANIZATIONS ROLE IN MENTAL HEALTH SERVICES
Speaker:  JM Arévalo López.
Plataforma de Asociaciones de Usuarios de Salud Mental de Andalucía. Granada, Spain.
Abstract
The history of the mental health user movement in Spain is short, but last decades have lived an important development in user led associations. In Andalusia there are more than 12 associations and several self-help groups that have became a regional platform to put their voice high in the andalusian mental health field. From the personal experience of the speaker the history and achievements of this platform will be presented. The ways to participate in recovery, the organization of self-help groups, the participation in the management of the care system, in the training of professionals and other important facts will be highlighted.

Session:  Regular Symposium
Title:  MENTAL HEALTH SERVICES AND RECOVERY. A LOCAL EXPERIENCE
Speaker:  D. Díaz del Peral.
Servicio Andaluz de Salud. Almería. Spain
Abstract
Objectives
Analyze the experience developed by the strategy of mental health services in Almería to generate organizational changes designed to implement a care system based on the principles of recovery. This perspective involves recognizing the person with mental illness as the real protagonist of the therapeutic process, favoring the construction of a life defined by the individuals themselves, regardless of their symptoms.

Methods
Deployed actions and changes are specified.

Results
Changes perceived by professionals, consumers and families, and difficulties to achieve them will be highlighted.

Conclusiones
The development of a care model to be linked to recovery principles has very relevant direct implications:
For the person with mental illness, reintroduces hope as a dynamic factor, placing people in a more active stance against the problem, encouraging their abilities and noting the existing personal resources to take control.
For services, requires a new perspective on patient care, replacing the concept of contention and control, for the concept of accompanying, stressing the patient's rights as a citizen, and facilitating the provision a personal life project. Involves a change in the view of the role of the patient who is characterized as "
expert in his or her problem" and their ability to make decisions is enhanced. It also involves a change in the role of professionals who critically support, coach, and propose techniques, interventions and treatments, and essentially stimulates this personal process. The transformation of a traditional mental health services in a recovery-oriented one requires a plan of action tailored to each local characteristics, with the participation of service managers, practitioners and users.

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<td>EMPOWERMENT, HUMAN RIGHTS AND WELL BEING</td>
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<td>Speaker</td>
<td>Vicente Ibáñez-Rojo</td>
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<td>Andalusian Health Care Service, Almería, Spain</td>
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<td>Abstract</td>
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<td>WHO recommendations stress users empowerment as one of the key features in mental health services development. However empowerment dependent on user changes to take control is limited by social stigma, autostigma, and traditional psychiatric power. The objective is to show how human rights perspective can counterbalance the limitations users have to face to take control over their recovery pathway, and how this perspective promotes wellbeing.</td>
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<td>Review of the impact of the United Nation Convention of the Rights of People with Disabilities in the relation between mental health service users and psychiatric services and the society as a whole.</td>
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<td>CRPD principles and its principal articles challenge many psychiatric practices that limit patients autonomy and capacity to decide and make choices. Implementation of CRPD will facilitate recovery and wellbeing through real empowerment.</td>
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<td>Conclusions</td>
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<td>Human rights approach facilitates empowerment and wellbeing ensuring effective participation and the possibility of exercising rights. It allows balancing powers, removes barriers and provides settings putting the focus on the &quot;power to&quot; and the structural aspects of discrimination</td>
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<td>References</td>
<td>1. User empowerment in mental health – a statement by the WHO Regional Office for Europe. WHO Regional Office for Europe, Copenhagen, Denmark. 2010</td>
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Depression Screening in Primary Care China, India, Iran, Romania Symposium

Chairperson: Eliot Sorel (USA).
Co-Chair: Juan José López-Ibor (Spain).

Abstract
Background: Non-communicable diseases (NCDs) lead in the global burden of disease in low-, middle-, and high-income countries. Mental disorders lead among those, representing 14% of the global burden of disease and 30-45% of the global burden of disability. Early onset, along with late detection and intervention, augment the severity of illness and increase the global burdens of disease, disability, and health care costs. Depression is one of the leading causes of the burden of disease and of disability, affecting 350 million people worldwide. Frequently it is detected late, or not at all, in the course of illness with which it is comorbid, exacerbating their course. Effective treatments for depression exist; they are received by fewer than 10% of those who need them. The WPA Task Force on Non-Communicable Diseases and Integrated Care launched the Depression Screening in Primary Care in the above stated countries in 2012 and completed it in autumn 2013.

Methods: The population of this study included patients at primary care outpatient clinics in China, India, Iran, and Romania. All participated with informed consent, and were screened for depression using the internationally validated Patient Health Questionnaire (PHQ-9). Those patients found to be in need of care were offered the appropriate follow-up.

Results: Several thousand patients (aggregate) in primary care clinics in China, India, Iran, and Romania were screened with varying degrees of severity of depressive symptoms and significant levels of comorbidity with diabetes mellitus, cardiovascular diseases, and other. The detailed data are presented by each country’s team.

Conclusions: This symposium presents preliminary data on this subject from China, India, Iran, and Romania. The prevalence of depression symptoms in primary health care populations is strikingly high across these countries. The significant levels of comorbidity identified raise important considerations for similar studies in all countries, as well as for health systems’ performance, integration, health teams’ medical and public health education, resources allocation, and global health policy.

References

Speakers
Layan Zhang (China).
Roy A. Kallivayalil (India).
Ahmad Mohit (Iran).
Ileana Botezat-Antonescu (Romania).
Abstract

Background: Major depression is a common and treatable mental disorder that can be costly and debilitating to patients. Depression has been identified as a leading cause of burden in the Global Burden of Disease 1990, 2000 and 2010 studies (Ferrari et al., 2013), and determined as a robust independent risk factor of shortening life span of 25 to 30 years and developing stroke, cancer, cardiovascular disease, and type II Diabetes (Voinov et al., 2013). However, a potentially high hidden prevalence of undiagnosed and undertreated depression may be existed due to lack of routine depression screening in primary care settings (Rosenthal 2003). The present study was conducted to screen for depression among patients attending primary health care clinics in three weeks at two geographically distant and socio-culturally different regions of China.

Methods: Participants were patients who were seeing internists at outpatient clinics (functioning as primary car settings in China) in two different parts of China i.e. North and South regions during a period of three weeks. With informed consent, patients were screened for depression using Patient Health Questionnaire (PHQ-9) which has been psychometrically verified for depression screening in Asian primary care settings (Sung et al., 2013).

Results: A total of 823 patients (51.0% women, 49.0% men) in the primary care clinics were screened. As per PHQ-9, only 8.3% of the whole sample scored 0 corresponding to no depressive symptoms at all. 93.3% of patients had different level of depressive symptoms: 33.0% had minimal, 34.3% had mild, 16.4% had moderate, 5.7% had moderately severe and 2.4% had severe depression. Most patients with depression had medical co-morbidities. In the current study, Diabetes Mellitus was proved to be most common comorbid medical condition in patients having depressive symptoms, followed by Digestive Diseases and Cardiovascular Diseases.

Conclusions: The prevalence of depressive symptoms in patients attending in the primary care settings in China is strikingly high. Diabetes Mellitus, Digestive Diseases and Cardiovascular Diseases were the most common medical disorders associated with depression.

References:

Results: A total of 551 patients were screened. 52.8% were females. 67.4% of males and 76.3% females had depressive symptoms. However, almost 50% of these patients in both genders had only minimal depressive symptoms. Among male patients, 23.6% had mild, 21.3% had moderate and 5% had moderately severe depression as per PHQ-9. None of the male patient had severe depression. In females, 21.9% had mild, 20.5% had moderate, 6.8% had moderately severe and 0.4% had severe depression. Most patients with depression had medical co-morbidities. Diabetes Mellitus and Cardiovascular Diseases were the most common medical disorders in patients having depression.

Conclusion: The prevalence of depressive symptoms in patients attending PHCs in India is alarmingly high. Diabetes Mellitus and Cardiovascular Diseases were the most common medical disorders associated with depression.

References:

Session: Regular Symposium
SPEAKER 3
Code SY619

Title: ABSTRACT OF THE REPORT FROM I.R. IRAN DEPRESSION SCREENING IN PRIMARY HEALTH CARE

Speaker Ahmad Mohit, M.D.; Ahmad Jalili, M.D.; Jafar Bolhari, M.D. Shabnam Nohesara, M.D. and a number of other colleagues whose names will be acknowledged in the final report

Abstract

Background: Globally, the decades of 1980 and 1990 were important years for the development of integration of mental health in Primary Health Care Services in developing countries, (WHO and WONCA 2008), (Mohit in Goldberg and Thornicroft,, 1998). It was also during these years that the importance of mental illnesses and particularly depression as a major cause of Global Burden of Disease was clearly shown; it was also predicted that depression would become the second cause of GBD in 2020 (Murray and Lopez, 1997). Iran was one of the first countries in the Eastern Mediterranean Region of World Health Organization that adopted the strategy of integration; and is still the only country of the region that has implemented this strategy on a nationwide basis (Bolhari et al, 2012). There are a good number of studies on different aspects of integration from different parts of Iran covering many aspects of epidemiology, attitudes, successes and constraints. The aim of this preliminary study was to conduct screening for depression among patients attending a number of primary health care (PHC) settings located in rural and mixed rural-urban areas around Tehran, the Capital City of Iran.

Method: In this multi-centric cross sectional study, patients attending 4 PHC centers of a mixed urban-rural area near the capital city Tehran and giving informed consent were screened for depression using Patient Health Questionnaire-9 (PHQ-9), an international valid self report questionnaire. Their sociodemographic data and co-morbidities of patients found positive for having depressive symptoms is also reported.

Results: A total of 1006 patients were screened. Of these, 17.6 percent of them were males and 80.5% were females. Of the whole group sampled around 77% showed symptoms of depression. However, the degree of depression in about 63% was minimal, mild or moderate, and moderately severe and severe cases constituted 7% of the screened population.

Conclusion: The prevalence of depressive symptoms in patients attending PHCs in Iran is very high. However, a low percentage of these patients qualify for severe depression.

References
1. World Health Organization (WHO) and World Organization for Family Doctors(WONCA), 2008. Integration of Mental Health into Primary Care (a global perspective)
4. J. Bolhari et al, Evaluation of Mental Health Integration into the PHC System in Iran. Iranian Journal of
## Title:
**DEPRESSION SCREENING IN PRIMARY CARE AND CORRELATIONS WITH COMORBIDITIES IN ROMANIA**

### Speaker
I. Botezat-Antonescu 1, P. Balanescu 2, C. Dima3, C. Oana Sever 4  
1 Ministry of Health Bucharest, Romania, 2 Colentina Clinical Hospital, Bucharest, Romania 3 National Institute of Public Health, Bucharest, Romania 4 National Society of Family Medicine, Bucharest, Romania

### Abstract
Objectives Depression is an important worldwide public health problem with important social and economic consequences and difficulties in social integration. Despite high prevalence, only one-third of all patients with depression receive adequate treatment due to an insufficient diagnosis. Primary care physicians could play a major role in screening for depressive symptoms and referring patients to appropriate care givers. The objectives of the study were to determine the prevalence of the depressive symptoms within last two weeks, in patients who accessed primary care services and to assess the relation between associated comorbidities and the depressive symptoms.

Methods An observational, cross sectional survey was designed, PHQ-9 questionnaire being administered to patients who accessed primary care offices from Romania during 18-24 June 2012 (1 week recruitment). Data about patients and their comorbidities were also collected.

Results: A total of 1710 patients were evaluated in the study - 1050 females (61.3%) and 660 males (38.7%). 44.2% females and 28.8% males had depressive symptoms. 55.80% females and 71.2% males had minimal depression symptoms. According to PHQ-9, among female patients 26.8% had mild, 10.5% had moderate, 5.1% had moderately severe and 1.6% had severe depressive symptoms. In the male patients, 19.2% had mild, 5% had moderate, 3.3% had moderately severe and 1.2% had severe depressive symptoms. Cardiovascular diseases were the most frequent comorbidities associated with depression (972 patients-56.8%), followed by gastrointestinal comorbidities (272 patients-15.9%) and musculoskeletal comorbidities (233 patients-13.6%).

Conclusions: Depressive symptoms are frequent in patients referring at primary care offices and primary care physicians should enhance their efforts to recognize depression using a very useful and rapid self-administered questionnaire (PHQ9) in order to appropriately refer the patient to the specialist for accurate treatment and support. Cardiovascular, gastrointestinal and musculoskeletal comorbidities were most frequently associated with depressive symptoms.

### References
**Title:** Treatment of patients with severe mental illness and complex needs using new models of assertive outreach in different countries

**Chairperson:** Prof. dr. C.L. Mulder1,2  
1 Erasmus MC, Rotterdam, The Netherlands  
2 Parnassia Psychiatric Institute, The Netherlands

**Abstract:** The organisation of mental health services for patients with severe mental illness (SMI) and complex needs varies among different countries. In some countries these patients are treated in the context of psychiatric hospitals, whereas in other countries Assertive Outreach (AO) Teams exist. New models of Assertive Outreach, including Flexible Assertive Community Treatment (FACT) are on the rise, which provide integrated and recovery based care. During the symposium the position of Assertive Outreach in the context of a mental health system and new models of outpatient care and AO will be discussed.

**Speakers:**  
Helen Killaspy (United Kingdom).  
Juan José Martínez Jambrina (Spain).  
Torleif Ruud (Norway).  
Cornelis L. Mulder (The Netherlands).

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### SPEAKER 1

**Title:** ASSERTIVE COMMUNITY TREATMENT IN THE UK

**Speaker:** H. Killaspy1,2  
1 University College London, London, UK.  
2 Camden and Islington NHS Foundation Trust, London, UK

**Abstract:** Objectives  
Assertive community treatment is an intensive model of community mental health care delivery which focuses on people with severe mental health problems who are high users of inpatient care. It has a strong evidence base in the US and has gained popularity globally. This presentation will provide an overview of the evidence for its effectiveness in the UK and other countries with well developed community mental health services.

**Methods**  
Findings from trials of intensive case management and assertive community treatment were reviewed in order to inform the discussion and international debate about the efficacy of these approaches in different contexts.

**Results**  
Trials of assertive community treatment consistently find that is able to promote better engagement and greater client satisfaction than standard approaches. However, there are inconsistencies in other outcomes between countries. These may be explained by differences in implementation of key components as well as contextual factors that vary internationally.

**Conclusions**  
When imported to different healthcare contexts, models of delivery may not achieve the same outcomes. Careful and intelligent interpretation of findings is required in order to avoid “throwing the baby out with the bath water”.

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### SPEAKER 2
Title: ASSERTIVE COMMUNITY TREATMENT – THE SPANISH MODEL

Speaker  J. J. Martínez Jambrina.  Director of Mental Health Service. San Agustin Hospital, Avilés, Asturias. Spain.

Abstract  Objectives: Assertive Community Treatment (ACT) is an internationally recognised, well defined form of intensive outreach for people with the most severe mental health problems who are high users of inpatient care and have difficulties engaging with standard community care. The international evidence for the efficacy of ACT is strong. Early US trials of ACT were successfully replicated in Spain with good results. This presentation will provide an overview of the history of implementation of ACT in Spain, the evidence for its effectiveness and the current status of this model of service delivery in our country.

Methods: Review of trials evaluating ACT in Spain.

Results: Fewer studies of ACT have been carried out in Spain. However, the early Spanish trial developed in Avilés and subsequent evaluations reported an important number of positive outcomes including reduced hospital admissions and length of stay as well as improved functioning. Less positive findings from recent ACT studies conducted in the UK have highlighted the complexities in interpreting the evolving international evidence.

Conclusions: The Avilés ACT team was the first one developed in Spain (1999). Spain has been severely affected by the global financial crisis and funding for mental health services has not kept pace with demand. Surprisingly, ACT teams continue to be established and maintained in some communities. There are 30 ACT teams working in Spain currently. Most of them have integrated critical ACT ingredients resulting in “diluted” versions of the ACT model which have not been rigorously evaluated. Further research on hybrid models of ACT that respond to different socioeconomic and cultural contexts is urgently required.

Session: Regular Symposium  SPEAKER 3  Code  SY620

Title: ASSERTIVE OUTREACH FOR PEOPLE WITH SEVERE MENTAL ILLNESS IN NORWAY

Speaker  T. Ruud  Akershus University Hospital, Lørenskog, Norway.

Abstract  Objectives Describe the present situation in Norway regarding assertive outreach services for people with severe mental illness.

Methods Use available official documentation, preliminary results from a study of Norwegian ACT teams and knowledge from contact with the services.

Results Estimates in 2008 indicated that 4000 persons (0.8 %) in Norway with severe mental illness were not reached by the ordinary health services. In Norway outpatient treatment for people with severe mental illness is given by outpatient clinics and mobile teams at 75 community mental health centers in collaboration with GPs and primary health and social care in the municipalities. During the last years 14 ACT teams have been established, and 12 of these have been evaluated by a research project. The ACT teams have achieved moderate fidelity to the revised ACT model and manage to reach and engage the target group. Results from two years follow-up of 142 persons will be presented later in 2014. Three ACT teams have been closed down due to economic priorities in municipalities, some ACT teams are changing to FACT teams, and three new FACT teams have been established. A national collaboration reform for the health services has created a framework also for exploring various forms of close collaboration between primary and specialized mental health care to reach people with severe mental illness who is difficult to reach with ordinary health services.

Conclusions There is a need for assertive outreach in Norway, but large rural areas with scarce population and long distances for home visits is a challenge for how to organize assertive outreach. There are ongoing efforts
with ACT teams, FACT teams and various forms of collaboration between primary and specialized mental health care to meet these challenges.

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<td>Title:</td>
<td>FLEXIBLE ASSERTIVE COMMUNITY TREATMENT (FACT): A NEW MODEL FOR PROVIDING INTEGRATED AND RECOVERY BASED CARE</td>
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<td>Speaker</td>
<td>Prof. dr. C.L. Mulder1,2</td>
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<td>1 Erasmus MC, Rotterdam, The Netherlands</td>
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<td></td>
<td>2 Parnassia Psychiatric Institute, The Netherlands</td>
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<tr>
<td>Abstract</td>
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<td>Assertive Community Treatment (ACT) was developed as an integrated care delivery model for the 20% most complex and difficult-to-engage patients with severe mental illness (SMI). For 80% of the SMI patients, only few well defined models of care exist. Flexible ACT (FACT; Veldhuizen 2007) has been developed as an integrated way of providing both ACT as well as individual case management by a multidisciplinary team for all patients with SMI.</td>
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<td>Methods</td>
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<td>The FACT model, including the ingredients and working methods, as well as evidence on its effectiveness will be described.</td>
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<td>In the Netherlands, and in a rising number of other countries, FACT is implemented. The main reason for implementing FACT is that clinicians, patient and carers organisations, managers, health care providers, and health insurance companies have experienced the model as very effective. Until now, the scientific evidence showing its (cost)effectiveness is limited, although some uncontrolled studies have demonstrated a beneficial effects on symptoms, functioning and costs.</td>
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<td>Conclusions</td>
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<td>FACT is a new and promising care delivery model for patients with severe mental illness.</td>
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Title: **Early-life psychotic experiences in the general population: mechanisms and meaning**

Chairperson: Prof. Peter Jones, University of Cambridge, UK.

Abstract: Childhood or adolescent psychotic experiences (PEs) that have hitherto been thought of as harbingers of schizophrenia in the concept of the clinical high-risk state are also associated with common mental disorders, such as depression and anxiety. We present data from general population cohorts and clinical samples that provide important new insights into mechanisms and meaning of early-life PEs.

A longitudinal association between common childhood neurodevelopmental disorders and subsequent risk of PEs in adolescence in the ALSPAC cohort suggests that these symptoms may have a neurodevelopmental facet to their origin (Presentation 1). Multi-dimensional item response modeling using data from two large cohorts indicates that depression, anxiety and PEs measure a single, common underlying factor in the population, with psychotic items measuring the more severe end of this continuum (Presentation 2). A phenomenological analysis explores links between adverse life events and the content of PEs in young adolescents (Presentation 3). Finally, one study of help-seeking individuals at clinical high risk for psychosis suggests that PEs are associated with a range of non-psychotic disorders (anxiety and affective), suicidal behaviour, and poor functioning (Presentations 4).

These findings call for review of current diagnostic systems to acknowledge that PEs occur alongside mild to moderate depression and anxiety, especially in young adults, and are a marker of severity. Rating scales used in epidemiological study of common mental disorder need to include psychotic items. In clinics, PEs in young people should alert clinicians for the presence of non-psychotic disorders and clinically concerning behaviour such as suicidality.

Speakers: Golam Khandaker (United Kingdom).
Jan Stochl (United Kingdom).
Helen Coughlan (Ireland).
Jesus Perez (United Kingdom).

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Title: **A POPULATION-BASED LONGITUDINAL STUDY OF CHILDHOOD NEURODEVELOPMENTAL DISORDERS, IQ AND SUBSEQUENT RISK OF PSYCHOTIC EXPERIENCES IN ADOLESCENCE**

Speaker: G.M. Khandaker\(^1\), J. Stochl\(^{2,3}\), S. Zammit\(^4\), G. Lewis\(^4\), PB Jones\(^1\)
\(^1\) University of Cambridge, Cambridge, UK
\(^2\) University of York, York, UK
\(^3\) Cardiff University, Cardiff, UK
\(^4\) University College London, London, UK

Abstract: **Objectives:** Schizophrenia has a neurodevelopmental component to its origin, and may share overlapping pathogenic mechanisms with childhood neurodevelopmental disorders (ND). Yet longitudinal studies of psychotic outcomes among individuals with ND are limited. We report a population-based longitudinal study of six common childhood ND, subsequent neurocognitive performance and the risk of psychotic experiences (PEs) in early-adolescence.

**Methods:** PEs were assessed by semi-structured interviews at age 13 years. IQ and working memory were measured between ages 9 and 11 years. The presence of six neurodevelopmental disorders (autism spectrum, dyslexia, dyspraxia, dysgraphia, dysorthographia, dyscalculia) was determined from parent-completed questionnaire at age 9 years. Linear regression calculated mean difference in cognitive scores between those with and without ND. The association between ND and PEs was expressed as odds ratio (OR): effects of cognitive deficits were examined. Potential confounders included age, gender, father’s social class, ethnicity and maternal education.
**Results:** Out of 8,220 children, 487 (5.9%) were reported to have ND at age 9 years. Children with, compared with those without ND performed worse on all cognitive measures; adjusted mean difference in total IQ 6.84 (95% CI 5.00- 8.69). The association between total IQ and ND was linear (p<0.0001). The risk of PEs was higher in those with, compared with those without ND; adjusted OR for definite PEs 1.76 (95% CI 1.11- 2.79). IQ (but not working memory) deficit partly explained this association.

**Conclusion:** Early-life PEs have a neurodevelopmental facet to their origin. The emergence of these experiences may be related to IQ deficit.

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**Session:** Regular Symposium  | **SPEAKER 2** | **Code** | SY629
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**Title:** MOOD, ANXIETY AND PSYCHOTIC PHENOMENA MEASURE A COMMON PSYCHOPATHOLOGICAL FACTOR AT THE POPULATION LEVEL
**Speaker** | J. Stochl$^{1,2}$, G.M. Khandaker$^{2}$, S. Zammit$^{3}$, S. Sullivan$^{4}$, T. Croudace$^{1}$, I. Goodyer$^{2}$, G. Lewis$^{5}$, P.B. Jones$^{2}$
$^{1}$ University of York, York, UK
$^{2}$ University of Cambridge, Cambridge, UK
$^{3}$ Cardiff University, Cardiff, UK
$^{4}$ University of Bristol, Bristol, UK
$^{5}$ University College London, London, UK

**Abstract**

**Objectives:** Psychotic phenomena may occur in major depression and as a differential diagnosis in severe anxiety disorder but are not incorporated in classifications of less severe disorders that are common in the general population. Nonetheless, psychotic phenomena are also common and share risk factors with depression and anxiety. Using data from two large general population cohorts, replicating our findings from one in the other, we have examined whether the co-occurrence of depressive, anxiety and psychotic phenomena is best explained by (1) a single underlying factor; (2) two separate, uncorrelated factors; (3) two separate yet linked factors; or (4) two separate domains along with an underlying “common mental distress” factor (CMD). Second, we have defined where, along any latent continuum, particular types of psychopathological item contributed most information.

**Methods:** Psychometric analysis of cross-sectional, item-level information from measures of depression, anxiety and psychotic experiences were carried out in the ALSPAC (N=6617) and ROOTS (N=977) cohorts, aged 13-18 years. A self-report questionnaire for depressive and anxiety symptoms, and face-to-face, semi-structured interviews for psychotic experiences were used.

**Results:** In both cohorts depression, anxiety and psychotic items were best represented as a bi-factor model with a single, unitary CMD factor on which psychotic items conveyed information about the more severe end (model 4).

**Conclusions:** Psychotic phenomena co-occur with depression and anxiety in teenagers and may be a marker of severity in a single, unitary dimension of common mental distress. These findings have implications for psychiatric nosology, and the measurement of psychiatric morbidity in epidemiological studies.

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**Session:** Regular Symposium  | **SPEAKER 3** | **Code** | SY629
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**Title:** WHAT LIES BENEATH?: CLUES FROM THE PHENOMENOLOGY OF SUB-CLINICAL PSYCHOTIC-LIKE EXPERIENCES AMONG YOUNG IRISH ADOLESCENTS
**Speaker** | H. Coughlan$^{1}$, I. Kelleher$^{1}$, M. Clarke$^{1}$, N. Higgins$^{1}$, K.R. Laurens$^{2,3}$, M. Cannon$^{1}$
$^{1}$ Royal College of Surgeons in Ireland, Dublin, Ireland
$^{2}$ University of New South Wales, Sydney, Australia
$^{3}$ Kings College London, London, UK

**Abstract**

**Objective:** In adult samples, PEs, such as delusions and hallucinations has been reported to be associated
with a range of adverse early-life experiences including bereavement, childhood abuse and victimisation. There is also evidence that childhood adversity and trauma may be associated with the form and content of subsequent PEs in adolescence and early adulthood. The content of PEs is relevant for help seeking, clinical management, and may also help to understand the aetiology of these experiences. Therefore, a more refined understanding of the phenomenology of PEs is necessary.

**Methods:** We carried out a phenomenological analysis of the content of PEs in a population-based sample of young Irish adolescents. PEs were examined in the context of reported adverse life events among the participants.

**Results:** The findings reveal important phenomenological differences between PEs in young adolescents and that in adults with diagnosed psychotic disorders. They also tentatively suggest that different aetiological processes may be occurring during childhood and early-adolescence, which result in the emergence of at least two subgroups of PE in the general population. Besides, there are differences in the phenomenology of PEs among and between these subgroups.

**Conclusions:** Evidence of distinct phenomenological subgroups and aetiological processes for PEs could have important implications for clinical practice and intervention for young people who report PEs or who present with emerging psychotic disorders.

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**Session:** Regular Symposium  
**SPEAKER 4**  
**Code** SY629

**Title:** PSYCHIATRIC MORBIDITY, FUNCTIONING AND QUALITY OF LIFE IN YOUNG PEOPLE AT CLINICAL HIGH RISK FOR PSYCHOSIS

**Speaker**  
C. Hui\textsuperscript{1,2}, C. Morcillo\textsuperscript{1,3}, D.A. Russo\textsuperscript{1,3}, J. Stochl\textsuperscript{1,4}, G.F. Shelley\textsuperscript{3}, M. Painter\textsuperscript{3}, P.B. Jones\textsuperscript{1,3}, J. Perez\textsuperscript{1,3}  
\textsuperscript{1} University of Cambridge, Cambridge, UK  
\textsuperscript{2} University of Hong Kong, Hong Kong, China  
\textsuperscript{3} CAMEO Early Intervention in Psychosis Service, Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, UK  
\textsuperscript{4} University of York, York, UK

**Abstract**  
**Objectives:** Recent studies suggest that psychotic experiences may also act as markers for non-psychotic psychiatric disorders, which may indicate that the focus of research in individuals at high risk (HR) for psychosis needs updating. In this study we thoroughly examined the clinical and functional characteristics of a consecutive cohort of young people at HR for psychosis and compared them to a matched sample of healthy volunteers.

**Methods:** Between February 2010 and September 2012, 60 help-seeking HR individuals, aged 16-35, were recruited from CAMEO Early Intervention in Psychosis Service, Cambridgeshire, UK. Forty-five age and gender-matched healthy volunteers were randomly recruited from the same geographical area. Socio-demographic, psychiatric morbidity, functioning and quality of life measures were compared between both groups.

**Results:** HR individuals suffered a wide range of DSM-IV psychiatric disorders, mainly within the affective and anxiety diagnostic spectra. In comparison to healthy volunteers, young people at HR reported more suicidal ideation/intention, depressive and anxiety symptoms and presented with remarkably poor functioning and quality of life.

**Conclusions:** The presence of co-morbid moderate or severe depressive and anxiety symptoms was common in our sample of young people at enhanced risk for psychosis. A HR mental state may be associated not only with an increased risk for psychosis, but also other psychiatric disorders. These findings have implications for the future implementation of therapeutic interventions that this population could benefit from.
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<td>Title:</td>
<td>Neurophysiologic studies of autism spectrum disorders</td>
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<td>Chairperson</td>
<td>Prof. Dr. Andrey IZNAK (Russian Federation).</td>
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<td>Abstract</td>
<td>The autism spectrum disorders represent one of important problems of psychiatry. The aim of Symposium is to demonstrate the value of neurophysiologic parameters, registered by EEG and MEG, in understanding of some brain mechanisms (including frontal lobe dysfunction, disinhibition, interhemispheric asymmetry) of clinical and behavioral peculiarities of children and adolescents suffered with the autism spectrum disorders compared to healthy persons, and in early and differential EEG diagnostics of autism, as well. All data presented would be of both theoretical and practical interest for clinical and biological psychiatry.</td>
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<td>Title:</td>
<td>ABNORMAL FEATURES OF MEG-RECORDED “RESTING STATE” GAMMA OSCILLATIONS IN CHILDREN WITH AUTISM SPECTRUM DISORDER</td>
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<td>Speaker</td>
<td>STROGANOVA Tatiana, Orekhova Elena, Sysoeva Olga Russian Federation</td>
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<td>Abstract</td>
<td><strong>Objectives:</strong> Gamma oscillations (&gt;25 Hz) in cortical networks crucially depend upon inhibitory GABA-ergic cells and provide a precise coordination of neuronal firing necessary for effective information processing. Mounting evidence for deficient GABA transmission in ASD point to gamma oscillations as a putative biomarker of autism. However, recent research showed that EEG-measured gamma oscillations may mainly reflect muscle activity. The aim of the study was to investigate gamma oscillations recorded by MEG, which is much less prone to myogenic artifact than EEG technique.  <strong>Methods:</strong> Twenty five ASD children aged 7 to 15 years and 25 age-matched controls participated in the MEG study. “Resting state” gamma oscillations were measured during eyes open condition. Averaged magnetic power spectrum gave a measure of the amplitude of the magnetic signal at each frequency.  <strong>Results:</strong> Both low (25–45 Hz) and high (55–95 Hz) gamma oscillations were pathologically increased in ASD compared with age-matched control. In children with ASD the gamma power correlated positively with autism quotient test scores and with degree of developmental delay. Besides, low frequency gamma activity (25–45 Hz) often corresponded to abnormal discrete oscillatory bursts appearing in narrow frequency bands and lasting several hundreds milliseconds. These low gamma oscillations frequently appeared at approximately the same time in several gradiometers positioned over different cortical areas, forming distinct local spatial patterns.  <strong>Conclusions:</strong> The data obtained suggested the abnormality of cortical circuit in ASD that is proposed to generate aberrant high-frequency oscillations through disinhibition. These findings may also explain heightened risk of epilepsy in ASD.</td>
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<tr>
<td>Title:</td>
<td>NEUROPHYSIOLOGICAL CRITERIA FOR EARLY DIAGNOSIS OF AUTISM</td>
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<td>Speaker</td>
<td>DOKUKINA Tatiana, Misyuk Nikolay, Marchuk Sergey</td>
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**Republic of Belarus**

**Abstract**

The purpose of this research is to study EEG features of autistic children compared with children with schizophrenia and healthy children at the age of 3 to 15 years. The results of EEG computer processing showed that the main EEG syndrome in patients with autism consisted in total reduction in the relative power of the alpha activity in all regions of the brain, and in severe enhanced activity of beta-2 range in the central, temporal and parietal-occipital regions. The relative alpha-power was reduced by 3-4 times, and the beta-2 power was 1.5-2 times higher than in healthy children. In all age groups a pathological EEG sign was observed: namely, beta activity’s focusing, which occurred in 50% of autistic patients while only 3% among healthy children. An important EEG feature was also the lack of power peak in 4-30 Hz range. The following three features were used for the differential diagnosis of autistic children EEG: the absence of the peak power of the basic rhythm, the presence of a pathological focus of beta-1 and beta-2 activity, alpha-index of less than 15% for children under 4 years age, and alpha-index less than 20% for children aged 4 years and older. The following diagnostic rule was applied: the presence of at least one of these symptoms indicates the presence of autism. When using this rule, the EEG of children with autism at the age of 3 to 15 years has been recognized correctly in 90% of cases.

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**Title:** EEG AND EPIGENETIC STUDY OF CHILDREN AND ADOLESCENTS WITH AUTISTIC SPECTRUM DISORDERS

**Speaker**

GORBACHEVSKAYA Natalia, Porokhovnik Lev, Golubeva Natalia, Sorokin Alexander, Lyapunova Natalia
Russian Federation

**Abstract**

**Objectives.** Autism is multifactorial developmental disorder characterized by widespread impairment of socialization, restricted interests, and repetitive stereotyped behavior, now affecting about 1 of 88 children. Autism has pronounced genetic predisposition. Gene mutations, microaberrations and variations of genome were shown. There is a large body of evidence that oxidative stress plays significant role in the pathogenesis of autism. Cell’s resistance to oxidative stress is determined, among other factors, by copy number of transcriptionally active genes for rRNA (ribosomal genes) (Porokhovnik L., et al., 2013). Present study was designed to find the differences in EEG between healthy children and patients with autism spectrum disorders, and correlations of EEG pattern with autism severity and number of active ribosomal genes.

**Methods:** EEG recording, genetic and clinical studies have been performed for 2 groups of 3-18 years old children: healthy group and of autism spectrum disorders (F84.0, by ICD-10).

**Results:** The basic features of EEG pattern of autism were increased level of beta activity mostly in frontal and central regions, decreased level of theta and alpha activity, and lowered EEG coherence that decreased with age. Nevertheless alpha frequency was not differed from normative data. The values of copy number of active ribosomal genes were significantly lower in autistic group than in healthy population, and correlated with severity of autistic feature and beta activity level.

**Conclusion:** Children with autism were more sensitive to oxidative stress then healthy children. Environmental impacts are considered as external factors, which provoke manifestation and modulate the course of autism.

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**Title:** FEATURES OF AUTISM PECULIAR TO THE LEFT-HANDED CHILDREN

**Speaker**

CHUPRIKOV Anatoly, Chuprikova Marina
Ukraine

**Abstract**

The amount of infantile autism and the quantity of left-handed children go in parallel from 2.5-3% in 19th century to 10-15% by the end of the 20th century. The quantity of left-handed children among autists is about 2.5-3% higher than in whole population. The aim of the study was to reveal some clinical and EEG peculiarities in left-handed autists. Autistic patients showed the delay of the dominant hand establishing. In comparison with healthy
children they had the ambidexterity period, lasted from 1 year and 7 months, with final formation of hand dominance in about 4 years and 2 months. Such delay can be explained by the adverse course of pregnancy and delivery; in particular, they often had symptoms of asphyxia in delivery.

Up to 87% left-handed autists also suffered from the ADHD syndrome proceeded with affective shade-euphoric one which in time of “protest reactions” could be replaced by irascibility. Among the left-handed autists the number of children with mental and cognitive deficiency, mild intellectual retardation, and slight epileptic signs (short-term crepuscular paroxysms, shouts while sleeping, etc.) was larger than in right-handed ones. Their EEG showed epileptogenic centers in the left hemisphere. EEG monitoring during sleep revealed the pattern of slow-wave sleep differed from normal sleep pattern.

The existence of epileptic symptoms peculiar to these children (even with the lack of clinically issued epilepsy paroxysms) requires the addition of anticonvulsants in treatment of such patients. Besides pharmacotherapy left-handed autists should receive psychological and pedagogical correction, logopedic help, kinesitherapy, etc.
## OVERALL ABSTRACT

**New challenges in evolutionary psychiatry**

**Chairperson**  
Joseba Achotegui. MD. Tenured Professor of the University of Barcelona. Barcelona. Spain.

**Co-chairperson**  
Trino Bautista. MD, PhD. Los Andes University Medical School, Department of Physiology, Mérida, Venezuela.

**Abstract**  
The symposium discusses new developments in the area of Evolutionary psychiatry: the non verbal interaction in Psychiatric Disorders, the importance of teaching evolution to psychiatrists, the correlation between psychodiversity and psychopathology from darwinian perspective and the analysis of paranoia as relevant disorder in majority of cultures.

**Speakers**  
Trino Baptista (Venezuela).  
Joseba Achotegui (Spain).  
Martin Brüne (Germany).  
Dori Espeso (Spain).

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### SPEAKER 1

**Title:** Teaching evolution to psychiatrists

**Speaker**  
Trino Baptista. MD, PhD. Los Andes University Medical School, Department of Physiology, Mérida, Venezuela.

**Abstract**  
Evolution theory is a basic science for medicine but it has not been formally incorporated in the medical curriculum in most countries (1). For psychiatrists evolutionary knowledge may expand the comprehension of normal and abnormal behavior and assist in the development of novel approaches to pathogenesis and therapy. We have been teaching evolution to psychiatry residents in Venezuela since 1986 (2) and following the current tendency in the field, more emphasis is now placed in discussing how evolution has made us vulnerable to disease, instead of focusing on the adaptive value of mental illnesses. This is an example of how challenging is teaching evolution, because of the accelerated rhythm of scientific progress (3). We use the case of bipolar disorder in our course for psychiatrists and psychiatry students as an example of evolutionary-based hypothesis about the origin of the disease. Specifically, the hypothesis of Neanderthal genes and its relationship with hibernation and mood changes (4) exemplifies the virtues and pitfalls of the current evolutionary psychiatry models.

**References**  

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### SPEAKER 2

**Title:** PSYCHOPATHOLOGY AND PSYCHODIVERSITY: AN EVOLUTIONARY PERSPECTIVE

**Speaker**  
Joseba Achotegui. MD. Tenured Professor of the University of Barcelona. Barcelona. Spain.

**Abstract**  
From the perspective of evolutionary psychology and psychiatry, natural selection has chosen to preserve a great psychodiversity, instead of having a few types of behavior. Because in an unpredictable world that is changing continuously, it has proven more adaptive to possess a large repertoire of behavioral possibilities although some of them prove dysfunctional in today’s world, rather than have a few adaptation strategies. However, as a result of this operation, each subject must work to integrate a huge range of possibilities
of behavior. Furthermore, from current neurobiology we know that the peculiar functioning of the brain requires the integration of billions of connections, a great process of maturation and learning. A process that facilitates the individual differences.

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<td>Speaker</td>
<td>Martin Brüne . LWL University Hospital, Division of Cognitive Neuropsychiatry and Psychiatric Preventive Medicine, Ruhr-University Bochum, Bochum, Germany.</td>
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<tr>
<td>Abstract</td>
<td>Research suggests that 70% of communication is nonverbal in nature, much of which is outside conscious control. The analysis of nonverbal behaviour is a key domain of ethology. Ethological research in psychiatric conditions has demonstrated that patients can be distinguished from nonclinical subjects on the basis of their nonverbal behaviour. For example, ethological studies in schizophrenia have revealed that the amount of so-called “prosocial behaviour” during an interview is reduced in schizophrenia patients compared to controls. Beyond this comparison, the level of prosocial behaviour has been found to be associated with measures of psychopathology and patients’ mentalising abilities. One specific aspect that has been neglected in schizophrenia research, however, is the role of nonverbal “attunement”. Nonverbal attunement or convergence is defined as the degree of responsivity of patients’ nonverbal expression to an interviewer’s nonverbal feedback during an interview. In depression, studies have shown that the lack of nonverbal convergence over the course of an interview predicts treatment response and relapse after recovery. This has not been studied in schizophrenia. Moreover, whether or not nonverbal attunement in schizophrenia is linked with social cognitive capacities such as emotion recognition or mentalising is unclear. With regard to the neural mechanisms involved in nonverbal attunement (or the lack thereof in clinical populations) one could assign a role to the mirror neuron system, which is thought to be critical for mapping one’s own behaviour onto observed behaviour of another person, and may also play a role in mentalising and empathy. The present talk aims to explore the evidence for a dysfunctional mirror neuron system in schizophrenia. In addition, new ethological data are presented with regard to the link of patients’ nonverbal attunement during interviews and social cognitive performance.</td>
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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 4</th>
<th>Code</th>
<th>SY638</th>
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<tbody>
<tr>
<td>Title:</td>
<td>PARANOIA AND PSYCHOSIS FROM EVOLUTIONAY PERSPECTIVE</td>
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<tr>
<td>Speaker</td>
<td>Dori Espeso. MD. IAS Girona. SAPPIR. Barcelona.</td>
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<tr>
<td>Abstract</td>
<td>The presentation addresses the analysis of the prevalence of paranoia as the most relevant psychotic disorder worldwide, according to WHO. These data are consistent with the perspective of evolutionary psychology and psychiatry that emphasizes the importance of the dangers and threats lived during the evolutionary process, a very difficult process of survival. The paranoid symptomatology, linked to fears, the most primitive emotions, is also considered also from the standpoint of fear of deception given the existence of people with psychopaths trends.</td>
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### OVERALL ABSTRACT

**Title:** Turning parity for mental health and physical health from rhetoric to reality

**Chairperson:** Sue Bailey (United Kingdom).

**Abstract**

The long standing and continuing worldwide lack of parity between mental and physical health is inequitable and socially unjust. The mental health treatment gap exemplified by lower treatment rates for mental health conditions, premature mortality of people with mental health problems, falls short of any governments commitment to International Human Rights Conventions which recognize the rights of people with mental health problems to highest attainable standards of health; yet it can be argued that this lack of parity is so embedded in healthcare and in society that it is tolerated and hardly remarked upon. The poorer outcomes that result are considered by many, both within and outside mental healthcare, as all that can be expected.

This symposium will cover;

1. An overview of parity and its development.
2. A vision for Rights Based Parity across the world.
3. Parity in Practice, the HeAL initiative, Parity at a community level. How to build psychosocial resilience for all within communities.

**Speakers**

Sue Bailey (United Kingdom).
Dinesh Bhugra (United Kingdom).
Philip Ward (Australia).
Shiers David (United Kingdom).
Richard Williams (United Kingdom).

---

### SPEAKER 1

**Title:** PARITY IN ACTION

**Speaker**

Professor Dame Sue Bailey
OBE FRCPsych

**Abstract**

In essence, ‘Parity of Esteem’ is thus best described as: ‘Valuing mental health equally with physical health’.

More fully, and building on the US definition, parity of esteem means that, when compared with physical healthcare, mental healthcare is characterised by:

- equal access to the most effective and safest care and treatment
- equal efforts to improve the quality of care
- the allocation of time, effort and resources on a basis commensurate with need
- equal status within healthcare education and practice
- equally high aspirations for service users: and
- equal status in the measurement of health outcomes.

for simplicity, and to shift the focus from equally valuing mental health and physical health to the next stage, of taking action to achieve parity, this report refers simply to achieving ‘parity’ in order that mental health has equal status with physical health. Inherent in this, however, is the need to value mental and physical health equally.

This paper will share how parity has been adopted by health and social care in England and the 10 steps for change to deliver parity.

---

**Session:** Regular Symposia

**Code:** SY640
### Symposium

<table>
<thead>
<tr>
<th>Title</th>
<th>HUMAN RIGHTS BASED PARITY BETWEEN PHYSICAL AND MENTAL HEALTH</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Professor Dinesh Bhugra CBE FRCPsych</td>
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<tr>
<td>Abstract</td>
<td>In western medical practice, physical and mental health have often been treated as separate entities in structures which appear to be very solitary features. Training and clinical practice both have been compartmentalised. As a result mental health often gets ignored in physical health settings and vice versa. To provide total and holistic care it is imperative that parity between physical and mental health is based on rights that all human beings must have. Human rights allow civilising effects but also influence prevalent political, social and economic conditions and norms. Rights include right to access health care as and when needed but they also about appropriate therapeutic interventions. Rights are about recognition by the society that individuals have certain values that are to be acknowledged. These rights are also embedded within any system which allows cultural, social and personal identities as part of the whole spectrum of health. In some traditional health care systems such as Ayurveda, physical and mental health go hand in hand and also take into account climate, environment and diet. Lessons can be learnt to take this parity into account when delivering health care. Health must be seen in it’s totality.</td>
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### Session: Regular Symposium | SPEAKER 3 | Code | SY640

<table>
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<tr>
<th>Title</th>
<th>KEEPING THE BODY IN MIND: IMPROVING PHYSICAL HEALTH IN YOUNG PEOPLE WITH PSYCHOSIS: CHANGING PRACTICE TO CREATE PARITY</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Professor Philip B Ward BMedSc, PhD &amp; David Shiers MB CHB MRCGP</td>
</tr>
<tr>
<td>Abstract</td>
<td>Maintaining good physical health is a challenge for young people experiencing psychosis. Weight gain and metabolic disturbances may occur rapidly after commencing antipsychotic medications, combining with physical inactivity and tobacco smoking to create vulnerability to future cardiovascular disease and diabetes. Self-esteem, added stigma and social exclusion resulting from weight gain and poor physical health pose additional burdens. Inequalities in healthcare frequently exacerbate these problems. The implementation of an integrated approach: Keeping the Body In Mind in an early psychosis programme will be described, highlighting the lived experiences of young consumers, as well as novel prevention and early intervention approaches to reducing cardiometabolic risks. Building on this experience, the International physical health in youth stream (iphYs) was established to enhance collaborative links. iphYs has supported the development of an international consensus, the Healthy Active Lives (HeAL) declaration. Responding to the challenges young people with psychosis face, the declaration sets out clear principles, goals and processes including five-year targets that emphasise the importance of cardiometabolic risk prevention to avoid future physical health complications. HeAL challenges us to imagine a world where young people experiencing psychosis have the same life expectancy and expectations of life as their peers who have not experienced psychosis.</td>
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### Session: Regular Symposium | SPEAKER 4 | Code | SY640

<table>
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<tr>
<th>Title</th>
<th>DEVELOPING PSYCHOSOCIAL RESILIENCE IN COMMUNITIES: ITS APPLICATION IN PUBLIC MENTAL HEALTH CARE</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Professor Richard Williams OBE TD FRCPsych</td>
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<tr>
<td>Abstract</td>
<td>Resilience of people lies at the core of developing psychosocial care for families, groups of people and communities, a concept that lies in relationship to horizontal epidemiology mental health recovery and social identity. We should pay attention to not only phenomenology and neuroscience, but also the social sciences in determining how to progress parity of esteem for people’s mental and physical mental health in our societies. Concepts important in planning how to advance coproduction through which practitioners, the</td>
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public and patients come together collectively to design and deliver effective, responsive and acceptable services.

The concept of horizontal epidemiology gives scientific expression to principles that underpin the recovery and resilience approaches. The premise of horizontal epidemiology is that psychosocial difficulties associated with mental disorders are by no means exclusively determined by diagnosis. It focuses on the experiences of people who have disorders and concentrates on what is relevant to their lives to improve planning of interventions and improve people’s quality of life, providing further evidence to support the recovery approach.

The importance of people’s social identities to understanding how well they cope with events that befall them and their families and how they recover from the mental disorders they may develop.
### Session: Regular Symposium  
#### OVERALL ABSTRACT

<table>
<thead>
<tr>
<th>Title</th>
<th>Metacognition as a common factor in psychotherapy (symposium abstract)</th>
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| Chairperson | Alberto Fernandez Liria<sup>1</sup>  
<sup>1</sup> University Hospital Principe de Asturias, Alcalá de Henares (Madrid), Spain. |
| Abstract | Improving metacognition has been considered a specific target in the treatment of some psychiatric disorders hypothetically related with some specific metacognition deficits. Specific treatment procedures have been developed to get this aim and some of them have been empirically tested and proved their utility. More recently the idea that improving the reflective function can be considered as a common factor of all the psychotherapeutic approaches began to be gain adepts between therapists. The aim of this symposium is to explore this idea and its consequences in the theory and practice of psychotherapy. |
| Speakers | Antonio Semerari (Italy).  
Carlos Mirapeix (Spain). |

### Session: Regular Symposium  
#### SPEAKER 1

<table>
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<tr>
<th>Title</th>
<th>DO PATIENTS WITH BPD HAVE A SPECIFIC PROFILE OF MIND-READING IMPAIRMENTS?</th>
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</table>
| Speaker | A. Semerari<sup>1</sup>, L. Colle<sup>2</sup>, A. Carcione<sup>1</sup>, G. Nicolò<sup>1</sup>, G. Pellecchia<sup>1</sup>, R. Pedone<sup>1</sup>.  
<sup>1</sup> III Centro di Psicoterapia Cognitiva – Via Ravenna 9/C – 00161 Roma, Italy  
<sup>2</sup> Centro di Scienze Cognitive, Dipartimento di Psicologia, Università degli studi di Torino, Italy |
| Abstract | The capacity for understanding mental states is a complex function which involves different components interacting with each other. Each component can be selectively damaged in specific clinical population. Impairments in the ability to understand mental states have been suggested to be central also in Borderline Personality Disorder. However, empirical findings on this topic are still scarce and inconsistent and it is still debatable whether patients with BPD present a specific profile of impairments in mind reading. The aim of this work is to explore whether patients with BPD present specific mind-reading impairments, different from other Personality Disorders. Sixty-nine patients with BPD and 122 patients with other PD’s diagnosis have been assessed with the Metacognition Assessment Interview (MAI). The MAI is a semi-structured interview which involves four metacognitive sub-functions: the ability to identify thoughts and emotions (monitoring); the ability to differentiate between representation and external reality (differentiation); the ability to integrate different representations (integration) and the ability to assume the other’s perspective (decentration). Results show that patients with BPD have the worst performance only in the differentiation and in the integration sub-functions, when the severity of the disorders (measured by the number of SCIDII criteria), are taken into account. These results confirm the hypothesis of a specific profile of metacognitive impairments in BPDs and they suggest a strong relationship between metacognitive impairments and the severity of personality pathology. |

### Session: Regular Symposium  
#### SPEAKER 2

<table>
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<tr>
<th>Title</th>
<th>INCREASING REFLECTIVE FUNCTION: TECHNICAL INTERVENTIONS FROM COGNITIVE ANALYTIC THERAPY</th>
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</table>
| Speaker | Carlos Mirapeix<sup>1</sup>  
<sup>1</sup> Fundación para la Investigación en Psicoterapia y Personalidad (FUNDIPP). Santander (Cantabria), Spain. |
| Abstract | Reflective function is used as a strategic marker for establishing a multiphase sequential program of |
interventions in the treatment of complex personality disorders.
Within an integrated cognitive analytic program I’ve developed a specific sequence of interventions guided by a process named self other relational and contextual observation. The objective is to increase the reflective function by achieving a metamind positioning in both, patient and therapist. Vigotsky zone of proximal development (ZPD) is a guiding principle in technical procedures that operates in conjunction with emotional regulation. Recent research confirms that interventions need to be adapted to the patient ZPD (Zonzi 2014).
The sequential use of a broad range of interventions, from mindfulness to active techniques among others, will enrich the flexible active phase of treatment in cognitive analytic therapy, in which a solid theory gives support and guide the treatment.
### OVERALL ABSTRACT

**Trastornos del comportamiento en la infancia y adolescencia**

**Chairperson**
Dr. ROQUE PREGO DORCA. Psiquiatra. USMIJ. Servicio de Psiquiatría. H.U.M. Valdecilla. Servicio Cántabro de Salud. Santander (Cantabria).

**Abstract**
The Spanish Government, through the State Observatory on Violence against Women commissioned a group of experts to investigate the scientific bases, safety and risks of the Parental Alienation Syndrome. All official agencies with responsibilities against gender violence in the State approved its report on 13 July 2010. It stated that the PAS did not meet any scientific criteria and that their use favoured gender violence and could cause harmful effects on children. Several recommendations were made by the highest state representation judicial for refuse its use of the courts, spreading their risks and other measures. Gardner defined the SAP: "pure syndrome", as a perfect medical model with its ability to simultaneously diagnose damage a child and the only cause. This is essential in the courts; by contrast, the theory of "parental alienation" determines multiple causes. The term repeated in the works of Gardner of the threat therapy specifies how the PAS must break the bond with the caregiver, who has been diagnosed as the pathogenic cause. We understand that the Spanish experience allowed through the science itself the rejection by a state of a pseudoscientific construct. In this symposium we present the pragmatic arguments on which the PAS is defined as a "pure" medical syndrome, the traumatic effects by breaking the bonds of children with their primary caregivers through therapy threat, how involving multiple clinical specialties, and the bio-ethical standards employed in the PAS within the same legal environment where this concept is developed and utilized.

**Speakers**
- Maria Fe Bravo Ortiz (Spain).
- Antonio Escudero Nafs (Spain).
- Antonio Gancedo Baranda (Spain).
- José Leal Rubio (Spain).

### SPEAKER 1

**EL CONTEXTO TEÓRICO DEL SINDROME DE ALIENACIÓN PARENTAL**

**Speaker**
Maria Fe Bravo Ortiz.
Hospital Universitario La Paz. Madrid.

**Abstract**
El objetivo de esta presentación es realizar una revisión del contexto teórico del Síndrome de Alienación Parental. La metodología utilizada incluye la revisión crítica de los estudios publicados sobre el SAP, así como de los debates generados. Los resultados muestran que las bases sobre las que se construye la supuesta entidad clínica del SAP corresponden únicamente a la descripción realizada por R. Gardner en 1985, basándose en opiniones personales y en ningún estudio de campo. (Escudero, A; Aguilar, L; de la Cruz, J. 2008). Su definición como trastorno mental infantil carece de replicación por otros autores:

- No se han publicado estudios clínico epidemiológicos que demuestren su existencia
- Los factores etiológicos y patogénicos propuestos suponen una interpretación sin base en pruebas científicas
- Se ha desestimado su inclusión en las principales clasificaciones internacionales.

Las conclusiones de la revisión nos permiten ver que responde más a un intento de medicalizar lo que es una lucha de poder en los casos de litigios legales, tras separación o divorcio, por la custodia del menor. Supone una respuesta simplista ante dinámicas complejas de interacción familiar en conflictos de pareja.

**THE THEORETICAL CONTEXT OF PARENTAL ALIENATION SYNDROME**
The objective of this presentation is to review the theoretical context of Parental Alienation Syndrome. The methodology includes the critical review of published studies on the SAP, as well as the debates. The results show that the basis on which the alleged clinical entity of SAP is built only correspond with the description given by R. Gardner in 1985, based on personal opinions and in no field study. (Escudero A., Aguilar L., de la Cruz J. 2008). Its definition as child mental disorder lacks replication by other authors:
• There have been no published epidemiological clinical studies proving its existence
• The proposed etiologic and pathogenetic factors pose an interpretation not based on scientific evidence.
• It has rejected its inclusion in major international classifications.
The conclusions of the review allow us to see that responds to an attempt to medicalize what is a power struggle in cases of legal disputes after separation or divorce, child custody. It assumes a simplistic response to complex dynamics of family interaction in marital conflict.

Session: Regular Symposium  SPEAKER 2  Code  SY642
Title: LA PRAGMÁTICA DEL SAP Y SU INFLUENCIA EN LOS PROCESOS JUDICIALES
Speaker  Dr. Antonio Escudero Nafs.  CSM Majadahonda. Madrid.
Abstract  OBJETIVO:
Tras la aplicación por algunos juzgados españoles del Síndrome de Alineación parental como diagnóstico clínico y científico, era preciso demostrar esta afirmación. Se realizó un análisis cualitativo de los trabajos originales de R. Gardner.
RESULTADOS:
• El SAP es una secuencia de argumentos “ad hoc” que se justifican unos a otros para un determinado propósito.
• La pragmática de dicha secuencia es justificar un cambio radical de la custodia de los hijos.
• El SAP se compone de dos secuencias fundamentales:
  a.- La primera justificaría su naturaleza médica.
  b.- La segunda comprende la descripción de la medida de cambio de custodia del niño. Esta medida fue denominada y teorizada como “Terapia de amenaza” por Gardner, su creador. Se argumenta la existencia de un mecanismo de acción de adoctrinamiento, que diagnostica a su vez al progenitor custodio y a los propios niños como únicos agentes etiológicos de la “campaña de denigración” contra el progenitor no custodio diana.
• Se define un diagnóstico diferencial que establece un argumento circular por el cual, cualquier rechazo del diagnóstico es confirmatorio y señal de agravamiento del mismo.
• Única etiología causal permite su uso pragmático en los juicios.
• El SAP implica la anulación judicial de cualquier tipo de sospecha de maltrato por parte del progenitor no custodio-diana.
El SAP constituye una medida disuasoria frente a las denuncias de violencia de género pues toda denuncia puede declararse falsa y los menores dados en custodia al padre maltratador. En todo caso, supone una forma de ruptura vincular traumática estableciéndose las condiciones desde un juzgado para establecer un SAP inverso.

Session: Regular Symposium  SPEAKER 3  Code  SY642
Title: EL SAP Y LA MIRADA GLOBAL DE LA PEDIATRIA SOCIAL SOBRE LOS EFECTOS EN EL NIÑO
Abstract  La Pediatría Social (PS), parte de un enfoque global, holístico y multidisciplinar de la salud infantil. Valora al menor en el contexto familiar, escolar, medioambiental y social en el que se desenvuelve.
La violencia contra las mujeres es un problema pediátrico, en dicho contexto puede surgir cualquier tipología de maltrato infantil y afectar de manera sensible al desarrollo del niño.
Las mujeres que han sufrido violencia contra la mujer en la pareja y deciden separarse legalmente de la pareja maltratadora, tanto ellas como sus hijos corren el riesgo de ser nuevamente revictimizadas si se ven envueltos en la “estrategia SAP”.
La Convención de Derechos del Niño, ratificada por España en 1990, y que pasa a constituir cuerpo de
Ley, se fundamenta en el Interés superior del menor, la no discriminación, la supervivencia y desarrollo infantil y en la participación infantil.

Su desconocimiento, utilización sesgada y la subjetividad inherente a cualquier decisión humana, genera que la protección del menor en Instituciones, tanto judiciales, educativas y sanitarias sea insuficiente.

Son áreas de mejora, en cuanto a la protección infantil, la necesaria visión bio-psico-social de los profesionales sanitarios y la implementación de medidas, tales como el Anteproyecto de Ley de Protección a la Infancia aprobadas en el Consejo de Ministros del 25 de abril del 2014, en el cual ante situaciones de violencia de género, se reconoce a los menores como víctimas directas, no testigos y garantizarles la permanencia con sus madres.

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<tr>
<td>Title:</td>
<td>¿QUienes UTILIZAN EL SAP? ¿ASISTIMOS A LA CRECIENTE TRANSFORMACION DE LA FAMILIA EN UN AMBIENTE VIOLENTO?</td>
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<tr>
<td>Speaker</td>
<td>D. José Leal Rubio. Psicólogo Clínico. Psicoanalista.</td>
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| Abstract | Desde un punto de vista psicológico la importancia primordial de la familia está en ser a la vez precipitante y acompañante del proceso que va desde el desvalimiento originario hasta el establecimiento de relaciones personales y sociales autónomas. La familia es matriz de la llegada, organización y estructuración de lo psíquico, sostenedora de dicho proceso configurado por redes de vínculos significativos, donde lo psíquico y lo social forman una urdimbre difícilmente separable. La construcción de sujeto no es más, ni menos, que la generación de un entramado o urdimbre de vínculos que solo pueden producirse en contacto con los sujetos de la especie. Desde hace tiempo se vienen produciendo cambios importantes en las estructuras de las instituciones -la familia lo es- y también en sus dinámicas. La ruptura y modificación de los vínculos conyugales tienen distintos efectos sobre los sujetos que forman parte de la familia. Con alguna frecuencia la intensidad de la violencia conyugal pareciera ser el intento de destruir lo que se amó sin importar para ello la inclusión, en distintos modos, de los hijos como trofeos en la lucha por el poder sobre el otro. Podemos decir que son claros ataques a los vínculos. El ataque al vínculo, los intentos de ruptura y/o el forzamiento inadecuado a éste es siempre pernicioso. La ruptura de la pareja es la ruptura de un, llamémosle, contrato conyugal pero no del parental. Gestionar esa situación no suele ser fácil; requiere una cierta capacidad para "escindirse operativamente" y altas dosis de generosidad difícil cuando hay tantos sentimientos puestos en juego. La función de los profesionales puede ser muy importante para evitar y/o aminorar daños. Para ello han de disponer de una buena formación y saber salirse de las trampas maniqueas a las que pueden ser llevados. Y huir de propuestas explicativas y de intervención tan simples como las que se sustentan en el llamado SAP. Ilustraré lo anterior con varias situaciones trabajadas en espacios de supervisión con profesionales que trabajan en el ámbito judicial y también en el campo de la clínica.
### OVERALL ABSTRACT

**Title:** Immigration in Spain

**Chairperson:** Alberto Fernandez Liria

1 University Hospital Principe de Asturias. Alcala de Henares (Madrid). Spain

**Abstract**

Spain has traditionally been a socio-culturally homogeneous country. There had been important movements of emigration, but Spain has not been until recently a receptor of migrants. In this moment the rate of immigrant population is over the European mean. Most of the health and mental professional has been trained before this new trend began. Efforts to understand this phenomenon and promote changes in the mental health system in order to adapt it have been developed during the recent years. This symposium presents some of these efforts either to understand the effects of the migration process on the mental health from the epidemiological or the anthropological point of view or to adapt the mental health care practice to respond to these new needs.

**Speakers**

Saïd El Kadaoui Moussaoui (Spain).

Nabil Sayed-Ahmad Beiruti (Spain).

Angel Martínez-Hernáez (Spain).

Debora Alvarez del Arco (Spain).

### SPEAKER 1

**Title:** THE CLINIC OF IDENTITY. MULTIPLY ROOTED OR UPROOTED. BEING SON OF IMMIGRANTS AND NOT TO DIE TRYING

**Speaker**

Saïd El Kadaoui Moussaoui

1 Adolescent Day Hospital in Gavà -Barcelona – (Orienta Foundation).

**Abstract**

**Objective:** To show the importance of having a complex view of one’s identity throughout the presentation of clinical vignettes.

**Method:** G. Vinsonneau and C. Camilleri (and other authors) proposed a *Dinamic Model of Identity* by studying children of Spanish Portuguese, Italian and Maghrebi countries immigration. They stated as follows:

- The identity process of social groups, as well as individuals, It is built in relation to the social environment.
- What we are –identity indeed– seeks The understanding with what we aim to be – claimed identity And with what others would like us to be – prescribed identity.
- That which characterizes the identity structure is its dialectical nature, inclusive nature of opposites.
- And the greatest danger is the construction of a Prison identity: reducing a person to a very small part of himself.

The *Theory of Dialogical Self* (Hermans, 1996) is more recent, yet it equally affects/has a bearing on the dialectical nature of identity states the following: the construction of identity is often influenced by the asymmetrical relationships between the host country and the country of origin, as well as experiences of racism, discrimination and Othering (always refer to the otherness and the difference to mark the distance).

**Result:** We are influenced, supports the theory of dialogical Self and, mostly, the psychological science, by different voices: parents, peers, country of origin, host country, school, etc. And within us there needs to be what is called poliphony process. The amputation of some of the voices might generate and excessive psychological distress and, in some cases, it generates pathology.

**Conclusions:** the clinical practice tells us that this theoretical corpus – that we will expand with other contributions made from other schools of psychology and sociology – can be of great assistance to help
our patients and to expand their concept of themselves; about their identity. The subtitle of this presentation, *Being son of immigrants and not die trying*, is an small license to approach the subject from literature, especially from literary essay and novel. Thus, in my presentation, I will use authors like Amin Maalouf, Kwame Anthony Appiah, Hanif Kureishi, Edward Said, Philip Roth and Salman Rushdie to shore up some of the most relevant clinical aspects.

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<th>SPEAKER 2</th>
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</table>
| Title:   | SOCIAL HEALTH CARE IN DIVERSITY: MENTAL HEALTH CARE PROGRAMME FOR IMMIGRANT POPULATION | Nabil Sayed-Ahmad Beiruti<sup>1</sup>  
<sup>1</sup>UGC-Salud Mental– Complejo Hospitalario Torrecárdenas. Almeria | Abstract | All societies are diverse ethnic, cultural and socio-economically; this implies a variety of situations, personal experiences and challenges, which configure peculiar expression patterns of suffering and disease.  
In order to provide health care with Equality and Equity, it’s necessary to be open to dialogue and adapt interventions to cultural diversity.  
**Objectives -.**  
Provide the professionals with a useful tool to help them, in order to improve their response to the diversity of demand; and reduce the stress and anxiety that can arise in a cultural diversity context.  
**Methods -.**  
For the elaboration, implementation and development of the Programme, the methodology of clinical observation, networking, demand analysis and literature review has been adopted.  
**Results -.**  
- Holistic and transverse programme, with bio-psycho-social, intercultural, age, and gender perspective.  
- It has four protocols:  
  - Migratory Grief.  
  - First Psychotic Episode and Severe Mental Disorders.  
  - Social Intervention and Networking.  
  - Dual Pathology.  
- Improved access, early diagnosis, fast response, better treatment adherence and improvement in the reception of demand.  
**Conclusions -.**  
The intercultural relationships can be a cause of anxiety and uncertainty, so professionals must have at their disposal working and assessment tools, which will help them to improve their intercultural health care.  
Within the area of cultural diversity it’s necessary to consider the following aspects:  
1. Changes in the culture of healthcare organization.  
2. Encourage intercultural competence of professionals and institutions.  
3. Contextualize the user demand: it involves assessing their social, cultural and economic characteristics, explanatory model. Especially in "here and now".  
4. Contextualize the intervention by analyzing the professional and institutional culture and explanatory model.  
5. Adapt our intervention techniques to care habits of users, seeking complementarities and not antagonism.  
6. Intercultural mediators are necessary. |

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<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 3</th>
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| Title:   | DISAFILIATED” OR “OVERWHELMED”? SOCIAL DETERMINANTS OF NEGATIVE MOOD STATES AMONG CATALAN ADOLESCENTS | A. Martinez-Hernáez<sup>1</sup>  
<sup>1</sup>Universitat Rovira I Virgili, Tarragona, Spain |
Abstract

Objectives: The aim of this presentation is to analyze the impact of social factors, including immigration, on the negative mood states of adolescents resident in Catalonia.

Methods: “The Emotional Distress of Adolescents” was a mixed-methods study combining a four-wave longitudinal survey designed and carried out by the Institute of Childhood and Urban Life, and a qualitative study with 105 face-to-face in-depth interviews and three focus groups with adolescents and young adults recruited from the longitudinal survey. Univariate, bivariate, and multivariate statistical analysis was complemented with qualitative analysis of adolescents’ narratives.

Results: The results revealed the existence of two clusters of negative mood states in the study participants: 1) a first group with “social disaffiliation”, which included sadness and loneliness, mood states associated with lower family incomes and factors such as immigration; and 2) a second group of adolescents who felt “overwhelmed,” nervous, and pressured by their parents, mood states associated with higher family incomes.

Conclusion: A better understanding of social determinants of adolescents’ negative mood states is needed in order to develop an epidemiology of subclinical depression and anxiety in this age group, and to facilitate prevention interventions in mental health care.


**Conclusions** Mental health in Spanish and Ecuadorian women is poorer than men. Violence exposure seriously affects mental health. No protective association between EED and Ecuadorian migrants’ PPC was found.
### OVERALL ABSTRACT

**Title:** The inflamed mind: past, present, future

**Chairperson:** KATHLEEN FRANCO MD CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE, CLEVELAND OH, USA

**Abstract**

There is strong evidence linking Mood disorders, Psychotic disorders and Trauma with immunological abnormalities, inflammation and cytokine production; that perhaps may contribute to the pathophysiology of these psychiatric disorders. The evidence points to activation of the innate immune inflammatory response and alteration in the ability of the immune cells to express inflammatory cytokines. Inflammation is an important biological factor and perhaps a trigger that might increase the risk of certain psychiatric disorders. In this workshop speakers will review current level of evidence of the role of inflammation in Mood disorders, emotional trauma, and dermatologic conditions with comorbid psychiatric disorders. Dr. Espí Forcén will discuss the evolution of the different theories of the role of inflammation in psychiatric disorders. In this talk we will briefly review how inflammation has been thought to be a major cause of mental illness throughout history. Dr. Falcone will discuss findings from her study of children exposed to different kinds of adverse childhood experiences and the role of inflammation in the development of psychopathology. Dr. Steiner will discuss the role of neuroinflammation in the pathophysiology of mood disorders, and studies on several inflammatory pathways in patients and postmortem brain of patients with mood disorders: Microglial immunoreactivity of the N-methyl-D-aspartate (NMDA) glutamate receptor agonist quinolinic acid (QUIN) in the subgenual anterior cingulate cortex (sACC), anterior midcingulate cortex (aMCC) and pregenual anterior cingulate cortex (pACC). Dr. Locala will discuss the role of inflammation in patients with comorbid dermatological and psychiatric disorders. Dr. Franco will be the chair and the discussant of this symposium.

**Speakers**

Johann Steiner (Germany),
Fernando Espi Forcen (USA),
Kathleen Franco (USA),
Tatiana Falcone (USA).

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### SPEAKER 1

**Title:** THE ROLE OF NEUROINFLAMMATION IN THE PATHOPHYSIOLOGY OF MOOD DISORDERS: EVIDENCE FOR A POTENTIAL ROLE OF MICROGLIAL CELLS

**Speaker:** Prof. Dr. Johann Steiner.
Department of Psychiatry, University of Magdeburg. Magdeburg, Germany.

**Abstract**

**Objectives:** Immune dysfunction, including monocytosis and increased blood levels of interleukin-1, interleukin-6 and tumour necrosis factor a has been observed during acute episodes of major depression. These peripheral immune processes may be accompanied by microglial activation in subregions of the anterior cingulate cortex where depression-associated alterations of glutamatergic neurotransmission have been described.

**Methods:** Microglial immunoreactivity of the N-methyl-D-aspartate (NMDA) glutamate receptor agonist quinolinic acid (QUIN) in the subgenual anterior cingulate cortex (sACC), anterior midcingulate cortex (aMCC) and pregenual anterior cingulate cortex (pACC) of 12 acutely depressed suicidal patients (major depressive disorder/MDD, n = 7; bipolar disorder/BD, n = 5) was analyzed using immunohistochemistry and compared with its expression in 10 healthy control subjects.

**Results:** Depressed patients had a significantly increased density of QUIN-positive cells in the sACC (P = 0.006) and the aMCC (P = 0.043) compared to controls. In contrast, counts of QUIN-positive cells in the pACC did not differ between the groups (P = 0.558). Post-hoc tests showed that significant findings were attributed to MDD and were absent in BD.

**Conclusions:** These results add a novel link to the immune hypothesis of depression by providing evidence for an upregulation of microglial QUIN in brain regions known to be responsive to infusion of NMDA antagonists such as ketamine. Further work in this area could lead to a greater understanding of the pathophysiology of depressive disorders and pave the way for novel NMDA receptor therapies or immune-modulating strategies.
**References:**
1) Steiner J, et al. Severe depression is associated with increased microglial quinolinic acid in subregions of the anterior cingulate gyrus: evidence for an immune modulated glutamatergic neurotransmission? J Neuroinflammation 2011, 8:94

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<th>SPEAKER 2</th>
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<tr>
<td>Title: THE HISTORY OF INFLAMMATION AND MENTAL ILLNESS</td>
<td>Fernando Espi Forcen, MD Department of Psychiatry, The University of Chicago</td>
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<td>Abstract</td>
<td><strong>Objective:</strong> To review the evidence for the role of inflammation in different psychiatric disorders through history. <strong>Methods:</strong> Review the literature for papers on inflammation and psychiatry. <strong>Results:</strong> Inflammation has been related to disease since ancient times. During Stone Age trepanations are proof of a somatic treatment of mental problems. Egyptians established a linked between the heart and mental pathologies. In classical times, a physicalist approach was taken for physical and mental health. Hippocrates, the father of medicine, developed the theory of humorism in medicine. According to this theory, the body is filled with four substances or humors, the yellow and black bile, the phlegm and the blood. An imbalance of these substances due to external or internal causes resulted in disease. Hippocrates also defined the term <em>edema</em>, which is used to this day. Celsus defined the four signs of inflammation. Though, with the expansion of Christianity, a religious approach became popular to explain mental illness, humorism also coexisted as an explanation for mental illness through the middle ages. In the early modern period, fever was thought to be a major cause of insanity. During the XIX century, with phrenology, a physicalist approach to mental illness coexisted with the moral insanity theory. Emil Kraepelin believed dementia praecox could be a systemic disease involving veins and arteries, shedding light to an inflammatory theory for psychiatric diseases. <strong>Conclusion:</strong> Discoveries over the last few decades support an inflammatory theory for mental illness.</td>
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<td>Title: DELIRIUM AND INFLAMMATION</td>
<td>KATHLEEN FRANCO MD CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE. CLEVELAND OH, USA</td>
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<tr>
<td>Title: THE ROLE OF EMOTIONAL TRAUMA AND INFLAMMATION IN THE PATHOPHYSIOLOGY OF PSYCHIATRIC ILLNESS</td>
<td>Tatiana Falcone MD Cleveland Clinic</td>
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<tr>
<td>Abstract</td>
<td><strong>Objective:</strong> Emotional trauma can impact the brain function, this talk will review the role of trauma, triggering the inflammatory cascade and predisposing children to psychiatric illness. <strong>Methods:</strong> the levels of S100B were measured in a group of youth with mood disorders or psychosis with and without history of childhood trauma as well as in healthy controls. Study participants were 88 inpatient adolescents</td>
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admitted with a diagnosis of psychosis (N = 64), or mood disorder (N = 24) and 20 healthy adolescents with no history of trauma or psychiatric illness. Childhood trauma was documented using the Life Events Checklist (LEC). **Results:** Patients with psychotic diagnoses and mood disorders did not significantly differ in their levels of S100B, but it was certainly higher than controls. Patients exposed to childhood trauma were significantly more likely to have elevated levels of S100B (p<.001) than patients without elevated trauma, and patients with trauma compared to the control group had significantly higher S100B levels (p<.001). **Conclusions:** Chronic and severe childhood trauma can have deleterious impact on the brain.

**References**
### Psychosocial markers of depression and globalization

**Chairperson:** Muhammad Naeem (United Kingdom).

**Abstract**
It is a well-recognised factor that psychiatric disorders represent social constructs. Social environments and geographical backgrounds are often incorporated in the aetiology of emotional disorders and their complications. The study of various aspects of psychiatric disorders in world Health Organisation's ICD, American Psychiatric Association's DSM, and the Chinese Society of Psychiatry's CCMD reflect basis of transcultural psychiatry. Psychiatrists from developing countries share their experience underlying the principles of diagnosing and treating psychiatric disorders in various countries across the globe. It is hoped that the session will help generate a dialogue among the psychiatrists to address hidden assumptions and limitations of current psychiatric practice.

**Speakers**
- Walaa Sabry (United Arab Emirates).
- Faisal Shaikh (United Kingdom).
- Muhammad Azhar (Pakistan).

### ADOLESCENT DEPRESSION IN DEVELOPING COUNTRIES – EGYPT PERSPECTIVE

**Speaker:** W. Sabry
Institute of psychiatry, Ain Shams University hospitals, Cairo, Egypt.

**Abstract**
**Background:**
Adolescence is a high-risk period for depression especially in females. With an over-stretched budget to care for depressed population and the worldwide economic crisis, data on prevalence rates, comorbidity, socioeconomic correlates, and psychosocial risk factors in Egyptian population are needed along with better screening tools to develop future research and service development.

**Objectives:**
To estimate the point prevalence of depression in a representative sample of Egyptian female students; and to highlight some psychosocial risk factors associated with depression and emphasising the impact of cultural morals on variations in the presentation of depression.

**Methods:**
Multistage random selection of 602 female students from public and private secondary schools in Eastern Cairo. All participants were subjected to screening using General Health Questionnaire (GHQ); Children Depression Inventory (CDI), Structured Clinical Interview for DSM-IV Axis-I Disorders (SCID-I/NP), then Hamilton Rating Scale for Depression (Ham-D). Results were analysed by the use of SPSS-15.

**Results:**
Depression was estimated to be 15.3% by CDI in comparison to 13.3% by SCID-I/NP. Fatigue was the commonest presenting depressive symptom (81.3%), in addition to other emotional and cognitive symptoms. Suicidal ideations were the most common suicidal symptoms in depressed adolescent females (20%), with 2.5% serious suicidal attempts. Regression Analysis pointed to many predictive factors as; low socioeconomic status, academic underachievement, quarrelsome family atmosphere, negative life events and family history of psychiatric disorders.

**Conclusions:**
The somatic symptoms were by far the most common presenting symptom for female adolescents suffering from depressive disorders which reflect the cultural impact. Depressed adolescent females may have suicidal symptoms, regardless the severity or number of depressive symptoms, and sub-threshold depressive symptoms in adolescence -not merely clinical depression-should be taken seriously.
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<td><strong>Title:</strong></td>
<td><strong>PSYCHODYNAMIC CULTURAL PSYCHIATRY: A CASE-BASED DISCUSSION GROUP</strong></td>
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<td><strong>Speaker</strong></td>
<td>F. Shaikh (^1), M. Naeem (^2) (^1). Bushey Fields Hospital, Dudley, DY1 2LZ, United Kingdom (^2). Pendle House, Nelson, BB9 9TG, United Kingdom</td>
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| **Abstract** | **Objectives**<br> If used appropriately, psychodynamic theory can help deepen cultural understanding in the practice of clinical psychiatry (Park, 2013).  

**Methods**<br> This is an hour long experiential group learning event where participants will conduct a case-based discussion of clinical material using the methodology of Balint groups (Balint, 1957). The focus of this group would be to recognise what is appearing on both the conscious and unconscious levels between the doctor (clinician) and the patient with particular emphasis on cultural formulation of cases using psychodynamic explanations.  

**Results**<br> It is anticipated that in attempting to make psychodynamic cultural formulations of the cases presented (2-3 cases time permitting), learners will be introduced to a number of topics in cultural psychiatry as they relate to psychodynamic concepts (including Identity and Cultural Identity, Race and Racism, and Immigration).  

**Conclusions**<br> The overall aim of this session is to help learners to integrate both cultural and psychodynamic understanding of their patients through increased awareness of the various tensions surrounding cultural issues and how these impact in our psychodynamic formulation of cases.  


### OVERALL ABSTRACT

**Title:** What happens when your ground is moving? Earthquake in Chile and mental health consequences

**Chairperson:** Chair Prof. Dr. Miranda Olff | Dept of Psychiatry | Academic Medical Center | University of Amsterdam & Arq Psychotrauma Expert Group

Co-chair Prof. Dr. Kristina Weil, Universidad de los Andes.

**Abstract**

In the morning of February 27th, 2010, an earthquake of magnitude 8.8 ° Richter, followed by a tsunami, devastated an extensive territory of the south center of Chile. This disaster generated more than 500 human lives, hospital infrastructure, connectivity, economy, housing, and also in the physical and mental health of individuals. Most of the studies on the impact of the earthquake and tsunami on mental health have been done in Asian populations. There are only few studies of this subject in Latin American populations. The objective of this symposium is to show the results of different studies in Chilean population illustrating the effects on mental health caused by exposition to this disaster.

**Speakers**

Kristina Weil (Chile).
Rodrigo Figueroa (Chile).
Ruben Alvarado (Chile).
Alberto Minoletti (Chile).
Verónica Vitriol (Chile).

### SPEAKER 1

**Title:** WHAT HAPPENS WHEN YOUR GROUND IS MOVING?

**Speaker:** Kristina Weil P. MD
Prof of Psychiatry, Medical School, Universidad de los Andes – Santiago de Chile.

**Abstract**

The human being is strongly bound to the earth. To be “on the earth” is being realistic, clear about the future. The ground give us security, offers us a home. Otherwise, since the beginning of mankind this “secure place” is continuously exposed to natural disasters that threaten its integrity.

What should be the right human reaction? Natural disasters are natural possible events in our lives. Why should they cause mental illness?

In the prehistoric era earth movement was attributed to gods’ forces. For the andean cultures mishandling of the earth “pachamama” can be expressed as an earthquake.

A great earthquake is described as a cataclysm, the “end of the world”, the end of life… a profound and essential fear feeling of the human being.

Hundreds of earthquakes happens every year. The movement of the earth should be part of the lives of people in certain areas.

In 1755, a great earthquake occurred in Lisbon, followed by a tsunami, a great fire and big destruction. It had a big impact on European history and even philosophy.

Can the movement of our ground be an opportunity to grow?

“The lonely human exposed to the outdoors, homeless, asks again about himself” (M. Buber).

More than 35 earthquakes over 7 degrees Richter occurs in the world every year. The greatest in the world ever messsed happened 1960 in Valdivia Chile, reaching 9.5 Richter degrees.

The 27th February 2010 an earthquake 8.8 Richter degrees quakes central Chile, causing great destruction. It is the second strongest in the country and the 6th in the world. A singular social movement followed this event, with robbery and plundering in certain cities. The following symposium describes its impact on the mental health of the implicated population.
Title: POSTTRAUMATIC STRESS IN CHILE THREE MONTHS AFTER THE FEBRUARY 27TH 2010 EARTHQUAKE: A PREPOST DISASTER LONGITUDINAL ANALYSIS OF SOCIOECONOMIC RISK FACTORS IN A NATIONAL REPRESENTATIVE SAMPLE OF 27,593 ADULTS

Speaker: RA. Figueroa, C. Bas, O. Padilla
Pontificia Universidad Católica de Chile, Santiago, Región Metropolitana, Chile.

Abstract: **Objectives:** To find predisaster, independent socioeconomic risk factors for probable PostTraumatic Stress Disorder (PTSD) after the earthquake and tsunami in Chile on February 27th, 2010 (F27).

**Methods:** We performed a retrospective analysis of the “Post Earthquake Survey”, a Government driven survey of 80,575 subjects who have been previously surveyed on 2009 in the “National Socioeconomic Characterization Survey”. The sample consisted of all subjects 18 years or older on 2009 who completed the Davidson Trauma Scale (DTS) on MayJune 2010. Probable PTSD was diagnosed with a DTS score $\geq 40$. We calculated bivariate and multivariate associations between demographic, housing, health, and employment variables and probable PTSD using complex samples and expansion factors.

**Results:** 27,593 adults were included in the analysis. Three months after the earthquake, the national prevalence of probable PTSD was 10.6% and up to 23.3% in regions declared “in state of catastrophe”. Probable PTSD was independently and significantly associated with predisaster location (distance from the epicenter), gender, age, socioeconomic level, marital status, rurality, employment status, housing rental value, housing level of overcrowding, selfrated health status, presence of recent illness and kind of health insurance.

**Conclusions:** The prevalence of probable PTSD after F27 was similar to other natural disasters and represented a public health emergency. Magnitude of exposure, personal and socioeconomic factors seems to affect the risk of developing PTSD. Our results suggests that the risk of developing PTSD after a natural disaster could be strongly determined by human development factors such as poverty, health, education and employment.

**Funding:** This investigation was funded by the National Corporation of Research and Technology (CONICYT) through the National Fund for Financing National Priority Centers (FONDAP) N° 15110017/2011.

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Session: Regular Symposium | SPEAKER 3 | Code | SY657
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Title: MENTAL HEALTH AND QUALITY OF LIFE IN ADULT POPULATION AFTER 18 MONTH FROM CHILEAN EARTHQUAKE

Speaker: Rubén Alvarado
Instituto de Salud Poblacional, Facultad de Medicina, Universidad de Chile.

Abstract: **Objective.** To estimate the prevalence of mental disorders and their relation with quality of life in individuals in the Maule Region of Chile, who were affected by the earthquake and tsunami of February 27, 2010.

**Methods.** A transversal study was carried out in two samples of adults who reside in the cities of the region: a population sample, and a group of primary health care center users, 18 months after the earthquake and tsunami. The participants were interviewed regarding their socio-demographic background and the effects of the earthquake and tsunami, along with Goldberg’s General Health Questionnaire (GHQ-12) and the SF-36 questionnaire to measure health-related quality of life.

**Results.** Prevalence of possible cases of mental disorder was found to be 34.6% in the group of primary health center users (N = 720) and 19.9% in the general population (N= 431). There is a significant correlation (p<0.001) between the intensity of psychological distress (GHQ-12) and worsened quality of life (SF-36). Various socio-demographic variables were associated with the scores of the two scales in both samples: being a woman, being older, having fewer years of study, and having less social support. Similarly, variables associated with the damages caused by the earthquake and tsunami (personal physical harm, harm to a family member or close friend, damage to home, or having lived in an
emergency shelter or home of a relative for more than 14 days) were also associated with the negative results in both scales.

**Conclusions.** Our results show that psychological distress is common among people who lived through an intense earthquake or tsunami. It is possible to identify groups at higher risk, for whom prevention actions and/or treatment should be focused.

**Funding:** This investigation was funded by the National Corporation of Research and Technology (CONICYT) through the National Fund for Health Research (FONIS SA10l20006).

### Session: Regular Symposium
### Title: ASSOCIATION BETWEEN PRIMARY CARE INTERVENTIONS FOR VICTIMS OF THE CHILEAN EARTHQUAKE AND TSUNAMI 2010 AND THE MENTAL HEALTH LEVEL OF THE POPULATION AFTER 18 MONTHS
### Speaker: Alberto Minoletti
Instituto de Salud Poblacional, Facultad de Medicina, Universidad de Chile.

**Abstract**

**Objective:** To study the association between the intensity of mental health interventions carried out by primary health teams and the level of psychological distress and quality of life in the Maule Region urban population in Chile, who were affected by the earthquake and tsunami of February 27, 2010.

**Methods:** A transversal study was carried out 18 months after the earthquake and tsunami with 2 units of analysis. All 16 urban primary health centers of Maule Region were evaluated using a questionnaire to measure accessibility, human and physical resources, main features of the mental health program, level of preparation for disaster situations before February 2010, coverage and frequency of mental health interventions after the earthquake and tsunami, coordination with the health network and with other sectors, and self-care of primary care teams. The Goldberg’s General Health Questionnaire (GHQ-12) and the SF-36 questionnaire to measure health-related quality of life were applied to an urban population sample and a primary health care center user sample.

**Results:** The main results found in the centers were insufficient resources for mental health, low level of preparation for disasters (median achievement of the standards of 31.9%), low population coverage and insufficient duration of psychosocial interventions (median of 39.6%), and better performance for coordination (media of 56.3%) and team self-care (median of 81.9%). None of the variables of the intensity of the mental health interventions carried out by primary health teams after de disaster were found associated with the level of psychological distress (as measured by GHQ-12) or with the level of the quality of life (as measured by SF-36) in the 2 samples studied.

**Conclusions:** With the present primary care resources for mental health and level of preparation for disasters in the Region of Maule seems improbable to have an impact on psychological distress and on quality of life of the population affected by natural disasters.

**Funding:** This investigation was funded by the National Corporation of Research and Technology (CONICYT) through the National Fund for Health Research (FONIS SA10l20006).

### Session: Regular Symposium
### Title: POST – TRAUMATIC SYMPTOMS, POSTTRAUMATIC GROWTH AND CLINICAL EVOLUTION IN A COHORT OF WOMEN WITH SEVERE DEPRESSION: TWO YEARS FOLLOW – UP POST – EARTHQUAKE 2010
### Speaker: Verónica Vitriol, Alfredo Cancino, Marcelo Leiva
Universidad de Talca ; Chile

**Abstract**

**Objective.** To determine prevalence of PTSD and reveal the impact on the global clinical status, post-traumatic symptoms and post-traumatic growth, at six months and two years after Chile Earthquake on F-27, 2010.

**Methods.** 75 women in treatment for severe depression evaluated at first month and six month post disaster, 56 were also evaluated at two years. According to the ICD-10, acute stress (AS) and post-traumatic stress disorder (PTSD) were clinically determined in all three times and also were evaluated with the Clinical Global Impression scale (CGI), the eight-item treatment-outcome post-traumatic stress
disorder scale (TOP-8). At two years was applied the posttraumatic growth inventory (PTGI). Davidson scale (DTS) and PTGi had been validated in clinical population.

**Results.** AS: 58.7 %, PTSD 53.3% at six month 47, 4% at two years. PTO 8 evolution (14.91; 14.45; 9.81) significantly only at two years (F=11.2; p=0.0). CGI improved (1.78; 2.6; 3.2) significantly at six month and at two years (F=17.341; p=0.01). 43.4% of patients have a low growth, 17.1% have moderate growth, and 10.5% have a high growth. There is a direct relationship between the CGI and PTGI. (r=.707; p=0.0; R2=.5). 50% of the variation in CGI would be explained by PTI. Average DTS scale at two years was in women with trauma 50,2 and women without early trauma 19,85 (t 7.33  p<0.01  r2 0,11)

**Conclusions.** In these patients in treatment with severe depression the incidence of PTSD was elevated, at six months and two years post- earthquake. The posttraumatic growth proved to be an important factor improvement in this sample.

**References**

Vitriol V, Cancino A. Terremoto en Chile . Estres agudo y estres postraumatico en una cohorte de mujeres en tratamiento por depresión severa. Rev Med Chile, 2013; 141:338-344

Leiva – Bianchi Validation of the Post-Traumatic Growth Scale in its original (PTGI) and shorter (PTGI-SF) versions in survivors of the F- 27 earthquake and tsunami in Chile. Anxiety, Stress, & Coping, 1–31.


**Session:** Regular Symposium  
**OVERALL ABSTRACT**  
**Code** SY659

**Title:** Controversies in pediatric bipolar disorder

**Chairperson**  
Professor Adelaide Robb. Children's National Medical Center, Washington USA.  
Co-Chair: Professor Celso Arango. Universitario Gregorio Marañon School of Medicine, Universidad Complutense, IISGM, CIBERSAM. Madrid.

**Abstract**  
Pediatric Bipolar Disorder remains a controversial diagnosis. Expertise among different regions of the world differ on incidence, epidemiology, age of onset, diagnostic criteria, treatment options and longitudinal course of this disorder. This session will bring together European and American experts on pediatric bipolar disorder to discuss the design of registration trials for the EMEA and FDA, making the diagnosis of bipolar disorder, results from large American and European trials, and managing adverse effects from treatment with antipsychotic medications. Individuals who attend this symposia should leave with a better understanding of this pediatric diagnosis and the way to manage youth with signs and symptoms of pediatric bipolar disorder. This symposium is supported by the WPA Section on Child and Adolescent Psychiatry.

**Speakers**  
David Cohen (France).  
Philippe Auby (France).  
Carmen Moreno (Spain).  
Adelaide Robb (USA).

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**Session:** Regular Symposium  
**SPEAKER 1**  
**Code** SY659

**Title:** CONTROVERSIES IN CHILDREN AND ADOLESCENTS BIPOLAR DISORDER

**Speaker**  
D. Cohen\(^1,2\), A. Consoli\(^1\)

\(^1\)GH Pitié-Salpêtrière, APHP, Université Pierre et Marie Curie, Paris, France  
\(^2\)Institut des Systèmes Intelligents et Robotiques, Université Pierre et Marie Curie, Paris, France.

**Abstract**  
**Background:** The use of psychotropic compounds to relieve child and adolescent suffering is no longer controversial in many indications. However, several controversies have been florid in the case of bipolar disorder in youths. Several controversies have been florid in the in case of bipolar disorder in youths.

**Methods:** Critical literature review.

**Results:** These controversies were based on three main questions: (1) Do possible conflicts of interest influence our medical opinion? (2) Is it legitimate to extrapolate our view mainly from adult data? (3) Are children and adolescents different from adults in terms of phenomenology, disease presentation and/or definition? Specifically, is DSM-5 Disruptive Mood Dysregulation Disorder (DMDD) will address differential diagnosis in chronic symptomatic children? (4) Is there a risk of less favourable benefice/risk ratio and of overprescription in children and adolescents? Taking into account recent studies on lithium and second generation antipsychotics that have been conducted in this indication I will discuss these issues and the remaining challenges.

**Conclusion:** Bipolar disorder in youths remains a topic to be better understood. Specifically, differential diagnosis, developmental course and treatment guidelines need to be developed.

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**Session:** Regular Symposium  
**SPEAKER 2**  
**Code** SY659

**Title:** WORLDWIDE PAEDIATRIC REGULATIONS AND PSYCHOPHARMACOLOGY OF PAEDIATRIC BIPOLAR DISORDER

**Speaker**  
Philippe Auby\(^1\)

\(^1\)H. Lundbeck A/S, Paris, France.
Abstract

Background: With the exception of ADHD, fewer psychotropic agents are approved worldwide for psychiatric conditions in children and adolescents compared to adults. Until recently, a large proportion of drugs used in Paediatric Bipolar Disorders (PBD) were prescribed without enough supportive scientific data. Because this is nowadays considered as unethical, the need to obtain paediatric information for medicines used in children seems a matter of consensus on a global basis as evidenced by the development of paediatric regulations, first in the US and more recently in EU.

Methods: Review of
- US and EU Pediatric Regulations.
- Pediatric Written Requests (PWR) and Paediatric Investigation Plans (PIP) for PBD.
- Recent studies of psychotropic agents for acute and long-term management of PBD.

Results: Since the Nineties (when the US implemented in 1994 the Pediatric Rule), under the impulsion of the different US paediatric regulations, the number of high quality paediatric psychopharmacological studies has dramatically increased. In 2012, under the FDA Safety and Innovation Act, the US regulation became permanent. Like what happened in the U.S, the need for a legal obligation for Pharmaceutical Companies to perform studies in paediatric populations became clear in the EU, and a Paediatric European Regulation came into force in 2007. Recent studies have examined the use of atypical antipsychotics, anticonvulsants and lithium for acute and long-term management of PBD expanding the knowledge and level of evidence in the field. Despite these advances, numerous questions remain including methodological issues and controversies, and future trials are still needed.

Conclusion: Ultimately well-conducted research triggered by both US and EU pediatric regulations and ongoing pediatric initiatives in Australia, Canada and Japan, may bring paediatric populations access to new medications. Given the questions and controversies in BPD, further to these studies aiming for registration of psychotropic agents, more research is warranted.

Session: Regular Symposium

SPEAKER 3

Title: CONTROVERSIES IN PEDIATRIC BIPOLAR DISORDER: PREVALENCE AND TREATMENT

Speaker

C. Moreno¹, C. Arango¹
¹Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón School of Medicine, Universidad Complutense, IISGM, CIBERSAM. Madrid, Spain.

Abstract

Objective: To review both trends in diagnosis and treatment of bipolar disorder in children and adolescents and evidence of efficacy and risk of adverse events of treatments for pediatric bipolar disorder.

Methods: Critical review of epidemiological and clinical studies, and treatment guidelines.

Results: There is still controversy regarding prevalence and diagnostic trends of bipolar disorder in children and adolescents. Depending on the setting, both over-detection and under-detection of this condition in youth have been documented. Regarding treatment data, although there is ample recent evidence for psychopharmacological treatments for the acute manic and mixed episodes, there is much less for maintenance or relapse-prevention treatments, bipolar depression and even less for bipolar disorder II or bipolar disorder with psychiatric features, and therefore treatment recommendations from guidelines are frequently based on adult data. Antipsychotics and anticonvulsants are the treatments more frequently studied, mainly in industry-sponsored trials that are yet to be replicated. Adverse events of medications are specially challenging in children and adolescents and must be monitored closely, as children with bipolar disorder may be specially exposed to them.

Conclusion: There is still room for improvement of detection of bipolar disorder in children and adolescents in clinical settings. Treatment studies for bipolar disorder, other than for acute manic or mixed episodes are yet to be developed.
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<tr>
<td>Title: FINDINGS FROM THREE LARGE AMERICAN PEDIATRIC BIPOLAR TRIALS</td>
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<td>Speaker A. Robb, Children’s National Medical Centre, Washington, DC, United States of America.</td>
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| Abstract | **Objectives** This session will examine the results from three large completed paediatric bipolar trials. Two were funded by the US federal government and the third was an add-on trial of an antiepileptic drug in youth who were partial responders to monotherapy with other agents.  
**Methods** Two large federally funded trials CoLT (Collaborative Lithium Trial I and 2) and TEAM (Treatment of Early Age Mania) examined paediatric bipolar treatment with lithium versus placebo and a comparison of lithium, valproic acid, and risperidone. A large industry funded trial of lamotrigine examined this medication as an add-on agent to youth on one or two standard mood stabilizers with persistent bipolar manic, mixed or depressed symptoms. Response was determined in an open label trial followed by blinded discontinuation. The CoLT 1 trial demonstrated the appropriate tolerable lithium titration schedule and rate of response with lithium.  
**Results** The CoLT 2 trial showed that lithium was superior to placebo in reducing manic symptoms on the YMRS at 8 weeks compared to placebo. The TEAM study demonstrated that risperidone was superior to lithium and valproic acid in treatment naïve patients with bipolar disorder. Open label results from the lamotrigine study show that adding lamotrigine to other mood stabilizers improves mood symptoms in patients with manic, mixed and depressed mood states. Multiple medications have been found to be effective in the treatment of paediatric bipolar disorder, especially the atypical antipsychotics followed by lithium; valproate, effective or adults, has been the least effective. Despite this efficacy, many children and adolescents with bipolar disorder may need more than monotherapy for optimal symptom control and minimization of adverse effects.  
**Conclusions** These three trials have shown that a variety of agents can be effective in paediatric bipolar disorder as either monotherapy or as an add-on when monotherapy does not adequately control symptoms. | Code SY659 |
## Impact of trauma over the life course of the elderly

**Chairperson:** Prof. Robert Kohn. Brown University. Providence, RI, USA.


**Abstract**

Violence is highly prevalent in many societies; individuals who have been exposed to violence have also grown old. There is limited knowledge about the long-term implications of early exposure into late life. Elder abuse has become a major issue in public health; however, the elderly are also victims to crime, war, atrocities in society, and disasters. Exposure to violence in childhood, as a young adult or as an elder, all have adverse effects on mental health in old age. There is a paucity of data on childhood, adolescence and adulthood exposure to violence and its late life effects. The majority of studies that examined posttraumatic stress disorder and late life effects of earlier trauma among the elderly have looked at Holocaust survivors and World War II veterans. Researchers believe that the age at which trauma occurred can have different effects on health in late life. World War II related trauma exposure poses a risk on mental health functioning of those who are now elderly. Chronic posttraumatic stress disorder is highly prevalent in elderly veterans with combat exposure in war. An increased risk of dementia, as high as two-fold, among veterans who have post-traumatic stress disorder across the lifespan has been found. The mental health consequence of elder abuse remains virtually unstudied. Early research on disasters suggested a disproportionate impact on the elderly; their sense of deprivation was greater than actual losses. Most studies continue to suggest little difference in the risk of developing psychopathology post-disaster between younger and older cohorts. There are only a few studies that have examined the response of the elderly to war. Posttraumatic stress disorder among the elderly is less prevalent in community-based surveys compared to younger cohorts, but nevertheless a frequent mental health outcome to violence either earlier or later in life.

**Speakers**

- Ghulam Surti (USA).
- Laura Stanton (USA).
- Jutta Lindert (Germany).
- Robert Kohn (USA).
- Harold Bursztajn (USA).

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## CHILDHOOD TRAUMA IN OLD AGE

**Speaker**

Dr. Ghulam Surti. Brown University. Providence, RI, USA.

**Abstract**

Trauma at an early age, evaluated clinically more than fifty years later, may increase the rate of cardiac disease, hypertension and triglyceride levels among older persons. The majority of studies that have examined posttraumatic stress disorder and late life effects of earlier trauma among the elderly have looked at World War II veterans, but there has been limited research on the effects of child abuse on older individuals. Evidence of the long lasting physiologic effects of earlier trauma is the higher degree atrophy in the hippocampi in survivors of child abuse, as well as other traumatic events. Both childhood physical and sexual abuse has been correlated with increased anxiety and depressive symptoms in older adults. Studies of earlier life experience to war all suggest that long-term consequences to trauma persist into late life. However, the extent of the trauma and the number of intervening life events may mediate the long-term outcome of psychopathology.

**References:**


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<td>Title: DOMESTIC VIOLENCE AND WAR EXPOSURE AS YOUNG ADULTS AND ITS IMPACT</td>
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<td>Speaker: Dr. Laura Stanton. Brown University. Providence, RI, USA.</td>
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<td>Abstract: Chronic PTSD is highly prevalent in elderly veterans with combat exposure in war. The greater the combat exposure, the higher is the prevalence of posttraumatic stress symptoms. Among prisoners of war more than half of men met criteria for lifetime PTSD in old age. PTSD has occurred among some veterans as late as 50 years after combat without previous psychiatric symptoms or re-exposure to battle. An increased risk of dementia, as high as two-fold, among veterans who have posttraumatic stress disorder has been found. Although men are exposed to greater degrees of violence in their lifetime, due to war and street violence, women are more often victims of sexual and physical assault. Women who have suffered intimate partner violence have greater physical and mental health problems. Older women who have experienced interpersonal violence report greater psychiatric distress including increased rates of depression, substance abuse and anxiety when compared to older women who did not report a history of interpersonal violence.</td>
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<td>Title: ELDER ABUSE AND MENTAL HEALTH IN SEVEN URBAN CITIES IN EUROPE</td>
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<td>Abstract: <strong>Objectives:</strong> Violence, abuse and neglect of older persons is a growing public health problem. Despite the magnitude of the problem, data on prevalence is scarce. This study 1) estimates the scope of violence abuse and neglect in the past 12 months among older persons in seven cities in seven European countries; and 2) assesses correlated late life factors of violence abuse and neglect. <strong>Methods:</strong> Logistic regression analyses with respective 95% confidence intervals (CI), stratified by city. <strong>Results:</strong> N = 4467 older individuals completed interviews. Mean response rate was 48.8%. Mean age of participants was 70 years; 42.7% (N = 1908) of the sample was male. The overall 12-month prevalence rate of violence, abuse and neglect of older persons ranged from 12.7% (95% CI: 10.2 - 15.6) in Ancona to 30.8% (95% CI: 27.2 - 34.6) in Stockholm. The single most commonly reported form of violence, abuse and neglect was psychological violence, 10.4% (95% CI: 8.1 - 13.0) in Ancona and 29.7% (95% CI: 26.2 - 33.5) in Stockholm, followed by physical violence, 1.0% (95% CI: 0.4 - 2.1) in Ancona and 4.0% (95% CI: 2.6 - 5.8) in Stockholm. The 12-month prevalence rate of physical violence with injuries varied from 0.0% in Ancona to 1.5% (95% CI: 0.7 - 2.8) in Kaunas. The 12-month prevalence rate of financial violence varied from 1.8% (95% CI: 0.9 - 3.2) in Stockholm to 7.8% (95% CI: 5.8 - 10.1) in Porto. Reported sexual violence varied from 0.3% in Kaunas and Granada (95% CI: 0.0 - 1.1) to 1.5% (95% CI: 0.7 - 2.8) in Athens. Abuse was related to anxiety, but not to depression. <strong>Conclusions:</strong> Older men and women exposed to violence and abuse have higher rates of anxiety. The association of violence and anxiety among older persons needs increased attention.</td>
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Lindert, J., de Luna, J., Torres-Gonzales, F., Barros, H., Ioannidi-Kopolou, E., Melchiorre, M. G.,...

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<td>Speaker</td>
<td>Prof. Robert Kohn. Brown University. Providence, RI, USA.</td>
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<td>Posttraumatic stress disorder, although less prevalent in community-based mental health prevalence among the elderly compared to younger cohorts, is nevertheless a frequent mental health outcome among traumatized elders exposed to violence in later life. Most studies continue to suggest little difference in the risk of developing psychopathology post-disaster between younger and older cohorts. However, little research with few exceptions have examined the longitudinal course of traumatized elderly individuals or taken into account baseline psychopathology. Several studies have examined the impact of war and terrorism. The elderly report significantly higher levels of stress symptoms and lower levels of posttraumatic recovery. Most studies that examined the response of trauma among the elderly excluded individuals with dementia. Evaluating the response of individuals with dementia to traumatic events is a challenge.</td>
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<td>Speaker</td>
<td>Dr. Harold Bursztajn. Harvard Medical School, Boston, MA, USA.</td>
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<td>Posttraumatic stress disorder, although less prevalent in community-based mental health prevalence among the elderly compared to younger cohorts, is nevertheless a frequent mental health outcome among traumatized elders exposed to violence in later life. Most studies continue to suggest little difference in the risk of developing psychopathology post-disaster between younger and older cohorts. However, little research with few exceptions have examined the longitudinal course of traumatized elderly individuals or taken into account baseline psychopathology. Several studies have examined the impact of war and terrorism. The elderly report significantly higher levels of stress symptoms and lower levels of posttraumatic recovery. Most studies that examined the response of trauma among the elderly excluded individuals with dementia. Evaluating the response of individuals with dementia to traumatic events is a challenge.</td>
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Session: Regular Symposium

OVERALL ABSTRACT

Title: Therapeutic management issues after amputation

Chairperson Dr. Agnihotri Anupam, NHS Greater Glasgow

Abstract

Amputation of a limb affects almost all aspects of an individual’s life. Amputees in addition to their physical disability suffer from myriads of psychological as well as psychosocial problems. Amputation means a loss and psychological reaction to loss is so much so that it is compared with the grief experienced by an individual when he loses his near and dear ones. Apart from psychological reactions, phantom limb pain and quality of life issues also gain importance and cause of concern. The phantom limb pain (PLP) sensations are painful sensations perceived as emanating from the portion of the amputated limb that is missing. About 50-80% of amputees experience it and some continue to experience it even 25 years after the amputation which diminishes their quality of life and productivity of the amputees. One proposed explanation for improvement in PLP is activation of mirror neurons in cortex that modulate somatosensory inputs, which in turn blocks protopathic pain perception in the phantom limb. It is found that little attention is focused on the psychiatric aspects especially PTSD. Early recognition and redress of psychological issues seems to be important in preventing long term disabilities in an amputee. Earlier studies have emphasized the need for structured therapeutic intervention for problems such as depression, anxiety and adjustment. The process of intervention is highlighted in the defined stages. QoL is described as a multidimensional concept and as an emotional and cognitive judgment about the persons’ well being, life satisfaction, and happiness which may be best assessed by the person himself. All these factors should be addressed during the treatment phase, rehabilitation program, and after discharge in order to ensure holistic reintegration and participation of the amputees, and enable them to regain or maintain QoL. The deliberation during symposium would address all the issues mentioned above.

Speakers

Shashikumar Col (India).
Kalpana Srivastava (India).
Sonam Tobgay (India).
Sharma Pankaj Kumar (India).

Speakers

Session: Regular Symposium

SPEAKER 1

Title: MIRROR THERAPY FOR PHANTOM LIMB PAIN

Speaker Lt Col R Shashikumar
Professor Department of Psychiatry Armed forces Medical College Pune India

Abstract

The phenomenon of phantom limb known since ages had even haunted Lord Nelson after he had lost his arm in the battle of Santa Cruz de Tenerife, but was first described scientifically by Silas Weir-Mitchell in 1872. The phantom limb pain sensations are painful sensations perceived as emanating from the portion of the amputated limb that is missing. About 50-80% of amputees experience it and some continue to experience it even 25 years after the amputation which diminishes their quality of life and productivity of the amputees. Various medical, non-medical, surgical methods have been tried to relieve phantom limb pain (PLP) but they have either been ineffective or effective only for a short time. One proposed explanation for improvement in PLP is activation of mirror neurons in cortex that modulate somatosensory inputs, which in turn blocks protopathic pain perception in the phantom limb. Another is the presence of a conflict between visual and proprioceptive inputs to the brain. Taking advantage of this premise mirror therapy was introduced to reduce this conflict by having an amputee perform specific movements with the phantom limb while viewing the reflected image of the intact limb executing actual movements thereby giving relief from PLP. Most of the evidence in support of mirror therapy for pain relief so far has been from anecdotal reports. Among the few well controlled studies, the pioneering randomized, sham-controlled study to explore the efficacy of short-term use of mirror therapy for reducing PLP by Chan et al showed its usefulness unequivocally but it had only eighteen subjects and was only in lower limb PLP patients. Brodie et al had in a randomized control study did not find significant improvement with mirror therapy. These and other mechanisms and outcomes of mirror therapy shall be elaborated upon during the session.
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<td>PSYCHOTHERAPEUTIC INTERVENTION MODULE AFTER AMPUTATION</td>
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<td>Speaker</td>
<td>Dr Kalpana Srivastava</td>
<td>Defence Research and development Organisation, Pune</td>
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<tr>
<td>Abstract</td>
<td>Amputation of a limb affects almost all aspects of an individual’s life. Amputees in addition to their physical disability suffer from myriads of psychological as well as psychosocial problems. There is little attention given on the psychological state of the individual unless he or she presents with overt behavioral abnormalities. Amputation means a loss and psychological reaction to loss is so much so that it is compared with the grief experienced by an individual when he loses his near and dear ones. These reactions are manifested in different forms at different stages following amputations. In the early stages, these can present in the form of disbelief, stunned feeling, fear and panic, rage and anger, grief and despair, relief and happiness, horror and revulsion and shame or guilt. The late stage effects are in the form of depression, over activity and anxiety. Earlier studies have emphasized the need for structured therapeutic intervention for problems such as depression, anxiety and adjustment problems. The proposed model is a structured therapeutic intervention after amputation. The process of intervention is highlighted in the defined stages. Reconceptualisation of body image after amputation requires the incorporation of both the loss of the limb as well as incorporation of prosthesis and the crutches into the body. The associated phase of therapy is ‘updating the mental map.’ Map making can facilitate the process of healing. Modifying body image disturbances at this stage is the main task, which is handled by embodiment of self. The process of therapy emphasized on self-acceptance and incorporation of prosthesis as a part of self. The stages of therapeutic intervention are highlighted in the presentation.</td>
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<td>POST TRAUMATIC STRESS DISORDER (PTSD) IN AMPUTEES</td>
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<td>Speaker</td>
<td>S Tobgay</td>
<td>Armed Forces Medical College, Pune, Maharashtra, India.</td>
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<td>Abstract</td>
<td>Amputations occurring as a result of grievous injury or hurt or witnessing traumatic events gives rise to several emotional reactions. The early phase comprises in the form of disbelief, fear, anger, stunned feeling, horror, panic, shame and guilt. The later phases effects comprised of depression, over activity, feeling of anxiety, recurrent intrusive thoughts and flashbacks of the traumatic event. Several studies have noted that amputees in addition to their physical disability suffer myriad of psychological problems. It is found that little attention is focused on the psychological state of the individual unless he or she presents with overt behavioral abnormalities. Psychological needs of the amputee have to be attended to by a team of surgeons, nursing staff, prosthesis makers, occupational therapist and a psychiatrist. Early recognition and redress of psychological issues seems to be important in preventing long term disabilities in an amputee. A cross-sectional study to assess the prevalence of PTSD in amputees using CAPS questionnaire was carried out at a Government artificial limb centre in India. Significant numbers of amputees (26.6%) were found to have PTSD symptomatology. The results of study were felt to strengthen the importance of psychological issues of amputees and to address them at the earliest, thereby helping them to quickly reintegrate with their present world and improve the satisfaction in future life. It is found that little attention is focused on the psychiatric aspects especially PTSD, unless amputees presents with noticeable behavioral or social problem. To achieve an optimal recovery following severe traumatic injury or event, clinicians must address both physical and psychiatric aspects of their patients especially PTSD symptomatology.</td>
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<td>Title:</td>
<td>QUALITY OF LIFE IN AMPUTEES</td>
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| Speaker            | PK. Sharma  
|                   | Armed Forces Medical College, Pune, Maharastra, India |
| Abstract          | Amputation is a major life event that leads to a permanent disability and brings a dramatic change in the life and function of the individual. Amputation potentially affects Quality of life (QoL) many years after the event. Limitations in body structure and function due to amputation affects the activity level, and thereby, the participation of the individual in the society. World Health Organization (WHO) defines ‘quality of life’ (QoL) as an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. QoL has been advocated as an outcome measure for assessing the effect of treatment, rehabilitation programs and quality of care. QoL is described as a multidimensional concept and as an emotional and cognitive judgment about the persons’ well being, life satisfaction, and happiness which may be best assessed by the person himself. QoL instruments commonly used instruments include SF-36, WHOQOL, Nottingham Health Profile (NHP), SF-12 and WHOQOL-BREF among others. These scales have been extensively used for research purpose and have been further translated and validated in different languages. Diverse socio-economic and socio-cultural factors, personality characteristics and medical factors may play a role in influencing QoL. All these factors should be addressed during the treatment phase, rehabilitation program, and after discharge in order to ensure holistic reintegration and participation of the amputees, and enable them to regain or maintain QoL. |
### OVERALL ABSTRACT

**Title:** A paradigm shift in the link between sleep and psychiatry

**Chairperson:** Professor Louis T. van Zyl, M.B., Ch.B., M.Med., FRCPC, DFCPA  
Queen’s University, Canada  
Department of Psychiatry

**Abstract**

Sleep and psychiatric disorders are inextricably linked. The relationship is generally accepted and acknowledged, but the importance under-appreciated. The symposium aims to focus on recent discoveries and advances in this area. We shall describe a new and safe treatment of childhood parasomnias, discuss new findings to automatically and objectively diagnose depression by using biological markers extracted from EEG, present results of an investigation on the association between fatigue in treatment resistant depression and sleep disordered breathing, and we shall highlight the utility of PSG studies in the identification and management of adolescents with respect to sleep and mood problems and those at risk of suicidal behaviour.

** Speakers**

- Louis van Zyl (Canada).
- Colin Shapiro (Canada).
- Ruzica Jokic (Canada).
- Azmeh Shahid (Canada).

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### SPEAKER 1

**Title:** PARASOMNIAS IN CHILDREN: A NEW TREATMENT OPTION FOR A NON-BENIGN CONDITION

**Speaker**

Louis T. van Zyl, Sharon A. Chung, Soumya Mikkilineni and Colin M. Shapiro

**Abstract**

**Introduction**

Non-rapid eye movement (NREM) parasomnias are uncontrollable behaviours or experiences occurring at the start of or during NREM sleep. Commonly seen parasomnias include somnambulism, sleep terrors, somniloquy, enuresis, bruxism, and rhythmic movements, and vary in prevalence from 9% to 84%. Parasomnias occur with greater frequency in children with neurodevelopmental disorders.

While most cases of childhood NREM parasomnias are currently viewed as being benign, available evidence suggest otherwise. Learning difficulties and behavioural disturbances are specifically identified consequences of parasomnias in children and may impact negatively on a child’s educational potential with irreversible long-term consequences regarding career prospects and eventual overall service to the community.

**Aims and Objectives:**

There are no FDA-approved therapies for the management of NREM parasomnias in children, and there are no randomized, placebo-controlled trials of pharmacologic interventions for pediatric parasomnias.

The aims and objectives of this study were to determine whether L-Tryptophan administration leads to symptom improvement with respect to NREM parasomnia. A secondary aim was to examine sleep architectural variables in children and adolescents with NREM parasomnias, more specifically to assess whether sleep is more disturbed in children and adolescents with a diagnosis of parasomnia.

**Methods:**

Subjects that were included in the study were prescribed treatment with L-Tryptophan or clonazepam, or no treatment to those whose parents/guardians declined treatment. A subset of children had also responded to a questionnaire battery assessing symptoms of sleepiness, fatigue, alertness, depression, anxiety and hyperactivity.

**Results:**

The vast majority (viz. 80%) of children prescribed L-Tryptophan were observed to show improvements in their parasomnia symptoms compared to less than half (47%) of those not taking L-Tryptophan. Further, compared to those on L-Tryptophan treatment, five times as many (30% versus 6%) of those not taking L-Tryptophan experienced a worsening of symptoms. Lastly, over half again as many (23% versus 14%) of those not on treatment saw no improvement in symptoms when compared to those taking L-Tryptophan.

**Conclusions**
Intellectual and learning issues have been reported in children with parasomnias and poor sleep can mimic pediatric problems, including ADHD-like symptoms, academic difficulty and problem behaviours. The high frequency of parasomnias in children with pre-existing neurodevelopmental and medical disorders further emphasizes the need to screen for sleep disorders in children afflicted with the above disorders. Amelioration of sleep problems has been shown to improve quality of life, reduce problem behaviours, and improve attention and learning. Effectively controlling parasomnias may, therefore, potentially lead to overall improvement in academic function and social behaviour.

Session: Regular Symposium  SPEAKER 2  Code SY665
Title: NEW FRONTIER IN QUANTITATIVE PSYCHIATRY: WE CAN DIAGNOSE DEPRESSION OBJECTIVELY!
Speaker Colin M. Shapiro and Laszlo Oszvath
Abstract

Background:
Psychiatry is the only branch of medicine where diagnosis is made primarily by verbal inquiry. Depression is one of the most debilitating, widespread, costly and stigmatized illnesses of our time. Despite the importance of depression there is to date no commercially available technological support to diagnose depression and guide treatment.

Objective and Methods:
We have developed for the first time a system that automatically and objectively diagnoses depression by using biological markers extracted from the EEG. This will be described.

Results:
On a limited sample of 28 adults and 25 youth we achieved a detection rate of 92% for controls and 83% for depressed adults, while for children we reached a detection rate of 100% for controls and 75% for the depressed group. While we recognize that, in the light of our small sample, the results are preliminary and refinement of the technique may be necessary, we anticipate that our method will bring an important advance to the field and offer the much needed technological support to the diagnosis of one of the most widespread mental illnesses, specifically depression.

Conclusion:
For the first time psychiatrists will have in their toolbox an easy to use, computerized diagnostic technique that will complement the current method of enquiry, boost diagnostic specificity and guide treatment. Currently we are investigating the possibility of using our method for predicting the road to suicide and to guide pharmacological treatment. We believe our work constitutes an important step toward the possibility of real standardization of diagnosis and in addition providing an important link in the chain leading to the elimination of stigma in psychiatry.

Session: Regular Symposium  SPEAKER 3  Code SY665
Title: UNDERSTANDING FATIGUE: THE COMPLEX RELATIONSHIP BETWEEN DEPRESSION AND SLEEP
Speaker Dr. Ruzica Jokic MD FRCPC
Abstract

Objectives:
1. To review current definitions of fatigue and importance of fatigue as a common residual symptom of depression. 2. To present results of our investigation on the association between fatigue in treatment resistant depression (TRD) and sleep disordered breathing (SDB), as well as the impact of SDB on the quality of life.

Methods:
81 patients with TRD recruited from the outpatient Mood Disorders Services at Providence Care in Kingston, Ontario, Canada, with HAM-D > 18 and no previous diagnosis of sleep disorder underwent overnight polysomnography and assessment of mood, anxiety and quality of life. Fatigue was assessed using the Profile of mood states (POMS) fatigue subscale.

Results:
41 participants (51%) had an AHI > 5 indicating at least mild SDB. Fatigue scores correlated with apnea-hypopnea index-AHI, p = .003, Mood scores-Total POMS p < .001 and daytime sleepiness-ESS
.008. Greater fatigue was associated more anxiety symptoms. Individuals with SDB had greater fatigue, more severe mood symptoms, and more impaired quality of life (poorer general health, greater role limitations due to emotional problems) as compared to patient without SDB.

**Conclusions:**
POMS is a useful measure in patients with TRD as it can identify a sub-population of patients with high fatigue scores; Undiagnosed SDB is common in individuals with TRD (51%). Residual fatigue can be a result of SBD and a cause of treatment resistance in a substantial number of depressed patients. Co-morbid SDB in TRD results in more severe mood disturbance and poorer overall quality of life.

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<td>Azmeh Shahid and Colin Shapiro</td>
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| Abstract:| **Introduction:**
Sleep disturbances are commonly associated with psychiatric disorders. Among adolescents with sleep problems, increased rates of depressive symptoms have been identified. A study by Goldstein et al showed significant and temporal relationship between sleep problems and completed suicide in adolescents. Emslie et al reported that the majority of depressed and suicidal youth exhibit increased sleep latency, increased REM density and decreased REM latency, when compared to controls. In contrast to adults, consistent sleep disturbances in adolescents are less defined and therefore require further examination.

**Objective:**
To evaluate the association of sleep problems, depression, and risk of suicide in youth.

**Methods:**
A retrospective chart review of polysomnographic (PSG) studies and psychiatrist evaluations of 106 adolescents aged 7-16 years during their admission to an involuntary adolescent psychiatric inpatient facility.

**Results:**
Less than 5% of cases had mild or no sleep problems. Adolescents with many co-diagnosed psychiatric disorders had greater frequencies of insomnia, decreased sleep efficiency, and arousals form SWS (p<0.05).

Self-harm behavior can be viewed to represent a more severe psychopathological state than affective disorders alone. Those patients evincing such behaviour had more frequently elevated sleep onset latency (SOL), reduced sleep efficiency, reduced slow wave sleep (p<0.05), increased REM sleep, and reduced REM latency compared to patients with dysthymia and/or depression.

**Conclusions:**
This study highlights the utility of PSG studies in the identification and management of adolescents with respect to sleep and mood problems and those at risk of suicidal behaviour and psychopathologies.
### OVERALL ABSTRACT

**Title:** Ketamine abuse

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

**Abstract:** Ketamine is a commonly abused drug worldwide. Psychiatric sequel is very common in patients with ketamine abuse. Ketamine induced psychosis has received most attention. In this symposium, experts from Asia and Europe will present their views on acute toxicity, psychiatric symptomatology, pathophysiology, structural and functioning imaging in ketamine abuse.

**Speakers:**  
André Schmidt (Switzerland).  
Yanhui Liao (China).  
David Wood (United Kingdom).  
Hongbo He (China).

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### SPEAKER 1

**Title:** THE MECHANISM UNDERLYING KETAMINE EFFECTS ON THE MISMATCH NEGATIVITY WITH IMPLICATIONS FOR THE PATHOPHYSIOLOGY OF PSYCHOSIS

**Speaker:** Professor André Schmidt  
Department of Psychiatry  
University of Basel,  
Basel, Switzerland.

**Abstract:**

**Objectives:** The mismatch negativity (MMN) is an event-related potential, measured with electrophysiological techniques such as electroencephalography, observed in response to the violation of a statistical regularity. The MMN has attracted a lot of attention, because it is altered in several brain disorders with, in particular, significant reductions in schizophrenia patients. The clinical utility of the MMN is further established by remarkably consistent findings from neuropharmacological studies, rendering it potentially informative with regard to pathophysiology and treatment: Numerous pharmacological experiments in animals and humans have indicated that MMN expression can be strongly reduced by the NMDA receptor (NMDAR) antagonist ketamine.

**Methods:** I present a model-based investigation of mechanisms underlying this ketamine-induced reduction of MMN. We applied dynamic causal modeling and Bayesian model selection to data from a recent ketamine study of the roving MMN paradigm, using a cross-over, double-blind, placebo-controlled design. Our modeling approach was guided by a predictive coding framework that unifies contemporary “adaptation” and “model adjustment” theories of MMN generation.

**Results:** Comparing a series of dynamic causal models that allowed for different expressions of neuronal adaptation and synaptic plasticity, we obtained three major results. 1) We replicated previous results that both adaptation and short-term plasticity are necessary to explain MMN generation per se. 2) We found significant ketamine effects on synaptic plasticity, but not adaptation, and a selective ketamine effect on the forward connection from left primary auditory cortex to superior temporal gyrus. 3) This model-based estimate of ketamine effects on synaptic plasticity correlated significantly with ratings of ketamine-induced impairments in cognition and control.

**Conclusions:** Our modeling approach thus suggests a concrete mechanism for ketamine effects on MMN that correlates with drug-induced psychopathology. More generally, this demonstrates the potential of modeling for inferring on synaptic physiology, and its pharmacological modulation, from EEG data. We hope that carefully validated model-based approaches will enable diagnostically useful applications of MMN recordings in the future, e.g., for pathophysiologically grounded diagnostic classification of the psychosis spectrum diseases.
### Session: Regular Symposium  |  SPEAKER 2  |  Code  |  SY666
---|---|---|---
## Title:  
**A STUDY OF KETAMINE DEPENDENCE USING STRUCTURAL AND FUNCTIONAL MAGNETIC RESONANCE IMAGING**

### Speaker: Yanhui Liao1, Jinsong Tang1, Jianbin Liu1, Mei Yang1, Mingdong Ma4, Xuyi Wang1, Tieqiao Liu1, Xiaogang Chen1, Ming Song5, Paul C. Fletcher6*, Wei Hao1*
1. Mental Health Institute, the Second Xiangya Hospital of Central South University, Changsha, China
2. The People's Hospital of Hunan Province, Changsha, China
3. Hunan Brain Hospital, Changsha, China
4. Kangda Voluntary Drug Rehabilitation Centers, Changsha, China
5. Brainnetome Center and National Laboratory of Pattern Recognition, Institute of Automation, Chinese Academy of Sciences Beijing, China.
6. University of Cambridge, Cambridge, UK

### Abstract

**Objectives:** To assess the changes of brain structure (white matter, gray matter) and function (resting-state brain activity, functional connectivity) in patients with ketamine dependence.

**Methods:** A sample of 86 (41 chronic ketamine and nicotine dependent subjects, 45 otherwise healthy nicotine dependent subjects) participants underwent structural (White matter volumes were measured by using in vivo diffusion tensor magnetic resonance imaging; White matter volumes were measured by voxel based morphometry in conjunction with statistical parametric mapping) and functional (alterations in regional homogeneity of resting-state brain activity; functional connectivity analyzed regions of interest areas in thalamus) magnetic resonance imaging (fMRI) scan.

**Results:**
- White matter changes associated with chronic ketamine use were found in bilateral frontal and left temporo-parietal cortices.
- Further, frontal white matter fractional anisotropy (FA) correlated with the severity of drug use; a decrease in gray matter volume in bilateral frontal (left superior frontal and right middle frontal) cortex of ketamine patients in comparison to controls (p<0.05 corrected for multiple comparisons at cluster-level); decreased ReHo was found in ketamine users in the right Anterior Cingulate and increased ReHo was found in left Frontal Lobe (Precentral Gyrus) (p<0.05, cluster-level corrected); we also found dysfunction of thalamocortical networks in those chronic ketamine use subjects.

**Conclusions:** To our knowledge, this is the first time to provide direct evidence for brain structural and functional abnormalities in chronic ketamine use subjects. Moreover, their similarity to abnormalities of brain structure and function observed in chronic schizophrenia has implications for the glutamate model of this illness.

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### Session: Regular Symposium  |  SPEAKER 3  |  Code  |  SY666
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## Title:  
**TOXICITY ASSOCIATED WITH THE USE OF THE NOVEL KETAMINE ANALOGUE METHOXETAMINE**

### Speaker: 
Dr David M Wood  
Clinical Toxicology, Guy’s and St Thomas’ NHS Foundation Trust and King’s Health Partners and King’s College London.  
London, UK.

### Abstract

**Objectives:** Over the last few years there has been increasing recognition of the chronic bladder and urinary tract toxicity associated with chronic use of ketamine. Methoxetamine (2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone), an aryliclohexamine derivative of ketamine, is marketed to users as a “bladder friendly” alternative. In this presentation, we will review the prevalence of use of methoxetamine and the pattern of its acute and chronic toxicity.

**Methods:** Systematic review of literature

**Results**
The 2011/12 Global Drugs Survey reported that life-time (4.9 %) and last year (4.2%) use of methoxetamine were considerably lower than ketamine (47.5% and 24.5% respectively) in 7,700 UK respondents. Surveys within night-time economy venues have shown a similar lower prevalence of use. The pattern of acute toxicity is similar to that seen with ketamine (e.g. dissociative symptoms, hallucinations, anxiety, disorientation, difficulty speaking or moving limbs, and an “M Hole” similar to a “K Hole”). Chronic methoxetamine administration in a mouse model of chronic ketamine toxicity was
demonstrated to be associated with similar bladder and renal tract toxicity as that seen with ketamine.

**Conclusions:** Current use of methoxetamine appears to be lower than that of ketamine, despite the marketing to users that this is a “safer” alternative. The acute toxicity appears to be similar to that seen with ketamine, although with added more significant toxicity in some individuals. Animal models suggest chronic methoxetamine use is not “bladder friendly”. Further work is needed to understand why the methoxetamine acute toxicity is different to be able to appropriately inform users, healthcare professionals and legislative authorities.

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**Title:** SYMPTOMATOLOGY OF CHRONIC KETAMINE ABUSE

**Speaker**
Ni Fan\(^a\), Ke Xu\(^b\), Yuping Ning\(^c\), Robert Rosenheck\(^b\), Daping Wang\(^a\), Xiaoyin Ke\(^a\), Yi Ding\(^a\), Bin Sun\(^a\), Chao Zhou\(^a\), Yuping Liu\(^a\), Xuefeng Deng\(^c\), Waikwong Tang\(^d\), Hongbo He\(^a\)
\(^a\). Guangzhou Brain Hospital, the Affiliated Brain Hospital of Guangzhou Medical University, 36 Mingxin Road, Liwan District, Guangzhou, Guangdong Province, 510370, China
\(^b\). Department of Psychiatry, Yale University School of Medicine, 300 George Street, New Haven, CT 06510, USA
\(^c\). Guangzhou Baiyun Voluntary Drug Rehabilitation Hospital, 586 North of Baiyun Road, Baiyun District, Guangzhou, Guangdong, 510440, China
\(^d\). Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong
*Correspondence should be addressed to Dr. Ni Fan or Dr. Hongbo He.

**Abstract**

**Objectives:** Although concern about the consequences of chronic ketamine abuse has grown, the characteristic symptomatology of such abuse and its relation to psychosis, depression and anxiety disorder has yet to be examined.

**Methods:** We evaluated a group of patients voluntarily hospitalized for chronic ketamine abuse in Guangzhou, China. We first identified evidence of depression, anxiety and schizophrenia using standard severity cutoffs on the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI) and the Positive and Negative Syndrome Scale (PANSS). Then a list of symptoms of chronic ketamine abuse generated through a consensus among key informants was used to identify and confirm psychological symptom factors using split-half exploratory and confirmatory factor analyses. Multiple regression analysis was applied to identify independent correlates of each factor.

**Results:** Measures of psychopathology found depression on the BDI to be most frequently moderate or severe, while the BAI and the PANSS showed predominantly mild symptoms of anxiety and psychosis. EFA revealed three factors: two representing chronic states (social withdrawal, sleep disturbance), and one acute states (psycho-sensory psychosis). CFA showed Goodness of fit of 0.91 and RMSEA of 0.11. The social withdrawal factor was most strongly related to the BDI and negative symptoms on the PANSS, while sleep disturbance was most strongly associated with general symptoms on the PANSS. Psycho-sensory psychosis wasn’t significantly associated with other measures.

**Conclusions:** Long term ketamine abuse was most strongly associated with depressive symptoms and social withdrawal while symptoms of psychosis and anxiety were predominantly mild.
**OVERALL ABSTRACT**

**Title:** Prevention of Depression: What can we do from 2015 on?

**Chairperson**
Prof Roca Miguel  
University of Balearic Islands  
IUNICS  
Palma de Mallorca  
Spain

**Abstract**
Depression is associated with increased mortality rate, high levels of service use and huge economics costs. It is also the major risk factor for suicide. Although efficacy of evidence-based treatments have been proven, it has been estimated that even under hypothetical best optimal conditions our current treatments can also reduce only about one third of the disease burden of depression. Prevention offers a viable new opportunity for a further reduction of the disease burden and economic impact. Different disciplines have provided findings on depression prevention (primary care, psychology, psychiatry, biological sciences, epidemiology, sociology, health economics…) largely working in isolation and currently fragmented. The positive results of research in these areas have not been implemented in public health services. Planning the strategy for putting into practice the scientific findings related to depression prevention is a priority for European mental health policies as an example of translational research. The symposium will review the evidence-based data on depression prevention, the identification of the most challenging and urgent clinical research questions on depression prevention and early identification, especially in Primary Care settings in different public health systems across Europe, the identification of specific target groups at risk and early detection as well as in suicide prevention. The symposium will review the innovative projects to develop new types of prevention strategies or community based interventions.

**Speakers**
Pim Cuijpers (The Netherlands).  
Margalida Gili (Spain).  
Arne Holte (Norway).  
Ulrich Hegerl (Denmark).

---

**SPEAKER 1**

**Title:** Preventing the onset of depressive disorders: Results of two meta-analyses

**Speaker**
Pim Cuijpers  
Department of Clinical Psychology  
VU University. Amsterdam, The Netherlands.

**Abstract**
Current treatments are estimated to only reduce about one-third of the disease burden of depressive disorders. Prevention may be an alternative strategy to further reduce the disease burden of depression. We will present data from two meta-analysis of randomized controlled trials examining the effects of preventive interventions in participants with no diagnosed depression at baseline on the incidence of diagnosed depressive disorders at follow-up. Prevention of depression seems feasible and may, in addition to treatment, be an effective way to delay or prevent the onset of depressive disorders. Preventing or delaying these disorders may contribute to the further reduction of the disease burden and the economic costs associated with depressive disorders.

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**SPEAKER 2**

**Title:** Prevention of Depression in Primary Care

**Speaker**
Margalida Gili  
Institut Universitari d’ Investigació en Ciències de la Salut (IUNICS) Rediap.  
University of Balearic Islands, Palma de Mallorca (Spain)
**Abstract**

Depression is a highly prevalent, chronic and disabling disorder and a major public health concern. Prevention of depression is a innovative scientific and clinical challenge of great public significance with clinical, social and economic impact. Depressive symptoms and Major Depressive Disorder are particularly common in primary care and have a negative impact on functioning and well-being, even higher than other chronic medical conditions. In this context, Primary Care plays a key role in the management of depression not only focused on identification and treatment but also engaging patients in promotion and prevention activities to address the needs of patients and improve their physical, emotional social and economic wellbeing. The presentation will review the evidence-based data on depression prevention in Primary Care settings and will present data from systematic reviews and meta-analysis carried out for preventing the onset of first episodes but specially the prevention of relapse and recurrence. Although small number of studies had examined depression prevention specifically focusing on primary care samples, depression prevention trials in public sector primary care settings are feasible and that depressive symptoms can be reduced. To conduct research in this area and randomized prevention trials that can reduce incidence, subgroups at greater risk have to be identified.

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<tr>
<td>Title:</td>
<td>Prevention of Depression: Overview and Discussion of Public Health Strategies</td>
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| Speaker  | Arne Holte  
Norwegian Institute of Public Health/University of Oslo, Oslo, Norway. |
| Abstract | Objectives: To develop a public health strategy based on the best available evidence to promote mental health and prevent depression at a population level. Methods: By reviewing selected studies, discussing basic strategic questions for a best possible evidence based global strategy to promote mental health and prevent depression, such as: (1) Building mental capital versus fighting disease, (2) Promoting mental health versus preventing mental disorder, (3) Addressing what we can do something about versus what we wish to do something about, (4) Endorsing universal interventions versus targeted interventions, (5) Assessing cost-utility rather than efficacy and effectiveness, (6) Prioritising conditions according to burden of disease and cost of illness rather than to severity, (7) Prioritising subsyndromal conditions rather than mild, moderate or severe diagnosable conditions, (8) Investing in preschool children and their families before others, including the elderly, (9) Addressing community levels of positive mental health and depression versus incidence of cases, (10) Allowing greater investments in mental health promotion and mental disease prevention only if it comes with a design and a budget to scientifically assess implementation, effectiveness, cost-utility and user satisfaction. |

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<td>Title:</td>
<td>Community based 4-level interventions in Europe: An evidence based approach to optimize depression treatment and to prevent suicidal behaviour</td>
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| Speaker  | Ulrich Hegerl and the EAAD consortium (Ella Arensman, Chantal van Audenhove, Tomaas Baader, Ricardo, Gusmão, Angela Ibelshäuser, Victor Peréz Sola, Roger Pycha, Airi Värnik, András Székely)  
Department of Psychiatry and Psychotherapy, University of Leipzig |
| Abstract | The 4-level-intervention concept developed within the model project “Nuremberg Alliance against Depression” and further optimized within the EU-funded project “European Alliance against Depression” aims at improving the care and treatment of patients with depression as well as to prevent suicidal behavior. It has been shown to be effective concerning the prevention of suicidal behavior (1, 2, 3, 4). The 4-level intervention concept comprises training and support of primary care providers (level 1), a professional public relation campaign (level 2), training of community facilitators (teacher, priests, geriatric care givers, pharmacists, journalists) (level 3), and support for selfhelp of patients with depression and for their relatives (level 4). In order to deepen the understanding of factors influencing the effectiveness of the intervention, the EU-funded project “Optimizing Suicide Prevention Programs and Their Implementation in Europe” ([www.OSPI-europe.com](http://www.OSPI-europe.com); 7th Framework Programme) has been run from 2008 – 2013 (5). This controlled multicentre study provided again evidence for the preventive effects of the intervention on suicidal behaviour but also on factors which might possibly interfere with a successful implementation of the 4-Level interventions.  
1) Hegerl et al 2006; Psychol Med 36: 1225-1234  
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<td>Székely et al 2013; PLOS One (in press)</td>
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<td>Hegerl et al 2013; Neurosci Biobehav Rev; doi:pii: S0149-7634(13)00045-</td>
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Paraphrenia – A concept for the 21st century

Arun V. Ravindran

In order to achieve a better understanding of the etiological and pathophysiological underpinnings of schizophrenia spectrum disorders, coherent and homogeneous phenotypes need to be developed. Previous diagnostic classifications have already proposed phenotypic models that may provide valuable information to guide future research. Reclaiming the past diagnostic category of paraphrenia – which may be broadly defined as a chronic psychotic disorder with predominantly positive symptoms and negligible deterioration of affect – may add important insights to this purpose. In this symposium, the first presentation will outline paraphrenia, discuss its definition (according to Kraepelin) and review its boundaries with schizophrenia, bipolar disorder, and other psychotic disorders, as well as that of “leonhardian paraphrenias”. The second presentation will outline its historical development, review its subtypes (systematic, expansive, confabulatory and fantastic) and the changes in its construct over time. The final presentation will focus on data from two investigations conducted by the authors’ research group. The first completed study evaluates the sociodemographic and clinical characteristics of systematic paraphrenia. The second ongoing investigation examines the long-term stability of the diagnosis. Furthermore, it compares the demographic and clinical variables with an age-, gender- and education level matched control group of subjects with schizophrenia (ICD-10). Together, these presentations provide evidence to support the validity of the diagnostic category of paraphrenia and underscore the need to accommodate this group of patients with distinct phenotypy in any classification of mental disorders.

Antonio Gamito (Portugal).
Miguel Palma (Portugal).
Catarina Klut (Portugal).

PARAPHRENIA: DEFINITION AND BOUNDARIES
A. Gamito
Centro Hospitalar de Setúbal, Setúbal, Portugal

Objectives:
To provide a historical perspective of the concept of paraphrenia and to attempt to establish its boundaries.

Methods:
A selective review of the studies of the most prominent European psychiatrists who have written on the subject.

Results:
The German school led the development of the concept of paraphrenia, particularly the work of Emil Kraepelin. The Frankfurt group followed, with important contributions from Karl Kleist and Karl Leonhard. French psychiatry is also influential in this area, most significantly the concepts of Henry Ey, particularly his idea of paraphrenia as a process with an affective basis. The boundaries between paraphrenia and schizophrenia, delusional disorder and affective psychosis have been of debate, including whether paraphrenia can be considered a separate disease entity.

Conclusions:
Although there are differences in the phenomenological description of paraphrenia among several authors and schools, there is a solid common ground that runs through all of them.
Session: Regular Symposium | SPEAKER 2 | Code | SY680
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Title: CLINICAL AND EPIDEMIOLOGICAL DATA ON KRAEPELIN’S PARAPHRENIAS
Speaker: M. Palma, Prof. Dr. Fernando Fonseca Hospital, E.P.E, Amadora, Lisbon, Portugal
Abstract: Objectives: To make a brief review of Emil Kraepelin’s classification of paraphrenias, through the most distinctive clinical features of its four subtypes and to summarize the main epidemiological data on paraphrenia as a whole entity.
Methods: Non-systematic review of the literature, on clinical and epidemiological data regarding kraepelinian paraphrenia since its first description by Emil Kraepelin.
Results: In the 8th edition of his textbook, Kraepelin described a relatively small group of cases somewhere amid dementia praecox and paranoia, in which an exuberant delusional and hallucinatory chronic presentation co-existed with little or no disturbance of the internal harmony of psychic life, thought, volition and affect. Kraepelin gave it the name of paraphrenia and divided it in four subtypes according to its most distinctive clinical features: systematic (in which the course generally develops by phases), expansive (associated with a pervasive mood elation), confabulatory (not so far from the expansive subtype but with a special prominence of confabulations phenomenae) and fantastic paraphrenias (in which delusions of implausible content usually take place).
Conclusions: Despite several historical reformulations and conceptual instability of the term paraphrenia, some epidemiological conclusions can be drawn from indirect analysis of data regarding other chronic psychoses.

Session: Regular Symposium | SPEAKER 3 | Code | SY680
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Title: SYSTEMATIC PARAPHRENIA AS A RECOGNIZABLE DISORDER: RESULTS FROM TWO STUDIES
Speaker: N. Borja-Santos1; C. Klut 1, M. Palma1, B. Trancas1, B. Ferreira1, A. Gamito2, T. Maia1
1. Prof. Dr. Fernando Fonseca Hospital, E.P.E, Amadora, Lisbon, Portugal
2. Centro Hospitalar de Setúbal, Setúbal, Portugal
Abstract: Objectives: To demonstrate that Kraeplinian systematic paraphrenia is a recognizable disorder, to characterize a sample of patients that fulfil Munro’s diagnostic criteria for this disorder and to compare it with a sample of patients with a diagnosis of schizophrenia.
Methods: Two studies have been developed by the authors that address the stated objectives. In the first study, carried out between September 2006 and October 2011, a group of 16 inpatients, which were found to meet criteria for systematic paraphrenia, were characterized in terms of several socio-demographic and clinical variables. Another study, initiated in May 2014 and that is currently underway, aims to assess the diagnostic stability of the patients included in the first study and to compare socio-demographic, clinical and cognitive features of the patients that kept this diagnosis on re-evaluation with a group of patients diagnosed with schizophrenia (ICD-10), matched for age, gender and educational level.
Results: In the first study 16 patients (10 women and 6 men) were confirmed as having systematic paraphrenia, and accounted for 0.83% of the total number of inpatients admitted during the study’s time-frame. The
Mean age at disease’s onset was 34.3 years (SD = 8.9) and the mean duration of illness at observation was 19.5 years (SD = 12.3). Most patients had no family psychiatric history (n=13), were married (n=11) and employed (n=15) before the onset of the disorder. Over a third of patients (n=6) were born outside of Portugal. Their academic achievements were only slightly inferior to the general population. Regarding the second study, its design and available preliminary data will be presented.

Conclusions:
Kraeplinian systematic paraphrenia can be recognized, diagnosed and clinically distinguished from schizophrenia. This diagnostic category accommodates a more phenotypically homogeneous group of psychotic patients, which is unaccounted for in the current international classifications of mental disorders.
Protection and risk to develop major psychopathology during adolescence: 'dynamic' developmental processes and perspectives

Chairperson: Dr. Maria Nobile,
1 IEPAD, Department of Clinical Neurosciences, Hermanas Hospitalarias, FoRiPsi, Como, Italy.
2 Department of Child Psychiatry, ‘Eugenio Medea’ Scientific Institute, Bosisio Parini, Italy

Abstract: Adolescence is a period of rapid change in biological functioning, cognitive development and relocation in social roles and social environment. Time is a crucial factor, both in terms of window vulnerability and in the cascade of maturational events that lead to the unfolding of psychopathology. The specific effects of environment emerge as a function of the timing and the duration of the exposure, and some also depend on the interaction between gene/neurobiology effects and early exposure to environmental adversities. In most of studies on adolescent psychopathology, although data have been collected longitudinally, the association between environmental exposure and outcome has been analyzed cross-sectionally. Therefore, little is known about the impact of neurobiological risk factors and environmental exposure over time. Only recently data has been analyzed using time-sensitive modeling techniques that are able to incorporate multiple interacting factors across time. This new 'dynamic' perspective has future potential to better describe the kinds of environments children and adolescents need to maximize their genetic/neurobiological potentials (e.g. towards good mental health) and minimize their biological sensitivities (e.g. towards psychopathology). In this proposed symposium, all these issues will be discussed by internationally recognized scientists from the US, Italy and Germany: Dr. Diwadkar will examine how genetic risk for schizophrenia could affect functioning brain networks during adolescence; Dr. Brambilla will discuss neural findings (MRI/fMRI) in clinical high risk adolescents for psychopathology; Prof. Soares will report on neurocognitive underpinning in pediatric bipolar disorder; Dr Hohm will consider alcohol use during adolescence according to a gene-environment interaction perspective.

Speakers: Vaibhav Diwadkar (USA).
Paolo Brambilla (Italy).
Jair Soares (USA).
Erika Hohm (Germany).

SIGNATURES OF GENETIC RISK FOR SCHIZOPHRENIA OR BIPOLAR DISORDER: STUDYING DYSFUNCTIONAL EFFECTIVE CONNECTIVITY BETWEEN BRAIN NETWORKS IN ADOLESCENCE

Speaker: V. A. Diwadkar
1 Wayne State University, School of Medicine, Detroit Michigan, USA

Abstract: Functional interactions between the brain’s critical sub-circuits are shaped through healthy development. Neurodevelopmental models of psychiatric illnesses including schizophrenia (SCZ) and bipolar disorder (BP; Murray et al., 2004) propose a) these illnesses are preceded by a pre-morbid period of vulnerability when b) neurodevelopmental mechanisms are dysfunctional. Neurodevelopmental and genetic models converge when considering first-degree adolescent relatives of patients, in particular their children (Diwadkar, 2012). Here we used dynamic causal modeling, a leading technique for assessing effective connectivity, to investigate dysfunctional cortical-limbic and cortical-striatal interactions in adolescents with a family history of schizophrenia or bipolar disorder.

Methods. fMRI data were acquired in 48 children and adolescents (8<age<20) during emotional appraisal and sustained attention that respectively rely on cortical-limbic (Calder & Young, 2005) and cortical-striatal (Diwadkar et al., 2011) brain networks. Twenty-three (henceforth HGR for Higher Genetic Risk) had a parent with SCZ or BP; the remainder were free of family history to the 2nd degree (henceforth TC, Typical Controls). Effective connectivity was modelled using dynamic causal modelling.
(Friston et al., 2012) implemented in SPM8.

**Results.** Across analyses, endogenous connectivity in the frontal-amygdala and frontal-striatal pathways was significantly reduced in HGR suggesting genetic risk reduced task-independent connectivity. Moreover, the frontal-amygdala pathway was more inhibited when HGR appraised negatively valenced faces; during sustained attention, the frontal-striatal pathway was inhibited in HGR suggesting that the demands of attention, resulted in this network being turned down.

**Conclusions.** These studies are the first to demonstrate quantifiable effects of genetic risk on brain network dysfunction in adolescents at risk for psychiatric illnesses. Disordered effective connectivity is a powerful framework for conceptualizing the origins of SCZ and BP in adolescence. These studies suggest that genetic risk confers vulnerability for dysfunctional network interactions in adolescence; these interactions in turn may increase the risk for the phenotypes in adulthood.

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**Session:** Regular Symposium  
**SPEAKER 2**  
**Code** SY681

**Title:** NEURAL FINDINGS SUSTAINING AGGRESSIVITY IN ADOLESCENTS AT HIGH CLINICAL HIGH FOR MAJOR PSYCHOPATHOLOGY

**Speaker**  
Paolo Brambilla, MD, PhD  
DISM, ICBN, University of Udine, Udine, Italy

**Abstract**

**Introduction:** Significant relationships have been found between externalization and neural systems involved in behavioral control, learning, emotion processing and affective style. In particular, neuroimaging studies have shown that children with externalizing disturbances are characterized by reduced brain gray matter volumes, specifically located in the orbitofrontal region and the bilateral temporal lobes.

**Methods:** Children and adolescents at high clinical risk for major psychopathology (30% females; mean age: 16.7 ± 2.24) underwent a multimodal MRI session. All of them were administered the Child Behavior Checklist (CBCL), which is a widely used questionnaire for identifying behavioral problems in children and adolescents.

**Results:** The externalization/aggressivity dimension, detected with the CBCL, directly correlated with temporal fractional anisotropy and with activation in amygdala, hippocampus and insula during an emotional CPT paradigm.

**Discussion:** Our preliminary study confirms the role of medial temporal regions in sustaining aggressivity in children and adolescents at risk for psychopathology. In this context, it has been shown that temporo-limbic lesions have been reported in aggressive/antisocial children and low autonomic activity has been related to criminal and aggressive outcomes as well as institutionalization in children with disruptive behavior disorders. Interestingly, diminished temporal lobe volumes have been found in adult violent offenders and in antisocial personality disorder patients. Furthermore, voxel-based morphometry (VBM) revealed that psychopathy associates with a decrease in gray matter volume in the superior temporal gyrus.

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**Session:** Regular Symposium  
**SPEAKER 3**  
**Code** SY681

**Title:** PAEDIATRIC BIPOLAR DISORDER – BRAIN MECHANISMS AND PROSPECTS FOR EARLY DETECTION AND NOVEL INTERVENTIONS

**Speaker**  
Jair C. Soares, M.D., Ph.D.  
1. Center of Excellence on Mood Disorders, UTHealth, Houston, USA  
2. University of Texas Medical School at Houston, USA

**Abstract**

**Objectives**

This lecture will provide an overview of recent studies that have looked at epidemiology, clinical presentations and brain mechanisms involved in causation of bipolar disorder in the paediatric age range.

**Methods**
We will discuss findings from our research group, as well as literature findings, that point to fronto-limbic brain abnormalities as key elements involved in illness pathophysiology. Research that utilized various brain imaging modalities such as MRI, MRS, DTI, fMRI will be reviewed, as well as findings from neurocognitive studies.

**Results**

The available findings document FLB abnormalities in children and adolescents with BD. Some of these may start early in illness course and perhaps constitute biological markers of vulnerability for this disease.

**Conclusions**

Research that characterizes the FLB pathology present in patients with BD in the paediatric age range is well underway. A clear picture of abnormalities has emerged, including findings that suggest early markers of vulnerability in at risk individuals. There is great hope that these findings may inform future intervention trials that will attempt to diagnose and intervene at very early stages, or before the disease starts, to transform the course of this illness and deliver much improved outcomes for our patients and their families.

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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 4</th>
<th>Code</th>
<th>SY681</th>
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<tr>
<td>Title:</td>
<td>PUBERTAL STAGE AS RISK MARKER FOR ADULT DRINKING PATTERNS – FINDINGS OF A LONGITUDINAL STUDY FROM BIRTH TO 25 YEARS OF AGE</td>
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<tr>
<td>Speaker</td>
<td>E. Hohm¹, K. Zohsel¹, D. Blomeyer¹, C. Friemel¹, M. Schneider¹, T. Banaschewski¹, M. Laucht¹²</td>
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<td>¹. Central Institute of Mental Health, Mannheim, Germany</td>
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<td>². University of Potsdam, Potsdam, Germany</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives:</strong> Early alcohol consumption is one of the strongest predictors of later alcohol use disorders, with early use usually taking place during puberty. Many researchers have suggested drinking during puberty as a potential biological basis of the age at first drink effect. However, the impact of the stage of pubertal maturity at the beginning of alcohol use on subsequent drinking in later life has not been examined so far.</td>
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<td><strong>Methods:</strong> Pubertal stage at first drink was determined in 126 males, and 149 females taking part in an epidemiological cohort study over 25 years. Drinking behavior (number of drinking days, amount of alcohol consumed, hazardous drinking) was assessed in early adulthood at ages 19, 22, 23 and 25 years using interview and questionnaire methods. To examine the effect of pubertal stage at first drink and to control for possible confounders, repeated measures analyses of covariance were performed.</td>
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<td><strong>Results:</strong> Pubertal stage at first drink predicted drinking behavior in humans (amount of alcohol consumed, hazardous drinking) in early adulthood, indicating that individuals who had their first drink during puberty displayed elevated drinking levels and more hazardous alcohol consumption patterns compared to those with postpubertal drinking onset. These effects remained significant after adjustment for potential confounders and were similar in males and females.</td>
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<td><strong>Conclusions:</strong> The results point to a significant role of stage of pubertal development at first contact with alcohol for the development of later drinking habits. The impact of pubertal stage at first drink persists into adulthood. Possible biological mechanisms and implications for prevention are discussed.</td>
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</table>
**Session:** Symposium | **OVERALL ABSTRACT** | **Code** | SY682
---|---|---|---
**Title:** | The use of fiction films in the cognitive training of schizophrenia and other chronic psychosis |  |  
**Chairperson** | LM Iruela Cuadrado 1,2 |  |  
1 University Hospital Puerta de Hierro Majadahonda, Madrid, Spain.  
2 Autonomous University of Madrid, Madrid, Spain. 

**Abstract** | The authors will present the results of five years of work in the cognitive training of schizophrenia using fiction films. The characteristics an rationale of a new group technique that uses films, as well as its effects on neurocognition, social cognition, motivation and functionality will be addressed and discussed. The proposal includes the presentation of the results of a clinical trial and the vision and discussion of the documentary "The Sutures" which summarizes the work of our group over the last few years. 

In the preliminary controlled clinical trial, the first season of the TV series “The Sopranos” (David Chase, 2004) was used as support. 28 patients with schizophrenia were randomly assigned to an experimental group (EG) or a control group (CG). Patients in EG were trained in the understanding of each chapter using an "ad hoc" group technique based on cognitive rehabilitation and film analysis. Cognitive performance was measured with the MATRICS Cognitive Consensus Batery (MCCB). Statistically significant differences were found in the EG in the MCCB domains of Working Memory (mean difference -4.82, P=0.045), Verbal Learning (mean difference -4.09, P= 0.04) and the Composite measure (mean difference -5.36, P=0.016). No differences in Social Cognition standardized scales between EG and CG were found. A second trial was launched with the same methodology to increase the sample size required to confirm or reject these results. 

The overall results of this five year experience suggest that this new technique may be effective in treating schizophrenia and other psychosis. 

**Speakers** | Luis Caballero (Spain).  
Mónica Magariños López (Spain).  
Inés García del Castillo (Spain). |

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**Session:** Symposium | **SPEAKER 1** | **Code** | SY682
---|---|---|---
**Title:** | DOCUMENTARY: “THE SUTURES” |  |  
**Speaker** | L. Caballero Martínez 1,2, Mónica Magariños López 1,3, I. García-Castillo 3,4 |  |  
1 University Hospital Puerta de Hierro Majadahonda, Madrid, Spain.  
2 Autonomous University of Madrid, Madrid, Spain.  
3 Universidad CEU San Pablo, Madrid, Spain.  
4 HM Hospitales, Madrid, Spain.  

**Abstract** | **Objectives:** To show the experience of working with psychotic patients using fiction films and analyze how their psychopathology, cognitive and affective symptoms determines the way they interact with fiction movies.  

**Methods:** Eight volunteer patients that had previously signed a written informed consent undertook the activity of watching fiction movies accompanied by their psychiatrists. After the viewing of the films these were commented with the therapists. Six royalty free movies downloaded from the web "Public Domain" were used. All the experience was filmed in digital video by students of the School of Film and Media Officer of the Community of Madrid (ECAM).  

**Results:** The documentary “The Sutures” reflects the way in which patients with psychoses observe, recall and understand fiction films.  

**Conclusions:** They way in which mental illness emerges through the work with fiction films offers new therapeutic approaches in patients with psychosis. |
**Session:** Symposium SPEAKER 2  
**Title:** A PILOT STUDY OF COGNITIVE TRAINING IN SCHIZOPHRENIA: EFFECTS ON NEUROCOGNITION OF A NEW TECHNIQUE BASED ON FICTION CINEMA  
**Speaker**  
M. Magariños López\textsuperscript{1,2}, I. García-Castillo\textsuperscript{1,3}, L. Caballero Martínez\textsuperscript{1,4}  
\textsuperscript{1} University Hospital Puerta de Hierro Majadahonda, Madrid, Spain.  
\textsuperscript{2} Universidad CEU San Pablo, Madrid, Spain.  
\textsuperscript{3} HM Hospitales, Madrid, Spain.  
\textsuperscript{4} Autonomous University of Madrid, Madrid, Spain  
**Abstract**  
Objectives: To study the effect on neurocognition of a controlled clinical trial of a new cognitive training technique based on Film Analysis in patients with schizophrenia and other chronic psychosis.  
Methods: The 13 chapters of the first season of the series "The Sopranos" (D. Chase, 1999) were selected by their neurocognitive contents. 28 schizophrenic patients were randomly assigned either to an intervention group (n=14) or a control group (n=14). The cognitive training program lasted 13 weeks. Neurocognition was assessed using the Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) Consensus Cognitive Battery (MCCB) before and after the training program. The Wechsler Adult Intelligence Scale (WAIS-III) vocabulary subtest was used to measure the premorbid intelligence and the Structured Clinical Interview for Axis I disorders according to DSM-IV (SCID-I) was used to confirm the diagnosis. The Positive and Negative Syndrome Scale (PANSS), the Clinical Global Impression Scale in Schizophrenia (CGI-SCH), the Personal and Social Performance Scale (PSP) and the Scale Unawareness of Mental Disorders (SUMD) were also used at baseline and at the end of the study in each group.  
Results: 11 subjects of the Intervention Group and 13 of the Control Group completed the cognitive training. Patients in the Intervention Group demonstrated significant improvements on global neurocognition, and specific domains as working memory and verbal learning. No improvements were recorded for general symptomatology or global functioning.  
Conclusions: This study provides an initial evaluation of this new cognitive training in schizophrenia. The training program demonstrated feasibility and resulted in improvements in individual neurocognitive test performance. Subjects receiving cognitive training showed greater improvement in neurocognitive measures than those receiving the control intervention.  
This study represents a first step towards validating this training approach. Other randomized controlled trials, now underway, are being developed to confirm and extend these findings.

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**Session:** Symposium SPEAKER 3  
**Title:** A PILOT STUDY OF COGNITIVE TRAINING IN SCHIZOPHRENIA: EFFECTS ON SOCIAL COGNITION OF A NEW TECHNIQUE BASED ON FICTION CINEMA  
**Speaker**  
García-Castillo\textsuperscript{1}, M. Magariños López\textsuperscript{2,3}, L. Caballero Martínez\textsuperscript{3,4}  
\textsuperscript{1} HM Hospitales, Madrid, Spain  
\textsuperscript{2} Universidad CEU San Pablo, Madrid, Spain.  
\textsuperscript{3} University Hospital Puerta de Hierro Majadahonda, Madrid, Spain.  
\textsuperscript{4} Autonomous University of Madrid, Madrid, Spain.  
**Abstract**  
Objectives: To study the effect on Social Cognition of a controlled clinical trial of a new cognitive training technique based on Film Analysis in patients with schizophrenia and other chronic psychosis.  
Methods: The 13 chapters of the first season of the series "The Sopranos" (D. Chase, 1999) were selected by their social cognitive contents. 28 schizophrenic patients were randomly assigned either to an Intervention Group (n=14) or a Control Group (n=14). The cognitive training program lasted 13 weeks. Different domains of Social Cognition were evaluated as follows: (a) Emotion recognition: Reading the Mind in the Eyes test (FEIT); (b) Theory of Mind (ToM): Faux Pas (FPS) and (c) Attributional style: Internal, Personal and Situational Attributions Questionnaire (IPSAQ). These test were used in both groups at the beginning and at the end of the trial.  
The Wechsler Adult Intelligence Scale (WAIS-III) vocabulary subtest was used to measure the premorbid intelligence and the Structured Clinical Interview for Axis I disorders according to DSM-IV (SCID-I) was used to confirm the diagnosis.
Results: 11 subjects of the Intervention Group and 13 of the Control Group completed the cognitive training. No significant improvements were found in the Social Cognitive evaluation, although the FBS showed an improving trend in posttreatment outcomes in the Intervention Group.

Conclusions: This study provides an initial evaluation of this new cognitive training in schizophrenia. Although no statistical significant changes were found in the Social Cognition tests performance this study represents a first step towards validating this training approach.

Other randomized controlled trials, now underway, are being developed to extend these findings.
### Title:
**Meeting mental health needs of deaf and hard of hearing people: delivering highly specialized mental health care for a special, small and heterogeneous minority group**

**Chairperson**: Dr. Francisco Ferre Navarrete, MD, PhD. Psychiatry and Special Units Service. Hospital General Universitario Gregorio Marañón Madrid, Spain.

**Abstract**

**Objective**: To give an overview of challenges and issues regarding the delivery of mental health services for deaf and hard of hearing (HI) children, adolescents, adults and their families.

**Method**: Integrating research findings on the prevalence of mental health disorders with HI people, correlates, risk and protective factors with findings from day-to-day practice of working with HI people by highly experienced professionals in the field.

**Result**: The attending professionals are able to recognize mental health concerns and needs of HI children, young people, adults, and their families. A guideline of specific requirements and conditions necessary in this specialist field of psychiatry will be presented.

**Conclusion**: The provision of mental health service for HI patients concerns highly specialized care in a low incidence area. The major challenge is to deliver mental health services to the small minority of HI people in order to meet their mental health needs in an equal way as with hearing people. Possible solutions will be discussed.

**Speakers**
- Tiejo van Gent (The Netherlands).
- Francisco Ferre (Spain).
- Nora Olazarabal Eizaguirre (Spain).
- Ana Garcia Garcia (Spain).

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### Title:
**MENTAL HEALTH PROBLEMS IN DEAF AND SEVERELY HARD OF HEARING CHILDREN AND ADOLESCENTS: AN OVERVIEW OF FINDINGS ON PREVALENCE, RISK AND PROTECTIVE FACTORS, CLINICAL COMPLEXITIES AND IMPLICATIONS FOR PREVENTION, DIAGNOSIS AND INTERVENTION**

**Speaker**: T. van Gent
Royal Dutch Kentalis, Sint Michielsgestel, The Netherlands.

**Abstract**

**Objective**: To give an overview of factors complicating the delivery of mental health services for deaf and hard of hearing (HI) children and adolescents.

**Method**: Presenting research findings on the prevalence of mental health disorders with HI children and youth, correlates, risk and protective factors and highlighting the importance of these findings for day to day practice.

**Result**: The attending professionals are able to recognize mental health concerns and needs of HI children and young people.

**Conclusion**: Providing mental health services for this small but heterogeneous minority group of children and adolescents concerns highly specialized care in a low incidence area. The major challenge is to meet their special mental health needs in an effective way, which is of more equal quality to the differentiated services we developed for their hearing peers and their families.

MENTAL HEALTH PROBLEMS IN DEAF AND SEVERELY HARD OF HEARING ADULTS:
AN OVERVIEW

F. Ferre Navarrete, A. Garcia Garcia
Hospital General Universitario Gregorio Marañón, Madrid, Spain.

Objective: To present an overview about the difficulties deaf and hard of hearing adults face in mental health settings and how professionals should meet the needs of this population.

Method: To discuss factors affecting why most medical practitioners are unable to effectively assess the deaf patient's mental state. Communication is a key element in assessment and treatment and Deaf people have a significant challenge, as their language, Sign Language, is different from that of their family and most others in their country of origin.

Result: The attending professionals will improve their knowledge about mental health needs of deaf and hard of hearing adults.

Conclusions: Specialist mental health care for deaf and hard of hearing people is developing fast, but in spite of progress, the majority of deaf Europeans do not have equal access to mental health services at all. In too many countries there is still limited, or not even available specialized professionals in the mental health needs of deaf people.

Working together in this specialist field of mental health care concerns us all: not only ourselves but also the client in his environment, other professionals, one’s own organisation and other services, administration, insurance companies, and other authorities involved.

SPECIFIC ASPECTS RELATED TO PSYCHIATRIC ASSESSMENT OF DEAF AND HARD OF HEARING PEOPLE

N. Olazabal Eizaguirre1,2, V. Pousa Rodríguez1, E. Sesma París1, A. Fernández-Rivas1,2, M.A. González-Torres1,2
1. Hospital Universitario Basurto, Bilbao, Spain
2. University of Basque Country, Basque Country, Spain

Objectives: To describe specific issues regarding correct psychiatric assessment and diagnosis of deaf and hard of hearing patients in clinical settings.

Methods: Review of key aspects needed for correct assessment and diagnosis based on current evidences and published articles. Medical illnesses and syndromes that affect hearing acuity can coexist with other impairments such as neurological ones. A fluent communication between patients and caregivers is necessary to assure accessibility for deaf individuals to a correct assessment. This can be achieved using a sign language interpreter, communication aids or signant professionals. The main challenge is to distinguish psychopathologic symptoms from normal deaf culture features that can be wrongly interpreted as pathological by clinicians. Deaf patients belong to a frequently isolated cultural minority that is at risk of being underdiagnosed or misdiagnosed. Thought and language disturbances have specific manifestations specially in deaf signant individuals. Great sensitivity to adverse effects must be taken into account when using psychopharmacological treatment.

Results: Clinical interview is the main assessment method in current clinical practice. Deaf patients are at risk of misdiagnosis because of lack of communication and poor awareness of deaf culture. Correct diagnosis is the basic step to get effective treatment and can modify illness prognosis.

Conclusions: Deaf patients can need specific mental health resources to get appropriate assessment, diagnosis and treatment.
| Speaker | A. García García¹, F. Ferre Navarrete¹, J. Muñoz Bravo²  
|         | ¹General University Hospital Gregorio Marañón, Madrid, Spain.  
|         | ²European Society for Mental Health and Deafness, Madrid, Spain |

| Abstract | **Objective**: To describe the characteristics and different aspects in the psychotherapeutic intervention of deaf adult patients with mental illnesses.  
|          | **Method**: Review of evidence based articles and clinical experiences of psychotherapy approaches with hearing impaired adults with mental illnesses.  
|          | **Results**: Participants will aware about deaf population heterogeneity and enhance their knowledge about communication, environment, and approach adaptations necessary to conduct an efficient intervention, client centered, as well as different strategies of psychotherapy adapted to hearing impaired persons with mental illnesses.  
|          | **Conclusion**: Hearing impaired patients with mental illnesses require treatment by professionals with specific knowledge and skills in psychotherapy which goes beyond the exclusive use of alternative communication systems. |
# OVERALL ABSTRACT

**Title:** Psychiatry and ethology: new wine in old bottles

**Chairperson:** Professor Antoni Bulbena  
Chair Affinity Foundation Animals and Health, Department of Psychiatry and Forensic Medicine, Autonomous University of Barcelona, Bellaterra, Spain.  
Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Barcelona, Spain.

**Abstract**

Dogs and cats were domesticated respectively 40,000 and 9,500 years ago and are now present in almost every human society around the world. Nevertheless, only recently scientists have begun to analyse both positive and negative aspects of the human-animal bond. The purpose of these symposia is to provide an updated review of the main psychological and psychiatric aspects of the relationship between people and companion animals.

First, we will present a comprehensive review of the human-bond, with a special emphasis on the attachment theory and the physiological processes linked to human animal-interactions, including the role of oxytocin.

For centuries people have recognised that animals have a positive influence on human functioning. Animal-assisted therapy has been practised for many years and there is an increasing need to demonstrate its efficacy though research. The second talk will analyse the therapeutic value of animals (i.e. animal assisted therapy) following an evidence-based medicine perspective. The specific aims of this section will be to assess the current level of knowledge and to propose ways to approach animal assisted interventions in terms of research.

Finally, we will review other aspects of pet ownership, including animal hoarding and the nowadays well-recognised relationship between animal abuse and cruelty towards people. Animal hoarding seems to be a common and yet under-reported condition, currently included within the category of hoarding disorders in DSM-V. Regarding abuse and cruelty, individuals who abuse other people, particularly women and children, often have a background of abuse towards companion animals.

**Speakers**

Kurt Kotrschal (Austria).  
Karin Hediger (Switzerland).  
Gary Patronek (USA).  
Jaume Fatjó (Spain).

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**Volume 2. Abstracts Regular Symposia**

**Title:** THE HUMAN ANIMAL BOND

**Speaker**

Professor Kurt Kotrschal  
Department of Behavioural Biology and Core Facility Konrad Lorenz Forschungsstelle, University of Vienna

**Abstract**

Living in close contact with nature and with animals is one of the unique characteristics of Homo sapiens. Particularly most babies and children independent of culture, show a strong focus of interest in animals. This strongly supports, that humans are indeed, “biophilic” (Wilson 1987). As ontogeny coarsely recaps phylogeny (Haeckel’s law), this early interest in animals hints at the potential selection pressures towards the evolution of the structure of the human psyche and also, at the conditions children need for their optimal emotional, cognitive and mental development. But the human desire of living with other animals does not necessarily mean that we would be capable of bridging the social gap and of engaging in between-species social bonds. Extreme views indeed still maintain that humans would hopelessly anthropomorphize their companion animals and abuse them for satisfying their own (social) needs. However, recent scientific evidence indicates that we have much more in common than previously thought. According to recent bio-psychological, behavioural and neurological evidence, human social mechanisms and dispositions greatly overlap with those of other mammals and birds, due to common inheritance (homology) or parallel development (analogy). This includes common principles of
behavioural organization, the diencephalic and tegmental “social network in the brain”, mirror neurons, the caudate nucleus and the amygdala, the prefrontal cortex (mammals) and the Nidopallium caudolaterale (birds), the organization of the stress systems, common principles of personality development and of early socialization, relatively complex cognitive abilities, etc. Hence, the “Darwinian continuum” also extends to the psyche and social behaviour and needs. This provides much common ground for truly social relationships between humans and other animals. Being mentally and behaviourally so similar not only calls for more respect towards other animals, but also provides a firm background for successful animal-assisted activities, interventions and therapy.

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<tr>
<td>Title:</td>
<td><strong>ANIMAL-ASSISTED INTERVENTIONS: A CRITICAL REVIEW</strong></td>
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<tr>
<td>Speaker</td>
<td>Dr. Karin Hediger</td>
<td>1 Swiss Tropical and Public Health Institute; University of Basel</td>
<td>2 Institute for interdisciplinary research on the human-animal relationship, IEMT Switzerland</td>
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<tr>
<td>Abstract</td>
<td>In the last decade, research has demonstrated a multitude of positive effects of human-animal interactions on human health and well-being. Moreover, previous findings have pointed to underlying mechanisms that explain why using animals can sometimes be more effective than interventions by humans alone. In this presentation a critical review of animal-assisted interventions will be made summarizing the benefits that have been found in scientific research so far. There are still many open questions and challenges for future research that will be pointed out. First, research findings will be integrated in a biopsychosocial health model. All of the documented biological, psychological and social effects are interrelated and relevant for human health and well-being. Animal-assisted therapy should therefore be integrated in the model of &quot;One Health&quot;. Second, possible underlying mechanisms of these effects will be briefly discussed. Physiological parameters are addressed by a large body of scientific research. In particular, stress-reducing effects of animals on humans are well established. There are also studies that point to general and cardiovascular health effects that will be presented. Studies on social effects found increased positive social attention from others and stimulation of social behaviour, more positive perception of people and environment, increased trust and trustworthiness in the presence of an animal. On a psychological level, promotion of positive mood, reduction of depression and feelings of loneliness as well as reduction of fear and anxiety, promotion of calmness as well as enhanced social competence and behaviour are found in several studies. There are also preliminary findings indicating that interacting with animals enhances confidence and self-esteem and improves learning, attention, and concentration. In practice, many more effects are reported but not yet scientifically investigated. Difficulties that research on animal-assisted therapy face will be outlined using a few exemplary studies and future questions that need to be addressed will be presented.</td>
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<td>Title:</td>
<td><strong>ANIMAL HOARDING: ENGAGING THE MENTAL HEALTH COMMUNITY FOR BETTER SOLUTIONS</strong></td>
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<td>Speaker</td>
<td>G. Patronek</td>
<td>1 Cummings School of Veterinary Medicine at Tufts, North Grafton, Massachusetts, USA</td>
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| Abstract | **Objectives:** To describe mental health aspects and opportunities for improving outcomes in animal hoarding cases by greater engagement of mental health professionals. **Background:** In most countries, if animal hoarding is identified, it is addressed primarily by law enforcement authorities, despite the prominent mental health components, often after having deteriorated for many years. Mention under the new Hoarding Disorder in DSM-V will pose some challenges and provide opportunities for mental health professionals, as up to now, they have had little involvement in these cases. **Results:** The proper balance between prosecution/punishment and therapy is important to find. Unlike other forms of animal maltreatment, in animal hoarding, there is no intent to harm, despite great harm }
being done. Furthermore, hoarders may also have diminished capacity/competency to provide proper care. These familiar principles may provide an avenue for intervention. Indeed, a core problem is that the offender believes they are helping or saving animals, but lacks the insight to appreciate the consequences of their actions and failures to act (suffering, illness, and death for animals; self-neglect and/or neglect of vulnerable elders or children; property destruction; cost of case management, and risks to community health and safety). The relationship that hoarders have with animals must be understood, whether for conducting forensic evaluation or psychotherapy. Animal hoarding suffers from a dearth of psychological research or validated treatments and is still not well-accepted by psychologists. Nevertheless, pilot work has suggested several promising theoretical frameworks (which are not mutually exclusive). These include the addiction/trauma model, attachment theory, role of animals as selfobjects, and failures of mentalization with respect to attachment relationships. All of these are consistent with clinical experience but remain to be confirmed with empirical work.

**Conclusions:** Greater engagement of mental health professionals could better inform research, intervention, evaluation, disposition, and therapeutically-oriented prevention in animal hoarding. 


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<td>Title:</td>
<td><strong>MEASURING THE HUMAN-ANIMAL BOND</strong></td>
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| Speaker  | Fatjó J, Calvo P, Bulbena A, Bowen J  
Chair Affinity Foundation Animals and Health  
Department of Psychiatry and Forensic Medicine  
Autonomous University of Barcelona  
Barcelona (Spain) |              |      |       |
| Abstract | **Objectives:** The purpose of this talk is to critically review some selected examples of the aforementioned methods of assessment, with a special emphasis on some of the studies conducted by our group of research.  
**Methods and results:** Dogs and cats were domesticated respectively 40,000 and 9,500 years ago and are now present in almost every human society around the world. The interaction with companion animals is considered beneficial for our physical health and also for our mental wellbeing. Nevertheless, only recently scientists have begun to analyse both the positive and the negative aspects of the human-animal bond. The Pet Attitude Scale is regarded as the first published scale that specifically measures the human-animal bond. That happened more than 30 years ago and since then the number of psychometric tools to measure all the different aspects of the human-animal bond has gone nowhere but up. Nowadays we have scales to measure perceptions and attitudes towards animals in both pet and non-pet owners, as well as in more specific scenarios, like animal-assisted interventions. Behavioural testing has become the preferred route to explore perceptions and motivations displayed by the animals when interacting with people. To name just an example, the modified version of the Ainsworth Strange Situation Test has been used to test the existence of an attachment bond between dogs and their human caretakers. Finally, physiological measures are becoming more and more common to assess human animal interactions, including heart-rate variability and a variety of biochemical markers mainly linked to social behaviour and stress. **Conclusions:** Measuring the human-animal bond is nowadays a relevant scientific field with implications in human and animal behaviour and welfare. |      |       |
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<td>Title:</td>
<td>Peer victimization in tourette’s disorder: an international perspective</td>
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<td>Chairperson</td>
<td>Bennett Leventhal, M.D. &lt;br&gt;Dept. of Psychiatry, UC San Francisco, CA, USA</td>
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<td>Abstract</td>
<td><strong>Objectives:</strong> Tourette’s Disorder (TD) is a neurodevelopmental disorder characterized by multiple motor and vocal tics, with estimated prevalence of 1% worldwide. TD peaks in severity before adolescence, but may persist with a protracted course and poor outcome. Approximately 90% of TD patients have comorbid psychiatric disorders, such as ADHD, OCD, and affective disorders. Financial, educational, and social costs of TD in society are great. A significant problem is peer victimization, as TD children are frequently bullied and socially isolated. Aim of this symposium is to review what is known about risks, clinical factors, and interventions for peer victimization in TD from an international perspective. <strong>Methods:</strong> Drs. Kim, Moyano and Coffey will present: 1) Epidemiology, prevalence and risk factors, 2) a challenging case illustrating salient clinical issues, including tic severity, and psychiatric comorbidity; and 3) an extant literature review, including a retrospective analysis from a US/Argentina TD study, and summary of treatment interventions. <strong>Results:</strong> A summary of pertinent international demographic and clinical risk factors will be presented, with evidence-based recommendations for therapeutic intervention. <strong>Conclusions:</strong> Peer victimization is a significant problem in evaluation and treatment of youth with TD and may place these children at risk for social isolation and poor outcome. Greater awareness of the prevalence, demographic and clinical risk factors for peer victimization in TD youth is essential for all clinicians. <strong>References:</strong> Storch et al. (2007). Peer victimization in youth with Tourette’s syndrome and chronic tic disorder: Relations with tic severity and internalizing symptoms. <em>J Psychopathol Behav Assessment, 27</em>, 211-219.</td>
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<tr>
<td>Speakers</td>
<td>Barbara Coffey (USA).&lt;br&gt;Young Shin Kim (South Korea).&lt;br&gt;Beatriz Moyano (Argentina).</td>
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<tr>
<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 1</th>
<th>Code</th>
<th>SY691</th>
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<tbody>
<tr>
<td>Title:</td>
<td>WHAT DO WE KNOW ABOUT BULLYING IN TD YOUTH IN THE US?</td>
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<td>Speaker</td>
<td>B. Coffey &lt;br&gt;Icahn School of Medicine at Mt. Sinai, New York, NY, United States.</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives:</strong> Tourette’s Disorder (TD) is a neurodevelopmental disorder characterized by multiple motor and vocal tics; approximately 90% of TD patients have comorbid psychiatric disorders, such as ADHD, OCD, and affective disorders. A significant problem is peer victimization, as TD children are frequently bullied and socially isolated. However, prevalence, risk factors and evidence-based interventions are not well examined. <strong>Methods:</strong> This presentation aims to 1) summarize recent studies of peer victimization in US TD youth, including data from a recent US specialty clinic, 2) and discuss treatment recommendations. <strong>Results:</strong> A study which compared peer victimization among children with chronic tic disorders, type 1 diabetes and healthy controls reported that children with tics experienced higher rates of peer victimization than the control groups; peer victimization in youth with tics was correlated with tic severity, loneliness, anxiety symptoms and parental report of child internalizing symptoms (1). A recent study from the Tourette Syndrome Impact Survey reported that 26% of 211 youth had experienced peer victimization; victimization was associated with greater tic frequency, complexity and severity, explosive outbursts, internalizing symptoms and lower quality of life (2). Most recently, of 147 patients evaluated in a NY TD specialty clinic, 9 (6.12%) had experienced peer victimization. In all cases, peer</td>
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victimization was due to the patient’s tic symptoms and had a negative impact on quality of life.

**Conclusions:** Reducing peer victimization may reduce burden of chronic TD illness and improve quality of life. Intervention programs have not been studied widely to date, but should include education and limits/deterrents at the level of school administrators and teachers, peer education, and optimal treatment of tics and psychiatric comorbid symptoms.

**References:**

### Session: Regular Symposium  
**SPEAKER 2** Code SY691

**Title:** RELATIONSHIPS BETWEEN TICS AND BULLYING EXPERIENCE IN KOREAN SCHOOL-AGED CHILDREN

**Speaker**  
Y.S. Kim,1,2, B. Leventhal1,2, Y.J. Koh3  
1. Dept. of Psychiatry, UC San Francisco, CA, USA  
2. Dept. of Psychiatry, Yonsei University, Seoul, South Korea  
3. Korea Institute for Children’s Social Development, Rudolph Child Research Center, Seoul, South Korea

**Abstract**  
**Objectives:** Tourette’s Disorder (TD) is a neurodevelopmental disorder characterized by multiple motor and vocal tics, with estimated prevalence of 1% worldwide. TD peaks in severity before adolescence, but may persist with a protracted course and poor outcome. Approximately 90% of TD patients have comorbid psychiatric disorders, such as ADHD, OCD, and affective disorders. Financial, educational, and social costs of TD in society are great. A significant problem is peer victimization, as TD children are frequently bullied and socially isolated. Aim of this symposium is to examine what are risk factors for peer victimization in Korean children with tics.

**Methods:** In an epidemiological study of 13,210, 7-year old children, tics were identified by parental Autism Spectrum Screening Questionnaire (items 9 - vocal tic, 21 - motor tic), and victimization and comorbid psychopathology including aggression, conduct problems, anxiety, depression, somatic complaints, atypicality, withdrawal, hyperactivity or attention problems were identified by parental report of Behavioral Assessment System for Children II. Logistic regression was performed with victimization as an outcome, tic symptoms as predictors, and sex and comorbid psychopathology as covariates.

**Results:** Significantly more males than females exhibited motor, vocal and both tics: 9.3, 7.8 and 5.7% for boys and 5.2%, 6.9% and 2.9%, for girls. Significantly more girls than boys were teased/bullied: 48.4% vs. 54.3%. Significantly increased risks for victimization in children with motor, vocal and both tics (Odds Ratios (OR) 1.6, 1.5 and 1.8, respectively in bivariate analyses disappeared and furthermore, having motor & vocal tic became a significant protective factor (OR=0.72) when sex and comorbid psychopathology were controlled.

**Conclusions:** These results indicate that tics themselves are not the risks for victimization: rather, comorbid psychopathology increased risks for children to be victimized. Clinicians need to pay careful attention to comorbid psychopathology when examining children with tics, to intervene or prevent victimization.

### Session: Regular Symposium  
**SPEAKER 3** Code SY691

**Title:** CLINICAL CASE PRESENTATION: PEER VICTIMIZATION AND SOCIAL ISOLATION IN A CHILD WITH TOURETTE’S DISORDER

**Speaker**  
B. Moyano1
Abstract

Objectives: a) To show the typical clinical phenomenology and comorbidities of TS as well as the risk factors for victimization through the presentation of a paradigmatic case of a child with TS plus living in an Argentinian province who suffered from peer victimization, b) To highlight individual emotional, familial and social consequences of this unfortunate situation. C) To analyse existing potential risk factors for peer victimization in this child.

Methods: Diagnosis of TS and comorbidities was achieved through a series of semi-structured interviews (KSADS-PL) with the child and his father jointly and separately. A number of specific questionnaires were applied in turn to detect the severity of tics and comorbidities; a battery of neuropsychological tests was also applied to detect his IQ, neuropsychological profile and possible cognitive deficits.

Results: The case allows for the observation of complications arising from a late diagnosis of TS and associated comorbidities as well as from other risk factors such as the lack of access to specific required treatments, and the lack of knowledge about Tourette’s Disorder and its spectrum on the part of health care professionals and teachers in Argentina. It also highlights the severe consequences of bullying and victimization in TS as well as the lack of evidence-based interventions for victimized children at school.

Conclusions: This case is an example of how comorbidities may be more problematic than tics in children with TS. His late diagnosis and lack of specific interventions undermined the potential good prognosis of this condition. Children with TS may be victims of harassment and bullying from their peers. Peer victimization has a high impact on the child with TS and his family, strongly impacting the patient’s self-esteem and self-concept. This can lead to school phobia, school abandonment and social marginalization.

References:

Direct and indirect consequences of torture and persecution among families and care givers

Chairperson
Dr. Federico Allodi. Psychiatrist member, Consent and Capacity Board of Ontario, Ministry of Health and Long Term Care, Government of Ontario, Canada.

Abstract
This symposium presents five papers on the central theme of torture and its consequences for families of victims and care givers. A paper documents very specifically the stress on families of prisoners subjected to torture and ill treatment, and two other papers describe the mental health consequences suffered by attendants to a clinical service in their country of exile after major national conflicts in the Middle East and North Africa. The last two papers bring up to date subjects which seem to return every decade in new contexts, namely hunger strikes and “burn out” among staff. Consequently, one paper discusses the role and challenges to psychiatrists called to consult on hunger strikers and the last paper analyses the risks and manifestations of “burn out” among the staff of a service for refugees who experienced torture and persecution. In all these papers the data range from clinical and demographic descriptions and narratives to numerical measurements collected with standardized scales and semi-structured interviews. The symposium attendants will take with them pertinent recommendations useful to practitioners, teachers and researchers.

Speakers
Mahmud Sehwail (Palestine).
Solvig Ekblad (Sweden).
Lilla Hárdi (Hungary).
M.H. Lakhal (Tunisia).
Sami Ouanes (Tunisia).

SECONDARY TORTURE VICTIMS: THE IMPACT OF DETENTION ON FAMILY MEMBERS OF PALESTINIAN POLITICAL PRISONERS IN ISRAELI PRISONS

Speaker
Dr. Mahmud Sehwail. Treatment Rehabilitation Center for Victims of Torture (TRC). Ramallah, Palestine.

Abstract
Objectives: Over 1 million Palestinians were imprisoned in Israel since 1967. Studies have shown complicity among health professionals in their torture and ill-treatment. (1, 2) International legislation requires that states provide redress for the harm suffered by detainees and their families (3). This paper will identify the impact of imprisonment of the head of households (HoH), on the well-being, socio economic status and mental health of family members.

Method: This study was conducted in the West Bank on a random sample of detained HoH of 358 families of political prisoners, imprisoned for more than a 1 year. In each family up to 4 family members responded to questionnaires which included identification of conditions of arrest, travel and visits to prisons and the subsequent mental health status of family members, as measured by PTSD, BDI, BSI, & FAD scales.

Findings: The respondents were mostly women, reporting severe damage to homes, repeated raids & intimidation, verbal insults and abuses at the time of arrest. The large majority of respondents reported torture or ill-treatment during detention, physical/verbal harassment during prison visits, prolonged detentions at checkpoints and 1/3 were strip searched. Additionally and consequent to the imprisonment of the HoH, a large majority suffered financially and felt insecure. Most children suffered nightmares. Among men & women, most of them qualified for a PTSD diagnosis, showing at the same time high scores on depression, anxiety, somatoform pain and other additional symptoms.

Conclusion: There is much mental health and socio economic stress among families of detained/arrested Palestinian political prisoners. PA government support is insufficient. Full implementation of GC3 collaboration of national NGOs & PA is necessary to address the needs of prisoner families as secondary victims.

References:
### Session: Regular Symposium  
**SPEAKER 2**  
**Code**: SY692

**Title:** AN URGENT NEED OF TRANSCULTURAL CLINICAL COMPETENCE IN REFUGEE RECEPTION

**Speaker**  
Dr. Solvig Ekblad. Cultural Medicine Unit, Department of LIME, Karolinska Institutet Stockholm, Sweden.

**Abstract**  
Objectives: The aim of this study is to analyze and reduce the gap in transcultural and inter-professional clinical competence in the reception of refugees. Sweden has become more culturally diverse due to a globalized world of rapid change. Newly arrived refugees have been exposed to extreme traumatic stresses with significant impact in many domains of their lives and health. Inequalities in opportunities to access health and mental health care have been identified, both internationally and in Sweden. In this context background differences between patients and clinical staff pose a high risk of misunderstanding in care.

Methods: The presentation will provide two samples from refugees groups in Sweden. The main variables introduced are: (1) a training course on inter-professional and transcultural skills to improve early detection of refugee-related stress symptoms, and (2) a cultural and evidence-based health promotion group education as perceived by new-coming adult Arabic speaking male and female refugees to Sweden. Pre- and two Post training course assessments were conducted.

Results and Conclusions: Results will be shown. The presentation will end with the outlining of new conceptual and programmatic frame-works directed to future clinical research and competence training on the psychological consequences of torture and persecution. It is hoped that this knowledge will feed into the limited training in cross-cultural psychiatry in the current medical curricula.

**References:**

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### Session: Regular Symposium  
**SPEAKER 3**  
**Code**: SY692

**Title:** IN THE SHADOW OF THE PERPETRATOR

**Speaker**  
Dr. Lilla Hárdi, Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary.

**Abstract**  
The presentation summarises 20 years of psychological experiences with the daily work, training and supervision of the staff of refugee shelters in Hungary. Dealing with refugees – more than three quarters are trauma/torture survivors - is a special psychological stress on the members of the staff: social workers, nurses, medical staff and even the administrative staff. The fluctuation in their numbers of the caregivers or staff turnover is remarkable. The stressors are the high number of the caseload, challenging circumstances, inability to fulfill sometimes the basic needs of the asylum seekers and the social setting. Frustration and anger raises on the side of the client and evokes special psychological defences in the caregivers. The traumatic elements of the behavior of the client recalls traumatic memories of the caregiver creating a traumatic space in
their daily being. The shadow of the aggressor raises in the caregiver up special psychological mechanisms, such as projective identification, dissociation etc. It might go so far that in certain settings caregivers might temporarily unconsciously turn into the "perpetrator". Social context and hierarchy also might have an input. As a result and due to vicarious trauma and the consequential special psychological phenomena the staff members cannot fulfill their professional mandate without adequate mental support.

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<th>Regular Symposium</th>
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<tr>
<td>Title:</td>
<td><strong>HUNGER STRIKE: PSYCHIATRY AND THE PSYCHIATRIST’S ROLE IN THE TUNISIAN POST-REVOLUTION EXPERIENCE</strong></td>
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<td>Speaker</td>
<td>Dr. M.H. Lakhal, Razi Hospital, La Mannouba, Tunisia.</td>
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| Abstract | Background: Hunger strike is deliberate food refusal used as a form of protest or demand occurring in a variety of settings. It can be used as a political tool, or as a method of exercising control over others, at individual, family or societal levels. The post-revolution context in Tunisia was marked by increasing awareness of individual rights and personal freedoms, and hunger strikes have been on the rise.

Methods: This paper proposes to summarize the Tunisian experience in this field as relevant to psychiatry. A thematic analysis was used with reference to two case reports. The psychiatrist has to determine whether the striker suffers from a mental disorder and to assess his competence or capacity to make an informed and free decision on the food refusal. He also has to restore as soon as possible the communication between the striker and the institution in order to prevent the psychic and somatic deterioration. During follow-up, the psychiatrist has to monitor mood, anxiety as well as cognitive and judgment functions.

Results: In the Tunisian series, the first case reported involved a famous figure and the mass media coverage and public pressure made the psychiatric intervention more labored. In the second case an unexpected additional health-problem of the striker complicated the situation and gave way to a compromise.

Conclusions: This experience has permitted to address a number of diagnostic, legal, practical and ethical that may challenge physicians and especially psychiatrists who may be call to deal with hunger strikes in Tunisia.

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<tr>
<td>Title:</td>
<td><strong>NARRATIVE EXPOSURE THERAPY (NET) WITH TORTURE VICTIMS IN POST-REVOLUTIONARY TUNISIA</strong></td>
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<td>Speaker</td>
<td>Dr. Sami Ouanes. Razi hospital. Manouba-Tunis, Tunisia.</td>
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| Abstract | Narrative Exposure Therapy (NET) is an evidence-based treatment for PTSD in survivors of multiple and complex trauma. A NET implementation programme was started in Tunisia in 2013 and the first target was represented by torture victims. This study aims to examine the effectiveness of NET in managing PTSD in torture victims in Tunisia.

A prospective study is performed, including all torture victims benefiting from the services of DIGNITY's local office in Tunis. Patients were divided into two groups: Group1) Treatment or index, which received narrative therapy (NET), and Group 2) treated “as-usual”, served as control. Patients from both groups were assessed both initially and at the end of treatment for the following variables: posttraumatic stress disorder (PTSD) using the Harvard Trauma Questionnaire (HTQ); depression and anxiety, using the Hopkins Symptom Checklist (HSCL), as well as psychiatry disability using the World...
Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) in its 12-item version.

Results: The study is in progress. It started in June 2013 and will end in June 2014. Effectiveness of NET is to be assessed through comparing HTQ, HSCL and WHODAS score changes with the “treatment as-usual” group.

Conclusions: Implementing NET in Tunisia would allow therapists to use a new tool in managing torture victims, a tool which not only proved efficient in treating PTSD but also can provide a full documentation of allegations.

OVERALL ABSTRACT

Title: **Positive Parenting**

Chairperson: Prof. Vijoy Kumar Varma. Clinical Professor of Psychiatry, Indiana University, Indianapolis, USA.
Co-Chair: Prof. Savita Malhotra, Professor and Head, Department of Psychiatry, Post Graduate Institute of Medical Education and Research, Chandigarh, India

Abstract

Parenting is a responsibility which is under severe strain in the modern times across the world. It is a vital input for the development of the personality of a child into a wholesome, dependable and empowered individual. Weakening of family structure, depletion of available free quality parental time for their own children is becoming a universal phenomenon even in the developing countries like India. This situation gets further compounded for the worse because at no stage in life either the implicit value or the principles of parenting are discussed. The need to sensitize the whole population in general and opinion leaders in particular regarding the urgency of the need to remedy this situation was felt very strongly. For this purpose a survey of the parenting profile and practices was undertaken in a premier school of the capital city of one of the eastern states of India. About 400 sets of questionnaires, each containing separate response sheet for father and mother along with a demographic data sheet were sent to both parents of class 8th and 9th of the school. About one third of the parents responded. Questions were designed to elicit parent’s perception regarding their own strength and weaknesses, their mistakes and positive contributions, their own parent’s strength and weaknesses and weaknesses of the Indian system of parenting. Findings of the study revealed massive parental ignorance about their responsibility. This is indicative of greater social attention and intervention in this vital area. Proposed Symposium will consist of three presentations.

Speakers

- Devashish Konar (India).
- Pramod Kumar (India).
- Vinay Kumar (India).

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Title: **PRINCIPLES OF PARENTING WITH INDIAN EMPHASIS**

Speaker: Dr. Devashish Konar
Consultant Psychiatrist
Mental Health Care Centre, Kolkata
India

Abstract

Parenting is a biological function, so has to have commonalities across cultures. Society, family and their ways and values differ remarkably in different cultures and have their influence on parenting.

Family is very important in Indian Society and is still traditional in many ways. Strictness and emphasis on education rules Indian parenting. Dependency is accepted as normal and even encouraged in India. Imposing your own ambition on children is common and acts as a burden for the child. ‘Letting your child be’ kind of awareness still needs to be inculcated to allow free personality development.

Parenting in joint or extended families is still an important issue in Indian society where interpersonal issues often confuse the child. Such issues need to be resolved among adult members of the family, so that unified code of conduct guides the child.

Finally strengths of Indian family needs to be preserved in the era of globalization, so that cultural elements which add beauty and flavor to one’s own personality stay maintained.

**Session:** Regular Symposium  
**SPEAKER 2**  
**Code** SY697  

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<tr>
<th>Title:</th>
<th>SOURCES OF STRESS AND STRAINS TO MODERN PARENTING</th>
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| Speaker | Dr. Pramod Kumar Singh  
Professor & Head  
Department of Psychiatry  
Patna Medical College  
Patna, Bihar, India |
| Abstract | Both the biological and psychosocial components of parenting are undergoing rapid and unforeseen metamorphosis in the modern times. The age of freedom, equality and free-flow of information is extracting its price by severely constraining the process of parenting, wherein the values of discipline, hierarchy and regulated access to the ‘truths’ of life have a high premium. The victims are not only children, but the humanity as a whole. The speed and ‘greeds’ of life have multiplied manifold in the current times, which lead not only to severe stress to the indiscrimately consuming individuals but also leaves them severely depleted of free time which is the most vital pre-requisite for positive parental interaction with their children. The issues of gender-equality and generation-gap have their own adverse consequences. Rise of individualism and rampant migration have severely distorted both the structure as well as functioning of families which traditionally have been the primary seat of learning of basics of life, of acculturation and of support and protection. The rise of State power with its focus only on individuals has not only dwarfed the family but at places has almost consumed it. All this has led to distortions in parenting. Strengthening of Mass Media and Internet along with simultaneous weakening of traditional and religious wisdom throughout the globe has further confounded the situation. We have to act collectively and decisively before it is too late. |

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**Session:** Regular Symposium  
**SPEAKER 3**  
**Code** SY697  

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<th>Title:</th>
<th>A SURVEY OF PARENTING ATTITUDES AND PRACTICES IN AN INDIAN SCHOOL</th>
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| Speaker | Dr. VINAY KUMAR  
Consultant Psychiatrist,  
Manoved Mind Hospital, Patna, India |
| Abstract | Parenting is crucial for survival, moulding of personality and actualization of potentials of a child. Realizing the seminal importance of this area we decided to explore and characterize the present state of common practices and problems faced by Parents in our part of world.  
  
To approach the parents, we chose the medium of Class 8th and 9th students of a premier High School of our city. About 400 sets of questionnaires, each containing separate response sheets for Father and Mother along with a demographic data sheet, were sent to both parents of each students of the abovementioned two classes and responses were collected after a gap of about one to two weeks.  
  
We observed very severe lack of sensitization and therefore lack of readiness to respond to such questions on parenting. Less than forty percent of parents approached responded with just about 25% of possible responses. This is indicative of a huge socio-cultural vacuum and inertia in the crucial area of guidelines and value-system for parenting practices in our society.  
  
Parents seemed to fumble when their children asked questions related to religion, spirituality, and sexuality. Excessive physical punishment, inadequate time and guidance, undue affection and support were identified as weaknesses by parents. Ensuring good health, arranging for good education, ingraining positive moral values and acting as role models were considered as positive contributions. Fostering dependency, discouraging freedom, being overprotective, practicing gender bias were identified as weaknesses of the system; on the other hand induction of social and religious values, devotion to children, joint family upbringing and more parental time for children were identified as strengths. Being friendly, trusting, forgiving and affectionate; promoting all-round development and character building, practicing judicious discipline, listening to children and giving more time were identified as important principles to be followed by parents. |
### OVERALL ABSTRACT

**Title:** Treating lesbian, gay, bisexual, and transgender (LGBT) patients: an update on clinical issues

**Chairperson:** Kenneth Ashley (USA).

**Abstract**

This symposium will feature speakers who will address various specialized treatments in LGBT populations.

Richard Montoro, MD, a Spanish-Canadian psychiatrist from McGill University will speak about psychodynamic psychotherapy groups in sexual minority populations. During their development, sexual minorities have often been excluded from groups in general; therefore participating in group therapy can be particularly powerful. He will outline common challenges, particularly in the areas of facilitating safety and sexuality.

Asher Aladjem, MD, an Israeli American psychiatrist will discuss cross cultural issues in human rights violations and internalized homophobia as a barrier to the process of political asylum. Methods used for collecting information for asylum include documentation and testimonies, advocacy, treatment, legal and social services. Medical and psychiatric diagnostic evaluations, individual and group psychotherapy are effective tools for treatment the successful application of political asylum in the US. Dr. Siegmund Dannecker from Berlin will talk about providing forensic evaluations that are sensitive to issues relating to sexual orientation. He will present a case of a gay man with a personality disorder. Because the evaluation reflected the challenges he faced coming out in a broken home and working as a prostitute, he received a reduced sentence and was recommended for gay affirmative treatment.

Kenn Ashley, MD, an African American psychiatrist will discuss some of the health concerns which may present more often in LGBT populations, e.g. HIV, mental health disorders, tobacco and drug use disorders, cancer, violence/trauma. He will review the demographics, epidemiology, and potential clinical interventions to improve health outcomes.

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<tr>
<td>Richard Montoro (Canada).</td>
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<td>Asher Aladjem (USA).</td>
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<td>Siegmund Dannecker (Germany).</td>
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<td>Kenneth Ashley (USA).</td>
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### SPEAKER 1

**Title:** Psychodynamic Group Therapy in the Sexual Minority Population

**Speaker:** R. Montoro  
McGill University Health Centre, Montreal, Qc, Canada.

**Abstract**

This presentation will outline the process of creating a psychodynamic group homogenous for LGBTQ status and share our 15 year experience running such groups. Patients for our groups are drawn from the larger patient pool of the McGill University Sexual Identity Centre, whose mission is to reduce suffering related to homophobia, heterosexism and transphobia. The psychodynamic group program is aimed at those in our clientele who have long standing issues with forming intimate relations. The groups are run by a staff member and a trainee. They are 90 minutes long and run from October to June. Group membership is closed and group members are asked not to socialize outside of group to preserve the therapeutic space. This therapeutic microcosm provides a corrective emotional experience where each person’s gender or sexual orientation is not only valued, it is intrinsic to the group’s functioning. Whereas family and social groups are often sources of pain and exclusion in the developmental histories of sexual minorities, the LGBTQ therapy group allows for the examination of defences against intimacy in a group that wants to include them. Subtle and overt manifestations of internalized homophobia or transphobia are reframed in terms of how isolating or destructive they can be to interpersonal relationships.

Group therapy is a powerful experience and the LGBTQ population responds particularly well to group therapy. Common challenges in every phase of the group’s life will be reviewed. Particularly, the
handling of safety issues and sexual feelings in the therapy will be addressed.

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<tr>
<td>Title:</td>
<td>WORKING WITH LGBT CLIENTS WHO HAVE SUFFERED HUMAN RIGHTS VIOLATIONS</td>
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| Speaker  | A. Aladjem  
New York University Langone Medical Center/Bellevue Hospital Center, New York, NY, USA |
| Abstract | Globally, many individuals suffer discrimination and human rights violations because of their sexual orientation or gender identity/expression. As a result of these experiences they may be eligible for political asylum in the U.S. The presentation will discuss cross cultural issues in human rights violations and internalized homophobia as a barrier to the process of political asylum. Methods used for collecting information for asylum include documentation and testimonies, advocacy, treatment, legal and social services. Medical and psychiatric diagnostic evaluations, individual and group psychotherapy are effective tools for treatment and for the successful application for political asylum in the U.S. |

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<td>Title:</td>
<td>CONDUCTING GAY SENSITIVE FORENSICS EVALUATIONS</td>
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| Speaker  | S. Dannecker  
Berlin, Berlin, Germany |
| Abstract | This presentation will review forensic evaluations that are sensitive to a person's sexual orientation and account for the challenges people have in dealing with their sexuality. These issues will be highlighted in a presentation of a forensic case of a gay man with a personality disorder and substance use disorder who was alleged to have been a drug dealer. Because the evaluation reflected the challenges the man faced coming from a broken home and working in the sex industry, he received a reduced sentence and was remanded for psychiatric treatment that was gay affirmative. |

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<td>Title:</td>
<td>LGBT HEALTH DISPARITIES</td>
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</table>
| Speaker  | K. Ashley  
Mount Sinai Beth Israel, New York, NY, USA |
| Abstract | There are various the health issues which present more often in LGBT populations, e.g. HIV, mental health disorders, tobacco and drug use disorders, some types of cancer, violence/trauma. This presentation will discuss the demographics, epidemiology, etiological theories, and potential clinical interventions to improve health outcomes in LGBT populations. |
TRANSLATIONAL STUDIES ON MOLECULAR AGING PROCESSES TO IDENTIFY AND TREAT COGNITIVE AND OTHER MENTAL HEALTH DEFICITS

Chairperson: Peter Jones (United Kingdom).

Abstract: World life expectancy is in constant increase and has led to public health concerns over cognitive deficits related to aging. Animal models have enabled analyzing the molecular mechanisms of aging in the brain. They have also allowed targeting cognitive deficits related to aging and training on these deficits in order to prevent or revert them. Translating these results to humans has enabled developing neuropharmacotherapeutic trials related to the glutamatergic system in the elderly. The glutamatergic system is very important for attention, memory and executive functions and has shown efficacy in the treatment of age related cognitive deficits. However, although aging processes involve molecular mechanisms dysfunctions that start occurring at the second half of an individual’s mid-life, there are other factors that also contribute to accelerated aging. Environmental factors, such as cannabis use, and certain mental health disorders, such as schizophrenia, may accelerate aging processes in humans. Knowledge of aging processes and their precipitating factors will help targeting pharmacotherapeutical treatments, thus enabling society to function more effectively. This topic is of general interest as it deals with a theme of general concern from different perspectives. First, animal studies will be shown at molecular levels, then human work will be presented at the molecular and behavioral level, trying to encompass all aspects of cognitive aging phenomena.

Speakers: Etienne Villers-Sidani (Canada). Rogerio Panizzutti (Brazil). Emilio Fernandez-Egea (Spain). Linda Scoriels (Brazil).

ROLE OF NEOPLASTICITY IN THE EMERGENCE AND REMEDIATION OF AGE-RELATED BRAIN IMPAIRMENTS

Speaker: Étienne de Villers-Sidani, MD CM, FRCP(C)

Abstract: Studies in humans and animal models over the last decades have revealed the deep influence of experience on the function and structure of brain circuits throughout the lifespan. They have demonstrated that building stable and adapted sensory representations in the brain, which are essential to understand and predict our environment, depend on an exposure to reliable sensory input patterns. Their presence during developmental epochs triggers a complex sequence of molecular events culminating with heightened cortical inhibition and ultimately leading to the long-term consolidation of brain representations.

Results: Recent experiments in our laboratory performed in the rat primary auditory cortex (A1) have indicated that this consolidation process can become dysregulated in the aging brain, probably due to an impairment of specific elements of the cortical inhibitory network. Reduced inhibition results, among other things, in an instability of sensory representations in A1, noisy processing of auditory signals and reduced, rapidly decaying learning as commonly seen in ageing humans. Moreover, we determined that chronically degraded auditory inputs were sufficient over time to cause deficits in A1 almost undistinguishable from aging.

Conclusions: This implies that sensory input patterns are not only necessary to build brain representations but also to maintain them later in life. Supporting this idea, we finally found that specific forms of perceptual training, a form of sensory enrichment can partially reverse those deficits.

Objective: In this presentation my objective is to highlight these findings and explore new cortical mechanisms possibly implicated in impaired sensory processing and learning in the aging brain.
Symposium

Title: **THE CO-AGONIST SITE OF NMDA-GLUTAMATE RECEPTORS: A NOVEL REMEDIATION TARGET FOR AGE-RELATED COGNITIVE DECLINE**

Speaker: M. Avellar¹, L. Scoriels¹, C. Madeira¹, C. Vargas-Lopes¹, C. Dantas¹, P. Nascimento¹, C. Miranda¹, A. C. Manhães¹, H. Leite², and R. Panizzutti¹,².

1. Institute of Biomedical Sciences, Federal University of Rio de Janeiro, RJ, Brazil.
2. Institute of Psychiatry, Federal University of Rio de Janeiro, RJ, Brazil.
3. Institute of Biology Roberto Alcantara Gomes, Biomedical Center, State University of Rio de Janeiro, RJ, Brazil.
4. Integrated Unit for Prevention of Hospital Adventist Silvestre, Rio de Janeiro, RJ, Brazil.
5. Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom

Abstract

Objectives: The age-related cognitive decline is becoming a burden of societal importance. The co-agonist site of the NMDA-glutamate receptor is a target to improve cognition in several conditions. Studies in rodents have associated an age-related decrease in the brain levels of D-serine, a co-agonist of NMDA receptors, in the age-related cognitive decline in rodents. Here we first studied if D-serine levels decrease with aging in healthy humans. We further asked if D-serine administration could help recover the age-related cognitive decline.

Methods: We examined D-serine levels in healthy humans and conducted a clinical trial to evaluate the cognitive effect of oral administration of D-serine in 50 healthy elderly using a crossover design.

Results: We observed an age-related decrease in D-serine in the blood of healthy younger adults and elderly. Important, the oral administration of D-serine significantly improved spatial learning and memory in the elderly. It also improved working memory at trend significant level. D-serine administration in elderly had no significant effect on visual attention, cognitive flexibility and mood.

Conclusions: We propose the activation of the co-agonist site of NMDA receptors by D-serine as a target to remediate aspects of the age-related cognitive decline.

Session: Regular Symposium

Title: **IS SCHIZOPHRENIA AN ACCELERATED AGING DISORDER?**

Speaker: E. Fernandez-Egea¹,²,³

¹ University of Cambridge, United Kingdom
² Cambridgeshire and Peterborough NHS Foundation Trust, United Kingdom.
³ Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Barcelona, Spain

Abstract

People diagnosed with schizophrenia have a shorter lifespan compared to general population, mostly due and increased incidence of metabolic syndrome and associated cardiovascular events. We hypothesized that schizophrenia per se might present an increased vulnerability, and termed this into a testable hypothesis of ‘schizophrenia as an accelerated ageing disorder’. We present here a series of studies to test this hypothesis

Objectives: To compare markers associated with ageing (insulin resistance, decrease testosterone activity, increase pulse pressure and telomere length) in schizophrenia patients compared to matched healthy controls.

Methods: As part of a larger study, first episode drug-naïve non affective psychosis patients and matched controls were recruited. We choose drug-naïve patients to avoid medication/chronicity confounders. Subjects were matched for age, gender, smoking habit, body mass index, socio-economic status and cortisol levels. Insulin resistance was assessed using oral glucose tolerance test. Testosterone activity was assessed using free androgen index (FAI), a measure of biologically active testosterone. Pulse pressure using the standard formula [systolic – dystolic pressure] and telomere length. DNA telomere content (TC) was determined in blood leukocytes and as a proxy of telomere length.

Results: Compared to matched healthy volunteers, drug-naïve first episode non-affective psychosis have: i) increase 2 hour glucose levels [111mg/dl (SD=35.2) vs 82mg/dl (SD=19.3) p<0.001], ii) lower FAI [57.7% (26.1) vs. 71.6% (27.0), p = .04], iii) higher pulse pressure [47.9 mmHg (9.3) vs. 41.8 (8.8); P = .003] and iv) less telomere content [93.1% (12.1) vs. 100.9% (15.2) P = .011].
**Conclusions:** Newly diagnosed, drug-naive patients with non-affective psychotic disorders had a metabolic profile compatible with accelerated ageing compared to healthy volunteers. These differences could not be due to confounders such as BMI, gender, age, ethnicity, psychotropic medications, smoking habit and major confounders.

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<td>CANNABIS USE IS ASSOCIATED WITH BIOLOGICAL MARKERS OF AGEING IN HEALTHY VOLUNTEERS</td>
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<td>Speaker</td>
<td>L. Scoriels¹, S. Theegala², M. Giro³, S.E. Ozanne⁴, K. Burling⁵, P.B. Jones⁶, E. Fernandez-Egea⁶.</td>
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<td>¹Psychiatry, Federal University of Rio de Janeiro (UFRJ), Rio de Janeiro, Brazil.</td>
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<td>²Psychiatry, Cambridgeshire and Peterborough Foundation NHS Trust, Cambridge, United Kingdom.</td>
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<td>³Mental Health, Corporació Sanitària i Universitària Parc Taulí de Sabadell, Barcelona, Spain.</td>
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<td>⁴Institute of Metabolic Science, University of Cambridge, Cambridge, United Kingdom.</td>
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<td>⁵Clinical Biochemistry, Cambridge University Hospitals, Cambridge, United Kingdom.</td>
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<td>⁶Psychiatry, University of Cambridge, Cambridge, United Kingdom.</td>
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<td>Abstract</td>
<td>Background and objective: Cannabis is a widely used drug, which effects on human health remain controversial. Recent studies have found correlations between cannabis use and brain structural changes that may be related to ageing processes. Eotaxin-1 is a chemokine described as a marker of ageing, which also appear to increase with cognitive deficits and neurogenesis. Here, we aimed at characterising the effect of cannabis in accelerating normal ageing processes, by studying eotaxin-1 plasma levels in people who currently use cannabis, have used cannabis in the past, or have never used cannabis.</td>
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<td>Methods: A total of 87 healthy volunteers participated in the study. Participants completed the Cannabis Experience Questionnaire, the General Practice Physical Activity Questionnaire, the Sociodemographic, Morphometric, Alcohol and Tobacco Questionnaire, and provided a blood sample. Eotaxin-1 was assessed by ELISA. The three groups were compared using one-way ANOVA to assess levels of eotaxin-1, and non-paired Student t-tests to assess other factors effects.</td>
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<td>Results: Current users of cannabis (n=18) had significantly higher eotaxin-1 plasma levels compared to past users of cannabis (n=33) and individuals who never used cannabis (n=36). The latter two groups had similar eotaxin-1 levels. Higher eotaxin-1 plasma levels were not attributed to gender, age, body mass index, physical activity or use of other legal/illegal drugs.</td>
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<td>Conclusion: These results suggest that cannabis use increases eotaxin-1 plasma levels and could result in accelerated brain ageing. However, the effects appear to be reversible when cannabis use ceases. These findings have important implications for treatment and care of mental health disorders, such as schizophrenia.</td>
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### Dysfunctional brain plasticity and aging mechanisms in severe psychiatric disorders

**Chairperson**: Carmen Moreno (Spain).

**Abstract**

Brain plasticity, the ability of the brain to adapt to environmental changes, is a fundamental feature of the nervous system that is compromised in severe mental disorders (1,2). Besides increasing supporting evidence of structural and functional (altered connectivity) brain abnormalities, recent developments have begun to explore the role of intermediate mechanisms such as oxidative stress, inflammation, impaired cellular immunity, as well as telomere alterations, in the development and evolution of psychiatric disorders (1,2,3). In fact, mental disorders are frequently associated with medical conditions, and there is compelling evidence regarding the presence of shared etiological and intermediate mechanisms for psychiatric and somatic conditions (4). There is also evidence that some psychopharmacological treatments may revert, at least partially, the damage caused by intermediate excitatory mechanisms and help prevent the accelerated aging process of mental disorders (5). The objective of this symposium will be to provide an overview of the mechanisms leading to compromised brain plasticity in severe mental disorders, to explore their etiological relationship with other important comorbid conditions such as metabolic complications, and to explore the effect of psychiatric medications on brain plasticity.

**References**


**Speakers**

- David Fraguas (Spain).
- Emilio Fernandez-Egea (United Kingdom).
- Lina Martinsson (Sweden).
- Clemente Garcia-Rizo (Spain).
is associated with improvement in psychotic phenotypes (2). Thus, our objective is to summarize the main recent research findings on neuron transplantation as a cell based therapy for schizophrenia.

Methods. A comprehensive review of published literature related to neuroplasticity and cell based therapy for schizophrenia, with focus on potential clinical treatment options.

Results. Immature inhibitory interneurons from the embryonic ventral telencephalon show a unique capacity to integrate into neural circuits of the postnatal central nervous system. To a large degree, this ability reflects their ontogeny: during brain development, ventral telencephalon-derived interneurons must migrate long distances, differentiate and survive in environments distinct from their origin (4). Transplanted GABAergic precursor cells from the medial ganglionic eminence (MGE, the major origin of cerebral cortical interneurons) can migrate and differentiate into mature interneurons (3). When transplanted from embryos or in vitro culture preparations, immature interneurons disperse and integrate into host brain circuits (4). Results of recent research in rodent models have showed that transplantation of cells from the embryonic MGE into the adult caudoventral hippocampus reverses these psychosis relevant phenotypes (2). Besides, ventral hippocampal MGE transplants can restore hippocampal function and normalize downstream dopamine neuron activity in a rodent model of schizophrenia (3).

Conclusions. These features make interneuron transplantation a potential tool for the study and treatment of schizophrenia.

References.


Session: Regular Symposium | SPEAKER 2 | Code | SY705
---|---|---|---
Title: MOLECULAR BIOMARKERS OF AGEING IN SCHIZOPHRENIA: THE TELOMERE LENGTH STORY
Speaker: E. Fernandez-Egea
1. University of Cambridge, United Kingdom
2. Cambridgeshire and Peterborough NHS Foundation Trust, United Kingdom.
3. Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Barcelona, Spain

Abstract

People diagnosed with schizophrenia have a shorter lifespan compared to general population, mostly due and increased incidence of metabolic syndrome and associated cardiovascular events. We hypothesized that schizophrenia per se might present an increased vulnerability, and termed this into a testable hypothesis of 'schizophrenia as an accelerated ageing disorder'. Telomere length is considered as a marker of ageing.

Objectives

To compare telomere length in schizophrenia patients compared to matched healthy controls.

Methods

As part of a larger study, 41 first episode drug-naive non affective psychosis patients and matched controls. We choose drug-naive patients to avoid medication/chronicity confounders. Subjects were matched for age, gender, smoking habit, body mass index and socio-economic status. DNA telomere content (TC) was determined in blood leukocytes, blind to clinical diagnosis. TC for each sample was reported as a percentage of the median chemiluminescent signal from 6 replicate determinations of each patient DNA relative to the chemiluminescent signal in the same amount of a reference DNA standard (placental DNA) measured in parallel.
Results
Mean TC was significantly decreased in the psychosis group compared with control (respective means [SD] 93.1% [12.1] vs 100.9% [15.2], each compared with the average of a reference population, which was defined as 100%; P = .011; figure 1). In our sample, there were no differences of TC between men and women: in the psychosis group, men and women had a similar TC (93.3% [13.9] vs 92.5% [7.2], respectively; P = .854), and no differences were found among the control group (100.0% [12.4] vs 102.9% [20.3]; P = .586).

Conclusions
Newly diagnosed, drug-naive patients with non-affective psychotic disorders had shorter telomere length. These differences could not be due to confounders such as BMI, gender, age, ethnicity, psychotropic medications, smoking habit and others.

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### EFFECTS OF MEDICATION ON TELOMERE LENGTH IN BIPOLAR DISORDER

**Speaker**
L. Martinsson, Y Wei, D Xu, P A Melas, A A Mathé, M Schalling, C Lavebratt, and L Backlund, Karolinska University Hospital and Karolinska Institutet, Stockholm, Sweden

**Abstract**

**Objectives**
Lithium is the first-line mood stabilizer in bipolar disorder and has a unique role in suicide prevention. However, 40–50% of bipolar patients relapse within 2 years of lithium treatment. It is difficult to predict responders because of the lack of biomarkers. Lithium promotes neuroprotection and probably provide several additional effects, but mechanisms remain poorly understood.

Telomere shortening is a hallmark of aging and has been associated with oxidative stress, inflammation, chronic somatic disorders, early life stress and hypocortisolemia, schizophrenia and depression. In contrast, physical activity and effective pharmacological treatment have been associated with increased leukocyte telomere length and telomerase activity. Additionally, antidepressants have been found to protect against telomere shortening. However, pharmacological telomere studies are lacking in bipolar disorder.

Therefore, the objective was to explore leukocyte telomere length in patients with bipolar disorder in the context of lithium treatment.

**Methods**
Bipolar patients with therapeutic serum concentration of lithium (0.5-0.9 mmol/L) in a period of at least three months before DNA sampling, were randomly selected from the Unit of Affective Disorders, (n=256). Healthy controls were selected, (n=139). Retrospective case–control and case–case study designs were applied. Lithium response was scored using the Alda-Scale. Leukocyte telomere length was determined by quantitative real-time PCR using peripheral blood leukocytes.

**Results**
Lithium-treated patients and those on lithium monotherapy, had 35% longer telomeres compared with controls (P<0.0005, partial η²=0.13). In patients with lithium treatment duration ≥30 months, leukocyte telomere length correlated positively treatment duration (P=0.031, R²=0.13). Leukocyte telomere length was negatively associated with increasing number of depressive episodes (P<0.007). Patients responding well to lithium treatment had longer telomerers than those not responding well.

**Conclusions**
These data suggest that lithium protects against telomere shortening, especially when therapeutically efficacious. We hypothesize that induction of telomerase activity may be involved in lithium response in bipolar disorder.
### Title
MAJOR DEPRESSION AS AN ACCELERATED AGEING SYNDROME

### Speaker
C. Garcia-Rizo  
1 Barcelona Clinic Schizophrenia Unit, Neuroscience Institute, University of Barcelona, Spain  
2 CIBERSAM, Madrid, Spain

### Abstract
Depression will be the second contributor to the global burden of disease by 2020, according to the World Health Organization. The burden of depression is due not only to psychiatric disability but also to the associated comorbidity with physical diseases. The pathophysiology underlying the comorbidity remains unclear although several mechanisms have been implicated, such as an accelerated ageing process. Accelerated aging, understood as physiological changes associated with normal ageing occurring at an earlier age in people with depression than in the general population, might underlie the increased amount of mortality and medical morbidity. Diverse authors have stated that depressed individuals might be more sensitive to the regular ageing processes, through inflammation and oxidative pathways, while depressive episodes and its treatment might also increase the effect.

**Objectives**
To study different biochemical abnormalities in patients diagnosed with a major depression at the onset of the disorder.

**Methods**
Naïve subjects with major depression disorder (n = 15), and matched healthy control subjects (n = 70) underwent a two-hour oral glucose tolerance test and evaluation of blood cell count and telomere content.

**Results**
Abnormal glucose tolerance, lymphopenia and a shortened telomere are present early in the course of major depression independently of the confounding effect of antidepressant treatment, supporting the concept of major depression as an accelerated ageing disease.

**Conclusions**
As described in other serious mental illnesses, patients with major depression exhibit a reduced lifespan partly due to an early onset of diverse medical conditions. Although pharmacological treatment and psychopathology related events might increase the effect, patients present at the onset of the disease, an abnormal biochemical endophenotype that may underlie the accelerated ageing process.
How children sleep and dream? Their psychopathological disturbances in mental disorders

Chairperson: Prudencio Rodríguez Ramos

Abstract:

Sleep characteristics are an important domain of symptoms very necessary for a good study, accurate diagnosis, treatment and assessment of the development of psychopathology in childhood and adolescence.

The aim of this Symposium looks for improve the knowledge of sleep to understanding its organization and function during child development. Not only the assessment of sleep disorders in clinical domain, but to understanding it relevance in the diagnosis and course of some important clinical problems such as PTSD or ADHD. Also to facilitate the assessment and possible psychopathological indicators of sleep disturbances in these ages. Data on the possible variations of style sleep-related temperamental traits is also offered.

Speakers:

- Milagros Merino (Spain)
- Victor Carrion (USA)
- Jose Angel Alda (Spain)
- Antonio Pelaz (Spain)

HOW CHILDREN SLEEP AND DREAM? PHYSIOLOGICAL REVIEW

Speaker:

M Merino Andreu1, A. Martinez Bermejo1, E. Diez-Tejedor1
1 University Hospital La Paz. Madrid. SPAIN

Abstract:

Sleep, as brain function, is a complex active phenomenon that allows functional recovery, consolidate memory and restore neurotransmitters storage. Characterized by lack of reactivity, is accompanied by rapid eye movements (REM) that appear cyclically several times by night (REM sleep), alternating with episodes of NREM sleep (without REM, Non REM sleep). Wakefulness and sleep are two antagonistic physiological states governed by different structures of the central nervous system and transition from one to another occurs in a sequential and cyclic manner. Activation and deactivation of some structures (brainstem, diencephalon, basal forebrain), neurotransmitters and their influence on thalamus and cerebral cortex induces the appearance of wakefulness or sleep. Characteristically, during sleep, brain activity (electroencephalogram), chin muscle tone (electromyogram), and eye movements (electro-oculogram) are modified and changes in cardio-respiratory and metabolic function or body temperature are observed while sleeping, regulated by circadian and homeostatic mechanisms. The "circadian clock", "pacemaker" in the hypothalamic suprachiasmatic nuclei (SQN), sets the rhythm adapted to 24 hours/d regulating the secretion of melatonin by the pineal gland. Homeostatic mechanisms are also involved in sleep as they maintain an internal equilibrium. Age is another important factor in the organization of sleep so that an infant sleep about 16-18 hours a day meanwhile a 4 - 5 years old child sleep 10-11 hour, with a prolonged nocturnal sleep episode.

During centuries dreams, as mental activity that occurs during sleep, has been an interesting field to study. Today, thanks to the progress in the study of neurological diseases, we have learned more about this phenomenon and have solved some doubts: does we only dream during REM sleep?, does eyes gaze images into a dream? does blind people dream?, does sleepwalkers dream while walking?, what are "lucid dreams"? “No dreams” is dangerous?. All these elements create a complex neuropsychological activity during sleep.
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<td>THE ASSOCIATION OF INTERPERSONAL VIOLENCE IN CHILDHOOD ON OBJECTIVE SLEEP MEASURES</td>
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<td>Speaker</td>
<td>M. Primeau¹, H. Kletter¹, R. O’Hara¹,², V. Carrion¹</td>
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<td>¹. Stanford University, Stanford, CA, USA ². Veteran Affairs, Palo Alto, Sierra Pacific MIRECC, Palo Alto, CA, USA</td>
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<td>Abstract</td>
<td>Objectives: Sleep disruption is a frequent consequence of traumatic experiences. Retrospective studies have described an association between adverse childhood experiences (ACE) and adult sleep disruption, including shorter total sleep time, increased sleep latency, reduced sleep quality, insomnia, and dependence on sedative-hypnotic medications. Prospective studies in adults have found that sleep disruption preceding or following a traumatic exposure increases the risk for developing posttraumatic stress disorder, depression, and anxiety. This work aims to objectively characterize sleep in children exposed to ACE, specifically interpersonal violence, to assess what alterations, if any, exist in these children. Methods: Participants included children aged 8-17, recruited from a larger psychotherapy trial, targeting children exposed to chronic trauma (Cue Centered Therapy). Full ambulatory polysomnography (PSG; Compumedics Siesta, Victoria Australia) was conducted in the home of participating children for two nights, before and after the psychotherapy intervention. Questionnaires included the Childhood Trauma Questionnaire and the PTSD Reaction Index-Child. Results: To date, polysomnography has been collected on 11 children, age 10-14. Of this group, 7 were female, and individually met criteria for emotional abuse (6), physical abuse (3), sexual abuse (3), emotional neglect (6), and physical neglect (6). Three met criteria for PTSD. Interestingly, our preliminary results demonstrate a correlation of reduced total sleep time and REM% with increasing levels of physical abuse exposure, and no relationship of sleep architecture with other types of abuse. Conclusions: Our preliminary data suggests that alterations to sleep architecture noted to increase risk for PTSD in adults may be observed in children after exposure to particular types of trauma. Sleep therefore may represent a modifiable risk factor for the prevention of psychiatric conditions in children exposed to trauma.</td>
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<td>Title:</td>
<td>SLEEP DISTURBANCES IN NAÏVE CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) COMPARED TO NORMAL CHILDREN IN SPANISH POPULATION</td>
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<td>Speaker</td>
<td>J.A. Alda¹, O. Sans², E. Ferreira¹, E. Serrano¹, Maria Izquierdo³, ¹Department of Psychiatry. Hospital Sant Joan de Déu, Barcelona ²Division of Pediatric Sleep Medicine, Department of Neurology. Hospital Sant Joan de Déu, Barcelona. ³Department of Nutrition and Food Science. University of Barcelona. Barcelona (Spain).</td>
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<td>Abstract</td>
<td>Objective: To evaluate the relationship between sleep and attention-deficit/hyperactivity disorder (ADHD) Methods: Patients (6-16 y.o.) must fulfill ADHD criteria (ADHD-RS IV, K-SADS) and must have never been on stimulant medication prior diagnosis (naïve ADHD). Controls matched for age, gender, ethnicity, and socio-economic status, were selected. Sleep, in both groups, was assessed using one-week sleep log with actigraphy recording. Pediatrics sleep questionnaires were utilized. Blood work including iron and ferritin levels was performed. Results: Total of 80 subjects (40 ADHD and 40 controls), mean age 9.9 y.o (65% boys) in both groups. Among the ADHD group, 50% presented combined ADHD subtype. Sleep log and actigraphy showed discrepancies on parent vs. children perception on total sleep time in both groups. Bruni sleep questionnaire evidenced that up to a 62.5% of patients had problems with sleep. Compared to controls, patients showed difficulties initiating and maintaining sleep (p=0.018) and disturbances on sleep-wake transition (p=0.030). Day-time somnolence was referred by a 30% of the ADHD group. Suspected sleep disordered breathing (SDB) was reported in a 20% of patients (p&lt;0.05). Levels of ferritin and iron were</td>
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lower in the ADHD group but not significant (p>0.05).

Conclusion: Our findings support the notion that naïve patients with ADHD compared to controls have problems with sleep including: difficulties initiating and maintaining sleep and increased prevalence of parasomnias.


Support: ISCIII (PI11/02009).

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<td>HOW CHILDREN SLEEP AND DREAM?</td>
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<td>Speaker</td>
<td>A.Pelaz (Departamento de Psiquiatría Hospital Clínico de Madrid)</td>
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| Abstract | Background: Sleep is an important part of life and it is essential for a good physical, psychological and emotional development. The quantity and quality of sleep contribute to learning and behavior. Sleep disorders in children are involved in many of the queries made to the pediatrician. Although many of the problems are related to bad habits and lack of limits, we must also take into account the parasomnias, medical conditions, medications, psychiatric problems, personality traits, weight, etc ... There are several scales and questionnaires to evaluate sleep disturbances. Sleep Disturbance Scale for Children is a 27 item Likert-type rating scale that assess disorders of initiating and maintaining sleep, sleep breathing disorders, disorders of arousal, sleep-wake transition disorders, excessive somnolence, and sleep hyperhydrosis. Higher scores indicate more acute sleep disturbances (total cutoff score of 39). Parents also estimate of sleep quantity and onset time. 
Objectives: Assess sleep quantity and quality in a sample of children from the primary care and the relationship to gender, age, weight and personality traits, 
Material and methods: 37 children (9-13 years old), 24 girls and 13 boys. Sleep Disturbance Scale for Children (Bruni SDSC). Junior Temperament and Character Inventory (Cloninger JTCI). Body-mass index percentil (normal 5th to 84th, overweight 85th to 94th, obesity > 95th).
Results: 19% (7/37) presented a overall score higher than 39 in Bruni scale. There were no differences by gender or BMI in overall score, sleep quantity or onset time. Reward Dependence (RD) of temperament and SelfDirection (SD) of character correlated negatively (-0.37 and -0.36, respectively) with overall score in SDSC (p<0.05). There were no differences in personality traits by sleep quantity. RD correlated negatively (-0.36) with time onset (p<0.05). | | | |
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**Chairperson**
Dr. Gene Nakajima. CBHS, San Francisco. San Francisco, USA
Co-Chairperson Prof. Dinesh Bhugra. Institute of Psychiatry (KCL). London, UK

| Abstract | In this symposium, presentations will explore the mental health concerns of Lesbian, Gay, Bisexual and Transgender (LGBT) people at several crucial junctures across the life span from a cross-cultural perspective. Andres Sciolla, MD a Chilean American psychiatrist will speak about biological and behavioral adaptations linking childhood adversities to LGBT mental health disparities. He will combine data from multiple lines of research to discuss clinically-relevant linkages between biological and behavioral adaptations to adversities and the increased risk of mental disorders among LGBT individuals, including LGBT people of color. Gene Nakajima, MD, a Japanese American psychiatrist, will speak about mental health and multicultural aspects of same sex marriage. He will also discuss the evolution of the official position statement by the American Psychiatric Association (APA) supporting gay marriage. Dr. Saul Levin, CEO and Medical Director of the APA, will present “From South Africa to the USA: Being Gay in the Personal and Professional Setting.” He will discuss apartheid-era South Africa, witnessing societal homophobia and contrasting it with his experience in the US. He will describe setbacks and progress for the LGBT community in organized medicine and government internationally. Nick Gutierrez, MD a Mexican American psychiatrist will speak about Gay and Lesbian Elder Housing (GLEH), for disenfranchised, low income seniors, some of whom are ethnic minority. Aging LGBT adults in California have higher rates of chronic disease, mental distress and isolation than their heterosexual counterparts. He will highlight Aging in Place, Housing Retention, and Health and Wellness Programs. |

| Speakers | Andres Sciolla (USA). Gene Nakajima (USA). Saul Levin (USA). Nick Gutierrez (USA). |

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<th>Session:</th>
<th>Regular Symposium</th>
<th>SPEAKER 1</th>
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<tr>
<td>Title:</td>
<td>ARE ADVERSE CHILDHOOD EXPERIENCES THE CAUSE OF LGBT MENTAL HEALTH DISPARITIES?</td>
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<tr>
<td>Speaker</td>
<td>Prof. Andrés Sciolla, Department of Psychiatry &amp; Behavioral Sciences, University of California at Davis, Sacramento, California, USA.</td>
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| Abstract | Objectives: To provide an overview of the mental health outcomes associated with adverse childhood experiences (ACEs) in lesbian, gay, bisexual and transgender (LGBT) groups; draw evidence from multiple disciplines to argue for a causal relationship between ACEs and existing mental health disparities between LGBT and heterosexual adults; and suggest clinical implications of the findings to the provision of care of individual patients.

Methods: a comprehensive review in the PubMed database of articles published in English with the title, abstract or key words of childhood abuse, household dysfunction and adverse experiences as well as LGBT, early life stress and toxic stress since 1998, the year of the publication of the ACE Study.

Results: compared to their heterosexual peers, lesbian, gay and bisexual individuals report substantially higher rates of ACEs. Although research with transgender individuals is limited, existent data suggest that they are at an even higher risk of victimization. That risk remains increased through adulthood. Animal and human data show that early life stress interacts with genetic vulnerabilities that result in brain anatomical abnormalities and dysregulation of multiple neural circuits and physiological systems. Concomitantly, the prevalence of mental disorders and health risk behaviors is not only increased but treatment outcomes decline. |
Conclusions: the psychiatric evaluation of LGBT individuals should include a comprehensive assessment of ACEs as well as adult experiences of violence and victimization. Clinicians should respond sensitively to the disclosure of such information, integrate that data in their biopsychosocial formulations, and educate patients on the research demonstrating the lasting effects of ACEs on adult health. Evidence based therapies and techniques targeting the psychological sequelae of trauma should be widely available and integrated into standard treatment to improve outcomes and prevent revictimization and the transgenerational transmission of trauma.

References:

Conclusions
As we continue to see a mixture of setbacks and progress for the LGBT community internationally, discussions around how to best foster collaboration and utilize leadership will become important to furthering equality.

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<tr>
<td>Title:</td>
<td>MENTAL HEALTH ISSUES IN LGBT (LESBIAN, GAY, BISEXUAL, AND TRANSGENDER) SENIOR HOUSING PROGRAM</td>
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<td>Speaker</td>
<td>Dr. Nick Guitierrez, Didi Hirsch Mental Health Services, Los Angeles, USA.</td>
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<tr>
<td>Abstract</td>
<td>Objective: Aging Lesbian Gay Bisexual Transgender (LGBT) adults in California have higher rates of chronic disease, mental distress and isolation than their heterosexual counterparts according to the UCLA Center for Health Policy Research. This talk aims to introduce GLEH, the US's first affordable housing development of private, individual apartments with on-site services addressing the needs of LGBT elders. Methods: GLEH is a collaboration between community leaders partnering with a housing development firm to create affordable housing for low income seniors with a focus on providing services to special needs populations including, but not limited to, LGBT older adults. The GLEH Affordable Housing Developer model and Triangle Square- Hollywood, the agency’s first property, was built and intends to serve as a model for national organizations to implement best practices and provide an integrated support services model. Results: The Comprehensive Housing Care Project's Aging in Place, Housing Retention, and Health and Wellness Programs and the integrated support services model for biopsychosocial and housing needs were created. Residents are able to live safely together and access resources and services on and off site through the programs dedicated staff. Issues of physical and mental health assessment and treatment are addressed through services and activities aimed at the residents Conclusion: Through the collaboration of community and housing development organizations, the issues of access to affordable housing for low and very low income LGBT seniors living in Los Angeles has been addressed. Programming focused on psychosocial issues of the residents has led to its uniqueness and success. This housing entity and the support and service it has provided for this community has shown that this critical need can be met. Continued development of similar programs is recommended.</td>
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Title: **International latino research partnership screening results**

Chairperson: Dr. Margarita Alegría. CMMHR, Cambridge Health Alliance and Harvard Medical School, Somerville, MA, USA. Dr. Ligia Chavez. University of Puerto Rico, San Juan, Puerto Rico.

Abstract: Globally, most people with substance use and/or mental health problems receive no treatment. Compounding international challenges in delivering quality behavioral health services are worldwide population movements for economic opportunity, bringing unprecedented numbers of migrants to host countries. Yet, this accelerated growth has not been paralleled with knowledge of how to better serve immigrant Latino populations. Despite calls for improved treatment, progress has been limited. This symposium reports on the findings of the International Latino Research Partnership (ILRP) screening, to advance competent research in dual disorders. The first paper discusses the translation and adaptation of the AC-OK Co-occurring Disorders Screen and its administration to a sample of immigrant Latinos in Boston, Madrid, and Barcelona. Initial results indicate that the AC-OK strongly correlates with accepted assessment measures of mental health, substance abuse and PTSD need for care. The second paper compares correlates of suicidal behaviors across settings. We identify significant and similar correlates of suicidal risk that could facilitate prevention efforts. The third paper compares individual and personal barriers to behavioral health care. Barcelona patients reported significantly fewer barriers compared to counterparts in Boston and Madrid and barriers differed significantly. Our fourth paper reports on rates of HIV testing and positive results conditional on testing by site. Rates were similar across sites. Of those that did receive testing, Madrid patients were significantly more likely than Boston patients to have screened positive with no significant difference between Barcelona and Boston. One significant predictor of HIV testing was being a victim of sexual abuse.

Speakers: Xulian Mozo Alegría (Spain). Ligia Chavez (Puerto Rico). Irene Falgäs Bagué (Spain). Francisco Collazos Sanchez (Spain).

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Title: **PREDICTORS OF SUICIDAL BEHAVIORS IN A LATINO SAMPLE**

Speaker: X. Mozo¹, L. Fortuna², M. Alegría³

¹ Hospital Universitari Vall d’Hebron, Barcelona, Spain
² CMMHR, Cambridge Health Alliance and Harvard Medical School, Somerville, MA, USA

Abstract: Predictors of suicidal behaviors among Latinos have been inconsistent, due to differences in host sites where data is collected. Our goal was to contrast correlates of suicidal behaviors in an immigrant Latino sample, across various types of clinics in three host settings (Boston, Madrid and Barcelona).

Objectives
Predictors of suicidal behaviors among Latinos have been inconsistent, due to differences in host sites where data is collected. Our goal was to contrast correlates of suicidal behaviors in an immigrant Latino sample, across various types of clinics in three host settings (Boston, Madrid and Barcelona).

Methods
Analyses were conducted with a total of 435 Latino adults recruited from primary health clinics, HIV clinics, substance abuse treatment and mental health clinics. Suicide risk was measured with the AC-OK and the Paykel Suicide Risk Questionnaire. To measure differences and predictors of risk by site, we estimated logistic regression models, adjusting for ethnicity, economic situation, type of clinic, and a list of three barriers to accessing health care. Interaction terms were entered into the model to assess whether significant predictors varied by site.

Results
Approximately 27% of the sample (20%, 35%, and 26% for Boston, Madrid, and Barcelona respectively) had suicidal ideation and 2% (0%, 1% and 4%, respectively) had attempted suicide in the last year. In multivariate analyses adjusting for the above covariates, patients in Madrid were more likely to have suicidal ideation compared to similar patients in Barcelona and Boston. Significant correlates of risk included female sex, and expressing need for PTSD and substance abuse treatment.
**Conclusions**
Comparable correlates of suicide risk among immigrant Latinos in different sites could facilitate focusing prevention efforts on this population. Women with nervous, emotional, drug or alcohol problems, and individuals with need for PTSD and substance use treatment should be monitored closely for risk of suicide in all three sites.

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<tr>
<td>Title:</td>
<td>THE TESTING OF THE AC-OK WITH AN INTERNATIONAL SAMPLE OF LATINO IMMIGRANTS</td>
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<td>Speaker</td>
<td>L. Chavez¹, P. Shrout², F. Collazos³, R. Carmona⁴, M. Alegría⁵</td>
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<td>¹ University of Puerto Rico, San Juan, Puerto Rico</td>
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<td>² New York University, NY, NY, USA</td>
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<td>⁵ CMMHR, Cambridge Health Alliance and Harvard Medical School, Somerville, MA, USA</td>
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<td>Abstract</td>
<td><strong>Objectives</strong></td>
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<td>Despite long-standing calls for improved global behavioral health treatment services, progress has been limited, with insufficient early detection and intervention in primary care. We evaluated the psychometric properties of the 15 item AC-OK Screen for Co-occurring Disorders for immigrant Latinos in Boston, Madrid, and Barcelona.</td>
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<td><strong>Methods</strong></td>
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<td>435 Latino patients from 4 types of clinics (Primary Care, Mental Health, Substance Use and HIV treatment) were assessed with multiple screening measures to compare the sensitivity and specificity of the AC-OK with validated measures of mental health and substance use. Depression was assessed using the PHQ-9, generalized anxiety was evaluated using the GAD-7, post-traumatic stress disorder (PTSD) was evaluated with the PCL-C instrument, alcohol use with the AUDIT, and substance use with the DAST. ROC curves were estimated to assess the associations between the three AC-OK categories and the validated behavioral health screeners, adjusting for age, gender, economic situation, type of clinic, and site.</td>
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<td><strong>Results</strong></td>
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<td>ROC analyses indicated that the Spanish language version of the AC-OK screener was a significant predictor of reported mental health (area under the ROC=.89), and alcohol and substance problems (area under the ROC=.86), even after adjustment for age, gender, race, economic status, site, and clinic type. No age or gender differences were observed. Initial results indicate that the AC-OK has good sensitivity and specificity for detecting mental health and substance use problems.</td>
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<td><strong>Conclusions</strong></td>
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<td>The AC-OK demonstrates promising results as a screener of mental health and substance use problems in community health clinics serving Latino immigrants.</td>
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<td>Title:</td>
<td>BARRIERS TO BEHAVIOURAL HEALTH CARE FOR AN INTERNATIONAL SAMPLE OF LATINO IMMIGRANTS</td>
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<td>Speaker</td>
<td>I. Falgas¹, S. Lapatin², L. Chavez³, M. Alegría⁵</td>
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<td>³ University of Puerto Rico, San Juan, Puerto Rico</td>
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<td>Abstract</td>
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<td>Patients with behavioral health disorders forego treatment or receive poor quality treatment because of a</td>
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variety of barriers to adequate mental health care. Barriers include those related to transportation, language, and stigma. Our goal was to assess the impact of eleven barriers in an immigrant Latino sample in Boston, Madrid and Barcelona.

Methods
Using a sample of 435 individuals, we compared patients’ responses to eleven barriers to behavioral health care. In multivariate poisson regression models, we identified site differences in number of barriers to care, adjusting for age, race, economic situation, mental health care need, need for PTSD care, and need for substance abuse treatment.

Results
Compared to Boston patients, Barcelona and Madrid patients were less likely to report problems with transportation or scheduling as barriers to receiving behavioral health treatment. They were also less likely to be concerned with not being able to communicate because of linguistic barriers. Compared to Boston patients, Madrid patients were more likely to want to handle mental health problem on their own and less likely to feel that they would be treated unfairly because of their race or ethnicity. In multivariate analysis, Madrid patients reported significantly fewer barriers to behavioral health care compared to their counterparts in Boston, after adjustment for the covariates described above. Significant positive predictors of number of barriers were being indigenous or black, and receiving treatment in a mental health or substance abuse treatment clinic (compared to receiving primary care).

Conclusions
Significant differences in barriers to care were reported across sites, suggesting that some sites are better suited to accommodate the needs of patients seeking behavioral health treatment.

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<td>Title:</td>
<td>HIV TESTING AND SEROPOSITIVITY IN HOSPITAL SETTINGS FOR AN INTERNATIONAL SAMPLE OF LATINO IMMIGRANTS</td>
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<td>Speaker</td>
<td>F. Collazos¹, Z. Ramos², L. Chavez³, P. Aroca¹, M. Alegría²</td>
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<td>Hospital Universitari Vall d’Hebron, Barcelona, Spain</td>
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<td>University of Puerto Rico, San Juan, Puerto Rico</td>
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Abstract

Objectives
There is need for more nuanced information about HIV testing and seropositivity among Latino immigrants in the U.S. and Spain. Rates of HIV testing and outcomes vary depending on the host context but also the country of exit. We identify and compare these predictors in immigrant Latinos in Boston, Madrid and Barcelona.

Methods
Among a sample of 435 patients from Boston, Madrid and Barcelona, rates of HIV testing and positive results conditional on testing were compared by site. Using multivariate logit models, predictors of screening and positive testing were identified in the overall sample, after adjustment for sex, age, race, economic status, mental health and substance use, exposure to violence, and sexual abuse.

Results
Rates of HIV testing were greatest among patients in Boston, followed by Barcelona and Madrid (81%, 74%, and 64%, respectively). Of those tested in primary or behavioral health care settings (n=198), 4% of Barcelona and 4% of Madrid patients were screened positive compared to 0% of Boston patients. In multivariate regression models, patients from Barcelona and Madrid were significantly less likely to receive HIV testing than patients from Boston, after adjustment for the described covariates. Other significant positive predictors of HIV testing were a friend or relative thought patient had a nervous, emotional, drug, or alcohol problem, and being a victim of sexual abuse.

Conclusions
Significant differences in rates of HIV testing and seropositivity were identified across sites suggesting that there may be best practices in patient engagement in testing to share across sites. Identifying significant positive predictors of HIV testing in a population can help focus prevention and treatment efforts. Individuals with behavioral disorders and a history of sexual abuse appear to be high risk populations, for which testing should be encouraged in order to reduce HIV incidence and facilitate early
<p>| disease management. |</p>
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<th>Session: Regular Symposium</th>
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| **Title:** International latino research partnership: data merging results
Chairperson Dr. Benjamin Cook. Center for Multicultural Mental Health Research, Cambridge Health Alliance and Harvard Medical School, Somerville, MA, USA.

Abstract
In this panel, we aim to broaden understanding of the association between immigration, substance use, and substance abuse treatment, conducting quantitative and qualitative comparative analyses in the United States (Boston) and Spain (Madrid and Barcelona).

Data for three studies are 2010-2012 electronic health records from three hospitals in Madrid and three hospitals and 15 health centers in Boston. The studies compare substance abuse diagnoses, episodes of substance abuse treatment, and care expenditures by site and immigrant status. The fourth study analyzes qualitative data from interviews with policymakers and clinicians related to substance abuse treatment barriers faced by immigrants in Boston, Madrid, and a third site in Barcelona.

There are significant differences in the types of substances used by patients and the treatment for these disorders between Boston and Madrid. In both sites, approximately 6 percent of health care system patients had a substance use disorder other than tobacco dependence. Among those in treatment, Madrid patients were significantly more likely to have adequate care than Boston patients. Average treatment expenditure was greater in Boston ($8857 annual per capita expenditure) than in Madrid ($5374). Boston patients were more likely to use inpatient services and prescription drugs whereas Madrid patients spent approximately three times as much on outpatient SAD treatment. The quantitative differences between sites and insights provided by policymakers and clinicians reveal best practices in each site, provide a better understanding of the complex relationship between acculturation and substance abuse, and suggest strategies for improving substance abuse treatment for immigrants.

Speakers
Enrique Baca-Garcia (Spain).
Benjamin Cook (USA).
Rodrigo Carmona (Spain).
Adil Qureshi (Spain).

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<th>Session: Regular Symposium</th>
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| **Title:** COMPARISON OF SUBSTANCE ABUSE TREATMENT EXPENDITURES IN USUAL PSYCHIATRIC CARE BETWEEN MADRID AND BOSTON HOSPITAL SYSTEMS
Speaker Baca-Garcia 1, E. Cook, B. 2, Carmona, R. 1, Brugal, M. T. 3, Chavez, L. M. 4, Collazos, F. 3, Alegría, M. 2 1 Fundación Jimenez Diaz, Madrid, Spain 2 Center for Multicultural Mental Health Research, Cambridge Health Alliance; Harvard Medical School, Somerville, MA, USA 3 Transcultural Psychiatry Program at the Vall d’Hebron University Hospital/Autonomous University of Barcelona 4 Behavioral Sciences Research Institute, University of Puerto Rico Medical Sciences Campus

Abstract
**Background:** Since the economic downturn, public hospital systems in the developed world have struggled to identify ways of cutting costs while improving quality of substance abuse treatment. However, little is known about how countries compare on expenditure and quality measures.

**Methods:** Data are 2010-2012 electronic health records substance abuse treatment patients, from three hospital systems in Madrid and in Boston. Substance abuse treatment expenditure variables (total, outpatient, ER, inpatient, pharmacy) were standardized across sites. Independent covariates include sex, age, immigrant status, and type of substance. Unadjusted comparisons by site of dependent and independent variables were conducted using t-tests. Multivariate generalized linear regression models were computed with log link and residual variance proportional to mean squared.

**Results:** The annual average SAD treatment expenditure is $8857 in Boston and $5374 in Madrid. Boston
patients had greater annual expenditures for inpatient services ($4,753 in Boston, $3774 in Madrid) and prescription drugs ($341 in Boston, $51 in Madrid). Conversely, Madrid patients spent more on outpatient SAD treatment ($1,497 in Madrid and $433 in Boston) and ER SAD treatment ($103 in Madrid, $25 in Boston). In multivariate analyses, being in the Boston site was a significant positive predictor of total SAD expenditure after adjustment for sex, age, and type of drug use.

**Conclusions:** Emphasis on outpatient care in Madrid suggests a greater adequacy of care that appears to reduce inpatient stays. More work is needed to understand the greater ER expenditure in Madrid and the relationship between expenditures and quality.

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<tr>
<td>Title: AN INTERNATIONAL COMPARISON OF EPISODES OF SUBSTANCE ABUSE TREATMENT AMONG LATINO IMMIGRANTS IN PUBLIC HOSPITAL SETTINGS IN MADRID AND BOSTON</td>
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<td>Speaker: B. Cook, A. Qureshi, L. Fortuna, E. Baca-Garcia, M. Alegria</td>
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| Abstract: **Background:** Latino immigrants in Spain and the United States may share similar risk factors for substance abuse disorder (SAD) and similar experiences of acculturation. However, there are a number of social, economic, and cultural differences as well as differences in behavioral health care systems and treatment received. We capitalize upon a unique and rich longitudinal dataset to compare differences in SAD treatment received by US born Latinos and Latino immigrants in the U.S. (Boston) and Spanish-born patients and Latino immigrants in Spain (Madrid). **Data:** Data are patient records from 2010 to 2012 for individuals receiving treatment for substance abuse disorders, extracted from electronic health records from health care networks comprised of three hospitals in Madrid and three hospitals and 15 community health centers in Boston. **Analytical Methods:** Unadjusted comparisons by site of dependent and independent variables were conducted using t-tests for cost variables and chi-square analyses for categorical variables. Logit regressions were used to identify differences between the two groups after adjustment for sex, age, and type of SAD. **Results:** Rates of adequacy are significantly higher in Madrid compared to Boston and among immigrants in both sites. Number of outpatient visits were greater in Madrid than in Boston and rates of any ER use were higher in Madrid than in Boston with no significant differences by immigrant status. Rates of any inpatient hospitalization were higher in Madrid than in Boston, but this gap was significantly narrower among immigrants. **Conclusions:** Analysis of episodes data identifies that in these public hospitals, immigrant episodes of care are more likely to be adequate and to have a lower likelihood of acute psychiatric care compared to non-immigrant Latinos (or Spaniards). The one area in which immigrant disparities differed by country was in probability of inpatient care where the large Boston-Madrid differences were attenuated among immigrants.

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<td>Title: COMMONALITIES AND DIFFERENCES IN OFFERING BEHAVIORAL HEALTH SERVICES TO LATINO MIGRANTS IN PRIMARY CARE</td>
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<td>Speaker: R. Carmona, X. Mozo, C. Gonzalez, P. Collazos, N. Chouery, S. Lapatin, B. Cook, M. Alegria,</td>
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<td>1Fundación Jimenez Diaz, Madrid, Spain</td>
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Abstract

**Background:** Primary care settings typically treat people with a comorbid constellation of problems, yet rarely fully identify or treat them. This paper describes the commonalities and differences in challenges for offering behavioral health services to Latino migrants across diverse primary care clinics in Boston, Madrid and Barcelona.

**Methods:** 45 key informant interviews with clinic providers (N=10 per site), policy makers, and/or clinic administrators (N=5 per site) were conducted, eliciting information on behavioral health service provisions and challenges. Data include: 1) strategies for screening; 2) workforce training; 3) availability of services and provider supply; 4) interventions offered for mental health, substance use and HIV risk; and 5) constraints in providing quality care. Qualitative analyses use the interviews to identify themes related to these 5 topics.

**Results:** Unstructured screening of behavioral health and HIV risk for primary care Latino migrants was the rule rather than the exception across sites. Treatment interventions vary radically across clinics, with very few clinics incorporating evidence-based treatments. Challenges were similar across sites in lack of funding for proper care, long waiting lists, provider bias and prejudice in treating behavioral health patients. Providers repeatedly acknowledged their lack of clinical expertise to screen and treat behavioral health. Administrators in Boston but not in Madrid or Barcelona identified the unavailability of bilingual providers as a critical concern in being able to address unmet need. Administrators recognize adverse selection concerns of treating the complex issues of patients with dual disorders, particularly those that require multiple services and whose severity involves coordinating across specialties and social services.

**Conclusions:** Our results suggest the absence of incentives and training for quality treatment of behavioral health in primary care and as a consequence unmet need. We conclude with future recommendations to avoid the structural and logistical barriers tie to offering quality care to Latinos.
Madrid. Future work will incorporate patients from Madrid’s extensive system of substance abuse treatment centers. In the psychiatric setting, drug of abuse varied little by immigrant group or site. Prevention strategies in this setting focused on tobacco cessation and alcoholism treatment are needed.
Examining the impact of comorbid depression and/or anxiety in individuals with ADHD: methods of detection and management of executive function

Chairperson: Dr. Martin A. Katzman
1 START Clinic for Mood and Anxiety Disorders, Toronto, Ontario, Canada
2 University of Toronto, Toronto, Ontario, Canada
3 Lakehead University, Thunder Bay, Ontario, Canada
4 Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada
5 Adler Graduate Professional School, Toronto, Ontario, Canada

Abstract
Evidence of the lifelong negative consequences of Attention Deficit Hyperactivity Disorder (ADHD) has increased our awareness regarding the need for earlier detection in order to minimize impact and resulting psychosocial dysfunction. Our goal in achieving successful treatment is often plagued by delays in diagnosis as a result of the presence of psychiatric comorbidities and overlap of symptoms. The heterogeneity of symptoms and lack of diagnostic clarity can make early diagnosis a challenge, subsequently delaying appropriate treatment. A multimodal approach to ADHD requires the use of pharmacological and specific psychosocial therapies in combination. Although it is often difficult to treat individuals with these coexisting disorders it is imperative as it can have a positive effect on an individual’s social, academic, occupational, and psychological well-being.

This symposium will address the difficulties that exist for clinicians/psychiatrists and focuses on a timely management approach when ADHD presents with depression and/or anxiety.

Dr. Martin Katzman will continue this discussion through an examination of the neurobiological and psychological correlates on cognitive functioning and how they are impacted by the presence of these comorbid disorders.

Dr. Irvin Epstein will discuss the epidemiology, risk factors and diagnostic challenges associated with the presence of these comorbid disorders.

Dr. Isaac Szpindel will continue this discussion with a focus on a multi-dimensional pharmacological approach in the management of comorbid ADHD and depression and/or anxiety.

During the symposium, Drs. Katzman, Epstein, and Szpindel will review current scientific evidence to better understand how to best initiate evaluation and treatment in these complex patients.

Speakers
Martin Katzman (Canada).
Irvin Epstein (Canada).

Session: Regular Symposium
Title: ATTENTION DEFICIT HYPERACTIVITY DISORDER AND ITS COMORBIDITIES WITH ANXIETY AND DEPRESSIVE DISORDERS: UNDERSTANDING THE NEUROBIOLOGY
Speaker: MA. Katzman
1 START Clinic for Mood and Anxiety Disorders, Toronto, Ontario, Canada
2 University of Toronto, Toronto, Ontario, Canada
3 Lakehead University, Thunder Bay, Ontario, Canada
4 Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada
5 Adler Graduate Professional School, Toronto, Ontario, Canada

Abstract
Diagnosing Attention Deficit Hyperactivity Disorder (ADHD) is often challenged by comorbidities, such as with anxiety and depressive disorders. Recent scientific research has placed a focus on examining the interaction between these disorders, specifically in regards to the cognitive dysfunction that often results.
Cognitive dysfunction as a result of ADHD and comorbid anxiety and depressive disorders often impacts memory, executive functioning, maladaptive cognitions, as well as metacognitions. Determining the origin of each of these disorders is often complicated by these cognitive interferences, therefore hindering clinical approaches for the individual. The prefrontal cortex, cerebellum, and caudate have been found to be implicated in the etiology of cognitive dysfunction exhibited by patients with ADHD, as well as decreased density of dopamine receptors. This section will provide physicians and non-physicians with a complete overview of the neuroanatomy, neurobiology, and physiology of ADHD and comorbid anxiety and depressive disorders. Emphasis will be placed on the neurobiology of ADHD independently, as well as in conjunction with anxiety and depressive disorders. Furthermore, the interaction between neurobiology and mind-body practices, such as cognitive behavioural therapy, will be discussed. Understanding the cognitive dysfunction that results in these disorders is essential in order to allow for appropriate treatment management. In order to increase awareness regarding common comorbidities that exist in individuals with ADHD, clinical and diagnostic strategies will be reviewed and discussed in order to determine the most ideal treatment outcomes for patients.

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<td>Title: DIFFICULTIES IN DIAGNOSING ATTENTION DEFICIT HYPERACTIVITY DISORDER IN THE PRESENCE OF COMORBID ANXIETY AND DEPRESSION</td>
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<td>Speaker</td>
<td>I. Epstein\textsuperscript{1,2}</td>
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<td>1START Clinic for Mood and Anxiety Disorders, Toronto, Ontario, Canada.</td>
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<tr>
<td>2University of Toronto, Toronto, Ontario, Canada</td>
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<tr>
<td>Abstract</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD) causes substantial chronic impairment in multiple domains of functioning throughout the lifespan of individuals. The presence of ADHD in adults can result in diagnostic challenges due to symptom overlap with a number of commonly co-occurring psychiatric conditions. Many individuals do not receive the essential and appropriate care they require until the disorder is in a more advanced stage with increased disability and psychological scars. Early detection can often be hindered by multiple barriers, including societal stigma, clinician avoidance and by patients’ reluctance to accept the diagnosis as an adult. Increasing research has focused on adult ADHD with commonly associated comorbid psychiatric conditions including the presence of co-occurring anxiety and/or depressive disorders, and their impact on an individual’s level of functioning. Areas of compromise can include social and vocational spheres and an increased vulnerability to addictions. The existence of comorbid psychiatric conditions together with ADHD poses a significant challenge to expert physicians as the co-occurrence of psychiatric disorders leads to a lack of diagnostic clarity, atypical clinical presentations and progressive worsening of symptoms. This can result in delays in arriving at an accurate diagnosis and initiation of a timely and appropriate treatment regimen. A discussion of the overlapping biological substrates and epidemiology of ADHD in individuals with a prior diagnosis of comorbid anxiety and/or depressive disorders will be discussed. There will be a focus on the implications of cognitive dysfunction and case examples will be utilized in order to further clarify, appreciate and better address the challenges that exist in early detection. For discussion, a question and answer period will be provided.</td>
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### Title: Controversies in the context of forensic occupational psychiatry

**Chairperson:** Prof. Leopoldo Ortega-Monasterio.

**Abstract:**

The posttraumatic stress is a psychopathological concept widely used in the last years, and that probably is oversized, existing "false positives" or an overdiagnosed in the matter. It is necessary to think that frequently it is a question of adapative disorders before stressful adverse factors that they do not fulfill the criteria of the posttraumatic stress in strict sense. The utilization of tests psicophysiologicals and the analysis phenomenological of the trigger experiences they us can contribute a suitable differential diagnosis in the matter. In the forensic practice there is going to have more transcendency than the own existence of the disorder as posttraumatic stress the repercussions in the limitations functional that the above mentioned pathology determines, and that definitively are those that they can cause a potential temporary or definitive invalidity.

The dementia implies a series of deficit symptoms that not always are correlated specifically by the tests of neuroimagen cerebral. The tests of simulation and the clinical analysis will help to establish a suitable diagnosis, considering that can exist artificial disorders and of the condition of the spirit that they determine a seudodemencia, as well as dissociative disorders that present a similar symptomatology. The differential diagnosis can turn out to be difficult, and in any case the deficit "functional" symptoms also can determine some degree of invalidity.

Multiple chemical sensitivity is the term most commonly used to describe a complex condition involving a broad array of physical and psychological symptoms, attributed to exposure to low levels of a wide variety of environmental chemicals.

The range of symptoms associated with MCS is very broad. Indeed, a feature of MCS is the wide variety of symptoms that are expressed in multiple organ systems (Headache, Fatigue, Confusion, Depression, Shortness of breath, Arthralgia, Myalgia, Nausea, Dizziness, Memory problems, Gastrointestinal symptoms, Respiratory symptoms).

MCS has proved difficult to define clinically. Numerous modes of action have been postulated for MCS, included psychological disorders.

The psychiatric evaluation of MCS is described herein using the Multiaxial diagnostic system of DSM-IV. Personality tests are available that permit the rapid assessment of Axis II disorders. Consultation with a psychologist can be helpful in determining the presence of a personality disorder.

**Speakers:**

- Leopoldo Ortega-Monasterio (Spain)
- Alfonso Sanz-Ferrer (Spain)
- Alfonso Sanz-Cid (Spain)
- Anna Aranda (Spain)
- Nuria Codina-Marin (Spain)
- Jesús Villagrá (Spain)

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### Speaker 1: EXAMINATION OF POST-TRAUMATIC STRESS DISORDERS IN THE WORKPLACE

**Speaker:**

- Leopoldo Ortega-Monasterio (Spain)
- Alfonso Sanz-Ferrer (Spain)
- Alfonso Sanz-Cid (Spain)

**Abstract:**

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### Speaker 2: THE ROLE OF THE PSYCHIATRIST IN CONTROL OF THE TEMPORARY DISABILITY

**Speaker:**

- Leopoldo Ortega-Monasterio (Spain)
- Alfonso Sanz-Ferrer (Spain)
- Alfonso Sanz-Cid (Spain)

**Abstract:**

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<td>Title:</td>
<td><strong>Psycho - social rehabilitation and recovery</strong></td>
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<td>Chairperson: Esko Hänninen (Finland). Co-Chair: Henry Wahlberg (Sweden).</td>
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<td>Abstract</td>
<td>The concept of psychosocial rehabilitation is getting new directions. The shift from the institutions towards community services and support is continuing all around the globe. The major emphasis is to improve the quality of life for those who suffer from severe and enduring mental illnesses in a cost effective way. Recovery is a new and central aspect of the rehabilitation services, developed by the service users and carers movements. Recovery has emerged as a priority in current practices and incorporates new ideas, as empowerment. The symposium will address recent developments from different parts of the world, focusing on the practical steps taking place and the achievements obtained. The speakers will show how the psychosocial rehabilitation programs can work together with and strengthen the local mental health services.</td>
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<td>Title:</td>
<td><strong>PSYCHOSOCIAL REHABILITATION – PATTERNS AND MECHANISMS</strong></td>
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<td>Speaker</td>
<td>L. Baghdasaryan, A.Soghoyan “Ambra” Mental well-being center, Yerevan, Armenia Yerevan Medical State University, Yerevan, Armenia</td>
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<tr>
<td>Abstract</td>
<td><strong>Objectives</strong> One of the important goals of the psychosocial rehabilitation is the provision of the possible maximum remission period of people with mental health problems and resocialization. In order to reach these goals it is important to decide on the main approaches to the personality, as well as to reveal the main psychological mechanism and regularities which have impact on the rehabilitation process. <strong>Methods</strong> Interpretative analysis <strong>Results</strong> We have chosen the following vision of a person as a background for psychosocial rehabilitation. Personality can be represented as a circle, the central part of which is the «nucleus» of the personality, which is very strong and has a protection system against different internal and external traumatic factors. We suppose that nucleus has a genetically grounded nature, but it includes also personal characteristics which are gained in the earlier stages of the process of socialization. The whole personal system is constructed around nucleus, which is composed of psychological purposes of a person, his leading motives and value orientations, social roles, behavioral reactions. Mental disorder is one of the possible variants of nucleus protection by different layers of a person (protective decomposition). Every person is defined to be a combination of methods, which allow him to deal with difficulties, and these methods can be regarded as some forms of adaptation. We suppose that those forms are combined into a certain system called psycho-adaptive immunity, which is a system of conscious methods and unconscious changes allowing maintenance of constant psychic state of a personality. It functions on social-psychological level and has its own analog in pato-physiology and concerns the cross adaptation. <strong>Conclusions</strong> Creation of psycho-adaptive immunity is a guarantee for effective psycho-rehabilitation process (in case of patients with not damaged insight).</td>
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**Title:** REHABILITATION, RECOVERY AND EMPOWERMENT

**Speaker**

Hänninen, E<sup>1</sup>, Henson, J<sup>2</sup> & Wahlberg, H<sup>3</sup>

<sup>1</sup>Board member, Clubhouse International, Helsinki, Finland
<sup>2</sup> Psychiatrist, Stockholm, Sweden
<sup>3</sup> WPA Board member, Karolinska University Hospital Huddinge, Dpt. of Psychiatry, Stockholm, Sweden

**Abstract**

So far, clinical psychiatry deals little with prevention and community-based multi-professional rehabilitation (CBR) that improves users’ abilities and their quality of life. Recovery and empowerment should be more at the forefront of many rehabilitation approaches. This is also the key message of several international MH policy recommendations – however, not always followed.

CBR requires different methods: the patient/user has to be the subject and equal partner of the process instead of an object of treatment. Cooperation between psychiatric out- and inpatient care should be seamless with other units (social services, user organizations, families ...) close to patients. Methods based on social science, pedagogic, psychology strengthen users’ learning capabilities, social skills, human relations and participation. It is evident that empowered people make their own decisions, have a say and are listened to.

One evidence-based “person as a whole” rehabilitation methods is the Clubhouse model (“Fountain House”) which has been in use for 65 years. Today 340 clubhouses in 34 countries have annually around 100 000 members. The non-profit Clubhouses create a social peer support network offering opportunities to learn new skills, take responsibilities, and start transitional or supported employment in normal workplaces –most important. Clubhouses thus support growth of personal abilities and strengths - efficient against relapses.

The success factors of Clubhouses are based on (1) biannually updated International Standards for the Clubhouse Programs, (2) quality management of individual clubhouses by accreditation process where users/members have the key role, (3) effectively organised international training for members and staff of Clubhouses, and (4) continuous scientific evaluation and research program. These factors will be analysed in the presentation.

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**Session:** Regular Symposium  
**Code** SY806  
**Title:** SERVICE INNOVATION - SCHIZOPHRENIA OUTREACH IN LARKANA (SOUL): PROJECT OVERVIEW AND OUTCOMES AFTER TWO YEARS  
**Speaker**

Afghan, S<sup>1</sup> & Junejo, B<sup>2</sup>. (Pakistan)

<sup>1</sup> Dorothy Pattison Hospital, Walsall, United Kingdom
<sup>2</sup> Shaheed Mohtarma Benazir Bhutto Medical University, Larkana, Pakistan

**Abstract**

**Objectives**

A significant proportion of patients with Schizophrenia in developing countries are unable to access care due to scarcity of services and stigma which leads to increased mental health disability and treatment resistance for the patients and increased burden on the families and society. The SOUL project is a first of its kind in the Country as it is based on reaching out and assertively engaging with the patients and families through home based treatment approach. The key aims of the project include early recognition, treatment and psychosocial support to patients with the diagnosis of schizophrenia. Additional aims include social recovery of the patients, psycho education and support to family members and generating clinical and functional outcomes.

**Methods**

Project design developed by host psychiatry department and agreed at a stakeholder consultation event. Training was undertaken for the project team including psychiatrists and outreach nurse and included identifying tasks for professionals, rational prescribing of antipsychotic medication and use of outcome measures namely Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI) and Global Assessment of Functioning (GAF). Hosting of patients and families assemblies on 6 monthly intervals serve the purpose of family psycho-education and receiving informal feedback about the project. Project is financially supported by charitable donations generated by a UK based registered charity.

**Results**

Preliminary findings on clinical and functional outcomes of patients measured over 2-year period are promising. Over 60% of patients have achieved symptom resolution and approximately one-fourth patients have achieved social recovery. However nearly one fourths of patients are considered to have more resistant illness due to disabling symptoms and longer duration of untreated psychosis.
## Conclusions

Low cost community intervention involving psychiatric outreach nurse working under close supervision of a psychiatrist is both feasible and achievable and can lead to robust improvements in symptoms and functional outcomes for patients with schizophrenia.

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**Title:** Psycho - social rehabilitation and recovery: Experiences from Developing countries

**Speaker:**
Javed. A.¹, Haider, I.I. ²,
¹ Pakistan Psychiatric Research Centre and Fountain House Lahore, Pakistan
² Fatima Memorial Hospital, Shadman, Lahore, Pakistan

**Abstract**
During the last few decades, there has been an increase focus all over the world towards community care of psychiatric patients thus leading to an increase in care giving responsibility on family and friends. It is a demanding and challenging task and places great demands on the caregivers. This change highlights the relevance of emotions and affections within a family, as well as the great amount of burden experienced by the family while taking care of a psychotic patient.

Historically, interventions tended to focus and attempted to prevent relapse of the patients. Consequently, Carers often feel ignored by mental health services. There is a need for more involvement with carers of patients with mental illnesses. Family burden is a "psychological state produced by the combination of physical work, emotional pressure, social restrictions, and economic demands arising from taking care for a patient as well”.

In Pakistan, family plays a vital role in patients’ life keeping in view of the closed family system /norms. Families are considered the backbone of the healthcare system. Mostly the primary caregivers are patients’ parents, spouses, siblings and children, who are providing physical and emotional support to patient for long period of time varying from months to years. The responsibility of caring can affect physical and mental health of caregivers adversely. Having a psychiatric patient as family member can lead to greater amount of burden on whole family like economic burden, feelings of hopelessness, depression, disturbed and unhealthy home environment, lack of social support, fear of stigmatised attitude, dysfunctional family roles.

Keeping in view the needs for involving families and care givers, a psycho education programme was started at Fountain House, Lahore. The aim of this service was to explore psychological and emotional stressors or burden in caregivers who are caring for patients with psychiatric illnesses and to provide them support to deal with these stresses. This paper will describe the results of this project and would argue about the effectiveness of mental health promotion services in a low-income country.
Title: Section symposium on engaging health complexity through person centered psychiatry

Chairperson: Chair: Prof. Juan. Mezzich (Mount Sinai School of Medicine, New York, USA)
Co-Chair: Prof. C. Robert Cloninger (Washington Univ, St Louis, USA)

Abstract: At the roots of WPA in 1950 was the articulation of science and humanism [1]. Building on it, an initiative on psychiatry for the person was launched by the WPA General Assembly in 2005. It has been extended more recently to general medicine and general health in collaboration with the World Medical Association, World Health Organization, International Alliance of Patients’ Organizations and many other international health institutions through seven annual Geneva Conferences from which an International Network, now International College, on Person-centered Medicine (INPCM, ICPCM) has emerged [2]. It publishes an International Journal of Person Centered Medicine and endeavors to promote a psychiatry and medicine of the person, for the person, by the person and with the person. Representatives of WPA Sections on Classification and Diagnostic Assessment, Ecology, Intellectual Disabilities, and Psycho-Oncology will offer presentations on engaging health complexity through person-centered psychiatry. These include African insights on person-centered assessment, ecological approaches to advance psychiatry and mental health, person-centered treatment and health promotion in non-communicable diseases, promoting positive health for persons with intellectual disabilities, and quality of life as a major concern of palliative medicine.

References:

Speakers: Werdie Van Staden (South Africa).
Luigi Janiri (Italy).
Robert Cloninger (USA).
Marco Bertelli (Italy).
Luigi Grassi (Italy).

Title: AFRICAN INSIGHTS TOWARDS PERSON-CENTERED ASSESSMENT

Speaker: Prof. Werdie Van Staden (Univ. Pretoria, South Africa).

Abstract: Objective: The objective is to give an exposition of African insights on person-centredness as captured by the concepts of batho pele, ubuntu and indaba, and how these concepts may guide assessments that takes diversity of values seriously

Method: These African concepts and their implied practices are considered for how they may guide clinical assessment.

Results. Batho pele is a Sesotho expression that may be incompletely translated with “people first”. It is closely connected to the rich concept of “ubuntu”, translated partially as “in existence with and through others”. Ubuntu champions both the person and groups of people by virtue of an interconnectedness expressed, for example, in the isiZulu maxim “Umuntu Ngumuntu Ngabantu”, translated into the Africa cogito as “I am because you are, and you are because we are”. An “indaba” is a substantive, rather than merely executive meeting. That is a meeting that is an end in itself rather than merely a means to an end. Moreover, it is a meeting in which participants jointly generate a story to tell about a matter. Clinical assessment, if guided by these concepts, would have adequate scope to be inclusive of the person’s values that he shares with others and his divergent values. It would prioritise these values as extending beyond the scope of disease and illness (notwithstanding their importance, though). It would entail a substantive communicative process in which is jointly generated a shared story that includes shared decision making in partnership. It would resist the idea that the exclusive assessment authority
would reside with either the health practitioner or the patient. **Conclusions:** These African concepts hold guidance for an enriched clinical assessment in practice that accounts for both shared and diverse values. **References:**


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<td>ECOLOGICAL APPROACH TO ADVANCING PSYCHIATRY AND MENTAL HEALTH</td>
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<td>Speaker</td>
<td>Prof. Luigi Janiri (Catholic University, Rome, Italy.)</td>
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<td>Abstract</td>
<td>Changes of human context, in its social and cultural aspects, influence the approach to the psychiatric disorders, which are in turn modified by these changes. The rapid and dramatic increase in mood, anxiety, impulse control, substance use and eating disorders in the last decades reflects broad phenomena of the developed countries such as population turnover, worsening of relationships, media perception, deep evolutions of people’s life style and way of thinking. For instance, panic attacks and post-traumatic stress disorder are syndromes that until a few years ago were not recognized or underestimated and now are in need for adequate integrated treatments. It is hypothesized that “new” psychopathological entities represent reactive and coping modalities rather than forms of illness according to the medical model. Likewise, behavioral disturbances and personality disorders take place instead of more functional and organized adjustment attempts. The DSM-5 tendency to include disorders in a dimensional frame and its alternative model for personality disorders support such a view. In line with a process which could be defined as “psychopathomorphosis” and according to an ecological approach to these phenomena, treatment psychiatric options are changing: self-help groups, rehabilitation, family- and community-based settings, day hospital facilities are increasingly available among the therapeutic resources, in addition to the more conventional pharmaco- and psychotherapies. The education of the new generations of psychiatrists should promote more eclectic and creative attitudes so that they could be enabled to face such emerging situations. The complexity of treatment programs is growing and an ecologically-derived integrative model of assessment and clinical intervention is needed. Reference: G. Spinetti, L. Janiri (2001), Psychiatry and Ecology, CIC International Ed, Rome</td>
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<td>Title:</td>
<td>PERSON-CENTERED TREATMENT AND HEALTH PROMOTION IN NCDS</td>
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<tr>
<td>Speaker</td>
<td>Prof. C. Robert Cloninger (Washington Univ, St Louis, USA.)</td>
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| Abstract | Health promotion is more effective when person-centered, not organ- or disease-centered because physical, mental, social, and spiritual functioning are inextricably intertwined. Chronic non-communicable diseases (NCDs), such as cardiovascular diseases, chronic lung diseases (asthma, emphysema), cancer, and diabetes are strong associated with immature personality, emotional instability, and social dysfunction. All indicators of physical, mental, and social well-being are strongly related to one another and to the maturity and integration of personality [1]. Accordingly the integration of a person’s emotions, goals, and values is crucial for health promotion and the prevention and treatment of chronic diseases. Health and well-being depend on increasing levels of the character traits of Self-directedness, Cooperativeness, and Self-transcendence. Person-centered interventions that enhance self-regulation of functioning to achieve personally valued goals improve compliance with medical treatment and quality of life in people with chronic disease. Effective therapeutic approaches activate a complex adaptive system of interactions among plasticity, virtue and healthy functioning. Evidence-based studies show that people can intentionally develop their character and thereby their self-regulation of emotions, goals, and values in order to achieve valued goals such as health and happiness [2]. References:


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<td>Title:</td>
<td>PROMOTING POSITIVE HEALTH FOR PERSONS WITH INTELLECTUAL DISABILITIES</td>
<td>Speaker</td>
<td>Dr. Marco Bertelli (CREA, Florence, Italy.)&lt;br&gt;Prof. Luis Salvador-Carulla (Univ of Sydney, Australia)</td>
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<tr>
<td>Abstract</td>
<td>Objective: to evaluate the usefulness of a positive health approach in the health issues prevention of people with Intellectual Developmental Disorders (IDD).&lt;br&gt;Methods: systematic mapping of the literature and review of personal clinical records.&lt;br&gt;Results: apart from the unmet care needs specifically related to the intellectual impairment and the co-occurrent mental disorders, which over 30% of persons with IDD suffer from, this population shows high co-morbid physical problems and poor Health-Related Habits (HRH). Around 65% of persons with IDD use one or more forms of medication, two thirds are either underweight, overweight or obese, and 52% report a sedentary life.&lt;br&gt;Although some studies suggest that mental and physical problems are often linked to each other more and in a more direct way in people with IDD than in the general population, people with IDD are more likely to have untreated morbidity and less likely to experience health promotion and disease prevention activities.&lt;br&gt;Care and rehabilitative programs based on a quality of life approach display very good outcomes in terms of health issues. The quality of life approach emphasizes on understanding, respecting and providing what is important to and valued by each individual, and what aspects of life or the environment contribute positively to life quality.&lt;br&gt;Recently a framework and a standard assessment of HRH has been developed as well as an assessment battery of health indicators to be used in persons with IDD.&lt;br&gt;Conclusions: IDD can be regarded as a model for studying the links between mental care and primary care. It should also underline the need of interdisciplinary interventions in the consideration of possible biological, psychological, social and developmental factors that might account for the frequent link between physical and mental ill-health in the general population.&lt;br&gt;References:&lt;br&gt;Bertelli M. and Brown I. Quality of life for people with intellectual disability. Current Opinion in Psychiatry, 2006; 19:508-513;&lt;br&gt;Haveman M et al. Ageing and health status in adults with intellectual disabilities: results of the European POMONA II study. J Intellect Dev Disabil. 2011 Mar;36(1):49-60.</td>
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<th>Session:</th>
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<tr>
<td>Title:</td>
<td>QUALITY OF LIFE AND PALLIATIVE MEDICINE</td>
<td>Speaker</td>
<td>Prof. Luigi Grassi (Univ. Ferrara, Italy.)&lt;br&gt;Prof. Michelle Riba (Univ. Michigan, USA)</td>
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<td>Abstract</td>
<td>Recent data in psycho-oncology and psychiatry in palliative care has shown the importance of psychosocial intervention in advanced phases of medical illnesses, especially cancer, as a way to improve the quality of life of patients, as well as their family caregivers. An analysis of the literature in the several databases available have demonstrated that some particular interventions have a specific role in this respect. Among these interventions, supportive-expressive group psychotherapy, meaning-</td>
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centered psychotherapy, dignity therapy and Managing Cancer and Living Meaningfully (CALM) therapy have shown potential to improve patients’ quality of life. Applications of these methods as a general framework in clinical care have also been shown to be useful to reduce health care professionals’ burn-out. This supports the need for integrated person-centered approaches in palliative care.
Treating trauma in psychosis

The Treating trauma in psychosis study was a large multisite study in the Netherlands conducted at 13 sites with 155 patients fulfilling all criteria of DSM-IV PTSD and a lifetime psychotic disorder. Many patients had longstanding complex PTSD and many were still actively psychotic. They were treated with either Eye Movement Desensitization and Reprocessing (EMDR) or Prolonged Exposure (PE) or Waiting List (WL). Therapy envelop was 8 sessions of 90 minutes. Follow-up was 6 and 12 months. The aim was to examine efficacy and safety of both treatments. Four presentations describe the results of the study. The first presentation by Paul de Bont examined the validity of the TSQ as a screen in a population of long-term psychotic patients and also the prevalence rate of PTSD in these chronic patients. The second presentation by David van den Berg examined the efficacy and safety of the treatments in this severely disabled mental patients. The third presentation by Berber van der Vleugel successfully used experience sampling in this group and explored how event during daily living affected symptoms during treatment. The fourth presentation examined whether psychotic of depressive symptom exacerbation will occur during the treatment of trauma as is believed by many clinicians.

Speakers

Ad de Jongh (The Netherlands).
David van den Berg (The Netherlands).
Beber van der Vleugel (The Netherlands).
Agnes van Minnen (The Netherlands).

DETECTING PTSD IN PATIENTS WITH PSYCHOTIC DISORDERS: PREDICTIVE VALIDITY OF THE TRAUMA SCREENING QUESTIONNAIRE (TSQ)

P. de Bont1, D. van den Berg2, B. van der Vleugel3, C. de Roos4, A. de Jongh5,6, M. van der Gaag2,7, A. van Minnen8,9

1 GGZ Oost Brabant, Boxmeer, The Netherlands
2 Parnassia Psychiatric Institute, Den Haag, The Netherlands
3 MHO GGZ Noord-Holland Noord, Alkmaar, The Netherlands
4 MHO Rivierduinen, Leiden, The Netherlands
5 University of Amsterdam and VU University Amsterdam, Amsterdam, The Netherlands
6 Salford University, Manchester, United Kingdom
7 VU University Amsterdam and EMGO Institute for Health and Care Research, Amsterdam, The Netherlands
8 Radboud University Nijmegen, Nijmegen, The Netherlands
9 MHO Pro Persona, Nijmegen, The Netherlands

Objectives
(1) establishing the validity of the Trauma Screening Questionnaire (TSQ) for screening trauma related symptoms, (2) estimating PTSD prevalence, (3) assessing PTSD chart diagnosis, (3) exploring possible gender differences, and (4) determining occurrence and type of trauma exposure in psychotic patients.

Methods
The TSQ was administered to 2608 patients with a psychotic disorder. The rate of trauma exposure was assessed, whereas the PTSD status was verified in 455 patients using the Clinician-Administered PTSD Scale.

Results
The TSQ demonstrated reasonably good psychometric properties. With a cut-off score of 6 only a small proportion of people who had PTSD were missed (negative predictive value 93.6%). The estimated prevalence of PTSD was 16.0% compared with 0.5% in the clinical charts. Trauma exposure was reported by 78% of the patients. Women were 1.8 times more likely to report any kind of trauma exposure. Compared with men, women significantly more often reported to have experienced sexual
abuse, physical abuse and emotional abuse.

Conclusions
The TSQ appears to be a valid, time and cost-saving PTSD screen for use in patients with psychotic disorders. Trauma exposure and PTSD are highly prevalent, but frequently underdiagnosed, in this population.

Session: Regular Symposium
Title: TREATING PTSD IN PSYCHOSIS WITH GUIDELINE INTERVENTIONS: RCT RESULTS
Speaker: David van den Berg1, Paul de Bont2, Berber van der Vleugel1, Carlijn de Roos4, Ad de Jongh5,6, Agnes van Minnen7,8, Mark van der Gaag1,9
1 Parnassia Psychiatric Institute, Den Haag, The Netherlands.
2 MHO GGZ Oost Brabant, Boxmeer, The Netherlands.
4 MHO Rivierduinen, Leiden, The Netherlands.
5 University of Amsterdam and VU University Amsterdam, The Netherlands.
6 Salford University, Manchester, United Kingdom
7 Radboud University Nijmegen, Nijmegen, The Netherlands.
8 MHO Pro Persona, Nijmegen, The Netherlands.
9 VU University Amsterdam and EMGO Institute for Health and Care Research, Amsterdam, The Netherlands.

Abstract
Objectives
Post-traumatic stress disorder is highly prevalent in patients with psychotic disorders and negatively influences prognosis and wellbeing. Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR) are highly effective treatments and recommended as first choice treatments in PTSD guidelines worldwide. Patients with psychosis are however excluded from PTSD trials due to fear of destabilization or psychotic exacerbation. There is however no scientific evidence to support this.

Methods
In the ‘Treating Trauma in Psychosis trial (T-TIP) 155 patients with a psychotic disorder and comorbid PTSD were randomly assigned to PE, EMDR or Waiting List (WL). In the treatment conditions participants received 8 sessions of 90-minutes therapy. Standard protocols were used. Stabilizing interventions or skills training did not precede treatment. The first session comprised psycho-education about PTSD and target selection. In sessions 2 to 8 traumas were treated, starting with the most distressing experience. Baseline, post-treatment, 6-month follow-up and 12 month follow-up assessments were made.

Results
Participants in both PE and EMDR showed greater reduction of PTSD symptoms than those in WL. Between group effect sizes were large. Almost two-third of the participants in the treatment groups achieved loss of diagnosis. Treatment effects were maintained at six-month follow up for both PE and EMDR. Twelve month follow-up data will be presented.

Conclusions
Treatments did not result in serious adversities. Standard PE and EMDR protocols appear to be effective, safe and feasible in patients with psychosis.

Session: Regular Symposium
Title: DAILY LIFE OF PATIENTS WITH PSYCHOSIS AND POSTTRAUMATIC STRESS DISORDER: AN EXPERIENCE SAMPLING STUDY
Speaker: B. van der Vleugel1, P. Delespaul2,3, P. de Bont4, D. van den Berg5, C. de Roos6, A. de Jongh7,8, A. van Minnen7,10, M. van der Gaag5,11
1 MHO GGZ Noord-Holland Noord, Alkmaar, The Netherlands
2 Maastricht University, Maastricht, The Netherlands
3 Mondriaan Institute, Maastricht, The Netherlands
4 MHO GGZ Oost Brabant, Boxmeer, The Netherlands
5 Parnassia Psychiatric Institute, Den Haag, The Netherlands
6 Maastricht University, Maastricht, The Netherlands
7 Radboud University Nijmegen, Nijmegen, The Netherlands
8 MHO Pro Persona, Nijmegen, The Netherlands
9 VU University Amsterdam and EMGO Institute for Health and Care Research, Amsterdam, The Netherlands
10 Parnassia Psychiatric Institute, Den Haag, The Netherlands
11 VU University Amsterdam and EMGO Institute for Health and Care Research, Amsterdam, The Netherlands
**Abstract**

### Objectives

As presented earlier in this symposium, psychological treatment of comorbid PTSD for patients with psychosis was found to be effective and safe in the *Treating Trauma in Psychosis* (T.TIP) study. Usually, assessments of experiences, symptoms and behaviours are done by retrospective interviews or questionnaires and affected by recall bias. A method with high ecological validity that avoids these biases is Experience Sampling. In the *Experience Sampling Method* (ESM) reports of experiences (moods, thoughts, feelings and behaviours) are obtained at the moment of, or very close to, their occurrence. The information is collected within the natural context of the participants’ day-to-day lives, which offers unique opportunities to understand experiences in their ecological context and enhances the validity of the assessment. Furthermore, it offers insight into the role of daily-life contexts for the target phenomena that are studied and the effects of PTSD treatment, e.g. how are patients affected by their symptoms, and what contextual factors influence the occurrence and intensity of these symptoms?

### Methods

Patients with daily auditory verbal hallucinations, who were included in the T.TIP study, participated in this side-study. They were required to report on their current affect, thoughts, severity of symptoms and activity when prompted (at pseudo random times) by an electronic device (the PsyMate®), for 10 times a day for at least 6 consecutive days. They carried the device prior to the start and after completion of the randomly assigned treatment.

### Results

Thirty-nine patients with daily auditory verbal hallucinations were included in this side-study. Twenty-nine of them completed the post-treatment sampling period as well. Data are currently analysed and findings will be presented in this symposium.

### Conclusions

The Experience Sampling Method is feasible for patients with severe psychotic and posttraumatic stress symptoms. Its findings shed light on the effects of treatment on daily life experiences.
(hallucinations, delusions), depressive symptoms and social functioning. Baseline, post-treatment, 6-month follow-up and 12 month follow-up assessments were performed.

**Results**
Participants in both PE and EMDR showed greater reduction in depressive and (some) psychotic symptoms than those in WL. Social functioning remained stable. These secondary treatment effects were maintained at six-month follow up for both PE and EMDR. Twelve month follow-up data will be presented.

**Conclusions**
Rather than increase, psychotic and depressive symptoms decline during trauma-focused treatment along with the PTSD-symptoms, or at least stay stable during treatment. Social functioning also remained stable. In conclusion, there is no need to exclude psychotic patients from trauma-focused treatments based on the fear that their psychotic or depressive symptoms may increase.
### Session: Regular Symposium

#### OVERALL ABSTRACT

**Title:** Psychotherapy and psychiatric disorders

**Chairperson:** Prof. Doutor Rui Xavier Vieira – Professor de Psiquiatria da Faculdade de Medicina de Lisboa/ Hospital Universitário de Santa Maria, Lisboa, Portugal.

**Co-Chair:** Prof. Doutor Carlos Gois, Psiquiatra, Hospital Beatriz-Ângelo; Lisboa, Portugal

**Abstract**

Rui Xavier Vieira (Portugal).

Carlos Góis (Portugal).

Miguel Vasconcelos (Portugal).

Marta Croca (Portugal).

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### Session: Regular Symposium

#### SPEAKER 1

**Title:** PSYCHOTHERAPY OF PSYCHIATRIC DISORDERS ASSOCIATED WITH SEXUAL PROBLEMS

**Speaker:** Prof. Doutor Rui Xavier Vieira - Faculdade de Medicina de Lisboa. Coordenador do Núcleo de Estudos de Sexologia Clínica e Saúde Mental, Portugal.

**Abstract**

**Introduction:** Sexual problems are prevalent among psychiatric patients, and may be related to both psychopathology and psychotropic medication. The most common lifetime comorbid psychiatric diagnosis was generalized anxiety disorder, but substance abuse, depression, schizophrenia and other anxiety conditions, namely obsessive-compulsive and post stress traumatic disorders, are also found. Sexual function has received little attention as an important aspect of patient care. Sex therapy comprised a combination of counseling, cognitive behavioral interventions and treatment of concomitant psychiatric disorders for those suffering from mental disorders.

**Objectives:** To assess the prevalence of sexual dysfunction in patients with schizophrenia. Evaluate the interference that sexual problems have on treatment adherence and in the quality of life of the patients and highlight the role that PLISSIT model (J. Annon, 1974) has in therapeutic interventions of sexual difficulties in schizophrenic patients.

**Methodology:** In this study we selected 16 consecutive schizophrenic patients of both sexes, according to the DSM-V and ICD-10, followed in the psychiatric department of Santa Maria University Hospital in Lisbon.

**Instruments:** Patients were evaluated according to a socio-demographic questionnaire built specifically for this study and with a Portuguese version of the Psychotropic Related Sexual Dysfunction Questionnaire (Montejo et al, 2000). It was also done a revision of existing publications on computerized database.

**Results:** The mean age of schizophrenics was 37.50±10.56. Only 48.3% of patients reported having sexual dysfunction. However, after the application of the scale it was found that 81.3% of schizophrenics had sexual dysfunction. Although, we have obtained a general low score in Salsex scale, the more prevalent grades of sexual dysfunction were moderate and severe. Patients are in the vast majority singles, but 5 have children, which show they have had sexual relationships in the past last for certain duration. At present, only three patients have partner. Schizophrenic s are more resistant to talk about masturbation (12.5% did not answer the question). Of those who responded, 43.8% masturbate at least once a week. It has been found that the use of prostitution occurred in 25.0% of patients.

**Discussion and conclusions:** Analyzing the results we can say that patients with schizophrenia benefit from a sexual intervention at least to some extent. PLISSIT model can certainly give the patient permission to discuss the problem, validate her worry as legitimate, and provide at least some limited information and suggestions. Comprehensive and quality sexual interventions often may require both a physical and mental health approach.
### Session: Regular Symposium

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<tr>
<th>Speaker</th>
<th>Prof. Doutor Carlos Góis, Psiquiatra, Hospital Beatriz-Ângelo, Lisboa, Portugal.</th>
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<tr>
<td>Title:</td>
<td><strong>WHAT ARE THE CHALLENGES WHEN BOTH MANUAL ADHERENCE AND CLINICAL CREATIVITY HAVE TO COMBINE IN INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION?</strong></td>
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| Abstract| **Aims:** Discussing the vicissitudes of research in psychotherapy, namely interpersonal psychotherapy, using a study with persons with diabetes and major depression.  
**Method:** Thirty-four patients with type 2 diabetes and major depression were randomized to undergo Interpersonal Psychotherapy or treatment with sertraline in a 6-month intervention course within a sequential add-on format.  
**Results:** About 50% reached remission and with no significant differences between IPT and sertraline. Several difficulties had to be overcome concerning this experimental clinical framework.  
**Conclusions:** The difficulties coming up in this kind of research will be discussed and implications for clinics will be considered. |

### Session: Regular Symposium

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<tr>
<th>Speaker</th>
<th>Dr. &quot;Miguel Vasconcelos - Psiquiatra, Centro das Taipas, Lisboa, Portugal.</th>
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<tr>
<td>Title:</td>
<td><strong>PSYCHODRAMA AND DRUG ADDICTION: WHICH ARE THE HEALING FACTORS?</strong></td>
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<td>Abstract</td>
<td>The therapeutic factors of Psychodrama, defined as the elements or processes that improve the shift towards a better prognosis, are theorized according the Morenian Psychodrama. A self-evaluation questionnaire, focusing in different categories of assumed therapeutic factors, are proposed both to the participants of psychodrama groups and to the therapists of these groups. The results of these questionnaires are analyzed, discussed and conclusions are produced.</td>
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<th>Speaker</th>
<th>Dras. Marta Croca e Patricia Frade Int. Psiquiatria, Hospital Santa Maria, Lisboa</th>
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<td>Title:</td>
<td><strong>PSYCHOTHERAPY IN PSYCHOSIS- FRIEND OR FOE</strong></td>
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| Abstract| **Aim:** With the present work we intend to revise the existing literature on the role of psychotherapeutic interventions in Psychotic disorders, with the main focus on early intervention, as we think it is of critical importance in delineating cost-effective strategies directed at a vast range of diagnoses in various therapeutic settings.  
**Methods:** The authors searched the PubMed database using the key words “psychotherapy” and “psychosis” and selected forty-one English-written articles of clinical relevance from January 2012 to the present date.  
**Results:** Regarding the integrated treatment of psychotic disorders, albeit antipsychotic treatment continues to be the mainstay of treatment, in the last two decades growing attention is being given to numerous evidence-based or already promising psychotherapeutic approaches, based on the recovery and the stress-vulnerability models. They include cognitive behavior therapy for psychosis (CBTp), cognitive remediation, family psychoeducation and social skills training. There is growing evidence supporting the use of a psychodynamic approach for early intervention in psychosis service users with co-morbid personality disorders. The cognitive and clinical insight improvements attained with many of these therapies seem to benefit the therapeutic alliance in patients known to have poor adherence to treatment.  
**CUTp for Schizophrenia** is an evidence-based therapy recommended worldwide as an important component in improving adherence to medication and perception about the self, as it focus on strategies that normalize the psychotic experiences and mitigate the level of depressive and anxious symptoms. There is conflicting data regarding the efficacy in reducing negative symptoms, and many authors reference the high percentage of dropouts. Regarding this issue some studies point to the importance of general therapy skills necessary to correctly deliver CBTp. Applying the recent criteria based on subthreshold levels of psychotic symptoms (ultra-high-risk criteria) we find a new and heterogeneous... |
group of people in what is called the early initial prodromal state (EIPS), from where 20% to 30% of the cases will evolve within twelve months to a full-blown first psychotic episode. There has been an effort to intervene in this group of patients, since the greatest psychosocial and clinical declines occur in the first five years after the onset of Schizophrenia, with either single-element interventions or multi-element interventions being used. Despite improving the possible negative outcomes of these patients, the high reincidence rate of attenuated psychotic symptoms after removing the specific intervention led some authors to conclude that it merely delays conversion to psychosis rather than prevent it. The occurrence of a first mania episode in a young adult is associated with a clear disruption with the previous functioning, and it can jeopardize the young person’s future, and some studies demonstrate the benefit of an early intervention in preventing an unfavorable outcome. Psychotherapeutic interventions are also a key component when there is a co-morbid substance use disorder, frequent among these patients, and associated with a wide range of negative outcomes. Many studies show that combined treatment result in a reduction of consumptions. Finally, we address the growing interest for interventions focusing on distress, such as acceptance and commitment therapy (ACT) and mindfulness-based therapy (MBT).

Conclusions: Through this review we concluded there is an important and clinically rewarding space for psychotherapy in the treatment of psychotic disorders, in combination with antipsychotic medication or as the core intervention, in the case of early prodromal stages, where the psychological methods are the main therapeutic allies, according to recent studies. It seems that an integrated strategy might add substantial clinical and economic benefits for people with psychosis and early schizophrenia.
### OVERALL ABSTRACT

**Title:** Bipolarity boundaries and their treatment  
Sonepsyn- University Of Chile Symposium

**Chairperson:** Eduardo Correa, Fernando Ivanovic-Zuvic, Luis Risco  
University of Chile

**Abstract:** This symposium includes three clinical topics which are in close relationship with bipolar disorders such us thyroid dysfunction, the similitude of bipolar disorders and epilepsy and studies in cognition as a poor prognosis using mood stabilizers.

**Speakers:**  
Eduardo Correa (Chile).  
Fernando Ivanovic-Zuvic (Chile).  
Luis Risco (Chile).

### SPEAKER 1

**Title:** MOOD STABILIZERS AND COGNITION IN BIPOLAR PATIENTS

**Speaker:** Eduardo Correa  
University of Chile, Santiago, Chile

**Abstract:**

**Objectives**  
To know about side effects in cognitive functions in valproate-treated patients.

**Methods**  
We review the impact of hyperammonemia in diverse cognitive functions and the results of naturalistic studies in the use of valproic acid in bipolar patients.

**Results**  
The “asymptomatic” hyperammonemia is present in almost half of the valproate-treated bipolar patients with a cognitive ominous prognosis.

**Conclusions**  
Valproic Acid could be a factor that contributes to cognitive impairment even when it is used in usual doses. This results can establish some measures in order to guide the prevention and treatment, assessing the role of different strategies in the management of this condition.

### SPEAKER 2

**Title:** EPILEPSY, MOOD DISORDERS AND BIPOLARITY. CONVERGENT OR DIVERGENT ENTITIES?

**Speaker:** F. Ivanovic-Zuvic  
University of Chile, Santiago, Chile.

**Abstract:**

**Objectives:**  
This report describes the relationship between affective disorders in epilepsy and their boundaries with other mood disorders such as depression and bipolarity.

**Methods:**  
We describe the phenomenology and biological models to explain similarities and differences between epilepsy and affective disorders.
Affective disorders are frequent in epilepsy. These disorders can adopt varied clinical presentations, from those that are a part of the epileptic seizure, pre ictal and post ictal states, and others which are not linked temporarily to them, the interictal states. The clinical manifestations seems different with respect to others mood disorders, such as major or other presentations of depressions. In the same way, mania in subjects with epilepsy have different clinical characteristics with respect to bipolar disorders, are less frequent. The use of anticonvulsants for the treatment of epileptic seizures are simultaneously employed as mood stabilizers in bipolar states, suggest a certain link between them. Similarities are also the episodic nature, chronic evolution, the presence of environmental factors. Biological models like kindling and allostatic load could be applied to them. Some images findings and compromise of neurotransmitters show similarities. EEG findings, phenomenology and genetic evidence are different in those conditions.

Conclusions:
Psychopathology of affective manifestations in epilepsy has some similarities with other mood disorders. Clinical manifestations in epilepsy seems to have peculiarities representing a different pattern which could contribute to the understanding of affective disorders in general.

References:
Blumer D. The interictal dysphoric disorder: recognition, pathogenesis, and treatment of the major psychiatric disorder of epilepsy. Epilepsy Behav 2004: 5; 826-840

Objectives
The association between thyroid conditions and mood disorders may be seen in numerous ways. For example, as the elevated rates of subclinical and clinical hypothyroidism in depressive patients, or the elevated rates of TSH’s disturbances on the cerebrospinal fluid seen in depressed patients, or as the good clinical outcome obtained with supra physiological doses when treating refractory depressions. Although there is not an explaining model for the current evidence, we report research data aiming to contribute in this field.

Methods
We report two kinds of studies. First a 200 mg TRH challenge ev in 30 depressed melancholic patients on their very first episode. Second, a cerebral SPECT and Hamilton scale assessment at baseline and 8th week of fluoxetine treatment among 21 fluoxetine and placebo or fluoxetine and T3 patients.

Results
TRH challenge, shown that the functioning of the HHT axis is severely altered from the very beginning of the depressive illness. Nevertheless there is not antidepressant effect when adding T3 to fluoxetine used for 8 weeks.

Conclusions
A coherent explaining model for describing the relationship between depressive illness and thyroid conditions is badly needed. Eventually, research conducted upon subgroups of depressive patients, regarding their thyroid functioning will shed light upon this obscure clinical relationship.
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<td>Title:</td>
<td><strong>Problemas de salud mental en instituciones penitenciarias. La situación en España</strong></td>
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<td>Chairperson</td>
<td>Marcelino López Alvarez. Psiquiatra y Sociólogo. FAISEM. Sevilla</td>
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<tr>
<td>Abstract</td>
<td>La preocupación por la situación de las personas con enfermedad mental en Instituciones Penitenciarias es creciente también en España y empezamos a tener alguna información rigurosa al respecto. El Simposio pretende servir de marco para tipificar los distintos problemas que generan dificultades en esas instituciones, especialmente los que afectan a personas con Trastornos Mentales Graves, identificar los factores que determinan su elevada prevalencia en este medio y establecer los componentes de una estrategia global para intentar disminuirla y mejorar su atención.</td>
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<td>Speakers</td>
<td>Enric Vicens Pons (Spain). Francisco Javier Saavedra Macías (Spain). Fernando Santos Urbaneja (Spain). José Manuel Arroyo (Spain).</td>
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<td>Title:</td>
<td><strong>PREVALENCIA DE PROBLEMAS DE SALUD MENTAL EN INSTITUCIONES PENITENCIARIAS. RESULTADOS GENERALES DEL ESTUDIO PRECA</strong></td>
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<td>Abstract</td>
<td>Presentar los principales resultados del estudio de prevalencia PRECA en 5 instituciones penitenciarias de Aragón, Cataluña y Madrid, y describir las estrategias específicas de la comunidad Autónoma de Cataluña.</td>
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<td><strong>CARACTERÍSTICAS SOCIODEMOGRÁFICAS Y PENALES DE PERSONAS CON TRASTORNOS PSICÓTICOS EN INSTITUCIONES PENITENCIARIAS EN ANDALUCÍA</strong></td>
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<td>Abstract</td>
<td>Presentar los resultados del estudio de prevalencia en dos prisiones andaluzas con especial referencia a los datos relativos a personas con trastornos psicóticos y proponer líneas de actuación para mejorar su situación en el contexto de los servicios sanitarios y sociales de la Comunidad Autónoma de Andalucía.</td>
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<td>Title:</td>
<td><strong>EL PAPEL DEL SISTEMA JUDICIAL EN EL ITINERARIO PENITENCIARIO DE LAS PERSONAS CON TRASTORNOS MENTALES GRAVES</strong></td>
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<td>Fernando Santos Urbaneja. Fiscal. Audiencia provincial de Córdoba.</td>
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<td>Abstract</td>
<td>Presentar los resultados de un primer estudio en Juzgados de la provincia de Córdoba sobre el número, características y pautas de manejo de personas con trastornos mentales y propuesta de estrategias para...</td>
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mejorar la situación en el ámbito penal.

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<td><strong>PRINCIPALES ASPECTOS A CONTEMPLAR EN UNA ESTRATEGIA GLOBAL</strong></td>
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<td>Abstract</td>
<td>Presentar las propuestas de actuación consensuadas entre distintos agentes implicados en un proceso coordinado desde la Dirección General de instituciones Penitenciarias.</td>
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**Session:** Regular Symposium  
**OVERALL ABSTRACT**

**Title:** La gestión de los servicios de salud mental bajo la perspectiva de la gestión clínica. La experiencia del modelo andaluz

**Chairperson**

**Abstract**
En la última década se han implantado diversos modelos de Gestión Clínica (GC) en los servicios sanitarios de diferentes países de nuestro entorno. Las crecientes expectativas ciudadanas, la incorporación de nuevas tecnologías y el marco económico son factores fundamentales en la transformación operada en la organización de servicios sanitarios en los últimos años. Se pretende el mejor uso de los recursos por parte de los profesionales, disminuir la brecha entre eficacia y efectividad y reducir la variedad de la práctica clínica mediante intervenciones basadas en la evidencia. La participación de los profesionales en la gestión de los recursos se convierte en elemento esencial para el logro de estos objetivos. El fin último de mejorar la atención y cuidado de los pacientes remite por otra parte a revisar la ética asistencial en la actualidad. Los servicios de Salud Mental han experimentado, además, una profunda transformación al integrarse en los sistemas sanitarios generales. En pocos años han pasado de estructuras socialmente excluyentes a modelos de recuperación e integración social. Los modelos de GC ofrecen un marco apropiado para la organización y evaluación actual de la atención a la Salud Mental. El simposio pretende dar cuenta de la aplicación de la GC a la compleja red asistencial de Salud Mental, en la que debe prevalecer la continuidad de cuidados socio-sanitarios, lo que implica la cooperación permanente de las diferentes agencias que intervienen. En consonancia con ello se analiza la función de los diferentes protagonistas y sus niveles de participación; los criterios de calidad que deben contemplar los procesos asistenciales, su evaluación y resultados en salud; y, por último, las herramientas disponibles para la una correcta intervención basada en la evidencia.

**Speakers**
Francisco de Río Noriega (Spain).  
José Carmona Calvo (Spain).  
Eudoxia Gay (Spain).  
Amalia Tesoro Amate (Spain).

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**Session:** Regular Symposium  
**SPEAKER 1**

**Title:** Gestión Clínica en Salud Mental, algo más que Dirección por Objetivos

**Speaker**

**Abstract**
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**Session:** Regular Symposium  
**SPEAKER 2**

**Abstract**
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<table>
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<th>Title</th>
<th>Los cambios en la organización: la participación de los profesionales y usuarios</th>
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| Title | La gestión de los procesos asistenciales. El trabajo en red. Estándares de calidad y Evaluación de resultados |
| Abstract | NOT RECEIVED |

| Title | La Gestión del conocimiento. Uso de herramientas y niveles de evidencia para la reducción de la variabilidad de la práctica clínica |
| Abstract | NOT RECEIVED |
**OVERALL ABSTRACT**

**Title:** Substance use disorders and ADHD: a complex relationship

**Chairperson:** Geurt van de Glind, Trimbos-instituut and ICASA Foundation. The Netherlands.

**Abstract**
Attention Deficit Hyperactivity Disorder (ADHD) is a highly comorbid disorder in patients with substance use disorders (SUD). Moreover, both SUD and ADHD are associated with various other comorbid conditions. Substance use disorders are reported to co-occur with a variety of other Axis I and Axis II disorders with mood and anxiety disorders, borderline personality disorder (BPD), and antisocial personality disorder (ASPD) being the most frequently reported in the literature. The symposium will show the last results of the ICASA research group (International Collaboration on ADHD and Substance Abuse). First of all, the diagnosis of ADHD in patients with substance abuse will be review. The validation of new instruments to diagnosis ADHD in this population will be presented at this talk. After that, the results of the study about the presence of antecedents of trauma in ADHD patients with substance use disorder will be shared. Moreover, at the next presentation the complexity of substance use disorder in patients with ADHD will be addressed. Finally, the relationship between borderline personality disorder, ADHD and substance use disorders will be review. At the end of the symposium the assistants will achieve a compressive review of the most actual findings of ICASA focused on ADHD and substance abuse.

**Speakers**
J. Antoni Ramos-Quiroga (Spain).
Maija Konstenius (Sweden).
Katelijne van Emmerik-van Oortmerssen (The Netherlands).
Franz Moggi (Switzerland).

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**SPEAKER 1**

**Title:** SCREENING AND DIAGNOSIS OF ADHD IN SUD PATIENTS: NEW FINDINGS

**Speaker**
J.A. Ramos-Quiroga 1, M. Casas 1, ICASA Foundation 2
1 Department of Psychiatry, Hospital Universitari Vall d’Hebron. CIBERSAM. Universitat Autònoma de Barcelona, Catalonia, Spain
2 ICASA Foundation, Trimbos-Institute, Utrecht, The Netherlands

**Abstract**
Objectives: Attention Deficit Hyperactivity Disorder (ADHD) is a highly comorbid disorder in patients with substance use disorders (SUD). Moreover, comorbidity is a frequent condition in ADHD, 75% of patients develop a comorbid disorder across life span, being substance use disorder (SUD) one of the most prevalent. The diagnosis of ADHD in adulthood requires the correct assessment of comorbid disorders, especially SUD because of the high frequency between both disorders. For that, the diagnosis of ADHD in patients with substance abuse will be review.

Methods: The validation of new instruments to diagnosis ADHD in this population will be presented. After that, it will be present new data about early-age clinical and developmental features associated to Substance Use Disorders in Attention-Deficit/Hyperactivity Disorder in adults.

Results: Psychiatric Research Interview for Substance and Mental Disorders IV (PRISM-IV) and MINI-Plus present a good capacity to detected ADHD and also the most common psychiatric disorders associated to ADHD (i.e. SUD, depression, anxiety, and antisocial personality disorder), because of this they are good tools for detection of adult ADHD in patients with SUD.

Conclusions: There are good screening and semi-structured diagnosis interviews for the assessment of ADHD in patients with SUD. It is necessary to screen ADHD in treatment seeking SUD patients.

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**SPEAKER 2**

**Title:**

**Speaker**

**Abstract**

**Code** SY925
# Title: Trauma in SUD Patients with and Without ADHD

**Speaker:** M. Konstenius 1, K. van Emmerik-van Oortmerssen 2, ICASA Foundation 3  
1. Department of Clinical Neuroscience, Division of Psychiatry, Karolinska Institutet, Stockholm, Sweden  
2. Amsterdam Institute for Addiction Research, Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands  
3. ICASA Foundation, Trimbos-Institute, Utrecht, The Netherlands

**Abstract**

**Objective:** Little is known about Childhood trauma exposure (CTE) among individuals with dual ADHD and SUD. The main objective is to investigate the role of CTE in treatment seeking SUD patients with DSM-IV ADHD.

**Methods:** Treatment seeking SUD patients aged 18 to 65 were consecutively invited to complete a structured diagnostic assessment. Data was acquired from the International ADHD in Substance use disorder Prevalence (IASP) study. Comprehensive background information, including childhood trauma, was collected using the Conners’ Adult ADHD Diagnostic Interview for DSM-IV (CAADID).

**Results:** Childhood trauma exposure (CTE) was significantly associated with ADHD in treatment seeking SUD patients. This association was significant also when controlled for age and gender. Of 650 individuals with CTE, 127 (19.5%) had ADHD in adulthood. Of 563 individuals without any trauma, 48 (8.5%) individuals had ADHD in adulthood, OR 2.61 (RR 2.29). Different types of trauma, as well as multiple types of trauma, were significantly associated with adult ADHD. However, CTE did not show association with persistence of ADHD i.e. transition from childhood to adult ADHD. Of 186 individuals with CTE and childhood ADHD, 127 had (68.3%) ADHD in adulthood and of 75 individuals with childhood ADHD without CTE, 48 (64.0%) individuals had ADHD in adulthood with OR 1.21 (RR 1.07). The prevalence of DSM-IV adult ADHD in this SUD sample was 13.9%.

**Conclusions:** Childhood maltreatment is associated with ADHD in treatment seeking substance users but does not appear to be associated with transition from childhood ADHD to adult ADHD. The association of ADHD and childhood maltreatment may in treatment seeking substance users may be a result of genetic and environmental risk factors. The high rates of childhood traumatic experiences in treatment seeking substance users warrant careful assessment of any associated comorbid conditions as a part of treatment planning.

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**Session:** Regular Symposium  
**Code:** SY925  
**Title:** Complexity of SUD in Adults with ADHD  
**Speaker:** Katelijne van Emmerik-van Oortmerssen (The Netherlands).

**Abstract**

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**Session:** Regular Symposium  
**Code:** SY925  
**Title:** Risk Factors for Borderline Personality Disorder in Treatment Seeking Patients with a Substance Use Disorders  
**Speaker:** F. Moggi 1,2, M. Wapp 1,3, ICASA Foundation 4  
1. University Hospital of Psychiatry, University of Bern, Bern, Switzerland  
2. Department of Psychology, University of Fribourg, Fribourg, Switzerland  
3. Center for Cognition, Learning and Memory, University of Bern, Bern, Switzerland  
4. ICASA Foundation, Trimbos-Institute, Utrecht, The Netherlands

**Abstract**

**Objectives:** Borderline Personality Disorder (BPD) and Substance Use Disorders (SUD) often co-occur, partly because they share risk factors. In this international multicentre study, risk factors for BPD were examined in a large sample of SUD patients whether their frequency is elevated in patients with BPD and SUD.
Methods: In seven European countries (France, Hungary, Norway, Spain, Sweden, Switzerland, and the Netherlands) 1,205 patients were comprehensively examined by standardized interviews and questionnaires on psychiatric diagnosis and risk factors. Patients attended in- or outpatient treatments for alcohol, drug or both, including polysubstance use disorders. The SUD group (index group) was compared on risk factors with the SUD+BPD group by using logistic regression analyses controlling for age, gender, and Attention Deficit/Hyperactivity Disorder (ADHD).

Results: Overall, 1,033 (85.7%) had SUDs without BPD (SUD) and 172 (14.3%) had SUD with BPD (SUD+BPD). SUD+BPD patients were significantly younger, more often females and more often diagnosed with comorbid adult ADHD. SUD+BPD patients did not differ from SUD patients on most risk factors typical for SUD such as maternal use of drugs during pregnancy or parents having any SUD. However, SUD+BPD patients did have a higher risk of having experienced emotional and physical abuse, neglect or family violence in childhood compared to SUD patients.

Conclusions: Child abuse and family violence are BPD-specific risk factors in patients with SUD. Thus, clinicians treating patients with both SUD and BPD should be aware of the elevated risk of experienced violence as a child and the need for targeted treatment strategies that consider this victimization.
Abstracts

Regular Symposia
Dual Disorders / Pathology Track
# The Bipolar – Addiction Comorbidity

**Chairperson:** Dr. Vicent Balanzá-Martínez. Section of Psychiatry, University of Valencia Medical School, CIBERSAM; and Catarroja Mental Health Unit, University Hospital Doctor Peset, FISABIO, Valencia, Spain

**Abstract**

Bipolar disorder (BD) is a life-long, recurrent mood disorder associated with significant disability, and reduced quality of life and social functioning. Substance use disorders (SUDs) are highly prevalent in BD, often complicate the course and prognosis of BD, and have been associated with increased risk for relapse and hospitalization, suicidal behavior, decreased adherence to treatment, and lower vocational outcomes and quality of life. This symposium will focus on cutting-edge evidence about so-called ‘dual’ BD. Firstly, this comorbid condition will be presented into the framework of staging models of BD. The clinical staging models of BD posit a progression from prodromal to more severe and treatment-refractory clinical presentations. The underlying pathophysiology of BD seems to include an active neuroprogressive process, where functional impairment might result from the cumulative neurotoxicity associated with repeated illness episodes but also comorbidities. Accordingly, early intervention in BD could be potentially neuroprotective, and may reduce or even prevent progression to chronicity, and functional deterioration. Prevention of SUDs will be the topic of the second presentation. Finally, ‘dual’ BD is a difficult to treat condition, in part because dual patients are usually excluded from clinical trials in BD. The third presentation will focus on recent, effective interventions in this area, including novel agents that may target the bipolar symptoms by altering the biomarkers of neuroprogression.

**Speakers**

1. Flávio Kapczinski
   Federal University Rio Grande do Sul (UFRGS); and Hospital de Clínicas de Porto Alegre, RJ, Brazil.
2. José Manuel Goikolea.
   Barcelona Bipolar Disorders Unit, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain.
3. Michael Berk
   School of Medicine, Deakin University; IMPACT Strategic Research Centre; Orygen Research Centre; and Department of Psychiatry, University of Melbourne. Australia.

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# Addictions and bipolar disorders from a Staging Model Perspective: The Role Of Immune Activation

**Speaker:** F. Kapczinski

1. Flávio Kapczinski
   Federal University Rio Grande do Sul (UFRGS); and Hospital de Clínicas de Porto Alegre, RS, Brazil
2. University of Texas at Houston, Texas, USA

**Abstract**

A substantial body of clinical evidences point to neuroprogression among BD patients, particularly those with comorbidity with substance abuse. The pathways for neuroprogression include inflammation, oxidative stress and neurotrophic activity. More recently, this pattern of biomarker expression has been related to immune activation. In addition, in a pilot study we were able to demonstrate increased levels of damage-associated molecular patterns (key mediators of the sterile immune activation) among BD patients during acute mood episodes. However, so far the available studies supporting immune activation as a biomarker of neuroprogression are cross-sectional. A major limitation of the use of circulating cytokines as biomarkers is that their levels are close to and often below the limit of detection. Prospective studies are needed to establish the predictive value of these biomarkers among BD patients.
**Title:** Dual Bipolar Disorders – A Focus on Prevention

**Speaker**
JM Goikolea, I Torres, CM Bonnin, F Colom, E Vieta
Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain.

**Abstract**
Objectives: Comorbid substance use disorders (SUD) are highly prevalent in bipolar disorder. Reasons for such a high comorbidity include common neurobiological pathways, self-medication, high impulsivity, comorbidity with other conditions (such as anxiety disorders or ADHD), or social factors. Early stages of bipolar disorder are a critical period where comorbidities with SUD may arise or worsen. Dual pathology in bipolar disorder has a strong impact on the course of bipolar illness and on patient’s functioning and quality of life. Therefore, it becomes necessary to develop strategies to prevent and treat comorbid SUD.

Methods: Review of the evidence regarding emergence of comorbid SUD in patients diagnosed of bipolar disorder, regarding both recognition of risk factors and development of strategies to prevent comorbid SUD.

Results: The studies identify several risk factors that should be taken into account in clinical practice. Early stages of bipolar disorder are an especially important risk period to develop or complicate a SUD. Psychosocial interventions for bipolar disorder, such as psychoeducation, usually include some modules for prevention or management of SUD. However, few specific interventions aimed at preventing SUD in these high-risk bipolar patients have been developed.

Conclusions: Despite the available data about risk factors for development of SUD in patients with bipolar disorder, there is a need for more individualized and specific interventions to be designed and tested in order to prevent emergence of SUD.

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**Session:** Regular Symposium **SPEAKER 3**

**Title:** Novel pharmacological treatments for dual bipolar disorders

**Speaker**
M. Berk ¹, G.S. Malhi ², A Turner ¹, J. Sarris ³, C. Ng ³, S.M. Cotton ³, O.M. Dean ¹
¹ Deakin University, Geelong, Australia; ² University of New South Wales, Sydney, Australia; ³ University of Melbourne, Melbourne, Australia

**Abstract**
Objectives: There is abundant evidence that inflammatory and oxidative processes, altered neurogenesis and mitochondrial dysfunction play a role in the neuroprogression of mood and psychotic disorders. There is evidence of increased inflammatory activity and oxidative stress across most major neuropsychiatric disorders. The consequences of inflammatory and oxidative stress include lipid peroxidation, DNA fragmentation, protein carbonylation and an increased vulnerability to apoptosis. Inflammatory and oxidative stress leads to decreased BDNF and other trophic factors. N-Acetyl cysteine (NAC) has effects on oxidative stress, inflammation, mitochondrial dysfunction, neurogenesis and glutamate; the latter is implicated in addiction as well.

Methods: To overview the role that novel agents that alter the above markers might have in targeting the symptoms of psychiatric disorders.

Results: Clinical data shows a significant benefit of NAC in psychosis, especially on negative symptoms, and on measures of depression, quality of life and functioning in mood disorders and in addictive disorders. Equally, statins, aspirin and NSAIDS have diverse roles in inflammatory modulation, and there is data that these agents may reduce risk for mood disorders.

Conclusions: Biomarkers have the potential to lead to the development of novel therapies outside of traditional monoamine targets.
### Convergence of addiction medicine and dual disorders (Co-Occurring Disorders)

**Chairperson:** Gregory Bunt, M.D., Clinical Assistant Professor of Psychiatry NYU School of Medicine. President-elect ISA

**Co-chairperson:** Miguel Casas MD. PhD President Dual Pathology Foundation. Hospital Val d’Hebron. Barcelona.

**Abstract:** NOT RECEIVED

**Speakers:**
1. Nady El-Guebaly, MD. Founding President, ISAM. Canada
2. Tarek Gawad, M.D. Immediate Past-President, ISAM, Cairo, Egypt
3. Néstor Szerman, MD. President Spanish Society on Dual Disorders. (SEPD), Madrid, Spain.

### Refining the scope of addiction medicine through education

**Speaker:** N. el-Guebaly  
University of Calgary, Calgary, Alberta, Canada

**Abstract:**

**Objectives:** As a new medical specialty, addiction medicine has a 30-year history of providing credentialing to physicians. The process to develop a validated and reliable exam has been ongoing since 2003 and has been informed by the continuous reassessment of the boundaries of Addiction Medicine.

**Methods:** Following the Certification effort of the American Society of Addiction Medicine in the mid 1980’s, the International Society of Addiction Medicine as part of its foundation goals in 1998 recognized the need for a credentialing instrument available to an international audience. Starting with a review of the existing multi-authored textbooks mainly from the US, a curriculum was identified and a list of topics and multiple choice questions were drafted.

**Results:** The Certification exam held 13 times so far for a total of 110 applicants from 13 countries has proved to be a useful “scoping” instrument for assessing the state of the art and its practitioners in different countries. Insights acquired have included areas of comparative curricular strengths and weaknesses in several countries and in particular differential competencies in Pain and Addiction and Behavioral Addictions as well as the relative depth of the existing national pool of practitioners.

The next effort has been to collate an International Textbook including 150 chapters divided into 12 Sections with 260 contributors from 30 countries; the Textbook is in the publication process.

**Conclusions:** There are as expected several challenges to this international journey, including:

- Recognition of the Specialty by licensing authorities, some focussed on university based diplomas
- Emerging needs for standardized Review Courses and a Maintenance of Competence process
- Twinning the Test of Knowledge with that of Clinical competency
- Barriers of economic, distance and language accessibility

The journey continues!

**References:**
**Session:** Regular Symposium  |  **SPEAKER 2**  |  **Code**  |  SY3
---|---|---|---
**Title:** Addiction medicine and addiction psychiatry in the Middle East: The center of excellence in Abu Dhabi  
**Speaker** Tarek Gawad M.D.  
National Rehabilitation Center in Abu Dhabi  
UAE  
**Abstract**  
Objectives: The development of an addiction program for Abu Dhabi and the UAE has a unique and fascinating history relevant to addiction physicians throughout this region. The government of UAE has established that the prevention, detection and the treatment of addictive disorders is a major priority and has set out to develop an addiction program based in the National Rehabilitation Center in Abu Dhabi as the Center of Excellence for Addiction Medicine and Psychiatry. The objective of this presentation will be to describe the historical context and the current and future plans for research and development of this Center of Excellence.  
Methods: Developments in research, prevention and clinical treatment of addictive disorders at the NRC will be described. Various challenges, barriers and obstacles as well as opportunities for innovative practice will be explained in the context of the recent developments in addiction medicine in the UAE.  
Results: The UAE has made great strides in recent years in creating and advancing the theory and practice of addiction medicine and psychiatry. Details of the programs in public education, research and evaluation, policy development and treatment initiatives will be provided in this presentation.  
Conclusions: The advancement of Addiction Psychiatry and Medicine in the UAE will include:  
• Collaboration between government, academia and treatment professionals  
• Developments in research and education that are socioculturally based  
• Strategies for overcoming barriers, obstacles, and challenges for developing effective addiction treatment programs  
• Integration of various disciplines addiction professionals  
• Innovations development based on biological, psychological, sociocultural and psychospiritual concepts  
**References**  

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**Session:** Regular Symposium  |  **SPEAKER 3**  |  **Code**  |  SY3
---|---|---|---
**Title:** Addiction medicine and addiction psychiatry: A partnership for the future  
**Speaker** Gregory Bunt M.D  
NYU School of Medicine New York, N.Y. USA  
**Abstract**  
Objectives: The convergence of the fields of Addiction Psychiatry and Addiction Medicine are increasingly relevant to addiction psychiatrists throughout the globe. Internationally, the World Psychiatric Association has fostered and developed communications and networking among psychiatrists dedicated to the science of addiction and the treatment of addictive disorders. The International Society of Addiction Medicine has recently emerged inclusive of physicians in all disciplines of medicine that are dedicated to the science of addiction and the treatment of addictive disorders. The objective of this symposium will be to illuminate the advantages of strengthening this partnership between the leadership of Addiction Psychiatry and Addiction Medicine worldwide.  
Methods: The history of the development of addiction medicine commencing with its roots of origin in the American Society of Addiction Medicine will be described. Specific advances including establishing the foundation and fundamentals of addiction medicine, the development of patient placement criteria and professional credentialing and certification will be elucidated. Then the expansion
Internationally of addiction medicine will be reviewed.

Results: Individual and affiliate membership in ISAM have increased to thousands of addiction physicians throughout the world, with a large proportion being addiction psychiatrists. This has resulted in a significant advancement in the continuing education, enhanced competency, professional development and leadership skill development among addiction physicians and psychiatrists throughout the globe.

Conclusions: The growing partnership of Addiction Psychiatry and Addiction Medicine will foster:
• Important collaboration and networking between addiction physicians in various disciplines throughout the world
• Advancements in the science, research and clinical practice of the evaluation, diagnosis and treatment of addictive disorders
• Establishment of addictive disorders as a major public health crisis and regional, national and international policy priority
• Reinforcement of the central and imperative role of the addiction physician and the addiction psychiatrist in the response to this critical public health crisis


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**Title:** From addictive disorder to “dual psycho-pathology disorder”

**Speaker**
Néstor Szerman, MD
President Spanish Society on Dual Disorders. (SEPD), Madrid, Spain.

**Abstract**
Objectives: The vast majority of patients presenting to addiction services have an additional mental illness and vice versa.

The aim of this convergence is therefore to go beyond the old prevailing view of considering patients as having primarily either an addictive disorder or any other mental disorder and an additional comorbid psychiatric disorder.

Methods: The high frequency of “dual psycho-pathology” has been well documented in clinical and epidemiological studies. (1). Prospective epidemiological studies do not support the hypotheses that comorbidity of substance use disorders with other psychiatric illnesses is primarily a consequence of substance abuse or dependence or that increasing comorbidity is largely attributable to increasing use of substances. (2)

Results: Dual disorders are a clinical syndromic and dimensional entity. Yet emphasis is often on the effects of substances on the brain creating the impression that dual disorders are a natural consequence of these substances, although addictive drugs do not have to precipitate addictive behaviors in most individuals. (3)

Conclusions: We are moving away from the classic addiction paradigm based on drug-induced neuroplasticity and on acquired vulnerability, towards the new paradigm “individual-centered” approach that places individual variation as the focus of interest: the strong association of addiction and other psychiatric disorders (certain personality traits or other comorbid mental disorders).

**References**
Szerman N, Martinez-Raga J, Peris L et al. Rethinking Dual disorders/pathology. ADDICTIVE DISORDERS & THEIR TREATMENT (2013) Volume 12; 1.1-10

Session: Regular Symposium

OVERALL ABSTRACT

Code SY5

Title: Suicidal and non-suicidal self-injurious behavior in patients with dual disorders

Chairperson Prof. Leo Sher. Icahn School of Medicine at Mount Sinai and James J. Peters Veterans’ Administration Medical Center, New York, USA.

Co-chairperson Prof. Zoltan Rihmer. Semmelweis University, Budapest, Hungary.

Abstract Dual disorders are associated with suicidal behavior and non-suicidal self-injury. It is imperative to address this issue because a lot of patients with dual disorders attempt or commit suicide, or engaged in non-suicidal self-injurious behavior. About 50% of suicide completers have both substance abuse and mood disorders. This problem is especially important because suicidal behavior and non-suicidal self-injury lead to a significant morbidity and mortality in young people. Dr. Maria Dolores Picouto will talk about the role of stress hormones in the neurobiology of suicide in adolescents with dual pathology. Dr. Juan Jose Carballo will discuss the issue of non-suicidal self-injury in adolescents. Dr. Zoltan Rihmer will discuss the role of comorbidity of smoking and mood disorders in the psychobiology of suicidal behavior. Dr. Leo Sher will review interventions aimed at preventing suicidal and non-suicidal self-injurious behavior in individuals with dual disorders. It is crucial to promote greater awareness of co-occurring psychiatric and addictive disorders, and the consequent risk of suicide to this population among mental health professionals.

Speakers 1. Dr. Maria Dolores Picouto. Hospital Universitari Sant Joan de Déu, Universitat de Barcelona, Barcelona, Spain.
2. Dr. Juan Jose Carballo. Fundación Jiménez Díaz University Hospital, Madrid, Spain.
4. Prof. Leo Sher. Icahn School of Medicine at Mount Sinai and James J. Peters Veterans’ Administration Medical Center, New York, USA.

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Session: Regular Symposium

SPEAKER 1

Code SY5

Title: The role of HPA axis abnormalities in the pathophysiology of suicidal behavior in adolescents with dual disorders

Speaker M. D. Picouto. Hospital Universitari Sant Joan de Déu, Universitat de Barcelona, Barcelona, Spain.

Abstract Background: Suicide is the third leading cause of death among adolescents. Comorbidity of substance use disorders and non-addictive mental disorders (dual disorders) has been associated with an increased risk of suicide both in adults and adolescents. This increased risk could be hypothetically linked to some common neurobiological underpinnings. Dysfunctions in the hypothalamic-pituitary-adrenal (HPA) axis could be hypothesized as one of these neurobiological markers.

Objective: To comprehensively and critically review the evidence-based literature on the association of HPA dysfunction and suicidal behavior in adolescents with dual disorders. Method: We conducted a comprehensive review of all publications available in MEDLINE from 1998 until 2014 using the combination of the following terms: “hypothalamic-pituitary-adrenal axis” and “suicidal behavior” or “substance use disorders” or “mental disorders” or “dual pathology” or “dual disorders” in “adolescents”.

Results: To the best of our knowledge, no specific studies have been conducted so far to investigate the role of HPA functioning in adolescent suicidal subjects with dual disorders. However, some studies have suggested that HPA dysregulation may both contribute to development of alcohol abuse disorders and be a result of alcohol misuse in adolescents. Also, an association between suicidal behavior and hyperactivity of the HPA axis has been suggested. Methodological disparities on how to ascertain...
HPA axis functioning, pose some doubts on the clinical implications of these findings.

Conclusions: More work is needed to clarify the role of HPA axis abnormal functioning as a potential biological marker of suicidal risk in adolescents with dual disorders.

References

Session: Regular Symposium | SPEAKER 2 | Code | SY5
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Title: Predictors of non-suicidal self-injury thoughts and behavior among adolescents. Findings from the "ARCOS" study
Speaker: Juan J Carballo, Rebeca García-Nieto, Mónica Díaz de Neira
Fundación Jiménez Díaz University Hospital, Madrid, Spain.
Abstract: Objectives: The first aim of the presentation is to review the prevalence and to describe demographic and clinical factors associated with non-suicidal self-injury (NSSI) behavior in the adolescent population. The second goal is to describe the characteristics and functions of NSSI in a sample of adolescent outpatients, examining which demographic and clinical factors (including substance misuse, stressful life events, depression, and anger, among others) discriminate between subjects who have ever thought about harming themselves but have never acted on these thoughts and subjects who have acted on such thoughts.
Methods: For the first aim, a literature review was conducted. For the second goal, the ARCOS study will be presented. Subjects were recruited from the Child and Adolescent Outpatient Psychiatric Services, Jiménez Díaz Foundation (Madrid, Spain) from November 1st 2011 to October 31st 2012. All of them were administered the Spanish version of the Self-Injurious Thoughts and Behaviors Interview. The SITBI is a structured interview that assesses the presence, frequency, and characteristics of suicidal ideation, suicide plans, suicide gestures, suicide attempts, and NSSI.
Results: NSSI is especially prominent in adolescents, with rates around 19% in community samples and rates between 32% and 50% in hospitalized adolescents. There is a lack of studies conducted at outpatient services. We will present data from the ARCOS study with regards to the prevalence, functions, and precipitants of NSSI. Patients in the NSSI group scored higher in Internalization of Anger and in Depressive symptomatology.
Conclusions: NSSI in adolescents is a major public health concern. Our findings on the prevalence and functions of NSSI are consistent with the literature. NSSI is mainly performed for emotion regulation purposes. Since adolescents with clinically elevated levels of internalized anger seem to be at risk for more addictive features of this behavior, our findings may have important implications for treatment and prevention of NSSI.

Session: Regular Symposium | SPEAKER 3 | Code | SY5
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Title: Mood disorders smoking and suicide
Speaker: Z. Rihmer
Semmelweis University, Budapest, Hungary.
Abstract: Objective: The objective of this review lecture is to summarize the recent findings on the complex relationship between cigarette smoking, mood disorders and suicidal behaviour.
Methods: MEDLINE search of the scientific literature, written in English, using the key-words: smoking, unipolar depression, bipolar disorder, suicide, suicide attempt, suicide prevention.
Results: Smoking and its health consequences are very prevalent among psychiatric patients. Major depression, bipolar disorder, and schizophrenia is associated with markedly elevated rate of cigarette smoking. Clinical and epidemiological studies have reported a significant association between cigarette smoking and suicidal behaviour, and cigarette smoking seems to be an independent risk factor for suicide. Lifetime smoking and lifetime depression are genetically related, and that smoking, aggressive-impulsive personality features, and psychiatric disorders were significantly associated with subsequent committed suicide. Cigarette smoking, impulsive-aggressive personality traits and suicidal behaviour might be related to lower brain serotonin function, particularly in patients with major depression. In addition to decreased central serotonin function, low platelet MAO activity and some personality traits such as high impulsivity, sensation seeking, extroversion, and specific affective temperaments has been also reported to be related both with smoking and with suicidal behaviour.

Conclusions: Studies investigating the relationship between smoking, mood disorders and the risk of suicidal behavior both at individual and group level -- indicate that 1/ cigarette smoking is significantly more frequent among mood disorder patients than in the general population, 2/ the prevalence of mood disorders are markedly elevated among smokers, and 3/ cigarette smoking and suicidal behaviour are strongly related. Smoking is one of the clinically explorable suicide risk factors in patients with mood disorders and it is likely that programs to prevent tobacco use or address the widespread recognition and treatment of depression may also prevent suicidality.

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<tr>
<td>Title:</td>
<td>Prevention of suicidal behavior and non-suicidal self-injury in patients with dual disorders</td>
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<tr>
<td>Speaker</td>
<td>L. Sher</td>
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<tr>
<td>Icahn School of Medicine at Mount Sinai and James J. Peters Veterans’ Administration Medical Center, New York, USA</td>
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<tr>
<td>Abstract</td>
<td>Objective: Suicidal behavior and non-suicidal self-injury (NSSI) are major psychiatric and social problems. Suicidal behavior is linked to NSSI: a significant percentage of individuals with NSSI attempt or commit suicide. Dual disorders lead to an increase in suicidal behavior and NSSI. The aim of this lecture is to discuss how to prevent suicidal behavior and NSSI in patients with dual disorders.</td>
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<tr>
<td>Method:</td>
<td>A review of the scientific literature including research works published by the author of this presentation.</td>
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<tr>
<td>Results:</td>
<td>Major psychiatric disorders (major depression, bipolar disorders, and schizophrenia) and substance use disorders are widely recognized as the most important identified risk factors for suicides in all age groups, and one or both have been found in a majority of suicides. It has been suggested that they act as both independent and interactive factors in individuals with suicidal ideation or attempts. This indicates that the prevention of suicide in patients with dual disorders should be focused on the effective treatment of mood, psychotic, substance use and other psychiatric disorders. Also, patients with dual disorders should be regarded at an elevated risk for suicide even if they do not report suicidal ideation. Prevention of suicidal and NSSI behavior include a) pharmacological treatment of both substance use disorders and comorbid psychiatric disorders; b) psychological therapy of dual disorders; c) behavioral management of dual diagnosis patients; d) psychosocial assistance; and e) restriction of access to lethal means.</td>
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<td>Conclusion:</td>
<td>Prevention of suicidal behavior and NSSI in individuals with dual disorders is a major challenge for the health care practitioners. More research on the pathophysiology and treatment of dual disorders is needed to improve the prevention of self-harm in this patient population.</td>
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Session: **Regular Symposium**  
**OVERALL ABSTRACT**  
Code: SY6

<table>
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<tr>
<th><strong>Title:</strong></th>
<th>Dual disorders in the neuroscience context</th>
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<tr>
<td><strong>Chairperson:</strong></td>
<td>Nestor Szerman MD. Chair WPA Section on Dual disorders/Pathology</td>
</tr>
<tr>
<td><strong>Abstract</strong></td>
<td>The prevailing “Neo-Kreplinian” diagnostic system (DSM-IV or ICD-10) solely accounts for a categorical diagnosis, thus precluding the possibility of dual diagnosis and dual disorders. DSM-5, like the two preceding editions, has placed disorders in discrete categories. This approach does not provide a framework for internal (subthreshold symptoms) or external (comorbidity) heterogeneity of the different diagnostic categories. Mental disorders are probably neurodevelopmental brain disorders. Addictive behaviors associated with other psychiatric disorders -psychobiological traits or states-, that we name “dual pathology”, are probably developmental disorders. Has our field essentially excluded biological discoveries (neuropeptides, nicotinic receptors, endocannabinoid system…) that are implicated in SUDs and other mental illnesses?. We are going to explain neurobiological circuits of addiction and the significance for psychiatrist practice. Progress in neurobiology has provided a new form of identifying the neurobiological mechanism involved in the development of drug addiction. Over the past few decades, different biological addiction theories have been proposed by researchers. But all psychoactive substances with abuse potential have a counterpart or correspond to some endogenous system such as the opioid system, the endocannabinoid system, the cholinergic-nicotinic system, etc. An inherited or acquired deficiency in these neurobiological systems and circuits may explain addictive behavior and other psychiatric symptoms, including personality traits or disorders.</td>
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</table>
| **Speakers** | 1. Nestor Szerman MD  
Hospital Universitario Gregorio Marañon Madrid, Spain.  
2. Maria Isabel Barrigon MD PhD.  
Fundación Jiménez Díaz, Madrid, Spain.  
3. Lola Peris MD PhD  
CNP-Centre Neuchâtelois de Psychiatrie, Neuchâtel, Switzerland. |

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| **Session:** | **Regular Symposium**  
**SPEAKER 1** |  
| Code | SY6 |
| **Title:** | Dual disorders in the neuroscience context |
| **Speaker:** | Nestor Szerman MD  
Hospital Universitario Gregorio Marañon Madrid, Spain. |
| **Abstract** | The prevailing “Neo-Kreplinian” diagnostic system (DSM-IV or ICD-10) solely accounts for a categorical diagnosis, thus precluding the possibility of dual diagnosis and dual disorders. DSM-5, like the two preceding editions, has placed disorders in discrete categories. This approach does not provide a framework for internal (subthreshold symptoms) or external (comorbidity) heterogeneity of the different diagnostic categories. Mental disorders are probably neurodevelopmental brain disorders. Addictive behaviors associated with other psychiatric disorders -psychobiological traits or states-, that we name “dual pathology”, are probably developmental disorders. Has our field essentially excluded biological discoveries (neuropeptides, nicotinic receptors, endocannabinoid system…) that are implicated in SUDs and other mental illnesses?. We are going to explain neurobiological circuits of addiction and the significance for psychiatrist practice. Progress in neurobiology has provided a new form of identifying the neurobiological mechanism involved in the development of drug addiction. Over the past few decades, different biological addiction theories have been proposed by researchers. But all psychoactive substances with abuse potential have a counterpart or correspond to some endogenous system such as the opioid system, the endocannabinoid system, the cholinergic-nicotinic system, etc. An inherited or acquired deficiency in these neurobiological systems and circuits may explain addictive behavior and other psychiatric symptoms, including personality traits or disorders. |
Session: Regular Symposium | **SPEAKER 2** | Code | SY6
---|---|---|---
**Title:** | “U” Shaped curve of psychosis according pattern of cannabis use |  |
**Speaker** | M.L. Barrigón Fundación Jiménez Diaz, Madrid, Spain |  |
**Abstract** | Objectives  
To study, in a non-clinical sample, if cannabis use is related with psychotic experiences, measured through the Community Assessment of Psychic Experiences (CAPE) and to determine if different patterns of cannabis use produce different effects in psychotic experiences.  

Methods  
204 subjects were recruited by snowball sampling. Three groups were made: Low (<5 in life, n=68), Medium (weekly to monthly, n=40) and High (daily, n=96) level cannabis consumers. Psychosis liability was assessed through CAPE. Other variables were sex, other drug consumption, age of first use of cannabis, social exclusion and COMT polymorphism.  

Results  
Daily cannabis consumption was associated with a high score in psychotic symptoms in CAPE test (p=0.010) and with a high score in positive symptoms (p=0.002) in three of the four CAPE subdimensions: hallucinations (p=0.038) manic experiences (p=0.018) and first rank symptoms (FRS; p=0.002). The low consumption group presents more FRS score than medium consumption group (p=0.050). The same pattern is reproduced in the others factors (maniac, paranoid and hallucinatory experiences) and in both positive and negative dimensions, showing a clear “u” shaped curve. In order to find whether the dependent variable (FRS score) varies, univariate analysis with factorial models were performed including social exclusion, other drugs consumption, sex, age of first use of cannabis consumption, COMT polymorphism and frequency of cannabis consumption. The analysis shows that interaction between variables: genotype val/val and SE increases FRS score in low consumption group when compared with other levels of consumption and with subjects not socially excluded (p=0.041).  

Conclusions  
There was a U-shape relationship between cannabis use and CAPE positive dimension, which is stronger for first rank symptoms. This U-shape relationship remains significantly when adjusting for sex, social exclusion, other drugs use and age onset of cannabis use.

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Session: Regular Symposium | **SPEAKER 3** | Code | SY6
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**Title:** | Borderline personality and addiction: So near and yet so far |  |
**Speaker** | Lola Peris MD PhD CNP-Centre Neuchâtelois de Psychiatrie, Neuchâtel, Switzerland. |  |
**Abstract** | Relationship between personality and addiction has long been a matter of interest and debate. The old concept of “addictive personality” was progressively replaced by a neurobiological based approach in relation to advances in research.  
Although there is an obvious link between personality disorders (PD) and addiction, a recent study noted borderline, antisocial and schizotypal as the only PD to be associated with persistent substance use. Moreover, no axis I disorder showed this kind of association.  
Borderline personality disorder (BPD) is distinctively the PD with the greatest substance use disorders co-occurrence, together with antisocial personality disorder. On the other hand, while common neurobiological basis between at least some PD and addiction have been suggested, research seems to confirm this especially in the case of BPD. Impulsivity and negative emotionality, BPD core traits, appear to be the personality traits more related to addiction. Evidences indicate that endogenous opiates and other neurotransmitters and systems with a key role in addiction also show a central role in BPD.  
Even though a great progress has been made, significant research is still needed before the full relationship remains elucidated. |
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<td>Title:</td>
<td>Behavioral addictions and mental health</td>
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<tr>
<td>Chairperson</td>
<td>Prof. Nady el-Guebaly, University of Calgary, Alberta, Canada</td>
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<tr>
<td>Speaker 1</td>
<td>Enrique Echeburúa, PhD&lt;br&gt;Professor of Clinical Psychology, University of the Basque Country, San Sebastián, Spain&lt;br&gt;Pinhas Dannon, MD&lt;br&gt;Director, Psychiatry Research Department, Beer Yaakov Mental Health Center, Beer Yaakov, Israel&lt;br&gt;Nady el-Guebaly, MD&lt;br&gt;Professor &amp; Head, Division of Addiction, University of Calgary, Canada</td>
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<tr>
<td>Abstract</td>
<td>Objective: To compare chemical and behavioral addictions. Methods: In DSM-5 addiction label has also been given to behavioral excesses that have no external substance as a goal. Behavioral addictions share features with those of substance-related disorders which may point to similar reward systems and overlapping pathophysiologies. The common aspects are repeated urges to engage in a particular behavioral sequence that is counterproductive, a mounting tension until the sequence is completed and a gradual return of the urge over hours or days. External cues for the urge may be unique to the particular addictive disorder, but in all cases there is a secondary conditioning of the urge to both environmental and internal cues. In the case of behavioral addictions the discomfort ensuing from completing the behavioral sequence resemble the craving and the withdrawal symptoms of substance abusers. Some withdrawal symptoms (e.g. those of anxiety) are identical across behavioral and chemical addicts, while others (e.g. runny nose, gooseflesh) may be substance-specific. In turn, multiple drug addictions are usual, with concurrent or sequential abuse of different substances, but multiple behavioral addictions are less common. Results: There may be some similarities in treatment goals and in long-term management for both chemical and behavioral addictions, but also there may be some differences. In the case of non-chemical addictions abstinence for ever may not be necessary, so it is possible for the individual to decide to cut back the behavioural excesses instead of deciding to quit for good. Finally treatment considerations for all addictions should take into account motivational strategies, treatment goals, intervention program and relapse prevention. Patients with no matter the kind of addiction have to learn how to identify triggers, to cope effectively with high-risk situations, to deal with other life problems, to establish new social bonds and activities and to develop a balanced lifestyle to avoid relapse.</td>
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<tr>
<td>Title: Similarities and differences across chemical and behavioral addictions: Implications for treatment</td>
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<tr>
<td>Speaker</td>
<td>E. Echeburúa&lt;br&gt;University of the Basque Country (UPV/EHU), San Sebastián, Spain</td>
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<td>Abstract</td>
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<tr>
<td>Title: A personal status, legal, economic and psychiatric diagnosis of types of adult male gamblers: The comparison between gambling habits</td>
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<tr>
<td>Speaker</td>
<td>Pinhas Dannon&lt;br&gt;Beer Yaakov Mental Health Center, Beer Yaakov, Israel</td>
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<tr>
<td>Abstract</td>
<td>Objectives: Gambling behavior is not a unique behavior. There are certain differences in behavior, gambling habits and their reflection to psychosocial life and psychiatric diagnosis.</td>
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Methods: We have compared 3 groups of adult male gamblers: sports gamblers (n=41), machines gamblers (n=36) and poker gamblers (n=35) on measures of personal status, legal-social characteristics. We found no difference between groups in terms of personal status or age.

Results: The machine gamblers have more ADHD, poker gamblers suffered more from multiple addictions (such as alcohol and sex) and sports gamblers suffered more from mood disorders and anxiety. In terms of economic circumstances, sports gamblers suffered more losses than the other groups (P<0.0001). There were higher rates of bankruptcy in sports compared with machine gamblers (P<0.01). Sports gamblers were more likely to borrow money from the black market compared with the other groups (P<0.01). In terms of mental health, sports and machine gamblers had more suicidal thoughts and gestures than poker gamblers (P<0.05) whereas the suicide attempt rate was higher in machine gamblers compared with poker players (P<0.05).

Conclusions: Our results indicated higher vulnerability in sports gamblers in terms of economic problems compared with the other groups whereas machine problems had vulnerability to suicidal thoughts and suicidal attempts compared with poker gamblers. And there is clear reference that the relation between the game of chose and dual psychiatric diagnosis.

References
Dual disorders: Different problems and different treatment options?

Chairperson
Benyamina Amine, France

Co-chairperson
Arturo Lerner, Lev Hasharon Mental Health Medical Hospital And Sackel School Of Medicine, Netanya, Israel

Abstract
This symposium focuses and approaches different psychopathologies and their treatment options. These conditions are seen in everyday clinical practice.

Firstly, the speaker will dialogue about Cognitive Behavioral Therapy (CBT) in a population of Palestinians presenting with Co-occurring Substance Use and Psychiatric Disorders. These patients may show a specific and unique psychopathology most probably influenced by their particular personal, familiar, social and political situation.

Secondly, the speaker will present a full practical and clinical description of one of the less understood and highly fascinating psychiatric topics: Flashback and Hallucinogen Persisting Perception Disorder. The concise lecture will provide updated clinical tools to diagnose and treat these intriguing phenomena in the clinical field.

Thirdly, the speaker will describe a naturalistic investigation of Buprenorphine/Naloxone Treatment in Opioid Addicted Patients suffering from Co-morbid Chronic Pain and Co-occurring Psychiatric Disorders. This specific, challenging and hard to treat population may concretize and exhibit the conjunction of the biological understanding of the phenomena and the clinical state of art.

Speakers
1. Samah Jabr MD
   Medical Director of Ramallah Community Mental Health Center, Palestine; Assistant Professor, Department of Community Psychology, Birzeit University, Birzeit, Palestine; Clinical Assistant Professor, Department of Psychiatry, George Washington University, Washington, DC, USA.
2. Shaul Lev-Ran
   Israel
3. Arturo G. Lerner, MD
   Lev Hasharon Mental Health Medical Center, Pardessya, Israel; Sackler School Of Medicine, Tel Aviv University, Ramat Aviv, Israel

Title: Cognitive behavioral therapy in the treatment of Palestinian patients with comorbid substance use and mental disorders

Speaker
Samah Jabr MD¹, Michael Morse MD², Wasseem El Sarraj BA³, Bushra Awdi MD⁴
¹Medical Director of Ramallah Community Mental Health Center, Palestine; Assistant Professor, Department of Community Psychology, Birzeit University, Birzeit, Palestine; Clinical Assistant Professor, Department of Psychiatry, George Washington University, Washington, DC, USA.
²MPA, Psychiatric Resident, Division of Global Psychiatry, George Washington University, Washington, DC, USA
³PG/Dip in Psychology of Education Support Worker, Manchester Mental Health and Social Care Trust, Lancashire, England
⁴Program Manager, Palestinian Medical Education Initiative, Harvard South Shore, Brockton, MA
### Abstract

**Objectives**
While reliable epidemiological data is lacking, a recent study showing a 2% 12-month prevalence of substance misuse among sampled Palestinian university students provides an approximation of the magnitude substance misuse in Palestine (Abu Qamar, Thabet, & Vostanis, 2007). We sought to test the effectiveness of a program to train existing providers in the use of CBT to treat comorbid substance use and mental disorders.

**Methods**
One of us (S.J.) led a CBT-informed training based on United Nations Office of Drugs and Crime “Treatnet” trainings for clinicians completing a diploma in substance use disorders through a Palestinian university (UNODC, 2013).

**Results**
Qualitative pre/post assessments and feedback from trainees confirmed the utility of CBT for Palestinian patients with dual diagnosis.

**Conclusion**
CBT is consistent with local needs for an efficient, effective, and portable treatment strategy for the treatment of patients with dual diagnosis of mental health and substance use disorders.

### References

### Session: Regular Symposium
**SPEAKER 2**

**Title:** Buprenorphine/Naloxone in the treatment of opiate addiction among individuals with co-morbid chronic pain and psychiatric disorders: a naturalistic

**Speaker:** Shaul Lev-Ran

**Country:** Israel

**Abstract:**

### Session: Regular Symposium
**SPEAKER 3**

**Title:** Flashbacks (FB) and hallucinogen persisting perception disorder (HPPD): Clinical topics and treatment approach

**Speaker:** Arturo G. Lerner, MD, Lev Hasharon Mental Health Medical Center, Pardessya, Israel; Sackler School Of Medicine, Tel Aviv University, Ramat Aviv, Israel

**Abstract:**
A unique characteristic of LSD, LSD-like and substances with hallucinogenic properties is the recurrence of some or all the hallucinogenic symptoms which had appeared during the intoxication or “trip” after the immediate effects of the substance had worn off. This complex syndrome, mainly visual, is not completely understood. The terms Flashback and Hallucinogen Persisting Perception Disorder (HPPD) have been used interchangeably in the professional literature. We have observed at least, two different recurrent syndromes, the first Flashback Type we refer to as HPPD I, a generally short-term, non-distressing, benign and reversible state accompanied by a pleasant affect. In contrast, the second HPPD Type we refer to as HPPD II, a generally long-term, distressing, pervasive, either slowly reversible or irreversible, non-benign state accompanied by an unpleasant affect. HPPD I and II seem to be part of a wide spectrum of non-psychopathological and psychopathological conditions reported by hallucinogen users. HPPD I and II may be clinically characterized by prodromal symptoms, onset, content of visual imagery, precipitators, frequency, duration and intensity of perceptual recurrences, severity, course, differential diagnosis, accompanying mood and affect, insight and remission. Pharmacological treatment with or without preceding or following co-occurring psychiatric disorders (Dual Disorders) have been shown to alleviate this fascinating and intriguing syndrome. A large variety of medications may be
utilized to ameliorate this condition, but with differential results suggesting several subtypes. The purpose of this presentation is to provide a clinical-oriented, comprehensive and concise overview for clinicians.
### Session: Regular Symposium

#### OVERALL ABSTRACT

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### Title: **First psychotic episode in addicted patient**

**Chairperson**
Professor Doutor António Palha, Porto, Portugal

**Abstract**
Recent investigations have identified neurobiological mechanisms and vulnerability factors common between psychotic disorders and addictive disorders and they are in these days the important lines of research. Patients who develop psychotic episodes and make use of substances often have different approach in their treatment in comparison with those who didn’t use any substance.

The aim of this symposium is to review the actual knowledge on neurobiological bases and vulnerability factors of psychotic patients with added substances. It will be done a reflection on reflect on diagnostic difficulties of these patients and clinical comments related on the first-episode psychosis in patients with addiction.

**Speakers**

1. Professor Doutor João Relvas  
   Serviço de Psiquiatria, Centro Hospitalar Universitário de Coimbra
2. Dra Eva Mendes  
   Serviço de Psiquiatria, Centro Hospitalar Universitário de Coimbra
3. Dra. Célia Franco  
   Serviço de Psiquiatria, Centro Hospitalar Universitário de Coimbra
   Serviço de Psiquiatria, Centro Hospitalar Pombal-Leiria

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### Session: Symposium

#### SPEAKER 1

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### Title: **Schizophrenia and addiction: neurobiological processes**

**Speaker**
Professor Doutor João Relvas  
Serviço de Psiquiatria, Centro Hospitalar Universitário de Coimbra

**Abstract**

**References**

### Session: Symposium

#### SPEAKER 2

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### Title: **Vulnerability factors in schizophrenia and addiction: adolescence and youth**

**Speaker**
E. Mendes  
Hospital and University Center of Coimbra, Coimbra, Portugal.

**Abstract**

**Objectives:**
Adolescence and young adulthood is a transitional period characterized by physical and neurobiological maturation, in order to achieve greater emotional, cognitive and behavioral regulation. The differential maturation of the various systems and the introduction of new social and relational circumstances make this a particularly vulnerable period. The purpose of the current study was to evaluate the role of neurodevelopmental aspects of adolescence and young adulthood on the transition from prodromal phase to overt schizophrenia and the emergence and chronicity of addictive behavior.

**Methods:**
The present work reviewed the last decades of research into the many facets of this field.

**Results:**
A range of mediating mechanisms with relation to continuity and psychopathologic progression in schizophrenia and addiction was found, namely genetic mediation, environmental influences, coping mechanisms and neurobiological events.

**Conclusions:**
The neurodevelopmental changes of adolescence and young adulthood facilitate the occurrence of the
characteristic behaviors seen in this period, but can alter the expression of psychopathology when individuals at risk live this phase. Although much has been achieved in studies in this area, major challenges remain.

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<td>Title:</td>
<td>Substances induced psychoses: diagnostic stability</td>
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<tr>
<td>Speaker</td>
<td>C. Franco¹, T. Silva¹, J. Franco²</td>
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<tr>
<td></td>
<td>¹Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal</td>
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<td></td>
<td>²Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal</td>
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<td>Abstract</td>
<td>Introduction</td>
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<td>The stability of diagnosis is defined as a measure of the proportion of diagnoses that remain the same over time, in subsequent evaluations in the same patient. It is one criteria for evaluating the validity of the diagnosis, since the more stable it is, greater is the likelihood that it match to a psychopathological process.</td>
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<td>Patients with primary psychoses are treated and keep monitoring in psychiatric services, including specific programs specially in first psychotic episode. On the other hand, patients with substance-induced psychosis, even the first episode, are generally treated in the psychiatric services from psychotic symptoms and subsequently targeted for addictions treatment services.</td>
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<td>It is common in clinical practice, the use of the diagnostic substances induced psychosis. It is important to evaluate the stability of this diagnosis over time, because the differential diagnosis between it and the primary psychosis (schizophrenia) implies different prognosis and treatment.</td>
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<td>Objectives:</td>
<td>1 To evaluate the stability of the diagnosis of substance-induced psychosis;</td>
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<td>2. To describe the treatment and orientation of patients with this diagnosis.</td>
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<td>Methodology</td>
<td>This is a quantitative and retrospective study. The data is collected by the consultation of data base of GDH and the clinic processes. The population are patients that have been internee in the Women's Clinic, Men's Clinic and Dual Pathology Unit of the Centro Hospitalar Universitário de Coimbra, between 2008 and 2013, with the diagnosis of substance -induced psychosis (code 292 of ICD 9 CM) . The criteria for inclusion is to have more than one internment in the institution during this period. Expected Outcomes</td>
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<td>Some authors reported that patients with a diagnosis of substance-induced psychosis can progress to schizophrenia in subsequent episodes of illness, so we expect to find low stability of this diagnosis.</td>
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<td>Title:</td>
<td>Addicted patients in a first psychotic episode unit</td>
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<tr>
<td>Speaker</td>
<td>J. Maia¹, M. Duarte², C. Laureano²</td>
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<tr>
<td></td>
<td>¹Psychiatrist at the Leiria’s Hospital Center, Leiria, Portugal</td>
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<td>²Resident of Psychiatry at the Leiria’s Hospital Center, Leiria, Portugal</td>
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<td>Abstract</td>
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<td>The first episode psychosis (FEP) is a unique opportunity for structuring a long term therapeutic approach of the patient. The highly prevalent comorbidity between substance use and FEP has been well recognized, but still represents a great challenge in terms of diagnosis and intervention. Objectives</td>
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|          | The authors aim to describe the relationship between substance use and FEP in their clinical setting, and in turn to recognize the most suitable therapeutic approaches to these patients. Methods Retrospective analysis of 147 admissions to hospital with dual diagnosis: FEP and substance use, characterizing sex, age, diagnosis, type of substance use and prognosis and comparing these variables between FEP patients with and without comorbid substance use. Results In a group of 147 patients, 54% were male and 46% female, with an average age of 44 y.o. The most common diagnosis were Psychosis NOS (29,9%), followed by Psychotic Depression (22,4%) and Substance-Induced Psychosis (12,2%). 28% of the patients were using substances at the time of admission, the vast majority of which was using cannabis (61,7%), with also a high prevalence of alcohol.
use (23.4%). In around 8% of the FEP patients substance use wasn’t thoroughly explored. The comorbidity between FEP and substance use was far more prevalent among men (87%) than in women (13%).

Conclusions
Although it has been very well documented in the literature, the comorbidity between FEP and substance use is still in some situations not thoroughly explored. It is of crucial importance the inclusion of dual pathology patients in a specific clinical program of approach since the FEP, providing not only pharmacological treatment but also psychosocial interventions integrating specifically mental health issues and substance use prevention, in order to prevent relapses in the future and provide a better outcome for each patient.
### Overall Abstract

**Title:** Intervenções em patologia dual

**Chairperson:** Professor Doutor João Relvas, Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal

**Abstract:**

Os doentes com doença mental e adições são de abordagem e tratamento complexos, sendo necessário recorrer a metodologias e planos de intervenção individualizados, integrados e adequados às situações específicas de cada doente. O objetivo deste simpósio é apresentar vários tipos de intervenção usada na Unidade de Patologia Dual e avaliar os resultados destas intervenções.

**Speakers:**

1. Dra. Célia Franco  
   Unidade de Patologia Dual, Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal.
2. Dr. José Temótio  
   Unidade de Patologia Dual, Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal.
3. Dra. Carla Silva  
   Unidade de Patologia Dual, Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal.
4. Enfermeira Filomena Neto  
   Unidade de Patologia Dual, Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal.

### Speaker 1

**Title:** Terapêutica opióide no doente dual

**Speaker:** C. Franco 1, A. Pascoal 1, C. Silva 1, V. Martins 1, J. Temótio 1, A. Furet 1, J. Franco 2  
1Centro Hospitalar Universitário Coimbra, Coimbra, Portugal  
2Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal

**Abstract:**

**Introdução**

A Unidade de Patologia Dual do Centro Hospitalar Universitário de Coimbra trata doentes com doença mental grave e adição de substâncias (patologia dual). O tratamento é integrado tratando simultaneamente a doença mental e a adição, recorrendo a intervenção farmacológica, psicoterapia e intervenções psicossociais. Do ponto de vista farmacológico são utilizados todos os psicofármacos e fármacos para tratamento da adição. A terapêutica opióide é utilizada não apenas como terapêutica de substituição no doente dependente de opiáceos, mas nos doentes com adição de álcool, cannabis e cocaína, para conseguir a diminuição do consumo de substâncias e manutenção da abstinência.

**Objetivos**

São objetivos deste trabalho caracterizar os doentes a fazer terapêutica opióide e comparar o consumo de substâncias e psicopatologia antes e 3 e 6 meses depois da terapêutica opióide.

**Metodologia**

Este é um estudo quantitativo, retrospectivo e descritivo. A recolha de dados será feita pelos autores do trabalho, em formulário criado para o efeito, através da consulta do processo clínico, não havendo qualquer contacto direto com os doentes. São garantidos a confidencialidade e o anonimato, não sendo recolhidos dados que permitam identificar os doentes.

A população será constituída pelos doentes em tratamento ambulatorial na Unidade de Patologia Dual durante o período de Janeiro a Junho de 2014. A amostra será aleatória e constituída pelos doentes atendidos na consulta externa neste período, medicados com terapêutica opióide.

**Resultados e Conclusão**

O estudo ainda está em desenvolvimento e, de acordo com a prática clínica, espera-se concluir que a terapêutica opióide beneficia a evolução do doente dual.

### Speaker 2

**Title:** PHDA e patologia dual: questões clínicas

**Abstract:**

Introdução
A Unidade de Patologia Dual do Centro Hospitalar Universitário de Coimbra trata doentes com doença mental grave e adição de substâncias (patologia dual). O tratamento é integrado tratando simultaneamente a doença mental e a adição, recorrendo a intervenção farmacológica, psicoterapia e intervenções psicossociais. Do ponto de vista farmacológico são utilizados todos os psicofármacos e fármacos para tratamento da adição. A terapêutica opióide é utilizada não apenas como terapêutica de substituição no doente dependente de opiáceos, mas nos doentes com adição de álcool, cannabis e cocaína, para conseguir a diminuição do consumo de substâncias e manutenção da abstinência.

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São objetivos deste trabalho caracterizar os doentes a fazer terapêutica opióide e comparar o consumo de substâncias e psicopatologia antes e 3 e 6 meses depois da terapêutica opióide.

Metodologia
Este é um estudo quantitativo, retrospectivo e descritivo. A recolha de dados será feita pelos autores do trabalho, em formulário criado para o efeito, através da consulta do processo clínico, não havendo qualquer contacto direto com os doentes. São garantidos a confidencialidade e o anonimato, não sendo recolhidos dados que permitam identificar os doentes.

A população será constituída pelos doentes em tratamento ambulatorial na Unidade de Patologia Dual durante o período de Janeiro a Junho de 2014. A amostra será aleatória e constituída pelos doentes atendidos na consulta externa neste período, medicados com terapêutica opióide.

O tratamento dos dados será realizado com a utilização do SPSS v 22.0

Resultados e Conclusão
O estudo ainda está em desenvolvimento e, de acordo com a prática clínica, espera-se concluir que a terapêutica opióide beneficia a evolução do doente dual.
Speaker: C. Franco 1, J. Temótio 1, A. Pascoal 1, C. Torres 1, C. Henriques 1, J. Franco 2
1. Centro Hospitalar Universitário Coimbra, Coimbra, Portugal
2. Escola Superior Enfermagem Coimbra, Coimbra, Portugal

Abstract

Introdução
A Perturbação de Hiperatividade e Deficit de Atenção (PHDA) é uma perturbação do neurodesenvolvimento pouco diagnosticada e não tratada em numerosos doentes. Os sintomas persistem na idade adulta em cerca de 60% dos doentes e representa o extremo dum continuum das dimensões de dificuldades de atenção e de inibição da regulação da atividade motor. Esta perturbação constitui fator de vulnerabilidade para o consumo de substâncias psicoativas, agravando a evolução e prognóstico dos doentes.

Objetivos
São objetivos deste trabalho:
• Avaliar a prevalência de PHDA nos doentes da Unidade de Patologia Dual (UPD);
• Comparar o grupo de doentes com PHDA (grupo de estudo) com um grupo de doentes sem PHDA (grupo de controle) relativamente aos antecedentes familiares, idade de início de consumo de substâncias, tipo de substância consumida, quantidades de consumo, patologia psiquiátrica, retenção em tratamento, evolução;
• Comparar o consumo de substâncias, psicopatologia e evolução do tratamento antes e 3 e 6 meses após introdução de terapêutica específica para a PHDA.

Metodologia
Estudo quantitativo, retrospetivo sendo os dados colhidos com preenchimento de formulário através da consulta do processo clínico. A população são os doentes em tratamento no internamento, hospital de dia e consulta externa da UPD, no período de de Janeiro a 30 de Junho de 2014. São critérios de inclusão estarem em tratamento na UPD durante o período do estudo. São critérios de exclusão a presença de Débilidade Mental, Deterioração cognitiva e Patologia Médica ou neurológica que interfira com a evolução do quadro clínico.

Serão constituídos o grupo de estudo, constituído por doentes com PHDA e uso de substâncias e o grupo de controlo, constituído por doentes com uso de substâncias e sem PHDA.

Os dados serão colhidos em formulário construído para o efeito pelos autores, de forma anónima.

O tratamento dos dados será realizado com a utilização do SPSS v 22.0

Resultados e Conclusões
Trabalho em curso. De acordo com a prática clínica espera-se encontrar uma prevalência de 10% dos doentes com este diagnóstico e com quadros de consumo e psicopatológicos mais graves.

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<td>Experience of the dual pathology unit of Coimbra</td>
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<td>Speaker</td>
<td>C. Silva, C. Franco, A. Pascoal</td>
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<td>Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal</td>
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<tr>
<td>Abstract</td>
<td>Objectives: To present the dual pathology unit (DPU) and also to evaluate the characteristic epidemiological archetype of the dual patient hospitalized in this unit.</td>
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<td>Methods:</td>
<td>An retrospective study of all the patients admitted to the dual pathology unit of Coimbra Hospital and University Centre was carried out between the period of 1 of January of 2013 and 31 of December of 2013. A demographic and clinical analysis of all the patients admitted within that period was made.</td>
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<td>Results:</td>
<td>The DPU develops individualized and specialized treatment plans for patients with dual pathology; promotes recovery and reintegration of these patients; also develops specific interventions to family members of the patients; promotes investigation and psycho education of health professionals in this specific area and also fights the stigma of patients with dual pathology. 195 patients were admitted from 1st January 2013 until 31st December 2013. 82.05% of the patients were male, with average age of 42 years, the majority from Coimbra district (76.02%), with an average admission period of 21.8 days, being the three most prevalent diagnoses (ICD-9-CM), personality disorders, episodic mood disorders and schizophrenic disorders with comorbidity mostly with alcohol and cannabis dependence.</td>
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<td>Conclusions:</td>
<td>The patient profile is a man, between 40 and 50 years old, living in Coimbra district with personality disorder or with mood or schizophrenic disorder associated with specially alcohol and cannabis dependence. The treatment plan of these dual patients is always individualized, and adapted when needed.</td>
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<td>Title:</td>
<td>Hospital de dia no tratamento do doente dual</td>
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<td>Speaker</td>
<td>C. Franco ¹, C. Torres ¹, F. Neto ¹, M. Peres ¹, A. Furet ¹, V. Andrade ¹, T. Silva ¹, J. Franco ²</td>
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<td>¹. Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal</td>
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<td>². Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal</td>
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<td>Abstract</td>
<td>Introdução O Hospital de Dia da Unidade de Patologia Dual (UPD) do Centro Hospitalar Universitário de Coimbra, foi criado em Outubro de 2012, com os objetivo de: melhorar a sintomatologia psiquiátrica, a adesão à terapêutica, tratar a adição a substâncias, promover a estruturação pessoal do doente e treinar competências sociais;</td>
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<td>Objetivos Os objetivos deste trabalho são:</td>
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<td>¹.Caracterizar os doentes seguidos na consulta externa e no hospital de dia da UPD.</td>
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<td>².Comparar, a situação psiquiátrica, o uso de substâncias, a situação familiar/social/laboral e o tempo de retenção entre doentes que frequentaram e não frequentaram o hospital de dia da UPD.</td>
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<td>Metodologia Paro presente estudo utiliza-se a metodologia quantitativa, tipo caso-controle, descritivo-correlacional, retrospectivo e prospetivo. A recolha de dados será feita através de formulário, sendo os dados recolhidos através da consulta do processo clínico, não havendo qualquer contacto direto com os doentes. São garantidos a confidencialidade e o anonimato, não sendo recolhidos dados que permitam identificar os doentes.</td>
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<td>A amostra será constituída por um mínimo de 80 doentes, internados na unidade de internamento da Unidade de Patologia Dual durante o ano de 2013 (40 para o grupo de estudo e 40 para o grupo controle). Os critérios de inclusão dos doentes no estudo são: terem tido alta clínica do internamento até 31/6/2014, terem sido orientados para o hospital de dia (grupo de estudo) ou para a consulta externa (grupo de controle).</td>
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<td>Estão previstos 4 momentos de avaliação: Para cada momento de avaliação serão colhidos dados relativos a situação psicopatológica, consumo de substâncias, situação familiar, social, laboral e retenção em tratamento.</td>
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<td>O tratamento dos dados será realizado com a utilização do SPSS v 22.0.</td>
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<td>Resultados e Conclusões Trabalho em curso. Pela experiência clínica o Hospital de Dia é uma intervenção que melhora a evolução dos doentes com patologia dual</td>
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### OVERALL ABSTRACT

**Title:** Dual psychosis, the egg or the chicken?

**Chairperson:** Dr. Carlos Roncero

**Abstract:** Some studies have shown an increased risk for developing psychosis or psychotic symptoms after drug use, such as cocaine and cannabis. On the other hand, a high level of drug abuse or dependence has been described in schizophrenic patients. However, there are no final evidences about the relationship between the drug dependence and the psychosis development. A bidirectional relationship between drug used and psychotic disorders has been proposed. We review the state of the art.

**Speakers:**
1. Dr. Nelson Feldman, Médecin psychiatre MD
   Médecin associé, service d’Addictologie, Département de psychiatrie et santé mentale, Hôpitaux universitaires de Genève. (Switzerland)
2. Dr. Carlos Roncero
   Outpatient Drug Clinic. Hospital Vall Hebron - Universidad Autónoma de Barcelona. Barcelona. Spain.
3. Prof. Rodrigo Córdoba
   APAL president elect. Grupo CISNE, Universidad de Bogota, Bogotá. Colombia.

### SPEAKER 1

**Title:** Relationship between cannabis and psychosis: Dangerous link?

**Speaker:** Nelson Feldman¹, Logos Curtis², Yasser Khazaal³, Daniele Zullino⁴
1 Médecin psychiatre MD, médecin associé, service d’Addictologie, Département de psychiatrie et santé mentale, Hôpitaux universitaires de Genève, Switzerland.
2 Programme Jade, Service de psychiatrie générale, Département de psychiatrie et santé mentale, Hôpitaux Universitaires de Genève, Geneva, Switzerland.
3 Service d'addictologie, Département de Psychiatrie et santé mentale, Hôpitaux Universitaires de Genève, Geneva, Switzerland.
4 Service d'addictologie, Département de Psychiatrie et santé mentale, Hôpitaux Universitaires de Genève, Geneva, Switzerland.

**Abstract:** Objectives: This work investigates and analyzes the dual diagnosis from the link between addiction and psychiatric disorders. Methods and results: Review of the current scientific literature on the link between regular cannabis use and psychosis. Some clinical cases will illustrate frequent situations in the practice of clinical psychiatrist. Conclusions: There is an increase in the prevalence of cannabis use in Western societies and there are different projects to regulate and control the cannabis use. The Psychiatry must answer and argue on these issues from evidence and knowledge.

**References:**
Hall W and Degenhardt L., What are the Policy implications of the evidence on cannabis use and psychosis? Addiction, 105, 2010

### SPEAKER 2

**Title:** Cocaine dependence and cocaine-induced psychosis

**Speaker:** Dr. Carlos Roncero
### Abstract

**Objectives:** Cocaine consumption can induce transient psychotic symptoms, behavioral symptoms, or a complete induced psychosis. The occurrence of cocaine-induced psychosis has been shown to be as high as 86.5%.

**Methods:** We review the recent advances in epidemiology, clinical features, and risk factors related to cocaine-induced psychosis exhibited patients with cocaine use disorders. Many risk factors have been linked with cocaine-induced psychosis, including: the quantity of cocaine consumed, lifetime amount of cocaine use, onset of cocaine dependence, years of use, routes of administration, other substance use disorder comorbidity, weight, gender, comorbidity with other medical and mental health disorders, genetics, and pharmacological interactions. We compare the clinical characteristics of three groups of patients in treatment for cocaine dependence: patients without any psychotic symptoms, patients with transient psychotic symptoms and patients with cocaine-induced psychotic disorder.

**Results:** There are clinical differences between cocaine-dependent patients with or without psychotic symptoms. The presence of some psychotic symptoms could increase the potential risks of disturbing behaviors. The evaluation of cocaine-induced psychosis in patients with cocaine dependence is clinically relevant, especially in those patients who consume high amounts of cocaine, have a cannabis dependence history, have antisocial personality disorder, use administration routes other than intranasal, or exhibit ADHD comorbidity. However, the literature lacks information regarding the evolution of cocaine dependence or cocaine-dependent patients’ risk for developing schizophrenia or other psychotic disorders.

### References


### Session: Regular Symposium

**Title:** Schizophrenia and adolescent drug abuse

**Speaker**
Prof. Rodrigo Córdoba  
APAL president elect. Grupo CISNE, Universidad de Bogota, Bogotá. Colombia

**Abstract**

**Objectives:** Substance use, in particular substance abuse is present in a big proportion of patients with mental disorders. In patients with First Episode Psychosis – FEP substance abuse is the first comorbidity. Rates of substance abuse among patients with psychosis are higher than those found in general population in particular abuse of alcohol and marijuana.

**Methods and results:** We review the literature and show the clinical outcomes of a cohort of schizophrenic-patients during first years of diagnosis. Substance abuse in psychotic patients has been associated with worse outcomes in terms of severity of symptoms and quality of life, making the treatment of both conditions even harder.

**Results:** The relation between substance abuse and psychotic disorders is not fully understood, it is not possible to establish a causal relationship yet, and however the association even in pathophysiological terms is quite strong.

**References**

### Session: Symposium | OVERALL ABSTRACT | Code | SY254
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Title: **The complex interrelationship between ADHD and substance use disorders**
Chairperson: Jose Martinez-Raga, MD, PhD, Sociedad Española de Patología Dual & Unidad Docente de Psiquiatría y Psicología Médica, Hospital Universitario Dr. Peset and University of Valencia. Valencia, Spain
Abstract: Attention-deficit hyperactivity disorder (ADHD) is a complex, multifactorial and chronic neurodevelopmental disorder, that results from the complex interaction of biologic, environmental and social factors. Indeed, there is evidence of a strong genetic component to the vulnerability of the disorder. Comorbid psychiatric disorders are highly prevalent in individuals with a diagnosis of ADHD. Conduct disorders, anxiety disorders and mood disorders are the most frequent psychiatric comorbidities in children, adolescents and adults with ADHD. Similarly, there is a solid overlap between ADHD and substance use disorders (SUD). Prevalence of SUD is high among patients with ADHD, so that SUD are approximately double as common among individuals with ADHD than in general population, and individuals with SUD have much higher rates than expected of a comorbid ADHD. Neurocognitive, neurophysiological and neuroimaging studies have provided evidence of functional and structural brain anomalies underlying the pathophysiology of ADHD in children and adults, including dysfunctions in the frontostriatal network and in the reward-motivation system, and may underlie the interrelationship between ADHD and SUD.
Speakers:
1. Geurt van de Glind, PhD
   Trimbos-instituut, ICASA Foundation. Utrecht, The Netherlands
2. Prof. Philip Asherson
   Social, Genetic and Developmental Psychiatry, Institute of Psychiatry, King’s College London. United Kingdom
3. J. Antoni Ramos-Quiroga, MD, PhD
   Department of Psychiatry, Hospital Universitari Vall d’Hebron. CIBERSAM. Universitat Autònoma de Barcelona. Catalonia, Spain

### Session: Symposium | SPEAKER 1 | Code | SY254
---|---|---|---
Title: **The prevalence of DSM-5 ADHD in an international sample of treatment seeking SUD patients**
Speaker: G. van de Glind¹, W. van den Brink², IASP research group
¹ Trimbos-instituut, ICASA Foundation. Utrecht, the Netherlands
² University of Amsterdam, AMC. Amsterdam, the Netherlands
Abstract: Objectives
Available studies vary in their estimated prevalence of attention deficit/hyperactivity disorder (ADHD) in substance use disorder (SUD) patients, ranging from 2 to 83%. A better understanding of the possible reasons for this variability and the effect of the change from DSM-IV to DSM-5 is needed.
Methods
A two stage international multi-center, cross-sectional study in 10 countries, among patients from inpatient and outpatient addiction treatment centers for alcohol and/or drug use disorder patients. A total of 3558 treatment seeking SUD patients were screened for adult ADHD. A subsample of 1276 subjects, both screen positive and screen negative patients, participated in a structured diagnostic interview.
Results
Prevalence of DSM-IV and DSM-5 adult ADHD varied for DSM-IV from 5.4% (CI 95%: 2.4–8.3) for Hungary to 31.3% (CI 95%: 25.2–37.5) for Norway and for DSM-5 from 7.6% (CI 95%: 4.1–11.1) for Hungary to 32.6% (CI 95%: 26.4–38.8) for Norway. Using the same assessment procedures in all countries and centers resulted in substantial reduction of the variability in the prevalence of adult ADHD reported in previous studies among SUD patients (2–83% → 5.4–31.3%). The remaining variability was partly explained by primary substance of abuse and by country (Nordic versus non-Nordic countries). Prevalence estimates for DSM-5 were slightly higher than for DSM-IV.
Conclusions
Given the generally high prevalence of adult ADHD, all treatment seeking SUD patients should be screened and, after a confirmed diagnosis, treated for ADHD since the literature indicates poor prognoses of SUD in treatment seeking SUD patients with ADHD.
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<td>Title:</td>
<td>The genetic epidemiology of emotional lability and its relationship to ADHD</td>
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<td>Speaker</td>
<td>P. Asherson</td>
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<td>Social, Genetic and Developmental Psychiatry, Institute of Psychiatry, King’s College London. United Kingdom</td>
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<td>Abstract</td>
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<td>Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder affecting around 3-4% of adults. The disorder is characterised by severe and impairing levels of inattention and hyperactivity-impulsivity. Emotional lability (EL) is frequently seen to co-occur with ADHD, even in the absence of comorbidity. ADHD drug treatments are effective in reducing EL when treating ADHD. This raises the question of whether EL should be viewed as a third domain of psychopathology characterising ADHD.</td>
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<td>Methods</td>
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<td>Multivariate twin model fitting in three samples to investigate the phenotypic and genetic relationship of EL to the core symptoms of ADHD.</td>
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<td>EL is a highly heritable trait in children, adolescents and young adults. We found high phenotypic and genetic correlations between EL, hyperactivity-impulsivity and inattention suggesting shared genetic influences. Model fitting analyses suggested a common factor model in which a highly heritable latent trait loads onto all three domains of psychopathology.</td>
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<td>Conclusions</td>
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<td>Findings from clinical, treatment and genetic epidemiological studies all converge to indicate that EL reflects a core component of ADHD. This is particularly true in adults with ADHD where marked treatment effects of methylphenidate and atomoxetine on EL have been reported. Clinicians should be aware that EL linked to ADHD is an important source of emotional instability and may be a treatable component of comorbid conditions such as borderline personality disorder and antisocial behaviour linked to reactive forms of aggression.</td>
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<td>J.A Ramos-Quiroga, M. Nogueira, M. Casas</td>
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<td>Department of Psychiatry, Hospital Universitari Vall d’Hebron. CIBERSAM. Universitat Autònoma de Barcelona, Catalonia, Spain</td>
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<td>Abstract</td>
<td>Objectives</td>
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<td>The main objective was to explore early-age conditions associated to Substance Use Disorders (SUD) in adults with Attention Deficit/Hyperactivity Disorder (ADHD). Secondly, to determine which of those conditions are specific of ADHD subjects; and finally, to compare ADHD and non-ADHD subjects in terms of SUD life-time prevalence, professional, social and personal adjustment.</td>
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<td>Comparison between ADHD adults with (n=236) and without SUD (n=309) regarding clinical characteristics of ADHD, externalization disorders, temperamental traits, environmental factors, academic history and family psychiatric history; secondly, ADHD subjects were compared to a non-ADHD group (n=177) concerning those variables.</td>
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<td>Results</td>
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<td>The following variables were found to be positively associated to SUD in ADHD subjects: ADHD severity, CD and ODD comorbidities, temperamental characteristics (“fearful”, “accident prone” and “frequent temper tantrums”), “sexual abuse”, “be suspended from school”, family history of SUD and ADHD, and male gender; ADHD inattentive subtype and “fearful” were inversely associated to SUD.</td>
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From those variables, “frequent temper tantrums” was also associated to SUD in non-ADHD subjects. ADHD subjects showed to have higher prevalence of life-time SUD and greater professional, social and personal impairment than non-ADHD subjects.

Conclusions

Findings suggest a specific association between ADHD, SUD and early-age conditions, namely, ADHD subtype, CD and ODD comorbidity, temper characteristics (“fearful”, “accident prone”), “sexual abuse”, “be suspended from school” and family history of ADHD.
**Session:** Regular Symposium  
**OVERALL ABSTRACT**

<table>
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**Title:** What about relationship between post-traumatic stress disorder and heroin?

**Chairperson**
Prof. Liliana Dell’Osso. Department of Clinical and Experimental Medicine, Section of Psychiatry, University of Pisa, Italy, EU.

**Abstract**
Epidemiological data show frequent associations between post-traumatic stress disorder (PTSD) and substance use disorders (SUD). This symposium, composed by 3 talks, tries to shed light on the relationship of PTSD and SUD, specifically heroin addiction. First (1), we investigate the role of post-traumatic stress spectrum and maladaptive behaviours in a population in a catastrophic event, such the earthquake was in Aquila population (IT) in 2009. We explore the role of degree of exposure (“direct” vs “indirect”), gender and age (> o ≤40) as potential risk factors for PTSD and the role of these same variables and of PTSD as potential risk factors for maladaptive behaviours in the same sample. Then (2), we move deeply into the relationship between PTSD and heroin addiction, assessing the life events (loss events and potentially traumatic events) of 82 heroin-dependent patients before and after the dependence age of onset (DAO) and their emotional, physical and cognitive responses to these events, within a trauma and loss spectrum, assessing, as well, personality traits at risk for PTSD. Finally (3), we studied if drug addiction can configure a clinical presentation belonging to a sort of PTSD spectrum, analysing potentially stressful events and emotional-affective consequences in heroin addicts.

**Speakers**
1. Dr. Claudia Carmassi.  
Department of Clinical and Experimental Medicine, Section of Psychiatry, University of Pisa, Italy, EU  
2. Dr. Fabio Rugani  
Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU  
3. Prof. Icro Maremmani  
Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU

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**Session:** Regular Symposium  
**SPEAKER 1**

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**Title:** Post-traumatic stress spectrum and maladaptive behaviours (drug abuse included) after catastrophic events: L’Aquila 2009 earthquake as case study

**Speaker**
C. Carmassi  
Department of Clinical and Experimental Medicine, Section of Psychiatry, University of Pisa, Italy, EU

**Abstract**
PTSD is one of the most frequently occurring sequelae in earthquake survivors and increasing literature has been focused on its potential risk factors. More recently increasing evidence has highlighted the onset of maladaptive behaviours in the same populations. The aim of the present study was to explore: 1) the role of degree of exposure (“direct” vs “indirect”), gender and age (> o ≤40) as potential risk factors for PTSD in a sample of L’Aquila 2009 earthquake survivors; 2) the role of these same variables and of PTSD as potential risk factors for maladaptive behaviours in the same sample.

**Methods**
A group of 444 subjects was evaluated by the Trauma and Loss-Self Report (TALS-SR) 10 months after exposure.

**Results**
Results showed significantly higher PTSD prevalence rates in: exposed with respect to not exposed subjects; women with respect to men (in the whole sample and in all subgroups, with the only exception of the older subjects not exposed); not exposed younger women with respect to the older ones. PTSD and “direct” exposure represented a major risk factor for the presence of at least one maladaptive behaviour, with female gender playing a role only among no-PTSD subjects. For the TALS-SR item n.99 (“Use
alcohol or drugs or over-the-counter medications to calm yourself …?” only PTSD and “direct” exposure emerged as risk factors.

Conclusions
Our results confirm the pervasive effects of earthquakes for mental health in the general population, and highlight the role of gender and proximity as primary correlates of PTSD, and of PTSD and degree of exposure for maladaptive behaviours, particularly alcohol and substance use.

Session: Regular Symposium 
**SPEAKER 2** Code SY263

Title: Life events (loss and traumatic) and emotional responses to them in heroin-dependent patients before and after the dependence age of onset

Speaker: F. Rugani
Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU

Abstract
Objectives
Epidemiological data show frequent associations between post-traumatic stress disorder (PTSD) and substance use disorders.

Methods
In this study we assessed the life events (loss events and potentially traumatic events) of 82 heroin-dependent patients before and after the dependence age of onset (DAO) and their emotional, physical and cognitive responses to these events, within a trauma and loss spectrum. We also assessed personality traits at risk for Post-Traumatic Stress Disorder (PTSD).

Results
In passing from the before-DAO to the after-DAO period, 97.6% of patients continued to experience life events, 82.9% loss events and 91.5% potentially traumatic events. The life events most frequently rated as the most important by patients are “death of a close friend or relative”, “divorce” and “being neglected or abandoned”. Sexual abuse seems to be present, but with a lower percentage. Criminal behaviours become very common after DAO. “Grief reactions” to loss events increase after DAO, as well as “reactions to the most important event”, “re-experiencing”, “avoidance and numbing”, “maladaptive coping” and “arousal”. After DAO, we found an increase in all the emotional, physical and cognitive behaviours typically reported in PTSD patients.

Conclusions
This increase in the intensity of emotive reactions during a drug addiction history seems to configure a sort of PTSD spectrum resulting from the addictive process. At a therapeutic level it would be appropriate to consider this higher emotional reactivity in patients as being due to loss events and potentially traumatic events, so as to allow the optimization of therapeutic resources when these life events occur.

Session: Regular Symposium 
**SPEAKER 3** Code SY263

Title: Opiate addiction as spectrum of post-traumatic stress disorder

Speaker: I. Maremmani
Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU

Abstract
Objectives
Genetic, neurobiological, environmental and psychosocial mechanisms have received considerable attention in understanding the mechanisms that underlie comorbid PTSD and SUD. PTSD and SUD are not necessarily linked by a casual relationship, as self medication hypothesis stated, but they could be both caused by a third factor, that predispose the subjects to develop both the disorders (unitary perspective).
Methods
Using a conceptualization of PTSD spectrum we studied the PTSD-SUD, above mentioned, unitary perspective testing correlation between severity of heroin-addiction, dose of opioid medication and severity of PTSD spectrum in 82 methadone treated heroin-dependent patients.

Results
High positive correlation was found between PTSD spectrum and severity of heroin addiction. In addition, negative correlations were found between PTSD spectrum severity and methadone dose.

Conclusions
This broad magnitude of the correlations, encourages us to move towards a unified vision of the two disorders.
### OVERALL ABSTRACT

**Title:** *Internet influence in the 21st Century addictions*

**Chairperson:**
Dr. Francisco Ferre Navarrete, MD, PhD. Psychiatry and Special Units Service. Hospital General Universitario Gregorio Marañón Madrid, Spain

**Abstract:**
Obiously internet usage has grown tremendously on a global scale. The increasing popularity and frequency of Internet use has led to an increasing number of reports highlighting the potential negative consequences of overuse. Over the last decade, research into Internet addiction has proliferated albeit a consensus about the appropriateness of its inclusion as Internet Addiction in DSM V was not reached. Diagnostic instruments and conceptualizations, absence of health care demand for this reason, and lack of a gold standard of Internet addiction classification, are the main causes of disagreement in this issue. Moreover, a number of core symptoms appear relevant for diagnosis, which assimilates Internet addiction and other addictive disorders and also differentiates them, implying a conceptualization as syndrome with similar etiology and components, but different expressions of addictions. High rates of psychiatric comorbidity, particularly behavioral, anxiety and mood disorders were found in subjects with Internet addiction. Because the presence of psychiatric disorders may affect the management/prognosis of Internet addiction, assessment should include that for other psychiatric disorders.

**Speakers**
1. Dr. Javier Quintero  
   Hospital Universitario Infanta Leonor. Universidad Complutense. Madrid. Spain
2. Dr Helen Dolengevich-Segal, MD. Psychiatrist. Hospital Universitario del Henares. Madrid. Spain

### SPEAKER 1

**Title:** Patterns of misuse and abuse of information and communication technologies

**Speaker:**
Dr Javier Quintero.  

**Abstract:**
Objectives: The no such new technologies have made a huge change in the way we communicate, but this is probably more remarkable for the adolescents. The Objective of this presentation is describe the patterns of use, but more important, how this use can drive to a clear pattern of misuse, abuse or even dependence.

Methods: We have made a review of the literature to search the most frequent patterns of use, and the most relevant studies about abuse and misuse. We also, present the data of a community based study in school population in Spain about the technology use.

Results: There are an increasing number of opportunities but also risks, in Internet for the younger users. For instance, the new data about the impact of massively multiplayer online role-playing game is quite alarming.

Up to 92% of the 14-17 Spanish adolescents use social media at least once a day; 39% uses them more than 2 hours a day; The 89% of the adolescents use internet at home, but the 38% refers no parental supervision at all. 21% of these adolescent show abstinence like symptoms when can’t access to internet.

Conclusions: There are an increasing evidence that the internet, smartphones, online games,... can produce dependence-like symptoms and patterns of abuse and misuse. The parental information and supervision, looks like to be a key point in the prevention of the internet misuses in young patients.

**References**
### Session: Regular Symposium

**Title:** Drugs on the Internet: New substances with unknown risks

**Speaker:** H. Dolengevich-Segal, B. Rodríguez-Salgado, J Gómez-Arnau, MF Rabito-Alcón, J. Correas-Lauffer

**Hospital Universitario del Henares. Madrid.**

**Abstract**

Objective: To review and update the state of play about most relevant new substances, because of their frequency of use or their potential toxicity.

Methods: Review of current literature on the subject

Results: New substances and novel ways of substance abuse are emerging in the drug market. Internet plays an essential role in drug use culture and in the distribution of these substances, making it easy and anonymous. Many of these drugs, known as new psychoactive substances or emerging drugs escape the law because they are novel or originally intended for other uses.

Conclusions: It is a priority to address these issues, since it is increasingly frequent in the medical literature to find case reports about problems associated with the emergent drug abuse, while medium and long term risks are unknown by physicians and health authorities.

### Session: Regular Symposium

**Title:** Pathological gambling on the Internet

**Speaker:** J. Correas-Lauffer, H. Dolengevich-Segal, J. Gómez-Arnau, R. Arnold, MF Rabito-Alcón

**Hospital Universitario del Henares. Madrid. Spain**

**Abstract**

Objective: Review the prevalence of use and misuse of internet for gambling and the comorbidity with other psychiatric disorders.

Methods: Review of literature to search the prevalence of online gambling in adults and adolescents, the patterns of use, misuse, abuse and dependence. We also review the comorbidities of internet gambling with other psychiatric disorders.

Results: Online gambling is more likely to develop pathological gambling and at-risk gambling than non-internet gamblers. Problematic Internet Gambling is associated with male gender, online gambling frequency and gambling family environment. Substance abuse and poor mental health is associated with online gambling.

Conclusions: Interest in internet addiction is increasingly in last years. One the greater risk of internet misuse is gambling. Online gambling became accessible from anywhere and it’s easy to avoid the age request of sites to involve in gambling activities.

**References**

Wong IL, So, EM. Internet gambling among high school students in Hong Kong. J Gambl Stud. 2013.

Scholes-Balog KE, Hemphill SA. Relationships between online gambling, mental health, and substance use: a review
**Session:** Regular Symposium  
**OVERALL ABSTRACT**  
**Code:** SY374  

**Title:** Intervention strategies on drug users’ severe mental disorders (schizophrenia, bipolar disorder and personality disorder) from a longitudinal perspective in the province of Huelva

**Chairperson:** Juan José Mancheño Barba. Director UGC Salud Mental Huelva Intercentros. Complejo Hospitalario Huelva. Huelva. España

**Abstract**
In response to the difficulty of the approach to the treatment and monitoring of drug users’ severe mental disorders, this symposium outlines the intervention strategies of the different stages of the illness conducted in the province of Huelva. We use in this province the model on a parallel basis upon the network of Mental Health and other one of Addictive Disorders, with the intention of obtaining an integrated approach aimed at the intervention of both the addictive and the severe mental disorder.

**References**
Protocolo de Actuación Conjunta entre Unidades de Salud Mental Comunitaria y Centros de Tratamiento Ambulatorio de Drogodependencias. Dirección General de Asistencia Sanitaria. Servicio Andaluz de Salud. CONSEJERÍA DE SALUD Dirección General de Servicios Sociales y Atención a las Drogodependencias CONSEJERÍA PARA LA IGUALDAD Y BIENESTAR SOCIAL

**Speakers**
2. Juan Francisco López Ramirez  
3. María Luisa López Gutiérrez, M.D.  
   Unidad de Salud Mental Comunitaria Huelva. Complejo Hospitalario Huelva. Huelva. España
4. María Cinta Ramírez Domínguez. IMR psychiatry  
   MIR psiquiatría. Complejo Hospitalario Huelva. Huelva. España

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**Session:** Regular Symposium  
**Regular Symposium**  
**Code:** SY374  

**Title:** Approach and management of patients with dual diagnosis in emergency and hospital

**Speaker:** Mercedes Guzmán Llorente, M.D. Psychiatrist. Unidad de Hospitalización Psiquiátrica H. Juan Ramón Jiménez. Complejo Hospitalario Huelva. Huelva. España

**Abstract**
OBJECTIVES  
Describing the comprehensive management of dual diagnosis in the acute phase, both the Emergency Department and Inpatient Unit. Understanding the relationship between different comorbid disorders and the impact each one may have on the other, it’s essential to schedule a comprehensive plan of action that will solve different problems.

METHOD  
It has been performed by reviewing the active protocols in our unit, an approach of dual pathology under a unifying model. Includes various stages of coping with different interventions: therapeutic bonding, motivation, active treatment (reduction of toxic and drug consumption), relapse prevention and family intervention.  
Emergency  
- Approach in Crisis: Facing diagnostic and therapeutic decisions.  
- Family Crisis Intervention.  
- Decision on referral of the patient to the most appropriate action or proceeding to income Hospitalization.
- Evaluation and multidimensional and interdisciplinary diagnosis: biological, psychological and social approach.
- Psychopharmacological approach.
- Keeping people with containment measures (according to legislation).
- Care and family support involving them in the therapeutic process.
- Social support, in coordination with social services base.
- Ensure continuity of care, coordinating with other devices.

**RESULTS**

Improvement in the patient care process with dual pathology.

**CONCLUSIONS**

The approach allows the emergency crisis intervention, a therapeutic container and guiding role. Hospitalization and provides a supportive environment in which you can incorporate psychopharmacological treatment activities for the psychopathological stabilization through psychoeducation and problem-solving therapy, taking into account the family and social environment of the patient.

**References**


Murthy P1, Chand P. Treatment of dual diagnosis disorders. Curr Opin Psychiatry. 2012 May;25(3):194-200. doi: 0.1097/YCO.0b013e328351a3e0.

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<th>Session:</th>
<th>Regular Symposium</th>
<th><strong>SPEAKER 2</strong></th>
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<td>Title:</td>
<td>Intervention strategies after discharge</td>
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| Speaker  | Juan Francisco López Ramírez  
Coordinador Médico Centros de Atención Drogodependientes. Huelva. España |
| Abstract | **OBJECTIVE**  
We propose therapeutic strategies developed by those patients clinical characteristics (Graves’ Mental Disorders and Graves’ Addictive Disorders) have required an admission to Psychiatric Hospitalization Unit in the province of Huelva.  

**METHOD**  
Once these patients are stabilized derivatives by appointment both Community Mental Health Unit (USMC) and the Outpatient Center of Addictions (CTA) for continuity of care. Once they come to the Outpatient Center of Addictions, patients are evaluated by clinical interview by a multidisciplinary team to develop its multiaxial diagnostic and therapeutic project, which includes:

1. Psychopharmacologic Strategies: Detox programs, cessation programs, treatment programs psychiatric comorbidity
3. Resources and third level support for cessation: Therapeutic Communities, Housing Support and Rehabilitation Treatment Centers Meeting and Reception; Housing and Support for AIDS patients.
4. Prison Support Team Institutions

During the therapeutic process spaces and coordination meetings between therapeutic teams concerning the USMC and CTA are programmed to design strategies to be followed by both teams within a service model of the dual parallel patients.

**RESULT**  
Improved awareness of illness, fewer relapses and better functionality.
CONCLUSIONS
The Protocol of Cooperation on Dual Diagnosis Drug Dependence networks and Mental Health may favor the incorporation of social and working life of these people. Ago missing studies evaluating these initial impressions.

References

Session: Regular Symposium  Speaker 3  Code SY374
Title: An approach to dual diagnosis’ chronic phase
Abstract
OBJECTIVES
The goal is to work on different considerations in the intervention of dual diagnosis’s chronic phase, and to discuss about a study results in order to investigate substance abuse influence on severe mental disorder diagnosis and maintenance of psychopathological stability.

METHOD
The observational study was conducted on 106 patients diagnosed to severe mental disorder who come to track the Community Mental Health Unit of Huelva. The study included a descriptive statistical analysis in which the numerical variables were summarized as mean and standard deviation and qualitative variables with frequency tables and percentages. To analyze the relationship between variables was used the Chi-square and logistic regression analysis.

RESULTS
The prevalence of substance abuse at the beginning of severe mental illness was to cannabinoids 33%, Alcohol 22.9%, cocaine 21.9% and opiates 7.6%. The relationship between psychiatric disorders diagnosis and substance abuse was statistically significant for delusional disorder with cocaine abuse (0.05), while the other pairs not significant. It also was statistically significant the relationship between psychopathological stability and abstinence, with an explained variance of 0.56. The 97% of abstainers had psychopathological stability.

CONCLUSIONS
In the management of dual diagnosis the abstinence is essential aim to preserve the psychopathological stability and maintain adherence to treatment and therapeutic monitoring. We perform active and ongoing efforts to achieve abstinence working in coordination between Mental Health Community Units, Addictive Disorders Centers and FAISEM as a social support organization. When analyzing the relation between substance abuse and severe mental disorder diagnosis the results of this study are inconclusive so further research is needed.

References

Session: Regular Symposium  Speaker 4  Code SY374
Title: Patient with severe mental disorder in prison field
|---------|-------------------------------------------------------------------------------------------------|
| Abstract | **OBJECTIVES**  
In this paper we review the status and needs of these patients, as well as proposed programs and interventions through a multidisciplinary team.  

**METHOD**  
Bibliographic and legal review, and psychosocial rehabilitation programs for people with severe mental disorders in Spanish prisons.  

**RESULT**  
In the "Study on mental health in prisons" prepared by the General Secretariat the following conclusions were drawn:  
- 25.6% of inmates have collected one or more psychiatric diagnoses in their medical history.  
- Currently over 18,000 people are estimated with a psychiatric diagnosis of all patients admitted to prisons.  
- The 3.4% of the prison population suffers from a psychotic disorder than the general population figure, it is estimated that more than 3,000 people with severe mental illness in prisons remain hospitalized.  

**CONCLUSIONS**  
The current situation of persons with severe mental illness in prisons or prison psychiatric hospitals in Seville and Alicante is considered as the major problem of prison health, by various associations of medical, legal and social staff, also by associations human rights and the General Secretariat for Penitentiary Institutions own. |
| References | -Intervención social en personas con enfermedades mentales graves y crónicas. Rodríguez, Abelardo; Sobrina, T. Ed. SINTESIS. Madrid.2008.  
-II Plan Integral de Salud Mental de Andalucía. 2008-2012. Junta de Andalucía |
Title: Psychopathology and dual pathology associated to smoked and inhaled cocaine in Latinamerica

Chairperson: Prof. Elvia Velásquez de P (Medellín, Colombia), WPA Section on Dual Pathology, Coordinator APAL Section on Substance Disorders and Dual Pathology, ALAD, ACAPE

Co-chairperson: Dr Javier Didia (Buenos Aires Argentina), Secretary WPA Section on Dual Pathology, APAL Section on Substance Disorders an Dual Pathology, ALAD, ACAPE

Abstract:
Objectives. That participants know differences in psychopathology and consequences of drug administration ways as: smoked, inhaled (sniffing) and injected cocaaines and resulting syndrome of smoked basic Cocaines as PBC, Cocaine Basic Paste (PBC), crack, paco, etc. besides other addictions

Methods 4 speakers, based on relevant literature review and experience, compare and take conclusions on drug consequences by regions

Results
The cocaine use, abuse and addiction, is one of the most widespread drugs abuse causing major problems worldwide. Literature do not make difference between impact of smoked vs Inhaled Cocaines what is crucial for appropriate clinical and preventive manage

The smoked Cocaines are most dangerous than inhaled cocaaines for its faster absorption through the lungs increasing the effects and by mixtures in its composition. The main forms are

•PBC in Latin America made from coca leaves
•Crack made from Cocaine Hydrochloride
•Paco (Cono Sur) and Oxi (Brasil) smoked cocaaines have spread recently and have different composition mixtures that change and increase consequences.

This use started in Andean countries Peru and Bolivia in the years 1975-80, after quickly spread to Chile Colombia Ecuador, Brazil, and after 2000 had increased in Argentina, Uruguay, Paraguay (Paco). It represents high percentages of patients more than cocaine clorhidrate in treatment centers

Conclusions
Use of smoked basic cocaaines is more dangerous than inhaled cocaine, it is spreading to different countries in Latin America, USA and Europe. We need prevention actions, studies, and more treatment facilities in Latinamerica for cocaine, alcoholism and others drugs

References:
Pasta Básica de Cocaína. Cuatro décadas de historia, actualidad y desafíos. UNODC. De Vida Peru 2012

Speakers
1. Professor Elvia Velásquez (Medellín Colombia) ALAD APAL WPA Section on Dual Pathology. Coordinator of Substance Abuse Section Psychiatric Latinamerican Association APAL and Secretary Andean region Section on Diagnostic and Classification APAL, Past President ALAD
2. Dr Javier Didia Hospital Italiano Buenos Aires Argentina Secretary WPA Section Dual Pathology. President ACAPE, Secretary Southern Cone Section APAL Substances Disorders and Dual Pathology
3. Dr Rafael Navarro Cueva. Lima Perú Founder Latinamerican Association on Addictionology ALAD, Andean Region Secretary for APAL Section for Substance Abuse an Dual Pathology
4. Dr Saúl Pacurucu Director Rehabilitation Center on Alcoholism and Addiction (CRA). Cuenca Ecuador. Professor Cuenca University. Cuenca Ecuador. President Latinamerican Association on Addictionology
Speaker
Professor Elvia Velásquez de P Medellín Colombia
WPA Section on Dual Pathology . Coordinator of Substance Abuse Section Psychiatric Latinamerican Association APAL and Secretary Andean region Section on Diagnostic and Classification APAL
Past President ALAD

Abstract
Objectives. Participants should be able to recognize importance of route of administration in different drugs and take appropriate clinical actions with patients using smokeable cocaines and cocaine inhaled.

Methods. Review literature on basic cocaines.

Results. Based Coca Paste PBC smoked use began in Peru and Bolivia in nineteen seventies in Colombia (1979) and near 2000 year spreads by Argentina (Paco) Uruguay, Paraguay, Brasil (Oxi).

Smoked cocaine has 3 main forms:
1. Coca Paste from Coca leaves (PBC) in andean region near to growth, vary in local names and mixtures.
2. Crack prepared from Cocaine Chlorhidrate, adding bicarbonate and heating, used mainly in Northamerica, Central America, Brasil and Europe.
3. Paco (Cono Sur) and Oxi (Brasil and other varieties has mixtures of Coca Paste and Crack).

All 3 forms contain rests of thinner, kerosene and hydrocarbons and powders for increasing quantities, changing olor, flavor, etc., from powder of brick until harina or tale.

To smoke cocaines have similar severity and fast effect like injected cocaine.

Symtoms are more severes, more somatics and neurovegetatives, euphoria, disforia, compulsion, sweating, panic, lost weigh, tremor etc. and more pulmonary problems for powders added and more dysfuncionality.

Conclusion. In summary Coca Past syndrome is a severe form of addiction more than cocaine use affecting mainly to latinamerica and needs all authorieties and community attention to stop it.

References

Session: Regular Symposium
SPEAKER 2
Code SY378

Title: Dual pathology and coca paste in Latinamerica (Paco)

Speaker
Dr Javier Didia Hospital Italiano Buenos Aires Argentina.
WPA Section Dual Pathology . President ACAPI
Secretary Southern Cone Section APAL Substances Disorders and Dual Pathology

Abstract
Objectives. That participants be conscious of relation between cultural factors and special manifestations of the psychopathology and psychiatric disorders associated to drug use.

Methods. Relevant bibliography review.

Results. Dual Pathology: concurrent or sequential presence of a mental disorder and a substance disorder may vary from frequency, severity, type of substances, etc. in different cultures.

Differents administration routes: oral, nasal inhaled or injected modifies type, severity and frequency of complications, such as the case of smoked cocaines, a more severe cocaine addiction that inhaled.

Argentina, Paraguay, Uruguay and Brazil has increased consumption of Coca Pasta smoked initiated in Andean countries, affects young people who smoke Paco mixtures from coca leaves, cocaine hydrochloride that become basic and others. Use prevalence of Paco is about 0.5 to 5%.

Cocaine is often associated with anxiety disorders, Trast Bipolar, paranoid symptoms, etc. varying according individual's vulnerability and intensity of consumption.

In adolescent population offending of law in Chile 36% have ever used cocaine base in life and 16 % in young colombian offenders. (Unodoc 2010) Some 85,000 people used "cocaine base" in previous year (Sedronar 2007)

Conclusion. Conclusion cocainas smoked cause great health problems and demand. Require resources to research, treatment and prevention.

References
Session: Regular Symposium | SPEAKER 3 | Title: Coca paste (PBC) comorbidity and treatment in Peru | Code | SY378

Speaker: Dr Rafael Navarro Cueva. Lima Peru
Founder Latinamerican Association on Addictionology ALAD
Andean Region Secretary for APAL Section for Substance Abuse an Dual Pathology

Abstract: Objectives After presentation participants should differentiate the syndrome for inhalated cocaine from more severe smoked cocaine syndrome and its consequences, especially comorbidity with psychiatric disorder and to have information in treatment measures.

Methods: Researchs and experiences in Ñana treatment Center with patients addicts to Coca Paste smoked and bibliography review.

Results: Presentation shows characteristic and complication patients and comorbidity as pharmacological approach and a structured behavioral program. Coca Paste (PBC) smoked use in Peru and Bolivia in other latinamerican countries is a substance resultant in the process of prepare cocaine chlorhydrate, added with mixture as talc powder etc., Began in the second half of the seventies (Jeri 1976) and increased rapidly, most of patient in some drug center treatment had severe dependence, using it compulsively leaving all kinds of activities. Patients using coca past have more difficult rehabilitation and need intense measures related to psychiatry, psychopharmacology, psychosocial and behavioral therapy. Prevalence of PBC is 1 to 5% depending of region and age and social groups, is more common in young men deprived social class and their use become more severe and requires treatment more quickly than cocaine hydrochloride sniffing.

Conclusions: Coca Paste addiction smoked represents more severe addiction type than cocaine inhaled. Patients have a low socioeconomic level, and show more deterioration than patient using cocaine chlorhydrate inhaled and more mental and physical complications requiring intense treatment measure.


Session: Regular Symposium | SPEAKER 4 | Title: Context of alcohol and drug abuse in Latinamerica | Code | SY378

Speaker: Dr Saúl Pacurucu .C
Director Rehabilitation Center on Alcoholism and Addiction (CRA). Cuenca Ecuador, Professor Cuenca University. Cuenca Ecuador, President Latinamerican Association on Addictionology

Abstract: Objectives. That participants evaluate context of main substance use and abuse like alcohol cocaine, marihuana and Dual Pathology in Latinamerican for clinical use and prevention.

Methods. Review of relevant literature, research and clinical experience.

Results: Alcoholism is the most prevalent addiction in Latin America second region in the world in alcohol consumption 7.2 annual liters per capita (world average 4.7, Europe 10.9 higher consumption. More prevalence use after alcohol are marihuana, cocaine and methamphetamine. Opiates are increasing.

Smokeable Cocaines are responsible for most patients in treatment for addiction in Latinamerica after alcohol.

Alcoholism is high risk for deaths, violence, suicide, cancer and other complications as Mental Disorders. Mental Disorders are more common in alcoholics than in the general population as: personality disorder 21 times more common, mania 6.2, schizophrenia 4 and drug abuse 3.9 times more than in the general population.

Conclusions: Addiction is a global problem with special characteristics in Latinamerican. Shaped by cultural factors, vary according substances, prevalence, severity and types of use health demand etc. There are an epidemic consumption of Smokeable Cocaines and scarce resources for treatment.
prevention and research needing more efforts from countries.

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<tr>
<td>- WHO 2014. Global status report on alcohol and health 2014 ed. World Health Organization, Management of Substance Abuse Unit (MSB) Department of Mental Health and Substance Abuse (MSD) Geneve, Switzerland 2014</td>
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## Table 1: OVERALL ABSTRACT

<table>
<thead>
<tr>
<th>Session: Regular Symposium</th>
<th>Title: Depression, addiction and hepatitis C infection: A gender approach</th>
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<tbody>
<tr>
<td>Chairperson</td>
<td>Marta Torrens, Head of Addiction Program, Institute of Neuropsychiatry &amp; Addictions-Parc de Salut Mar, IMIM-Institut Hospital del Mar d’Investigacions Mèdiques, Universitat Autònoma de Barcelona, Barcelona -Spain</td>
</tr>
<tr>
<td>Abstract</td>
<td>Worldwide, around 170 million people are infected with HCV; the majority are IDU. Being female is a predictor of HCV among IDU. Sharing injecting equipment poses the greatest risk of transmission among IDU. Depression among IDUs has been associated with injection-related risk and needle sharing. Also treatment for HVC is related to increase of depression. In this symposium, the speakers will reflect last dates about the relationship between depression, addiction and hepatitis C infection since a gender perspective. They will include epidemiological, clinical, and therapeutic and also group intervention to reduce HCV risk taking behaviours and increase HCV transmission knowledge among females.</td>
</tr>
</tbody>
</table>
| Speakers | 1. Rocío Martín-Santos  
Servicio de Psiquiatría y Psicología, Hospital Clínic de Barcelona, Universidad de Barcelona (UB), IDIBAPS, CIBERSAM, Barcelona-Spain  
2. Gail Gilchrist  
Kings College London, Institute of Psychiatry , London, UK  
3. Gabriele Fischer  
Medical University Vienna. Vienna. Austria |

## Table 2: SPEAKER 1

<table>
<thead>
<tr>
<th>Session: Regular Symposium</th>
<th>Title: Depression and VHC intervention in female drug users</th>
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| Speaker | R.Martin-Santos  
Servicio de Psiquiatría y Psicología, Hospital Clínic de Barcelona, IDIBAPS, CIBERSAM, Universidad de Barcelona (UB), Barcelona-Spain |
| Abstract | Hepatitis C infection represents a public health problem that affects 130-170 million people worldwide. Its prevalence is between 1% and 3% in the European population. Although the infection may take decades to progress, a significant proportion of patients may develop liver cirrhosis or hepatocellular carcinoma. Today, hepatitis C virus infection is the main cause of cirrhosis and the main indication for liver transplant worldwide. The approved treatment for chronic hepatitis C is the combination of pegilated interferon alpha and antiviral ribavirin. Interferon-alpha is an endogenous cytokine that modulates the immunologic system and is involved in many antiviral functions. Recently, studies with a protease inhibitor drug, added or not to the standard treatment in patients with the viral genotype 1 showed significant therapeutic response. Antiviral treatment has a high profile of neuropsychiatric side effects including low mood and full major depressive episode. Some patients may be more vulnerable to depression than others. In this sense a systematic review with meta-analysis of induced depression by interferon due by our group (Udina et al., 2012) showed that gender was a potential variable for predicting interferon-induced depression, including 10 studies and 845 patients. Female gender was a weak predictive variable for developing major depressive episode during treatment (OR=1.40, 95%CI 1.02-1.91). In the same study, previous substance abuse disorder evaluated in three studies tan included 308 patients was not a significant predictive variable for induced depression (OR=0.02, 95%CI 0.37-2.64). We will present also new data from a cohort of HVC patients treated with interferon alpha and ribavirin focus on these two factors of risk. |

## Table 3: SPEAKER 2

<table>
<thead>
<tr>
<th>Session: Regular Symposium</th>
<th>Title: The reduce hepatitis C intervention for female drug users</th>
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</table>
### Speaker

G. Gilchrist,1,2 M. Torrens,3,4 J. Tirado,3 A. Taylor,5 G. Fischer,6 J. Moskalewicz,7 L. Di Furia,8 A. Munro,5 A. Shaw,5 B. Köchl,6 C. Hopf,6 I. Leeb,6 K. Dąbrowska,7 C. Giammarchi8

1 Institute of Psychiatry, King’s College London, London, United Kingdom  
2 South London and the Maudsley NHS Foundation Trust, London, United Kingdom  
3 Addiction Research Group, IMIM-Institut Hospital del Mar d’Investigacions Mèdiques; Institute of Neuropsychiatry and Addictions, Parc de Salut Mar de Barcelona, Barcelona, Spain  
4 Universitat Autònoma de Barcelona, Barcelona, Spain  
5 School of Social Sciences, University of the West of Scotland, Paisley, Scotland  
6 Medical University of Vienna, Vienna, Austria  
7 Institute of Psychiatry and Neurology, Warsaw, Poland  
8 Servizio Salute Regione Marche, Ancona, Italy.

### Abstract

**Objectives**

To develop and test a group intervention to reduce hepatitis C virus (HCV) risk taking behaviours and increase HCV transmission knowledge among females who inject drugs in Europe.

**Methods**

A gender sensitive 3 session brief intervention was developed based on the available evidence and addressed HCV transmission risks; HCV and sexual wellbeing; and HCV and emotional wellbeing. Females aged 18 years and older who had injected heroin or other opiates, cocaine or amphetamines in the previous month were eligible to participate in the intervention. HCV knowledge transmission, drug and sexual risk behaviours in the previous month and depressive symptoms (assessed using the Patient Health Questionnaire) were measured at baseline, end of the intervention and one month post intervention. Paired t-tests were used for continuous data and McNemar tests for matched pairs were used for categorical data to compare pre and post intervention findings. Intention to treat analysis was conducted.

**Results**

36 females were recruited (10 from Austria, 6 from Italy, 5 from Poland, 7 from Scotland and 8 from Spain). At one month post intervention, 4 participants were not injecting, some HCV injecting risk behaviours significantly reduced and HCV transmission knowledge significantly increase. No change in sexual risk behaviours or depressive symptomatology were reported one month post intervention.

**Conclusions**

The REDUCE project provides an innovative, evidence-based and evaluated intervention to reduce HCV risk behaviours and prevent the spread of HCV infection in the particularly vulnerable target group of females who inject drugs. However, findings should be interpreted with caution as it was not a randomised controlled trial and only a small sample participated. Despite these limitations, the intervention did successfully reduce some injection risk behaviours and significantly increased HCV transmission knowledge among females who inject drugs.

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<th>Session: Regular Symposium</th>
<th>SPEAKER 3</th>
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<tr>
<td><strong>Title:</strong></td>
<td>Gender differences in co-morbidity of substance use disorder</td>
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| **Speaker:** | G Fischer  
Medical University Vienna. Vienna. Austria |
<p>| <strong>Abstract</strong> | |
| <strong>References</strong> | |</p>
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<tr>
<td>Title:</td>
<td><strong>Gambling behaviors and mental health</strong></td>
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<tr>
<td>Chairperson</td>
<td>Prof. Enrique Echeburúa, University of the Basque Country UPV/EHU, San Sebastián, Spain</td>
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<tr>
<td>Speakers</td>
<td>Julio Angel Brizuela (Argentina), Hermano Tavares (Brazil).</td>
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<td>Title:</td>
<td><strong>PLAN INTEGRADOR PARA LA FORMACIÓN DE PROFESIONALES DEL EQUIPO DE SALUD HUMANA Y EDUCACIÓN DEL ÁMBITO PÚBLICO Y PRIVADO PARA PREVENCIÓN, ASISTENCIA Y PSICOEDUCACIÓN EN LA PROVINCIA DEL NEUQUÉN, REPÚBLICA ARGENTINA</strong></td>
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<tr>
<td>Speaker</td>
<td>J. A. Brizuela 1, A. H. Cia 2</td>
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<tr>
<td>1. Coordinador de la Sección de Juego Patológico y otras Adicciones Conductuales de la Asociación Psiquiátrica de América Latina (APAL); Director Docente de Conjugar (investigación y docencia sobre Juego Patológico y Adicciones Conductuales) Capital Federal, Buenos Aires, Argentina.</td>
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<tr>
<td>Abstract</td>
<td>Objetivo: cubrir una importante demanda asistencial de personas afectadas por problemas de juego de apuestas para los cuales la salud pública no estaba en condiciones de brindar una asistencia y prevención adecuada. Brindar conocimientos esenciales sobre Juego Patológico y Adicciones Conductuales a los docentes del plantel provincial de nivel primario como así también estrategias didácticas para realizar clases de prevención primaria alusivas al tema mencionado. Método: dictado de cursos dirigidos a profesionales del equipo de salud humana (médicos, psicólogos, asistentes sociales, trabajadores sociales, psicopedagogos, y enfermeros) y docentes de nivel primario, pertenecientes al ámbito oficial. Se realiza un contrato inicial de parte del Instituto de Juego de la Provincia de Neuquén con especialistas del tema para el dictado de cursos sobre Juego Patológico y Adicciones Conductuales. Luego el referido Instituto firma convenios de colaboración con los Ministerios de Salud y Educación de la Provincia de Neuquén para ofrecerles dichos cursos en forma gratuita a los agentes de los respectivos Ministerios (personal del equipo de salud humana y docentes de nivel primario) Conclusiones: se logra por primera vez en la República Argentina la oferta de cursos gratuitos de formación de postgrado en Juego Patológico y Adicciones Conductuales a los agentes del equipo de salud humana de la Provincia de Neuquén y a los docentes pertenecientes al ámbito público de la misma Provincia, subvencionados por un Instituto de Juego Provincial.</td>
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<td>Title:</td>
<td><strong>DEVELOPMENT AND VALIDATION OF THE GAMBLING FOLLOW-UP SCALE SELF-REPORT VERSION (GFS-SR)</strong></td>
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<td>Speaker</td>
<td>Hermano Tavares</td>
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<tr>
<td>Abstract</td>
<td>Objective: to validate the GFS-SR, a 10-item scale for pathological gamblers under treatment that assesses frequency of gambling, time and money spent on it, craving, debts, emotional distress, family relationships, autonomy, frequency and satisfaction with leisure. Eighty-four out of 120 patients assessed proceeded to treatment and fifty who completed treatment were reassessed after six months. Fifty-two</td>
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relatives provided collateral information for agreement testing at baseline.

Results: The GFS-SR showed good inter-rater agreement (kappa between .170 and .486, significance between .039 and <.001). Cronbach’s Alpha for the total scale was .855. Factor analysis presented a three-factor solution: Factor 1-Gambling Behavior, Factor 2-Social Life and Factor 3-Financial/Emotional Hardship. Scoring convergence with other scales of reference was high (Spearman’s correlation coefficients ranging .266 to .824, significance between .003 and <.001). The GFS-SR showed excellent sensitivity to change (factor 1 score), predictive validity for treatment response (factor 2 score), and ability to discriminate recovered from non-recovered gamblers by the end of treatment (factor 3 score). The discriminant analysis uncovered a 33 cut-off point with 90% sensitivity and 88.2% specificity for gambling recovery. The GFS-SR is a streamlined instrument suited to providing reliable follow-up of gamblers under treatment and assessment of treatment efficacy.
Abstracts

Regular Symposia
Spanish / Portuguese Track
## OVERALL ABSTRACT

### Title:
**Personality disorders and psychopathy in children and adolescents**

### Chairperson
Prof. José Luis Pedreira Massa. Child University Hospital of the child Jesus, Madrid, Spain

### Abstract
It is really true that nowadays many appointments requested, in our specialty, come from a particular type of pathology (if we can call it thus) or functioning which have a direct relationship with personality diseases, principally in those where psychopathic characteristics are predominant, understanding this as certain typical ways on which these individuals, who present this characteristic, manipulate other subjects of their environment or vital situations, and so, avoid a certain amount of suffering or personal discomfort.

Our proposal consist of trying to interpret which variables are in play, distinguishing them in several aspects (biological, psychological, familial, sociocultural and epistemological), taking case studies derived from our clinical practice, with children and adolescents, in the mental health field.

### Speakers
1. J. C. Fantin. APSA and University of Buenos Aires, Buenos Aires, Argentina
2. Liliana Verónica Moneta. APSA, Buenos Aires, Argentina
3. María Ester Strada. APSA, Buenos Aires, Argentina

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## SPEAKER 1

### Title:
An epistemological approach to personality disorders

### Speaker
J. C. Fantin. APSA and University of Buenos Aires, Buenos Aires, Argentina

### Abstract
From the first psychopathological considerations about psychopathy as “absence of moral consciousness”, to the psychiatric and psychoanalytical interpretation of borderline diseases, with their psychopathic aspects, we have come a long way. However, it’s unclear which is the psychological and epistemological interpretation of this subjective position of human beings, that take other subjects as objects, namely, as possessions of themselves, which are manipulated according to their own purposes and their own selfish satisfaction. Moreover, if we consider that our time has a real tendency to selfishness and uses others as objects of their own scheme of calculus.

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## SPEAKER 2

### Title:
Anthropological considerations about personality disorders

### Speaker
Liliana Verónica Moneta. APSA, Buenos Aires, Argentina.

### Abstract
We assert that raised certain conditions of the prevailing context where have fallen paradigms that shaped the modern era, it have been promoted that this would be the problem which ultimately demands greater consultation by the young population. Because of that, a rethinking of the status of family, social, anthropological and cultural conditions emerges, that come into play to happen and that this phenomenon may be greater. Also, multiple neuroscientific findings converge to clarify what structural, physiological and molecular factors involved in CNS production of such a complex phenomenon as empathy.
Session: Regular Symposium

SPEAKER 3

Code SY322

Title: Clinic of personality disorders

Speaker Maria Ester Strada.
APSA, Buenos Aires, Argentina.

Abstract I'm bored What can I do? A problem with the ban.

Asked by children and often heard in the consultation generally covering a difficulty being alone. Frustrated in a world of toys that can not be used by itself. Failing to find a pleasant occupation to grow. This becomes a vicious circle of not receiving their environment appeasement of its most primitive emotions. In his inner world lacked more support, and this is expressed through actions, taking the criterion of reality, of the valuation and corrective confrontation with the other, beating impulsivity. Not only are offenders who suffer from it, and you can not define a map of membership of this problem as it covers a broad age spectrum, forged throughout life.
Session: Regular Symposium

OVERALL ABSTRACT

Title: Assessment of the severe mental illness program (SMIP) in the community

Chairperson Dr. Pedro Cuadrado. Vallecas Villa Mental Health Center. Madrid. Spain

Co-chairperson Dr. Pilar Nieto. Private Practice. Madrid. Spain

Abstract

Severe Mental Illness Programs (SMIP) have been developed along last 30-40 years in several European countries. In Madrid this program originally was inspired in Case Management theories, but over the years adaptations have been implemented to enhance our service’s quality. We analyze the characteristics of the SMIP in one of our community centers and how patients use the resources in the community.

METHOD:

We assessed the patients included in SMIP until the 31st of December of 2013. Collection of sociodemographic data, inclusion criteria, diagnoses, hospitalizations, severity, functionality, pharmacological treatment, drug abuse, and rehabilitation resources use.

RESULTS:

We collected a large quantity of data, but we think the most relevant facts are:

- The main inclusion criteria in SMIP are functionality rather than diagnoses. A third of the patients, have a diagnosis different than psychoses.
- High prevalence of substance misuse (70-80% Targeted interventions improve prognosis.
- Every patient has an individualized recovery program. Tailored recovery program based on psychosocial functionality with wide range of services and interventions
- Self-management as an important tool on their pathway to recovery.
- Highly cost-efficient for Public Health System.

CONCLUSIONS

Severe Mental Illness Care requires flexible community programs that can meet patient’s needs. These programs can be sustainable in the Public Health System.

REFERENCES


SPEAKERS

1. Dr. Rocio Moreno
   Vallecas Villa Mental Health Center. Madrid. Spain
2. Beatriz Basallo
   Psychology Department, Hospital Virgen de la Torre. Madrid. Spain
3. Dr. Alberto Gutierrez
   South London and Maudsley NHS Foundation Trust. London. UK
4. Dr. Aurora Döll
   Vallecas Villa Mental Health Center. Madrid. Spain
5. Dr. Antonio Pérez
   Hospital Infanta Leonor. Madrid. Spain

Session: Regular Symposium

SPEAKER 1

Title: Assessment of a severe mental illness program: Data analysis

Speaker R. Moreno de Miguel1, J. Sánchez Roldán2, J. Radiá Portolés2, M. J. Rodríguez Rodríguez2.

1. Madrid Mental Health Service. Madrid, Spain
2. Vallecas Villa Mental Health Centre, Madrid, Spain.

Abstract

Objectives: Assessment of clinical and sociodemographic variables, in Severe Mental Illness patients who are attended in Vallecas Villa Mental Health Centre.

Methods: In a sample of 973 patients were collected some clinical and sociodemographic variables along 2013, in the Mental Health Centre. The variables were: diagnose, illness time, outpatient visits, number of hospitalizations, drugs misuse, rehabilitation resources use, and comorbidity. We also
evaluated the severity of illness with two scales: Global Assessment of functioning (GAF) and Clinical Global Impressions (CGI)
Results: The severity and a long time of illness attached a low socioeconomic status, drugs misuse and medical comorbidity is associated with greater needs of rehabilitation resources, hospitalisations and outpatient care.
Conclusions: The entry of patients in Severe Mental Illness Program, allow reaching a major clinical stability, better treatment adherence, improving illness consciousness, social fonctioning, and life quality and consequently a better prognosis

Session: Regular Symposium  
**SPEAKER 2**  
Code: SY442

**Title:** Psychotherapy vs psychosocial interventions in patients with severe mental illness

**Speaker**  
C. Alonso San Martín ¹, B. Pérez Basallo ², M. Ribes Leiva ²
¹ Psychiatrist. Vallecas Villa Mental Health Centre. Hospital Virgen de la Torre, Madrid
² Clinical Psychologist. Vallecas Villa Mental Health Centre, Hospital Virgen de la Torre, Madrid

**Abstract**  
Objectives: Assessment of psychological interventions with Severe Mental Illness patients in our Mental Health Centre.
Method: We collected the data of Severe Mental Illness patients who receive psychological care outside the Rehabilitation Program
Results: Patients with Severe Mental Illness who received psychological attention have a specific characteristics, and different objectives than Severe Mental Illness Patients who are in rehabilitation programs. The psychological objectives are: improve treatment adherence, enhance coping strategies and skills, stabilization...We use individual and group therapy to achieve these objectives.
Conclusions: Patients who receive psychotherapy in our Severe Mental Illness Program have distinctive features.

Session: Regular Symposium  
**SPEAKER 3**  
Code: SY442

**Title:** Effectiveness of community treatment orders

**Speaker**  
A. Gutierrez Vozmediano⁴
⁴ South London and Maudsley NHS Foundation Trust, London, United Kingdom

**Abstract**  
Objectives: The use of community treatment orders (CTOs) has been introduced in several countries since the desinstitutionalisation of mental health services, as a way to tackled those patients who present challenges in their management and experience frequent admissions. CTOs may entail a higher level of support by services, but also a significant curtailment of liberty. CTOs have also been introduced in clinical practice without significant scientific evidence of its effectiveness.
Methods: Review of literature on CTOs’ effectiveness. There are three published randomized controlled trials, two of them in the USA, and finally, a most recent one in the UK, the Oxford Community Treatment Order Evaluation Trial (OCTET), which will be the focus of this work.
Results: The OCTET is a randomised, non-blinded, parallel-arm controlled trial which compares the rates of re-admission of patients, who had been admitted under Section 3 Mental Health Act 1983, and were randomly assigned to either CTO or Section 17 Leave. The number of re-admitted patients did not differ between both groups, nor the average length of admission. This was congruent with the findings of the two American trials.
Conclusions: The OCTET concluded that well coordinated services, the CTOs were not effective in reducing the rates of re-admission of patients. However, when a sensitivity analysis was conducted, the length of inpatient stay in CTO patients was significantly lower. Also, the OCTET study did not include forensic patients, for whom a restriction of liberty may be helpful from a risk management perspective. Finally, there is a need for further studies to support or refute these results and explore secondary outcomes, such as functionality or risk management.
**Session:** Regular Symposium  | **SPEAKER 4** |  | **Code** SY442  
---|---|---|---
**Title:** Gender differences in severe mental illness: Time to specific programs  
**Abstract**

Objective: Identify gender differences in our sample with Severe Mental Illness

Method: We analyze the database, comparing male and female samples: number of subjects, sociodemographic features, number of hospitalizations, number of visits to the Mental Health Centre, drugs misuse, rehabilitation resources, relapses...

Results: We have found significance differences between male and female patients with Severe Mental Illness: the onset age, number of hospitalizations, drug misuse, rehabilitation resources use, and outcome... The majority of the variables differ between the male and female samples.

Conclusions: Women with Severe Mental Illness exhibit distinctive features and needs. It seems necessary develop specific programs for her.

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**Session:** Regular Symposium  | **SPEAKER 5** |  | **Code** SY442  
---|---|---|---
**Title:** Descriptive analysis of care activity on patients with severe mental disorder (SMD) and comorbidity with substance use disorders (SUD) in "Vallecas Villa" mental health center (MHC) during 2013.

**Abstract**

Objectives.- It is estimated that over 60% of patients with SUD have associated a mental dis-order, of which 10% of them would be classified within so called SMD. So, at least, 70% of patients with schizophrenia diagnosis, 70% of patients with severe personality disorder and 60% of bipolar disorder patients associate a SUD. The aim of this workshop is to analyze the relationship between SMD and SUD in the health area served by the MHC "Vallecas Villa" during the period between 1 January to 31 December of 2013. To study whether the global prevalence figures, the distribution by gender and age, the type of associated psychiatric di-agnosis and specific SUD or psychopharmacological treatment remain; the impact on the functionality and other social, labor and economic factors because of the comorbidity; as well as aspects of clinical care (number of scheduled and emergency visits, use of resources...).

Methods.- Retrospective review of medical records in the chosen period, and only in cases with SMD criteria; data collection in a computerized form; use of global functioning and psychopathological severity scales; Statistical analysis of data.

Results.- In the population studied, being male and having a severe personality disorder are the main risk factors associated with a comorbidity with SUD. Among people with schizo-phrenia dominates the consumption of opioids, and alcohol in patients with mood disorders. The group of patients with comorbidity has, compared to SMH patients without a SUD, more unscheduled appointments in the MHC, greater psychopathological severity, lower socioeco-nomic status and greater likelihood of combined psychopharmacological treatments and use of social resources.

Conclusions.- There is significant comorbidity between SMD and SUD in the population served by the MHC "Vallecas Villa" which affects the type of care in this group of patients, their approach and pharmacological treatment; the level of disability, severity of psycho-pathology and use of resources. Moreover, the existence of two networks of care: one specific for SMD and another for SUD, does not reflect the interconnection of both conditions that exists in reality.
Session: Regular Symposium

OVERALL ABSTRACT

Code SY507

Title: Violencia y niñez en Colombia

Chairperson: Dra. Andrea del Pilar Guzmán. Universidad El Bosque. Bogotá, Colombia

Abstract

Se orientara el simposio en 4 ejes:

1. Marco General de la Violencia hacia los niños en Colombia: Se pretende presentar las estadísticas de nuestro país en lo que respecta a la violencia contra la niñez así como las diferentes manifestaciones que toma, desde la perspectiva del conflicto y el post conflicto, teniendo en cuenta el proceso de paz que se adelanta en Colombia.

2. Secuestro en Niños y Adolescentes: Se trata de la experiencia de 4 niños (3 niños y una niña) secuestrados por periodos mayores de tres meses y hasta 3 años, las narrativas contienen aspectos de desesperanza, sufrimiento, añoranza, amor, y elementos propios del Síndrome de Estocolmo. De ellas se desprenden la comprensión sobre el fenómeno de la construcción de síndrome de stress postraumático y el de la resiliencia.

3. Aspectos Forenses de la Psiquiatría Infantil en Colombia desde la legislación nacional y los tratados internacionales firmados.

4. La Cotidianidad y Violencia en Adolescentes: Nuestros jóvenes están insertos en una sociedad globalizada y postmoderna, pero a la vez viven en una nación con situaciones especiales, como el conflicto o el desplazamiento forzado, lo cual hace que el adolescente se vea sometido a definir tempranamente que será de su vida, o bien es enrolado al ejército, ganando un salario básico, o en los grupos ilegales armados, con asignaciones relativamente altas, o ingresando al mercado de la prostitución infantil.

Speakers

1. Dr. Juan Sebastián García
   M. Hospital Universitario Mayor – Méderi. Bogotá, Colombia

2. Dr. Roberto Chaskel
   Hospital Militar Central. Bogotá, Colombia

3. Dr. Luis Ramirez
   Universidad El Bosque. Bogotá, Colombia

4. Dr. Alvaro Franco
   Universidad El Bosque. Bogotá, Colombia

Session: Regular Symposium

SPEAKER 1

Code SY507

Title: Marco general de la violencia hacia los niños en Colombia

Speaker: JS García
   Hospital Universitario Mayor – Méderi, Bogotá, Colombia

Abstract

Objetivos: Teniendo en cuenta el trágico historial del país, inmerso en un conflicto armado que cumple más de medio siglo, bajo la constante amenaza del terrorismo, y en el contexto de una compleja dinámica social, se pretende describir el panorama global del impacto de la violencia en la niñez colombiana.

Métodos: Se efectuará una revisión de datos oficiales y de organismos no gubernamentales, así como información noticiosa de los últimos 10 años, en cuanto a la violencia contra los niños, y las consecuencias en los niños del conflicto armado.

Resultados: Se muestra un panorama desolador en cuanto a las diferentes formas de violencia de las que son víctimas niños y adolescentes, que no solamente da cuenta de un sufrimiento incalculable, si no también que tiene un impacto en la salud a mediano y largo plazo que en últimas contribuye a perpetuar la violencia como fenómeno social.

Conclusiones: La violencia en Colombia va más allá de lo meramente relacionado con el conflicto armado, y en éste contexto se entiende la violencia contra los niños como una expresión más, bajo diferentes ópticas: violencia intrafamiliar, violencia sexual o reclutamiento de menores, entre otras. Se deben aumentar los esfuerzos por dar término al conflicto armado, además de generar más políticas de protección a la niñez colombiana, como eslabón más vulnerable dentro de toda la sociedad.
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<tr>
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<td>Secuestro en niños y adolescentes</td>
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<tr>
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<td>R Chaskel</td>
<td></td>
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<tr>
<td>Hospital Militar Central, Bogotá, Colombia.</td>
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<tr>
<td>Abstract</td>
<td>Objetivos: Desde la casuística colombiana, conocer la experiencia de niños que han sido sometidos al secuestro. Métodos: Se trata de la experiencia de 4 niños (3 niños y una niña) secuestrados por periodos mayores de tres meses y hasta 3 años. Todos los niños fueron secuestrados en Bogotá en el periodo comprendido entre 1989 y 2004. Los niños no tuvieron contacto con sus padres durante el tiempo del cautiverio, mientras que sus padres si tuvieron evidencia de su supervivencia. Las condiciones y expectativas para lograr un retorno de los secuestrados varió en cada familia. No siempre fue por dinero. Resultados: Los niños fueron expuestos a diferentes formas de aislamiento. Encierro en un cuarto de 1.50 por 1.50 sin luz, otro tuvo televisión durante su encierro, otro sufrió de hambre, uno estuvo aproximadamente 1 año amarrado a un árbol en una zona rural, otro sufrió maltrato y vejaciones. Ninguno sufrió abuso sexual. Las narrativas contienen aspectos de desesperanza, sufrimiento, añoranza, amor, y elementos propios del Síndrome de Estocolmo. Conclusiones: Desde dichas experiencias se desprenden la comprensión sobre el fenómeno de la construcción de síndrome de stress postraumático y el de la resiliencia.</td>
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<tr>
<td>Title:</td>
<td>Aspectos forenses de la psiquiatría infantil en Colombia</td>
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<td>Speaker</td>
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<td>Universidad El Bosque. Bogotá, Colombia.</td>
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<tr>
<td>Abstract</td>
<td>Objetivos: La psiquiatría forense es una rama de la medicina con unas características muy especiales, y cuyo papel se pretende evaluar a la luz de la situación colombiana. Métodos: En base a la literatura mundial disponible, se contrastará la experiencia clínica en la práctica forense en psiquiatría de niños y adolescentes en el país. Resultados: Se suele pasar por alto que la psiquiatría forense tiene que actuar en los juzgados al mismo tiempo que se ve implicada en el proceso judicial. La identidad específica como médico hace que exista un código de confidencialidad entre médico y paciente. Cuando quien se valora es un niño, deben señalarse ciertos aspectos relacionados con su desarrollo. Conclusiones: La práctica de la psiquiatría forense en población infantil tiene unos elementos muy particulares, que es necesario tener en cuenta no solo desde el abordaje clínico sino también desde la perspectiva del profesional, con todos los posibles conflictos éticos y las implicaciones legales que conlleva, amén de la responsabilidad para con la sociedad.</td>
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<td>Title:</td>
<td>La cotidianeidad y violencia en adolescentes</td>
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<td>Universidad El Bosque. Bogotá, Colombia</td>
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<tr>
<td>Abstract</td>
<td>Objetivos: No es fácil describir homogéneamente a los adolescentes colombianos, ya nuestra misma</td>
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constitución reconoce que somos un país multiétnico y multicultural con costumbres muy diferentes en cada una de las regiones, las que se magnifican en el ámbito sexual.

Métodos: Se realiza una revisión de los estereotipos en adolescentes teniendo como fuentes estudios descriptivos realizados en el país, información publicada en los medios de comunicación y en la literatura colombiana contemporánea, así como la experiencia en la práctica clínica.

Resultados: El estereotipo del adolescente colombiano es complejo, a las diferencias regionales ya anotadas se suman las derivadas del medio social en el cual se desenvuelven. Nuestros jóvenes de estratos altos están insertos en una sociedad globalizada y postmoderna, en zonas rurales y en situaciones especiales, como el desplazamiento, el adolescente se ve sometido a definir tempranamente qué será de su vida, o bien es enrolado al ejército, ganando menos del mínimo, o en los grupos ilegales armados, con asignaciones relativamente altas, o ingresando al mercado de la prostitución infantil “sin tetas no hay paraíso”.

Conclusiones: Las dinámicas de la violencia en el país generan indudablemente cambios en los imaginarios de los adolescentes, e imprime una identificación de grupo y unas expectativas de vida muy particulares.
**OVERALL ABSTRACT**

**Title:** Some Key Issues In The Exercise Of Medical Sexology

**Chairperson** Prof. Felipe Navarro Cremades. AISM. UMH Campus San Juan. C Sanitat CV. (Alicante) Spain.

**Co-chair** Dr. Fernando Bianco Colmenares, AISM, WAMS. Caracas, Venezuela.

**Abstract** In this symposium of the IASM/AISM (International Academy of Medical Sexology/Academia Internacional de Sexología Médica) we present the DMS III, Diagnostic Manual in Sexology III Edition (DMS III) and two specific DMS III main clinical questions the physiology of the sexual desire and the sex development process. Also we will analyze and discuss some of the most relevant issues of medical sexology especially considering its relationship to clinical psychiatry, as the Comprehensive Diagnostic Approach of the person and the dyadic relationship, and drug treatments, mainly antipsychotics, and Medical Sexology.

**Speakers**

1. Dr. Fernando Bianco Colmenares, AISM, WAMS. Caracas, Venezuela.
2. Dr. Francisco Cabello Santamaría, AISM, IASP. Málaga, Spain
3. Prof. AL. Montejo. USAL, Salamanca. Spain

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**SPEAKER 1**

**Title:** Physiology Of The Sex Development Process: Dms Iii. Diagnostic Manual In Sexology Iii Edition

**Speaker** F. Bianco 1, F. Navarro-Cremades 2, R. Hernandez 3
1. Centro de Investigaciones Psiquiátricas, Psicológicas y Sexológicas de Venezuela. Instituto de Investigación y Postgrado -CIPPSV/IIP -, Caracas, Venezuela
2. UMH, Campus de San Juan. C de Sanitat CV. Alicante. Spain
3. UCV, Caracas, Venezuela

**Abstract**

**Objectives**
1. To present the DMS III. Diagnostic Manual in Sexology III Edition (DMS III)
2. To present an approximation of the Physiology of the Sex Development Process

**Methods**
Sex Development is approached as a Process that has Phases and these have a determinant Factor(s)
The phases are: a) Programing, determinates Factors: Sex Chromosomes (23 pair) and genetic cascade; go from the Ova formation to the gonad differentiation, b) Differentiation, determinates Factors: fetal hormones and transcriptions factors; go from the gonad differentiation to the birth moment where full sex differentiation has occurred and c) Expression, determinant Factor: the interaction between the physiology and the sociocultural environment; go from birth until death, during these phase an Expression Phenotypic Pattern is created which explain the Gender Diversity.

**Results**
1. The DMS III. Diagnostic Manual in Sexology III Edition (DMS III), is a specific sexological Diagnostic Manual of the WAMS (World Association for Medical Sexology), IASM/AISM and FLASSES
2. A protocol was follow in 100 persons, the phases were identified through a diagnostic process allowed a confirmation of their Sex Development Process.

**Conclusions**
Sex Development is a Process; its phases could be identified, tested and confirmed.
The process last all lifelong beginning with the ova formation. It has a variability capacity, which undoubtedly is due to the Physiologic Variant.

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<td>Title:</td>
<td>Physiology Of The Quality Of Sexual Function (What Is Known As Sexual Desire): Dms Iii. Diagnostic Manual In Sexology Iii Edition</td>
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<tr>
<td>Abstract</td>
<td>1.Objectives. 1.DMS III. DIAGNOSTIC MANUAL IN SEXOLOGY III EDITION. 1.To analyze the physiology of the quality of sexual function (what is known as sexual desire) in the main psychiatric and sexological classifications including: DSM 5 and DSM-IV TR both with their differences between them. ICD 10 and future expected changes of the new edition. DMS III. Diagnostic Manual in Sexology III Edition (DMS III), a specific sexological Diagnostic Manual of the WAMS (World Association for Medical Sexology), IASM/AISM and FLASSES. 2.Methods. Comparative and hermeneutical analysis of the issue in the main reference psychiatric and sexological classifications and related publications. 3.Results. 1. DMS III. Diagnostic Manual in Sexology III Edition (DMS III), is a specific sexological Diagnostic Manual of the WAMS (World Association for Medical Sexology), IASM/AISM and FLASSES. 2. In humans we can find the following groups (DMS III): High Sexual Desire: Refers to the activation of Sexual Function daily, to every four days. Medium or Moderate Sexual Desire: Refers to the activation of Sexual Function every five to nine days. Low Sexual Desire: Refers to the activation of Sexual Function every ten to fourteen days. 4.Conclusions. In the DMS III, the construct of sexual function refers to the activities pertaining to sex and sex is a structure that has a function, with a quality of this sexual function including different forms and contexts of sexual desire. This quality of the process of sexual function is known as sexual desire (SD). The physiology of the quality of sexual function/SD are described separately.</td>
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Session: | Regular Symposium | **SPEAKER 3** | Code | SY518 |
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<tr>
<td>Title:</td>
<td>Psychopharmacology And Medical Sexology. Antipsychotics, Hyperprolactinaemia And Sexual Dysfunctions. A Need For Consensus?</td>
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<td>Speaker</td>
<td>AL. Montejo 1, F. Navarro-Cremades 2, F. Bianco 3, R. Hernandez-Serrano 4, V. Gil Guillén 6, J. Romero Maroto 6, J. Horga de la Parte 6, M. Martinez-Morga 6, A. Rellini 7, JM de la Fuente 6. 1. AISM. USAL, Universidad de Salamanca, Salamanca. Spain. 2. AISM. UMH, Campus de San Juan. C de Sanitat CV. Alicante, Spain 3 AISM. WAMS, Centro de Investigaciones Psiquiátricas, Psicológicas y Sexológicas de Venezuela. Instituto de Investigación y Postgrado -CIPPSV/IIP -Caracas, Venezuela 4 AISM. UCV, Caracas, Venezuela 5 AISM. SEIS. Almeria, Spain</td>
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Abstract

1. Objectives.
To present some relevant issues of the pharmacological treatment in the current psychiatric and sexological clinical practice, and some future directions, mainly the psychopharmacology and medical sexology, specially the use of antipsychotics, hyperprolactinaemia and sexual dysfunctions.

2. Methods
Qualitative and quantitative research, searching in specialized publications and clinical experience and treatment results from selected psychiatrists and sexologists.

3. Results
We discuss some relevant associated clinical factors as side effects and treatment compliance. Are presented some sexological specifics side effects of some current antipsychotic drugs as hyperprolactinaemia and related sexual dysfunctions. Hyperprolactinaemia is a common side effect of conventional and some atypical antipsychotic treatments. The adverse effects of antipsychotic-induced hyperprolactinaemia on Sexual Medicine (e.g. fertility problems and sexual dysfunctions) and drug compliance are gaining attention. Accumulating evidence shows consistent ‘prolactin-raising’ effects of conventional antipsychotics and risperidone compared with other current atypical antipsychotics, which are more likely to have ‘prolactin-sparing’ properties (for example, aripiprazole and quetiapine) tending to show lower frequencies of hyperprolactinaemia-associated side effects. There is a lack of robust recommendations for monitoring prolactin elevation among patients receiving antipsychotics. Decreasing the antipsychotic dose or switching to a prolactin-sparing medication are possible management options for antipsychotic-induced hyperprolactinaemia.

4. Conclusions
Emergent sexual dysfunctions are a potential unwanted side effects of many psychiatric drugs including some antipsychotics and other ones. It is a main issue the prevention and management of sexual dysfunctions in psychiatric patients. There is a need to increase awareness and understanding of the impact of antipsychotic-induced hyperprolactinaemia.
of life.
5.2. Idiographic diagnostic formulation: clinical problems and their contextualization. Positive factors of
the patient and the couple. Expectations on restoration and promotion of sexual health of both: patient
and couple

Conclusions
In Sexual Health, the person-centered sexology model is relevant to consider the person-centered
perspective and the dyadic relationship.
The whole diagnostic include two components: Standardized multiaxial and Idiographic diagnostic
formulations.

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  approach. Lanham, MD. USA: Jason Aronson. |
| R Hernández Serrano, A Pacheco Palha, S Abdel Azim, C Simonelli, F Navarro Cremades y A Parra. 12
  Advances in Diagnosis and Classification of Sexual Disorders. In: Ihsan M. Salloum and Juan E.
  Sons Ltd. |
### OVERALL ABSTRACT

**Chairperson**
Prof. Francisco Rodríguez Pulido (Universidad La Laguna. Tenerife. España).

**Abstract**
La Salud Mental Comunitaria es un campo de intervención donde concurren diferentes profesiones, modelos teóricos, instituciones… en definitiva diferentes formas de mirar la realidad. La interdisciplinariedad hace referencia a un modelo de trabajo, es una puesta en común, una forma de entender y abordar una situación determinada. Si se parte de una perspectiva holística con un modelo Bio-Psico-social de la salud mental, el tipo de atención más integral será la interdisciplinar. En este simposio planteamos mediante la exposición de casos clínicos como en nuestro día a día se traduce y se desarrolla el trabajo interdisciplinar.

**Speakers**
Inocencio Díaz (Spain).
Natalia González Brito (Spain).

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### ABORDAJE INTERDISCIPLINAR EN REHABILITACIÓN PSICOSOCIAL

**Speaker**
I. Díaz
Hospital Universitario Nuestra Señora de la Candelaria, Santa Cruz de Tenerife, España.

**Abstract**
Objetivo: se pretende generar un acercamiento al trabajo interdisciplinar en el campo de la rehabilitación psicosocial comunitaria, yendo más allá de las intervenciones reduccionistas para el abordaje de las personas con trastorno mental grave.

Método: repaso del concepto de trabajo interdisciplinar y del modelo de intervención en el proceso de rehabilitación y recuperación de las personas con trastorno mental grave. Presentación de casos clínicos donde se ilustran las diferencias entre las intervenciones “tradicionales” dentro de la red de salud mental y los abordajes holísticos con la implicación de múltiples profesionales y diversos agentes con una visión colaborativa.

Resultados: frente a los resultados obtenidos mediante la red habitual de tratamiento (Ingreso hospitalario y seguimiento en Unidad de Salud Mental Comunitaria), las intervenciones interdisciplinares no sólo consiguen mejorías clínicas sino un mejor funcionamiento y ajuste social, orientando el proceso hacia la recuperación de la persona con una integración más plena.

Conclusiones: desde el modelo bio-psico-social en el abordaje de la patología mental grave se hace necesario contemplar aspectos que desbordan la visión puramente médica. Por tanto, la participación de diferentes profesionales que aportan múltiples visiones del mismo proceso, enriquece la intervención, amplía el campo de acción y las herramientas disponibles para el tratamiento y genera diferencias clínicas con respecto a las intervenciones reduccionistas.

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| **Speaker** | González Brito  
Hospital Universitario Nuestra Señora de la Candelaria, Santa Cruz de Tenerife, España. |
| **Abstract** | **Objetivo:** Destacar la importancia de los cuidados de la salud física en las personas con trastorno mental grave. Poniendo en relevancia la atención integral y el abordaje interdisciplinar estos cuidados dentro del campo de la rehabilitación psicosocial comunitaria y la atención primaria.  

**Método:** Parte de diferentes estudios de investigación y publicaciones de diversas guías de cuidados y consensos de salud física en el Trastorno Mental Grave. Necesidad de aplicación de las mismas. Presentación de varios casos clínicos.  

**Resultados:** Con los resultados de las diferentes investigaciones queda de manifiesto la importancia de las intervenciones interdisciplinares en el cuidado de la salud física y la contribución que ello conlleva en la recuperación de la persona.  

**Conclusiones:** Las elevadas tasas de muerte prematura en las personas con trastorno mental grave, pone de manifiesto la importancia de la atención en los problemas de salud física, ya que muchos de ellos se relacionan con los estilos de vida de las personas, pudiéndose modificar y actuar sobre ellos desde el modelo bio-psico-social en el abordaje de la patología mental grave. |
| **References** | i. Sáiz Ruiz J, Saiz Glez MD, Alegría A A, Mena E, Luque J, Bobes J  
### OVERALL ABSTRACT

**Title:** An approach to the history of the psychiatric institutions: patients’ “letters” and magazines

**Chairperson:** Olga Villasante. Hospital Universitario Severo Ochoa, Madrid, Spain.

**Abstract**

Since XXth century writings in internment had been used in psychiatric patients. Brière de Boismont and Louis V. Marcé reported that patients writings helped to understand clinical aspects. British historian Roy Porter thought patient’s view can contribute to do Medical History from below. In Spain, Rafael Huertas had suggested this methodological approach to explore patient’s letters. The aim of this Regular Symposium is analyze hidden letters in clinical records to explore patient's subjectivity. speakers have looked for personal writings for a period of fifty years (1900-1952) in a Spanish National Asylum (Leganés, Madrid). On the other hand, periodical publications by mental patients are studied. It will be analyzed magazines from Argentina, Connecticut or French and Spanish publications. Sometimes they were as the result of moral treatment principles or used to fight against the stigma of mental illness.

**Speakers**

Juan Carlos Stagnaro (Argentina).
Oscar Martinez-Azumendi (Spain).
Paloma Vazquez de la Torre-Escalera (Spain).
Ana Conseglieri (Spain).

### SPEAKER 1

**Title:** THE JOURNAL CALLED ECOS DE LAS MERCEDES (ECOES OF “DE LAS MERCEDES HOSPICE”): A RESOURCE FOR REHABILITATION AND THE FIGHT AGAINST STIGMA IN 1900’S BUENOS AIRES

**Speaker**

Juan Carlos Stagnaro
Facultad de Medicina, Universidad de Buenos Aires, Argentina.

**Abstract**

**Objectives**

In this work, graphic and photographic material of "Ecos de las Mercedes" will be presented, placing the production of that magazine within the set of health policy devices designed by Domingo Cabred for the care of mental illness in Argentina in the early 20th century.

**Methods**

A critical descriptive analysis of the content of the magazine "Ecos de las Mercedes" will be conducted along seventeen issues, published in Buenos Aires, between 1905 and 1907 by a qualitative and quantitative bibliometric study.

**Results**

In the last decades of the 19th century, and the first decades of the 20th century, the main psychiatric hospital of Argentina was “Hospicio de las Mercedes” (de las Mercedes Hospice), which was located in the City of Buenos Aires. Its first director was the founder of the specialty in the country, Lucio Meléndez, who was succeeded by his student Domingo Cabred. The latter developed the intense task of creating institutions for the mentally ill throughout the country, introduced the Open Door system and many other innovations which placed Argentine Psychiatry at the forefront of care for the mentally ill in Latin America. Among these new techniques aimed at active therapeutics, Cabred promoted the creation of a magazine, “Ecos de las Mercedes”, which was entirely managed and written by the patients of the Hospice. This graphic medium was printed in the hospital workshops with machinery imported from Germany and operated by the patients, and distributed in the City of Buenos Aires.

**Conclusions**

The magazine "Ecos de las Mercedes” was one of the first publications of its kind in the world, and was a rehabilitation resource and a means of fighting against the stigma of mental illness.

### SPEAKER 2
PERIODICAL PUBLICATIONS BY THE MENTALLY ILL, FROM XIX CENTURY TO THE PRESENT

O. Martinez-Azumendi
Red de Salud Mental Bizkaia - Osakidetza, Bilbao, Spain.

Objective
The communication aims to present different periodical publications (written, published and printed) by mental patients throughout history.

Methods
First, it will explore different magazines published over the XIX century, mainly in the U.S. and the UK, with some examples from France and Spain. Then, it will analyze some examples in Spanish language during the twentieth century.

Results
Since the first known "lunatic magazine" ("Retreat Gazette", Connecticut. 1837), to a more recent representative ("Globo Rojo", Mondragon, Spain), periodical publications by mental patients in psychiatric institutions have a long tradition. In the early nineteenth century the magazines were the result of moral treatment principles, although the number of known publications is relatively small, although its existence had a quite broader social publicity. Later, in the twentieth century are related to the processes of deinstitutionalization and the new care settings. These magazines are more frequent and they spread out quickly whilst diminishing their novelty.

Conclusions
The appearance and content of these publications in both historical moments are very different, due not only to therapeutic and institutional purposes, but also to major social values and editorial trends in each historical period.


P. Vázquez de la Torre
Hospital Universitario Fuenlabrada, Madrid, España.

Objectives
From the mid-nineteenth century, alienists became interested in the writings of the patients as a diagnostic and therapeutic tool, often encouraging them to write. In recent decades, the History of Psychiatry has begun to be interested in this material from the perspective of the patient's subjectivity. The aim of this research is to analyze the output of patients who were admitted in the Asylum of Santa Isabel (Leganés) between 1900 and 1952 from this point of view. Special attention has been given to the experiences that the inmates had of the internment and their diseases, and the experiences regarding the functioning and hierarchy of the institution.

Methods
The material used has been drawn from the patients output (letters, songs, stories and drawings) that were admitted into the Asylum of Leganés, Madrid, between 1900 and 1952. Such material is held in the medical records that are kept in the Historical Archive of the old institution (current historical Archive from Instituto Psiquiátrico SSM José Germain, Leganés, Madrid).

Results
Through this research we can see how the writings allow us to learn more about the institution itself and the subjective experience of patients within it. Except for the time under the direction of José Salas y Vaca, we are not aware of the concern or interest by the medical staff to encourage or stimulate writing in patients. Of more than 1000 medical record reviewed, scarcely 2% of them contained writings of patients.

Conclusions
The writings or letters from patients never sent offer valuable information regarding the conditions of internment and their personal subjective experience over their suffering and isolation; this proves the importance of those sources in the historical analysis of medicine and sickness through the view and perspective of the patient.

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<td>Title:</td>
<td>50 YEARS OF WRITINGS FROM INTERNMENT: LETTERS AND WRITINGS FROM THE PATIENTS OF THE LEGANÉS NATIONAL MENTAL HOSPITAL FROM 1900 TO 1952: ANALYSIS OF GENDER IDENTITY AND HISTORICAL- POLITICAL CONTEXT</td>
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<tr>
<td>Speaker</td>
<td>A. Consejleri</td>
<td>Hospital Infanta Cristina, Parla, Madrid, España.</td>
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<td>Abstract</td>
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<td>Methods</td>
<td>The material used has been drawn from the patients output (letters, songs, stories and drawings) that were admitted into the Asylum of Leganés, Madrid, between 1900 and 1952. Such material is held in the medical records that are kept in the Historical Archive of the old institution (current historical Archive from Instituto Psiquiátrico SSM José Germain, Leganés, Madrid).</td>
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<td>Results</td>
<td>Throughout this investigation we can learn how the writings bring us closer to the construction of the patient’s own subjectivity while going through the assistance process and political and social context. Except for the time under the direction of José Salas y Vaca, we are not aware of the concern or interest by the medical staff to encourage or stimulate writing in patients. Of more than 1000 medical record reviewed, scarcely 2% of them contained writings of patients.</td>
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### OVERALL ABSTRACT

**Title:** Psychiatric and penitentiary institutions: a history between the imprisonment and the treatment (1852-1952)

**Chairperson:** Prof. Rafael Huertas  

**Abstract**  
The purpose of the symposium is to discuss some features of psychiatric care in Spain in the second half of the nineteenth century and early twentieth century. The comparison between institutions in Madrid and Galicia will allow us to assess the differences between psychiatric care in the state capital and peripheral areas. It also seeks to analyze the development of prison psychiatry and the influence of legislative changes in the birth of the psychiatric penitentiary hospital.

**Speakers**  
David Simón-Lorda (Spain).  
Luis Fernando Barrios (Spain).  
Olga Villasante (Spain).

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### SPEAKER 1

**Title:** SPACES OF RECLUSION AND CARE OF THE MENTAL PATIENTS IN GALICIA (SPAIN) IN LATE 19TH CENTURY AND EARLY 20TH CENTURY

**Speaker:** Dr. David Simón-Lorda  
Complexo Hospitalario Universitario de Ourense. Servizo Galego de Saúde. Ourense, Galicia, Spain.

**Abstract**  
Objectives: We study how the care for the mentally ill in Galicia in the late 19th and first decades in 20th century was organized.

Methods: Review of local and regional newspapers and documentation in Historical Archives in our region in Galicia.

Results and Conclusions: Galicia is a peripheral area in northwest of Spain with a border with Portugal. There was a first step in the confinement or seclusion cells for "insane"-"demented"-crazy-mental patients in general town and provincial hospitals and town jails in many towns and villages the four provinces of Galicia. Since 16th century some of these patients were derived cells to Asylum to Valladolid (300 kilometers far from Galicia) and since mid-19th were sent also to Sant Boi-Barcelona (1000 km.). Since 1885, most of admissions of patients in Galicia were made in the new psychiatric hospital in Conxo (Santiago de Compostela), a private hospital (owners were local Catholic Church and local banks), who but a lot of patients continued to be retained in these cells in general hospitals and jails. We expose and highlight the deplorable conditions of care of mental patients in these general hospitals and jails, and some legal irregularities and management problems. Many of them were reflected in the local and regional newspapers.

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### SPEAKER 2

**Title:** THE CRIMINAL PSYCHIATRIC CONFINEMENT IN SPAIN (1852-1952)

**Speaker:** Luis F. Barrios Flores  
Penitentiary Psychiatric Hospital of Alicante. Faculty of Law of the University of Alicante, Spain.

**Abstract**  
Objectives: Analyze the development of prison mental health care and the influence of legislative changes in the birth and evolution of psychiatric penitentiary institutions.

Methods: Study of criminal and prison regulations between 1852 and 1952 and the existing penitentiary psychiatric institutions in this period.

Results: The criticisms made by Howard in 1777 about prisons situation and the movement to reform these institutions, they created special institutions for mental patient offenders in several European
countries.
In Spain there was a significant delay in creating a specific institution. Primarily due to budget
constraints, it was only possible to have one national psychiatric hospital in Madrid for all kind of
patients. A psychiatric penitentiary was finally created in the late nineteenth century, but was the only
one until 1952.
The problem of lack of funds always prevented the creation of additional institutions, although there was
much discussion to create more with just one psychiatric hospital in all of Spain. For this reason direct
patient contact with their families was limited (often it was impossible).
At the same time, some patients who had committed crimes were admitted into the Justice Pavilions
(special wards within psychiatric facilities not penitentiaries).
During this time the penal and penitentiary legislation was very homogenous, giving preference to
incarceration over treatment. In addition, the Spanish courts always kept full powers for the release of
those admitted, in both types of institutions.
Conclusions: Compliance with custodial measures of freedom due to psychiatric disorders in Spain
during the period 1852-1952, took place both in penitentiary psychiatrics and in ordinary psychiatric
institutions. The lack of sufficient funding prevented the creation of new penitentiary psychiatric centres.
Along with the problem of lack of material resources, the legislation made possible long imprisonments
without proportion to the crime committed.

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Session: Regular Symposium  SPEAKER 3  Code  SY605

Title: CRIMINAL INPATIENTS IN PSYCHIATRIC INSTITUTIONS. ONE HUNDRED YEARS OF THE
LEGANÉS NATIONAL ASYLUM (1852-1952)

Speaker  Olga Villasante¹, Ruth Candela²
¹ Hospital Universitario Severo Ochoa, Madrid, Spain. ² Hospital Universitario de Fuenlabrada,
Fuenlabrada, Madrid, Spain.

Abstract  Objectives: To study the population of sick people with criminal cases who were admitted at the
Manicomio de Leganes (National Asylum) during the first one hundred years. To compare the
admissions in different historical periods, and in relation to the Legislation and Rules of each period.
Methods: This is a retrospective case study focused in the Manicomio de Leganes (National Asylum).
Every clinical chart, located at the Historical Archive of the Instituto Psiquiatrico SSM Jose Germain, of
those subjects with criminal cases admitted between 1852 and 1952 was reviewed. An analysis of those
socio-demographic and clinical-therapeutic variables was done with the statistical package SPSS v21.
The use of other sources and different and diverse primary and secondary bibliography has allowed us to
apply traditional historical methodology together with foundations of the social and institutional history.
Results: Since its inauguration, there have been admissions of mental patients with criminal cases at the
Leganes Asylum. There is a clear increase of cases in the last two decades of the XIX century. The vast
majority of cases were males with an average length of stay higher than 10 years.
Conclusions: Despite that in Europe, since the XVIII century, there has been a debate and hard criticisms
about the cohabitation of mentally ill patients and healthy offenders, no specific institutions were created
throughout the XIX century in Spain. Close to a hundred of demented patients with penal causes were
admitted at the Manicomio de Leganes throughout the XIX century, most of whom after the publication of
the May 15th 1885 Royal Decree. There was a decrease of admissions at the National Asylum coinciding
with the inauguration, in 1894, of the first penitentiary psychiatric institution in El Puerto de Santa Maria
(Cadiz).
# Advances in family treatment in partial hospitalization

**Chairperson:** 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:** Family therapy is an approach in psychotherapy that has been applied many years and has proven its importance, necessity and justification in the treatments with severe mental illness patients. It is a discipline that has been investigated and much progress has been made in recent years; and has achieved spectacular results in combination with individual and group treatments. Severe mental illness is multipersonal, it involves all the family group. Therefore, we must work in the therapeutic process with the patients and their families. The patients can’t change nor generalize changes that occur in Day Hospital when their families are not taking part in it. Each family member must have the opportunity to develop new chances of dialoguing and thinking, and collaborate in general system improvement. For that reason, it’s essential the encounter within professionals, patients and families. On the other hand, traditional family structures are changing and we must adapt to new demands and treatment needs with novel proposals.

**Speakers:** Paz Flores (Spain), David Núñez (Spain), Jose Lopez (Spain).

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# SERVICE USERS AND FAMILIES: WHAT KIND OF TRAINING DO WE WANT?

**Speaker:** Paz Flores Martínez. Hospital de Dia Centre Forum INAD Parc de Salut Mar, Barcelona, Spain.

**Abstract:** From 2007, in the Partial Hospitalisation Psychiatry, Hospital del Mar in Barcelona (Spain), we were carried out several multifamily workshops addressed to users diagnosed with severe mental illness, their families and/or relatives and expert users from the EMILIA Project (a European multisided centre research project based on the training of mental health users through the lifelong learning methodology and the empowerment framework). Mental health professionals with the collaboration of the EMILIA expert user and their families conducted the workshops. Multifamily workshops were focused on the training and recovery concepts. **Objectives:** To present and describe the priority demands of the multifamily workshops’ members in order to develop new intervention strategies and identify training needs to assist in the recovery process of mental illness. **Method:** Using the systematic recording of the participants’ work proposals during sixth workshops multifamily carried out in the last two year, a descriptive study of the most relevant and newest issues of the training was carried out. **Results:** The most relevant issues that concerned the participants in the workshop were: a) to understand and accept the disease; b) the difficulty of access to information about psychological treatment; c) to assume the responsibilities that mental illness involves; and d) the work for improve the integration and social inclusion. **Conclusions:** Findings provide relevant information about the main needs of mental health users and their families, which will enable us to modify the content of previous training programs and improve future workshops: more psychological and psychosocial interventions, as well as the importance of co-responsibility in the course of mental illness recovery. Findings also highlight the importance of provide treatment strategies tailored to the specific needs of patients and their relatives.

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# PAST, PRESENT AND FUTURE OF THE FAMILY STRUCTURE

**Speaker:** David Nunez Palomo
Clinica de Psicoterapia Complutense, Madrid, Spain.

Abstract
Over the years the traditional family is being transformed and many other different structures are showing up, which were not usual, so we require a review of our protocols to provide better care.

Objectives: To adapt to the social and structural changes that are arising in the families, adapting therapies and family interventions to new family structures that we find in our devices.

Method: We dedicate a specific time to study the new family structures and situations in our patients. We train family therapists, from a theoretical point of view (with specialization courses) and practical (through direct supervision) to adapt to the actual demand patients have today, in such an important part of the treatment as their family is.

Results: When adapting to the new family structures: unstructured families, divorce and cohabitation, orders of separation, immigration, families in the distance, no "family"... a better care to more number of patients has been possible. Patients who did not previously have the opportunity to complete their treatment with a family intervention, now it is possible. With all this, an increase in treatment acceptance has been achieved, reducing withdrawals, working in fundamental aspects that families provide, improving the social structure, containment outside the treatment and decreasing relapses. The degree of satisfaction of patients and relatives increased significantly.

Conclusions: Our conclusion is that we must make an effort, both professionals and institutions, to promote the training and expertise of family therapists in partial hospitalization units in order to give optimal support to the new family structures, that in our society, are more and more frequent.

Session: Regular Symposium
Title: EL GRUPO MULTIFAMILIAR EN EL PROCESO TERAPEUTICO DE PACIENTES MENTALES GRAVES Y DE SUS FAMILIAS
Speaker: Jose Luis López Atienza
Centro de salud Mental Uribe Osakidetza, Getxo, Spain.

Abstract
Objetivos: Tratar familias y pacientes graves en un contexto grupal amplio para favorecer un cambio que mejore las relaciones interpersonales.

Método: Los Grupos Multifamiliares (GMF) nacieron en nuestro Hospital de Día (1984). Nos dotan de una amplia experiencia para el acompañamiento de familiares y pacientes graves con el objetivo de adquirir nuevos recursos para salir de la gravedad mental y de las interdependencias enfermantes que dichos trastornos producen entre todos sus miembros a través de la metodología de los Grupos Grandes. En los GMF incluimos: psicoterapia individual, grupal y familiar integradamente. Nuestro multifamiliar reúne una media de 70 personas entre familiares y pacientes con frecuencia semanal y con una duración entre 1:30h. y 2 horas.

Resultados: Los GMF integran múltiples familias para compartir un encuentro en el mismo espacio y tiempo permitiendo desarrollar un campo emocional de intimidad y confianza favoreciendo los diálogos entre miembros de una misma familia, acompañados por otras familias, creándose una red de nuevas relaciones y compresiones, abriendo nuevos espacios mentales individuales y colectivos dando como resultado cambios en la patología mental. Los trastornos mentales graves tienen el poder de atrapar bajo su influencia a muchas personas compartiendo un mundo de dependencias mutuas emocionales y relacional. Hacia ese tipo de relaciones enfermantes que afectan a las familias están dirigidos los GMF provocando cambios relacionales y alivio sintomático.

Conclusiones: Los GMF, nos permiten intervenir sobre la mayor parte de los protagonistas de quienes dependen los pacientes graves (familias, contexto social, contexto sanitario y los pacientes mismos). Estos Grupos abren el espacio mental (muy cerrado por la patología grave) para que las intervenciones terapéuticas puedan penetrar, generando cambios profundos los procesos terapéuticos.
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<tr>
<td>• GRACIA BADARACCO, J. “PSICOANALISIS MULTIFAMILIAR”</td>
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<td>• LÓPEZ ATIENZA, J.L. – BLAJAKIS LÓPEZ, M.I. “CLIMA EMOCIONAL EN LOS GRUPOS MULTIFAMILIARES: SU CONSTRUCCIÓN Y CONTRIBUCION AL CAMBIO.”</td>
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### OVERALL ABSTRACT

**Title:** Psiquiatria perinatal y salud mental infantil: importancia de la prevencion e intervencion precoz

**Chairperson:** Dr. ROQUE PREGO DORCA. - Psiquiatra. Hospital Universitario Marqués de Valdecilla. Santander (Cantabria). Servicio Cántabro de Salud.

**Abstract**

La Psiquiatría Perinatal constituye un importante polo de interés para la Psiquiatría del Niño y del Adolescente a partir de los años 60-70 en relación con el estudio del impacto del sufrimiento mental materno en el proceso vincular y de apego y en el propio desarrollo del niño.

Sobre la base vincular se construye la diada madre-bebé que asegura el nacimiento y desarrollo del psiquismo del Recién Nacido y después del Bebé y es la base sobre la que se construirá el funcionamiento mental del Niño y del Adolescente y su Salud Mental futura.

Este periodo trascendente constituye, de igual manera, el momento primordial de diagnóstico y detección de la patología mental de inicio temprano y será uno de los pilares fundamentales de cualquier iniciativa psico-social de tipo preventivo.

**Speakers**

- Encarnación Mollejo Aparicio (España).
- Fernando Gonzalez Serrano (España).
- Luis León (España).

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### SPEAKER 1

**Title:** PSICOPATOLOGIA DEL BEBÉ: SIGNOS DE ALARMA, FACTORES DE RIESGO Y PROTECCIÓN

**Speaker**


**Abstract**

La prevención de los trastornos mentales es una prioridad de salud pública. Una prevención efectiva puede reducir el riesgo de desarrollar trastornos mentales. La prevalencia de los trastornos del desarrollo psicomotor (DPM) es del 1-2% en los dos primeros años de vida, del 8% entre los 2 y los 6 años, y del 12-17% cuando consideramos el tramo de edad entre 0 y 22 años.

La prevención de los trastornos mentales se enfoca hacia aquellos determinantes que ejercen una influencia causal, predisponiendo la aparición de los trastornos mentales. Los factores de riesgo biológico, psicológico o social están asociados con una mayor probabilidad de aparición de la enfermedad, mayor gravedad y mayor duración de los principales problemas de salud. Los factores de riesgo y de protección, ya sean biológicos, psicológicos, sociales o de la sociedad, así como sus interacciones, han sido identificados en diferentes etapas de la vida, incluso en la etapa fetal. Muchos de estos factores son maleables y por lo tanto son objetivos potenciales para las medidas de prevención y promoción.

Las actividades de promoción de salud mental implican la creación de condiciones individuales, sociales y ambientales que permitan el óptimo desarrollo psicológico y psicofisiológico, logrando una salud mental positiva, que actúa como un poderoso factor de protección contra las enfermedades mentales y disminuye la incidencia de los trastornos mentales.

Las intervenciones preventivas se encaminan a la reducción de los factores de riesgo y aumentar los factores de protección en relación con los problemas de salud mental.

La presencia de signos de alerta y alarma, no presuponen la existencia de un problema, pero obligan a un examen minucioso y un seguimiento estrecho por el psicólogo o psiquiatra infantil, permitiendo la detección precoz de trastornos mentales y una intervención temprana en función de las necesidades del
niño y su familia.

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<td>Title:</td>
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<td>Speaker</td>
<td>Dr. Fernando González Serrano</td>
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<td>Abstract</td>
<td>El lugar actual de la infancia temprana en las sociedades desarrolladas ha cambiado de manera significativa, con una generalización del inicio de la escolarización de los bebés y menores de tres años pasando varias horas al día fuera del hogar y con diversos cuidadores no familiares. Esto pone a prueba sus capacidades adaptativas y su vulnerabilidad. Asimismo, sabemos que muchos de los problemas de aprendizaje y adaptación escolar que atendemos en niños y adolescentes en los Centros de Salud Mental comunitaria tienen que ver con sus primeras experiencias al comienzo de la guardería o la escuela infantil.</td>
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<td>Se plantea la puesta en marcha de un programa de atención a esta población de niños que se incorpora a las guarderías y escuelas infantiles entre los 0 y 3 años con la finalidad de ayudarles a consolidar sus logros evolutivos. El objetivo principal del programa es intentar ayudar al niño a vivir el medio extrafamiliar como un entorno tranquilizador y contenedor con vistas a su futuro como niño y escolar.</td>
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<td>El programa se ha iniciado en una de las comarcas sanitarias del territorio de Bizkaia con la idea de ampliarse a las otras tres comarcas. Como primer paso se ha organizado un grupo de trabajo formado por profesionales de salud mental infantil y de pediatría de atención primaria seleccionados (pediatras, profesionales de enfermería) con el objetivo de profundizar en la formación en temas relativos al desarrollo infantil en sus primeras etapas, haciéndolos hincapié en las necesidades afectivas y en el concepto de constancia de objeto libidinal. Se buscaría consensuar los aspectos evolutivos y comportamientos del bebé y niño pequeño sugerentes de fragilidad psíquica. Otro objetivo prioritario añadido es lograr un buen conocimiento de los factores de riesgo y signos de alarma en el desarrollo de esos niños y sus familias. De este modo se podría mejorar la detección temprana que es uno de los aspectos más importantes en la atención en salud mental infantil.</td>
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<td>En un segundo periodo, se ha proyectado una intervención con las familias en la línea de otros programas de prevención y promoción del desarrollo revisados. Se realizará a través de las consultas pediátricas coincidiendo con el periodo de entrada del niño en la guardería o escuela infantil. Para ello tomamos como base el &quot;Programa del niño sano&quot; que ya está implantado en la atención pediátrica de esta comunidad. Se trataría, por un lado, de sensibilizar a los padres sobre los signos de vulnerabilidad psíquica de sus hijos en esos momentos de salida del entorno familiar y, por otro, poner en marcha sus capacidades de acompañamiento buscando, de este modo, compensar la experiencia de inseguridad del niño mediante estrategias relacionalmente tendentes a reforzar la seguridad en el vínculo padres hijo y la autoestima de éste.</td>
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<td>Title:</td>
<td>PROGRAMA DE SALUD MENTAL MATERNO-INFANTIL DEL COMPLEJO HOSPITALARIO &quot;MANCHA CENTRO&quot; EN LOS ÁMBITOS INTRAHOSPITALARIO Y COMUNITARIO</td>
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<td>Speaker</td>
<td>Dr. Luis León. Psiquiatra.</td>
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<td>Abstract</td>
<td>OBJETIVOS: exposición del programa y de su aplicación práctica en un área de salud, en los ámbitos intrahospitalario y comunitario, como modelo de trabajo en prevención primaria, secundaria y terciaria en las relaciones precoces padres-bebé y en el desarrollo del niño menor de tres años. Revisión de su funcionamiento tras cuatro años de experiencia clínico-asistencial. MATERIALES Y MÉTODO: Descripción del programa en sus diferentes ámbitos de aplicación. Estudio descriptivo analizando los datos extraídos tras cuatro años de su puesta en marcha.</td>
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IMPORTANCIA: Consideramos interesante explicar el funcionamiento del programa como complemento de la exposición que se va a realizar en esta mesa de trabajo, dada la escasa implantación de este tipo de intervenciones desde la Salud Mental en nuestro país, ya que este programa aúna de forma coordinada las intervenciones realizadas desde Salud Mental, tanto a nivel intrahospitalario como a nivel comunitario. Resaltamos la importancia de la coordinación con otros profesionales y servicios sanitarios, y con equipos no sanitarios que intervienen habitualmente con los padres y los niños de cero a tres años.

RESUMEN: El Programa de Salud Mental Materno-Infantil del Complejo Hospitalario "Mancha Centro" comenzó su andadura hace cuatro años, habiendo variado los ámbitos de intervención a medida que se ha ido desarrollando de forma más específica la atención a bebés prematuros en el Hospital, así como su implantación a nivel comunitario, aún en proceso de desarrollo. Expondremos las intervenciones realizadas en los diferentes ámbitos de aplicación y realizaremos una reflexión final en base a los datos estadísticos obtenidos del registro de su aplicación clínica, que se encuentran aún en estudio.

CONCLUSIONES: Pendientes aún del estudio estadístico que se está realizando.
Simposium ASMELP
(associação de saúde mental de língua portuguesa)
(Mental Health Association Of Portuguese Language)

Chairperson: Daniel Ferreira (Cape Verde).
Co-Chair: Romildo Bueno (Brazil).

Abstract

Speakers
Flavio Mandlate (Portugal).
Wilza Fumo (Mozambique).
Rosel Salomão (Mozambique).
Dirceu Mabunda (Portugal).
Luísa Assis (Angola).

Session: Regular Symposium
Title: FATORES ASSOCIADOS A RECAÍDAS NA ESQUIZOFRENIA E OUTRAS DOENÇAS MENTAIS NOS PAÍSES EM DESENVOLVIMENTO - REVISÃO DA LITERATURA
Speaker: F. Mandlate 1,2, A. Palha 2
1. University of Minho, Braga, Portugal
2. Casa de Saúde do Bom Jesus, Braga, Portugal

Abstract

Objetivos
O objetivo desta revisão é identificar os fatores de risco - precipitantes e protetores - associados às recaídas nos países em desenvolvimento descritos na literatura bem como determinar algumas formas de prevenção destas.

Métodos
Foi feita revisão bibliográfica de 23 artigos científicos, que abordam o tema, na base de dados Pubmed, Medline e PsycInfo desde 1995 até 2013. Será definida como recaída, o retorno a doença após recuperação parcial; sendo dentre vários critérios a re-hospitalização a mais utilizada.

Resultados
Numa revisão exaustiva alguns autores, agruparam os fatores precipitantes das recaídas em quatro categorias: os relacionados com (a) o paciente, com o (b) tratamento, (c) estilo de vida e os relativos a (d) patologia. Achados de outros estudos enquadraram estas subcategorias, nomeadamente à fraca aderência, ao tratamento, o humor depressivo, o uso ou abuso de substâncias, comorbididades médicas e a associação idade, eventos estressantes e o relacionamento com o provedor de saúde; como estando relacionados às recaídas. Adicionalmente a estes fatores, está o baixo nível educacional e sócioeconómico dos pacientes, a falha dos familiares na gestão dos medicamentos, o desconhecimento sobre a patologia, a escassez de serviços de apoio ou substitutivos nas comunidades, a discriminação são evidências comuns nos países em desenvolvimentos. A adesão ao tratamento psicofarmacológico, o suporte familiar, o emprego, a religião e a terapia cognitivo comportamental aparecem como fatores protetores.

Conclusão
A fraca adesão ao tratamento farmacológico associados a aspetos sociais e psicopatológicos são os principais fatores de risco para recaídas nos países em desenvolvimento. A educação e a providência de cuidados de saúde integrados na comunidades contribuiriam para melhor promoção da saúde mental e redução das re-hospitalizações.
**Session:** Regular Symposium  
**SPEAKER 2**  
**Title:** O SUICÍDIO NUM CONTEXTO AFRICANO  
**Speaker:** W. Fumo¹, ², A. Palha ², ³  
¹ Universidade do Minho., Braga, Portugal  
² Casa de Saúde do Bom Jesus, Braga, Portugal  
³ Universidade Católica de Braga, Braga, Portugal  
**Abstract**  
**Objetivos:** Evidenciar a fragilidade das estratégias adotadas nos Países Africanos para a redução da ocorrência do suicídio e identificar programas de prevenção passíveis de serem implementados para o melhoramento da sua abordagem, tendo em conta o contexto sociocultural em que estes países estão inseridos.  
**Métodos:** Revisão bibliográfica de artigos científicos na base de dados Pubmed nos últimos 15 anos (1999-2013). Palavras-chave: risco suicidário; Países Africanos; programas de prevenção.  
**Resultados:** As estratégias adotadas por alguns Países desenvolvidos na prevenção dos fatores de risco do suicídio têm resultado na redução da sua ocorrência comparativamente à ausência de prevenção. Nos Países em desenvolvimento há prevalência de transtornos mentais em cerca de 80% em suicídios bem-sucedidos, a maior parte deles sem contato prévio com um profissional de saúde mental devido principalmente à fragilidade na deteção dos fatores de risco, falhas no rastreio dos transtornos mentais nas tentativas de suicídio e falhas na referência dos transtornos mentais para tratamento adequado.  
**Conclusão** Alguns dos programas de prevenção do suicídio em uso nos Países desenvolvidos são aplicáveis mesmo no contexto cultural dos Países Africanos e não requerem custos elevados para a sua implementação. Contudo, a adoção destas estratégias requer um envolvimento multissetorial baseado no pressuposto do reconhecimento do impacto do suicídio na sociedade e dos benefícios da sua prevenção que tem sido desvalorizado nestes Países. Portanto, a implementação de qualquer programa de prevenção pelos Países Africanos que seja considerado passa necessariamente por uma sensibilização e adequação do manuseamento do suicídio tanto por parte do pessoal de saúde como de outros sectores com vista a melhorar a sua abordagem.

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**Session:** Regular Symposium  
**SPEAKER 3**  
**Title:** O ENSINO DE PSIQUIATRIA NO 5º ANO DO CURSO DE MEDICINA EM MOÇAMBIQUE  
**Speaker:** R. Salomão ¹, L. Cezerilo ²  
¹ Faculdade de Medicina da Universidade Eduardo Mondlane, Maputo, Moçambique  
² Faculdade de Letras da Universidade Eduardo Mondlane, Maputo, Moçambique  
**Abstract**  
**Objetivos gerais** Avaliar por análise comparativa os programas analíticos de Psiquiatria e Saúde Mental da Faculdade de Medicina da UEM e propôr adaptações de forma a assegurar o acesso ao conhecimento teórico, competências e habilidades do programa de Psiquiatria e Saúde Mental, para que os médicos formados possuam conhecimentos que permitam estabelecer um diagnóstico e conduta terapêutica correctas (conhecimentos, habilidades e práticas).  
**Metodologia**  
**Pesquisa descritiva:** observou-se e descreveu-se as características do programa analítico de psiquiatria e saúde mental, face à prevalência das principais causas de morbidade em saúde mental.  
**Resultados** O Programa analítico da Faculdade de Medicina da UEM a maioria das patologias que são motivo de consulta e internamento nos hospitais do Sistema Nacional de Saúde à exceção das perturbações mentais decorrentes do consumo de substâncias psicoactivas, que são a 3ª causa de internamento e de consulta em todo o país. Falta também a abordagem das actividades de promoção de a saúde mental e prevenção da doença mental que abrangem as determinantes sociais de saúde. A distribuição da carga horária entre os diversos conteúdos dá o mesmo valor aos temas abordados não tendo em conta os subtérias e entidades nosológicas que cada um deles possui fazendo com que seja feita uma abordagem superficial.
Conclusão
O Programa da disciplina de psiquiatria e saúde mental contém o conteúdo programático, objetivos gerais, a carga horária e requisitos para os estudantes se fazerem presentes às avaliações mas deve ser melhorado de modo a nele conter os princípios pedagógicos (como as aulas vão ser dadas, metodologia de ensino aprendizagem a utilizar), objetivos específicos da disciplina (o que o estudante deve saber no termo da disciplina – conhecimentos, atitudes e habilidades), competências que se pretende que os estudantes atinjam e avaliação (tipo – formativa e somativa, forma da avaliação somativa, peso de cada tipo de avaliação).

Referências
Ministério da Saúde, Programa de Saúde Mental, 2009
Plano analítico da disciplina de Psiquiatria e saúde Mental da Faculdade de Medicina da UEM, 2008

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Session:  Regular Symposium
Title: ELECTROCONVULSOTERAPIA. EFICÁCIA CLÍNIC A E A RELAÇÃO CUSTO-EFICÁCIA: UMA ALTERNATIVA PARA PAÍSES COM ECONOMIAS DE BAIXA RENDA?
Speaker  D. Mahunda1,2, A. Palha2,3
1Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal, ICVS/3B’s - Braga/Guimarães, Portugal.
2Casa de Saúde do Bom Jesus- Braga, Portugal.
3Faculdade de Medicina da Universidade do Porto, Portugal.

Abstract
**Objectivos:**
- Analisar o uso da electroconvulsoterapia (ECT) nos países com economias de baixa renda.
- Analisar a eficácia da ECT em doentes mentais que não respondem a psicofármacos.
- Analisar o custo da ECT comparativamente a outros tratamentos disponíveis.

**Métodos:**
Para a presente revisão foi feita uma pesquisa sistemática da literatura na pubmed sobre: eficácia da electroconvulsoterapia, custo da ECT versus outros tratamentos, readmissões em doentes submetidos a ECT e utilização da ECT nos países com economias de baixa renda até o ano 2014. Mesh terms usados: "Patient Readmission"[Mesh], " Electroconvulsive Therapy"[Mesh], "Developing Countries"[Mesh], "Cost-effectiveness"[Mesh].

**Resultados:**
Estudo revelou que a ECT potencia o efeito de psicofármacos (Sanz-fuentenebro et al, 2011), sendo um tratamento eficaz e menos oneroso no controlo da depressão grave comparativamente a estimulação magnética transcraniana de repetição (Knapp et al., 2008). A educação dos utentes e provedores de saúde (Yps et al., 2012) aumenta o conhecimento destes e favorece a melhoria de atitudes sobre a ECT. Estudo retrospectivo Australiano, revelou após seguimento durante 2 anos de ECT, uma redução em 53% e 79% no número de pacientes admitidos e na duração do internamento, sugerindo que o tratamento de manutenção com ECT é efetivo em pacientes com alto regra de recados (Connor et al., 2010).
Informação sobre o uso da ECT é escassa em muitos países com economias de baixa renda (Africa e América Latina), apesar da existência de guidelines internacionais, persistem grandes variações entre continentes, países e regiões nas taxas de utilização da ECT e prática clínica (Leiknes et al, 2012).

**Conclusão**
A prática da ECT não é uniforme em todo o mundo, havendo necessidade de partilha de conhecimentos e experiências sobre ECT. Contudo, apesar da controvérsia acerca da ECT, este continua a ser um tratamento eficaz e económico para o manejo de perturbações psiquiátricas graves resistentes a psicofármacos, podendo ser útil potenciar o seu uso em países com escassos recursos.

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Session:  Regular Symposium
Title: STRESS PÓS-TRAUMÁTICO EM ANGOLA
Speaker  Fausta Conceição1, Luísa Assis1
1Angola General Hospital

Abstract
Angola, um País devastado por várias guerras, tanto contra o colonialismo, assim como internamente entre os movimentos de libertação. É fácil imaginar o distúrbio pós-traumático da sua população, tanto
militar como civil, não poupando as faixas etárias mais jovens. Poderemos comparar esta situação com a que foi vivida pelos soldados americanos durante a guerra do Vietname.

É facto conhecido que algumas pessoas, após exposição traumática, mostram sinais de perturbação psicológica grave e incapacitante, e que esta perturbação pode tornar-se crónica. O objectivo deste trabalho é dar a conhecer o número aproximado de indivíduos expostos a traumas em várias vertentes e o que se sabe actualmente sobre factores predictores de PTSD.
**Session**: Regular Symposium  
**OVERALL ABSTRACT**  
**Code**: SY690  

**Title**: Impacto del movimiento neoliberal en la salud mental de la población española

**Chairperson**: Prof Manuel Gómez-Beneyto. CIBERSAM; Universidad of Valencia (España).

**Abstract**

El propósito de este simposio es presentar y discutir el impacto de la política neoliberal y ultraconservadora del gobierno de España introducida con el pretexto de mitigar la crisis económica, sobre los servicios de salud mental y la salud mental de la población. Varias modalidades de contratos público-privados se pusieron en práctica en España antes de la crisis y durante la crisis con el fin de reducir el gasto sanitario, pero contrariamente a lo previsto estas medidas lo incrementaron, facilitando la transferencia de capital público a manos privadas.

En Madrid se instituyó el Área Única con el fin de fomentar la competitividad entre los hospitales y en otras regiones se centralizaron los centros de salud mental. Como resultado la sectorización, la descentralización y la colaboración en red, tres de los principios básicos de la atención comunitaria, fueron cancelados.

En Abril de 2012 se decretaron medidas de reducción del gasto supuestamente para garantizar la sostenibilidad del SNS, lo cual trajo consigo un deterioro de la calidad de la atención y la ruptura de la universalidad y la gratuidad del sistema.

La obsesión sector ultraconservador del gobierno por garantizar la seguridad le llevó a aprobar leyes restrictivas del derecho de manifestación y a proponer una reforma del Código Penal introduciendo el concepto de peligrosidad y la extensión potencialmente indefinida de la privación de libertad.

El simposio dará comienzo con una presentación sobre el origen y contexto socio-político de la recesión en España. Seguidamente se tratará de evaluar el impacto de la crisis en la salud mental de la población y en el uso de servicios de salud mental mediante un análisis de las encuestas nacionales de salud y la encuesta de morbilidad hospitalaria. Finalmente se analizará el efecto de la política neoliberal sobre el modelo comunitario de atención a la salud mental y se concluirá con un debate sobre los temas abordados.

**Speakers**

Alberto Fernández Liria (Spain).  
Manuel Giron (Spain).  
Manuel Gómez-Beneyto (Spain).  
Eudoxia Gay (Spain).

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**Session**: Regular Symposium  
**SPEAKER 1**  
**Code**: SY690  

**Title**: ORIGEN Y CONTEXTO SOCIOPOLÍTICO DE LA RECESIÓN EN ESPAÑA

**Speaker**: A. Fernández Liria², A Moreno Pérez¹.  
Hospital Universitario Príncipe de Asturias, Universidad de Alcalá. Alcalá de Henares (Madrid), España.

**Abstract**

Las crisis del sistema capitalista responden a la incapacidad del mercado para realizar el beneficio producido. Se han resuelto siempre con una destrucción de mercancías a través de la guerra y una extensión de los mercados. La Primera Guerra Mundial marca el fin de las posibilidades de extensión geográfica del mercado. Tras la crisis del 29 y la Segunda Guerra la expansión se produjo gracias a la destrucción de los sistemas de relaciones no mediadas por mercancías – y por tanto inútiles para realizar beneficios - a través de las que se aseguraba la reproducción de la fuerza de trabajo. Hoy se propone una nueva destrucción del sistema de relaciones políticas y sociales vigentes y su sustitución por unas nuevas, mediadas por mercancías industrialmente producidas y útiles por tanto para la realización de beneficios.

La actual crisis ha venido precedida en las economías hegemónicas por la ruptura del pacto de postguerra que supusieron las revoluciones conservadoras, el aumento de la deuda pública, la desregulación bancaria y la compensación de las bajas salariales por el recurso al crédito con el consiguiente endeudamiento de los ciudadanos. Las medidas tomadas frente a la crisis han estado guiadas por una serie de dogmas como la colocación de las instituciones claves de la economía fuera de cualquier forma de control político, y la destrucción de los sistemas de manejo del malestar y previsión del infortunio que permiten que ambas tareas pasen a realizarse a través del recurso a mercancías.
En Europa la distribución de roles que produjo la creación del euro se ha traducido en un endeudamiento de los países del sur, la atribución de la responsabilidad de la deuda – imposible de pagar - a los ciudadanos y el la adopción de medidas políticas que anteponen el pago de intereses a cualquier otra obligación del Estado.

Session: Regular Symposium | SPEAKER 2 | Code | SY690

Title: RECESIÓN ECONÓMICA, SALUD MENTAL Y RECESIÓN EN LA POBLACIÓN ESPAÑOLA

Speaker M. Girón¹, A. Nolasco¹, P. Pereyra¹, N. Tamayo¹, J. Moncho¹, M. Munarriz², J. Salazar², R. Tabares-Seisdedos³, M. Gomez-Beneyto⁴
¹ Universidad de Alicante, Sant Vicent del Raspeig, Valencia (España) giron@icali.es
², CIBERSAM; Universitat de València, Valencia (España)
³ CIBERSAM; Universitat Jaume I, Castelló (España)

Abstract La recesión supone un impacto en diversos factores socioeconómicos, como el empleo, que pueden modificar la prevalencia de los problemas de salud mental en niños y adultos. En este estudio se investiga la relación entre factores asociados a la recesión y la prevalencia de malestar psicológico en la población general medido con el GHQ12 y el SDQ, en adultos y niños respectivamente, la prevalencia de problemas de salud mental diagnosticados por un médico en los últimos 12 meses, el consumo de alcohol y el consumo de psicofármacos, siendo las Fuentes de información las Encuestas Nacionales de Salud de 2006 y 2011. Así mismo se analiza la evolución de las tasas de suicidio mediante el análisis de la Estadística de Mortalidad por Suicidio del Instituto Nacional de Estadística. La puntuación media del GHQ12 no ha experimentado un cambio significativo entre 2006 y 2011. El modelo multivariante que explica la puntuación del GHQ12 en ambos periodos incluye ser mujer, ser joven y estar desempleado, tener un nivel bajo de apoyo social y una valoración pobre de salud autopercibida. Este patrón apenas experimentó variación entre ambos periodos La tasa de suicidio ajustada por edad y sexo se incrementó significativamente en 2012 en comparación con el periodo anterior.

Session: Regular Symposium | SPEAKER 3 | Code | SY690

Title: EVALUACIÓN DEL IMPACTO DE LA RECESIÓN EN EL USO DE SERVICIOS DE SALUD MENTAL EN ESPAÑA

Speaker M. Gómez-Beneyto¹, A. Medel²
¹ CIBERSAM; Universidad de Valencia, Valencia (España).
² University of California UC-Davis campus, Center for International Education, student. Davis, CA. U.S.A.

Abstract Contrariamente al sentido común y a lo recomendado por la OMS, algunas de las medidas de austeridad tomadas por el gobierno español para contener la crisis se concentraron en los servicios públicos de sanidad y educación. El gasto sanitario en España creció una media de 5.6% del PIB antes de 2009 y se contrajo -3.0% en años posteriores. Dado que los servicios de salud mental se encontraban subdesarrollados antes de 2009 parece probable que la reducción del gasto podría afectar sensiblemente a la salud mental de la población. Por otra parte la elevada tasa de paro junto con la reducción de las medidas de protección social podrían contribuir también a incrementar la prevalencia de trastornos mentales, especialmente la depresión. Si esto ocurriese se manifestaría, entre otras cosas, en un aumento del uso de servicios de salud mental. El objetivo de este estudio es comprobar si durante los años de la crisis se ha producido un incremento de las tasas de hospitalización por trastornos mentales tal como se registran en la Encuesta de Morbilidad Hospitalaria. Para ello se calcularon las tasas de altas hospitalarias ajustadas por edad asociadas a los diagnósticos ICD9 290-319 en adultos y en niños y adolescentes de 6 a 18 años. Se utilizó el análisis de series temporales interrumpidas para comparar las tasas de altas antes y después de iniciada la crisis, a los largo de 120 meses entre Enero de 2002 y Diciembre de 2011, considerando que la crisis comenzó en Abril de 2008 con el descenso del PBI. También se estimaron asociaciones entre las tasas de altas hospitalarias y diversos factores socioeconómicos relacionados con la crisis con el fin de ayudar a entender los resultados del análisis principal.
Los resultados mostraron un aumento de significativo de las tasas de altas hospitalarias asociadas a algunos de los diagnósticos considerados. Durante la discusión emergieron varias hipótesis que valdría la pena contrastar en futuros estudios.

Session: Regular Symposium  
Title: EL IMPACTO DE LAS POLITICAS NEOLIBERALES SOBRE EL MODELO DE ATENCIÓN A LOS TRASTORNOS MENTALES GRAVES  
Speaker: E. Gay Pamos 1, J. Carmona Calvo 2  
1 USMC. Málaga Oeste. UGC Virgen de la Victoria. Málaga (España).  
2 USMC Jerez. UGC Jerez. (España)  
Abstract: La atención a los trastornos mentales en España desde su origen ha ido evolucionando desde un modelo de atención institucional, con pacientes segregados en hospitales monográficos, atendidos por profesionales escasamente cualificados en formación y competencias ha un modelo de atención comunitaria que comienza a implantarse en la década de los 70 fruto de interacciones múltiples entre los avances del conocimiento científico, la mejora de la formación y cualificación y diversificación de los profesionales, desarrollo nuevas técnicas de intervención, los cambios sociales y legislativos y el trabajo en red.  
En los últimos 10 años, algunas CCAA han iniciado la, asunción de un enfoque general basado en una filosofía de la integración y la recuperación.  
Este proceso de trasformación, aun incipiente en muchas comunidades y escasamente consolidado, se está viendo fuertemente interferido por las políticas neoliberales y la recesión económica. El incremento del desempleo, el endeudamiento familiar, la pobreza, el desarraigo y la inestabilidad social son un caldo de cultivo favorecedor de la vulnerabilidad a las enfermedades mentales graves, al alcoholismo y a las drogodependencias.  
Por otra parte, hay que tener cuenta los recortes en recursos sanitarios y sociales para responder al incremento de la morbilidad y de demanda. La mercantilización de la salud también concierne a la Salud Mental convertida en nuevo nicho de mercado. Para favorecerlo se han puesto en marcha cambios legislativos que atentan profundamente contra el modelo comunitario: acabar con la universalidad de las prestaciones, favoreciendo la exclusión de importantes poblaciones de riesgo, facilitando medidas privatizadoras y restringiendo los derechos de los ciudadanos con enfermedades mentales.  
Todas estas medidas de supuesta eficiencia están siendo usadas como pretexto para cambiar el Modelo Comunitario hacia otros que incrementan estigma y disminuyen la capacidad de recuperación de los enfermos mentales.
# Estigma, medios de comunicación y autoestigma: ¿cuál es el peor?

**Chairperson:** Pedro Pozo Navarro. Jefe Servicio de Psiquiatría Hospital Universitario Reina Sofía. Murcia.

**Abstract**

El estigma y autoestigma que padecen las personas con problemas de salud mental dificulta el tratamiento y recuperación, frenando la utilización de servicios de salud y la adherencia al tratamiento, haciéndoles perder oportunidades. El autoestigma se produce por la internalización de estereotipos públicos negativos incorporados al autoconcepto lo que les lleva a la percepción de ser socialmente inaceptables. Contribuye a esto la habitual representación negativa en medios de comunicación de las personas con enfermedad mental. Hay una necesidad de encontrar caminos efectivos para reducir el estigma asociado a la enfermedad mental.

Las iniciativas antiestigma incluyendo medios de comunicación son las más frecuentemente utilizadas en la mayoría de países existiendo numerosos programas nacionales e internacionales en ese sentido. Ante la escasa efectividad de estas campañas, planteamos un cambio de enfoque: ¿cómo influir en los medios? Algunos colectivos desfavorecidos, convertidos en grupos de presión han demostrado mayor efectividad a medio y largo plazo. Se propone analizarlo. Resulta más interesante diseñar acciones y programas locales dirigidos a grupos específicos: usuarios de salud mental y familias, personal sociosanitario, escolares, universitarios, etc.

**Speakers**

José Manuel Montes (Spain).
Eduardo Correa (Chile).
Manuel Muñoz (Spain).
Guadalupe Morales (Spain).

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# ¿QUÉ PUEDE HACER EL PROFESIONAL DE SALUD MENTAL PARA DISMINUIR EL ESTIGMA?

**Speaker:** Dr. José Manuel Montes Rodríguez.

**Abstract**

El estigma asociado a la enfermedad mental puede subdividirse a su vez en el estigma social y el autoestigma. El primero es generado por la sociedad y los prejuicios que se crean en torno a la enfermedad mental, muchas veces alimentados por los medios de comunicación. El segundo está relacionado con la imagen negativa y el aislamiento subsiguiente que la propia persona que sufre una enfermedad mental se inflige al asumir los prejuicios comunes en la opinión pública.

Como la enfermedad mental es sin duda una enfermedad biopsicosocial, resulta imprescindible que los profesionales de la Salud Mental participen de forma activa también en la mejora de los aspectos sociales y psicológicos relacionados con la misma. Por lo tanto, no sólo deben ayudar a mejorar los síntomas relacionados con la enfermedad, sino también los generados por las reacciones de la sociedad hacia ella, o la propia forma de entender y enfrentarse a la misma que presenta el enfermo.

En esta presentación se resumen las diversas posibilidades de lucha contra el estigma que pueden realizarse desde los propios profesionales, comenzando por la supresión de las barreras que limitan el acceso a la atención en salud mental y continuando con las diversas intervenciones a realizar en el paciente encaminadas a la desaparición del autoestigma y favoreciendo el “empoderamiento”. Por último, el profesional de la salud mental debe jugar un papel participando en las diversas estrategias encaminadas a la mejora de la percepción social de la enfermedad mental entre la sociedad.

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# AUTOESTIGMA. DESCRIPCIÓN CLÍNICO FENOMENOLÓGICA DEL PROBLEMA. ¿TENEMOS PROPUESTAS MÁS ALLÁ DE LO CONOCIDO?

**Speaker:**
### Speaker 3

**Title:** ¿TENEMOS HERRAMIENTAS EFICACES DE LUCHA CONTRA EL ESTIGMA DE LOS TRASTORNOS MENTALES? RAZONES PARA EL OPTIMISMO

**Speaker:** Manuel Muñoz López

**Abstract**

El estigma de los trastornos mentales se ha reconocido como uno de los problemas más importantes a resolver para la mejora de la salud y la calidad de vida de las personas con trastornos mentales o psicológicos. En la comunicación se resumen algunos resultados de investigación realizada en Madrid sobre el estigma. Posteriormente, se analizan las principales intervenciones psicológicas de lucha contra el estigma de los trastornos mentales. Se revisan las principales intervenciones con base empírica diseñadas para personas que sufren los trastornos, sus familiares y los profesionales de atención directa en salud mental. De forma paralela, se revisa la evidencia de la eficacia de las intervenciones en medios de comunicación y de las campañas que combinan distintas estrategias. Finalmente, se extraen conclusiones tendentes a ofrecer unas directrices de intervención en la lucha contra el estigma.

### Speaker 4

**Title:** “DE ENFERMO A CIUDADANO” EL ESTIGMA COMO OBSTÁCULO PARA LA RECUPERACIÓN

**Speaker:** Guadalupe Morales Cano.

**Abstract**

El paso de enfermo a ciudadano. El estigma dificulta el proceso de recuperación. El estigma y autoestigma supone un obstáculo para el bienestar de la persona con una enfermedad mental grave, que dificulta la recuperación y por ende el proceso de dejar de considerarse a uno mismo, (y/o que lo consideren los demás), un enfermo, y reafirme su condición de ciudadano inherente a cualquier ser humano. Contribuye a esto la habitual representación negativa en medios de comunicación, en el cine y la literatura de las personas con enfermedad mental. Se presenta una triple perspectiva: la testimonial, como periodista y por último, como persona objeto de interés para los medios; y de cómo ha experimentado el estigma desde los tres escenarios. Se plantea un cambio de enfoque en la lucha contra el estigma: ¿cómo influir en los medios? Algunos colectivos desfavorecidos, (homosexuales, enfermos de cáncer, etc.) convertidos en grupos de presión han demostrado mayor efectividad a medio y largo plazo. Se propone analizarlo y formular propuestas. Siendo la formación interdisciplinar al paciente, así como la capacitación como formador un aspecto clave. En este sentido, se presenta el proyecto de los cursos: La Formación: una herramienta para la recuperación y la lucha contra el estigma, y su evaluación final.
### Mesa temática de língua portuguesa

**Chairperson**
Dr.ª Lidia Gouveia. Ministério da Saúde. Maputo, Moçambique.

**Abstract**
NOT RECEIVED

**Speakers**
Luciana Massinga (Moçambique).
Flávio Mandlate (Moçambique).
Vasco Cumbe (Moçambique).

### AVALIAÇÃO DO PROGRAMA NACIONAL DE SAÚDE MENTAL DE MOÇAMBIQUE COM RECURSO AO ASSESSMENT INSTRUMENT FOR MENTAL HEALTH SYSTEMS DA OMS (WHO-AIMS)

**Speaker**
P. Santos¹, A. Morais¹, E. Teodoro¹, J. Matavel¹, B. Kapella¹, A. Nhabinde¹, I. Artur¹, S. Adam¹, J. Wate¹, R. Muthemba¹, L. Gouveia¹
Ministério da Saúde, Maputo, Moçambique

**Abstract**
**Objectivos:** O objectivo do estudo foi a avaliação do Programa Nacional de Saúde Mental de Moçambique para identificar as suas lacunas e fortes para facilitar a elaboração de políticas e planos que garantam a melhoria da qualidade dos serviços prestados a população.

**Métodos:** Foi usada uma metodologia quali-quantitativa para avaliar o sistema de saúde mental com base no Instrumento de Avaliação de Sistemas de Saúde Mental da Organização Mundial de Saúde (WHO-AIMS).

**Resultados:** O estudo apresenta resultados relacionados com as políticas, legislação, estratégias e planos de acção e financiamento para a saúde mental; serviços de saúde mental; cuidados primários; recursos humanos e ligação com outros sectores chave. Relativamente aos órgãos de gestão, existem instrumentos legais para sustentar as iniciativas desta área e influenciar os meios políticos. Ao nível clínico existem 0,9 profissionais de saúde mental por 100.000 habitantes. As taxas são particularmente baixas para as categorias de médicos psiquiatras, assistentes sociais e terapeutas ocupacionais. Estes actuais nos 83 serviços com consulta externa atendendo 131 pacientes por 100.000 habitantes. Nos centros de dia e nos serviços de internamento de base comunitária a taxa de utilização dos serviços é <1 utente por 100.000 habitantes. Não existem residências protegidas. Os hospitais psiquiátricos tratam 6,3 pacientes por 100.000 habitantes. Desconhece-se a sua taxa de ocupação de camas. A esquizofrenia é o principal diagnóstico identificado. Houve uma redução de 2% no número de camas dos hospitais psiquiátricos nos últimos cinco anos.

**Conclusões:** Moçambique tem uma estrutura importante para a reforma do sistema de saúde mental. Existem, ainda que escassos, recursos humanos, infra-estruturas e legislação para a prestação dos serviços clínicos. Há necessidade de mais recursos financeiros para a melhoria e expansão dos serviços de saúde mental com qualidade, apostando na criação de equipas multidisciplinares e na qualificação das equipas de gestão e equipas clínicas.

**Palavras-Chave:** Serviços de Saúde Mental, Políticas de saúde mental, Legislação, Financiamento, Advocacia, Recursos Humanos, Cuidados primários.

### HISTERIA COLETIVA - O CASO DA ESCOLA SECUNDÁRIA QUISSE MAVOTA
Objetivos
Realizar avaliação de comorbilidades psicopatológicas ao grupo de estudantes com histeria coletiva comparando com um grupo controle, para melhor compreender e explicar o fenómeno ocorrido na Escola Secundária Quisse Mavota bem como desmistificar as crenças relacionadas.

Métodos
Para alcançar o objetivo proposto, recorreu-se a um estudo observacional transversal comparativo numa amostra de raparigas subdivididas em dois grupos: um com manifestações histeriformes e outro sem manifestações. Para além da observação clínica foram efetuadas entrevistas semiestruturadas para recolha de dados sociodemográfico e clínicos e aplicadas as seguintes escalas psicométricas: Escala de Ansiedade de Beck, Teste de Personalidade (COM 73-R) e Teste de Autoimagem. Para comparação da média da pontuação das escalas psicométricas entre os dois grupos foi usado o teste t de Student para amostras independentes.

Resultados
A amostra era constituída por 155 raparigas sendo 36.8% com manifestações histeriformes 63.2% sem manifestações, com média de idade de 16,96 anos.

Foi observado que o fenómeno iniciava como episódio único e alastrava-se por efeito do contágio e disseminação da crença. Pela avaliação psicométrica, o grupo com sintomas histeriformes apresentava níveis mais elevados de instabilidade e incapacidade de controle emocional reativa a situações de tensão comparativamente ao grupo sem sintomas. Este grupo também mostrou alteração no controle de impulsos.

Conclusões
O acontecimento foi precedido de um momento de tensão crescente e contínua, resultado da crença enraizada e interpretações de natureza sociocultural. As crises coletivas funcionaram como veículo para a expressão do conflito, mas também de forma regressiva, para o encontro de identificação, coesão interna do grupo e proteção contra angústias primitivas. O estudo serviu para levantar a hipótese segundo a qual: as adolescentes expressaram através das manifestações histeriformes, os conflitos próprios de uma personalidade em formação, associados aos conflitos pertencentes à dimensão sociocultural.

Objetivos
Conhecer e compreender a realidade do país e da região Austral no que concerne à prevalência de substâncias, tipos de substâncias consumidas, grupos de maior risco.

Métodos
Estudo descritivo de natureza qualitativa através dos questionários aplicados aos pacientes atendidos nos Serviços de Psiquiatria e Saúde Mental - Unidades de Reabilitação dos Comportamentos Adictivos no período compreendido entre 2004 e 2005.

Resultados
A maior parte dos pacientes eram do sexo masculino (91%), professavam as religiões católica (50%) e outra (24.2%), tinham maioritariamente o ronga (31.3%) e português (17.9%) como línguas maternas.

Maior parte da amostra era constituída por indivíduos desempregados, solteiros e com o ensino primário (EP1 e EP2). Apenas 19% eram casos novos, ou seja, procuravam tratamento pela primeira vez.

Do total da amostra (N=117) cerca de 74% afirmaram consumir bebida alcoólica, onde as bebidas de...
fabrico tradicional aparecem como as mais preferidas seguidas pela cerveja e por último as bebidas destiladas de fábrico industrial.

Cerca de 72% da amostra referiu consumir outro tipo de droga além do álcool. Neste grupo a cannabis sativa aparece como a principal substância seguida da heroína e cocaína. Quanto ao modo de consumo destas últimas substâncias, a forma fumada aparece como a mais usada em 82.8%. No entanto, o uso do modo injectável foi referido por 9,4% dos pacientes. A maior parte dos pacientes recebeu o tratamento em regime de internamento e procuraram tratamento por iniciativa própria ou indicação de um familiar ou amigo. Apenas 30% dos pacientes estiveram envolvidos em acidente de viação sob efeito do álcool e drogas.

Conclusões:
O álcool aparece como a substância mais consumida seguida da cannabis sativa e heroína. Os pacientes são na sua maioria do sexo masculino, com idades compreendidas entre os 25 e 29 anos, solteiros e desempregados e residentes na Cidade de Maputo. Cerca de 30% da amostra já esteve envolvida em uma situação de risco sob o efeito da droga.
### OVERALL ABSTRACT

**Title:** Psiquiatría y atención primaria de la salud

**Chairperson:** Dr. Alfredo H. Cía, Presidente de APAL (Asociación Psiquiátrica de América Latina) Ciudad de Buenos Aires, Argentina.

**Abstract**

La atención de los trastornos mentales es una parte esencial de la estrategia de la atención primaria de la salud (APS). Tanto la Organización Mundial de la Salud (OMS), como muchos otros organismos regionales y nacionales, coinciden en que es un problema prioritario a nivel mundial. Las cifras epidemiológicas apoyan esta preocupación sanitaria. Esta tarea se logra desarrollando recursos humanos aptos. Además de la instrucción y el incremento del número de enfermeras/os entrenados en la detección de trastornos de salud mental y su tratamiento en el primer nivel de atención, es necesario diseñar los módulos de entrenamiento para médicos generales y de otras especialidades y articular su acción sanitaria con los especialistas en psiquiatría. Ese es uno de los varios aspectos que debe desempeñar el médico psiquiatra en la atención primaria de la salud, tema que se desarrollará en este trabajo. También se considerarán especial los aspectos vinculados a la detección precoz de los altamente prevalentes trastornos de ansiedad y del humor en la APS y la oferta de capacitación necesaria para que los médicos de este ámbito, así como los generalistas y de familia estén en condiciones de tratar los casos leves a moderados y no complicados y saber referir al ámbito de salud mental los casos severos o comórbidos.

El papel de los médicos de APS es fundamental en la detección, evaluación y actuación ante cualquier posible caso de violencia, maltrato y abuso infanto-juvenil, de género, familiar o laboral. Uno de los objetivos es desarrollar cursos para los médicos de las diversas ramas sanitarias y el personal de los centros de Salud, editar guías de intervención de uso fácil y diseñar protocolos especializados. Se intenta así ofrecer una mejor respuesta a una gran mayoría de los afectados por trastornos mentales que permanecen sin ser diagnosticados ni tratados en América Latina.

**Speakers**

Juan Carlos Stagnaro (Argentina).
Alfredo H. Cía (Argentina).
Horacio Vommaro (Argentina).

### SPEAKER 1

**Title:** EL ROL DEL PSIQUIATRA EN LA ATENCIÓN PRIMARIA DE LA SALUD

**Speaker**

Prof. Juan Carlos Stagnaro, Director del Depto. de Psiquiatría, Facultad de Medicina, Universidad de Buenos Aires, Argentina.

**Abstract**

La atención de los trastornos mentales es una parte esencial de la estrategia de la atención primaria de la salud (APS). Tanto la Organización Mundial de la Salud (OMS), como muchos otros organismos regionales y nacionales, coinciden en que es un problema prioritario a nivel mundial. Las cifras epidemiológicas apoyan esta preocupación sanitaria. Esta tarea se logra desarrollando recursos humanos aptos. Además de la instrucción y el incremento del número de enfermeras/os entrenados en la detección de trastornos de salud mental y su tratamiento en el primer nivel de atención, es necesario diseñar los módulos de entrenamiento para médicos generales y de otras especialidades y articular su acción sanitaria con los especialistas en psiquiatría. Ese es uno de los varios aspectos que debe desempeñar el médico psiquiatra en la atención primaria de la salud, tema que se desarrollará en este trabajo.

Uno de los objetivos es desarrollar cursos para los médicos de las diversas ramas sanitarias y el personal de los centros de Salud, editar guías de intervención de uso fácil y diseñar protocolos especializados. Se intenta así ofrecer una mejor respuesta a una gran mayoría de los afectados por trastornos mentales que permanecen sin ser diagnosticados ni tratados en América Latina.

**Referencias**


TRATAMIENTO DE LA ANSIEDAD EN LA ASISTENCIA PRIMARIA DE LA SALUD

La Atención Primaria (AP) constituye el primer paso asistencial, no sólo para los problemas de salud en general, sino en una amplia mayoría de los trastornos mentales. La medicina familiar y comunitaria, junto a la enfermería a este nivel, resultan esenciales para una organización eficaz del sistema sanitario, cumpliendo un importante rol regulador en la recepción, diagnóstico, tratamiento y seguimiento a largo plazo de numerosos casos. Su accionar eficaz impide que se sobrecargue innecesariamente el nivel asistencial especializado con trastornos mentales leves a moderados y no complicados. Por otra parte, la AP permite una atención accesible y personalizada, cercana al entorno y al lugar de residencia del paciente. La capacitación de profesionales no especializados en el área de la salud mental (SM) puede contribuir a la provisión de servicios más eficientes. Por otra parte, la coordinación y cooperación intersectorial entre los servicios de AP y de SM resulta necesaria para dotar de una mayor y mejor cobertura a las prestaciones ofrecidas en SM en todo el orbe.

Las formas más frecuentes de presentación de la ansiedad son poco específicas y combinan síntomas somáticos, ansiosos, depresivos y dificultades psicosociales. Lo común es este tipo de pacientes reciban ansiolíticos o antidepressivos a dosis bajas como único tratamiento. Este tipo de presentaciones serán mejor detectadas y tratadas mediante el trabajo colaborativo entre los efectores primarios de salud y el equipo de salud mental y con una capacitación adecuada de los primeros en pos de este objetivo.

Referencias


VIOLENCIA: DETECCIÓN Y ABORDAJE EN LA CLÍNICA GENERAL Y APS

El papel de los médicos generalistas es fundamental en la detección, evaluación y actuación ante cualquier posible caso de violencia.

Aproximadamente el 30% de las mujeres que acuden a la consulta de los médicos de familia han sido víctimas de violencia. El objetivo es ayudar a los médicos generalistas a detectar situaciones de violencia, maltrato y abuso infantil-juvenil, de género, de familia, laboral. Se pondrá el centro en evitar los prejuicios y en consensuar criterios comunes para la detección y la atención de la violencia.

Uno de los objetivos es ayudar a tener los elementos necesarios para desarrollar cursos especializados para los médicos de las diversas ramas sanitarias y para el personal de los centros de Salud, editar guías de intervención de uso fácil y diseñar protocolos especializados.
Referencias

