



**5th Biennial Cambridge & Bedford
International Conference on Mental Health
11th -14th September 2015**

Abstracts

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Collaboration:

- Bedfordshire Centre for Mental Health Research in association with the University of Cambridge (BCMHR-CU)
- University of Cambridge
- Clare College, Cambridge
- East London Foundation Trust (ELFT)
- European Psychiatric Association (EPA)
- Mental Health Research Network (East Anglia)
- Catholic University of Louvain

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Table of Contents

European Psychiatric Association’s Early Career Psychiatrists Committee: Gaining Experience Programme	8
The PiPPIN Study: Epidemiology and Clinical Features of Frontotemporal Lobar Degeneration	9
Case Identification of Psychosis in Primary Care	10
Using inflammatory biomarkers to personalise antidepressant treatment	11
The relevance of NMDAR and related autoantibodies to psychiatry	12
‘Mindfulness’	13
Community Treatment Order Audit	14
Use of Positive Cardio Metabolic Health Resource in Practice	15
Long term inpatients with psychoses discharged from Czech mental hospitals in 2006-2011	16
Accelerated intermittent theta burst stimulation: a road to fast remission in medication resistant	17
Clozapine, Immunoglobulin Infusion and Neutropenia	18
Patterns of disease progression in Alzheimer’s Disease and Frontotemporal Dementia	19
Trajectories of brain change during development: Understanding risk and resilience factors for emerging	20
Systemic Inflammation and Psychosis: evidence from population-based studies	21
The role of steroid metabolome in the pathophysiology and diagnosis of mental disorders.	22
Integrating clinical into routine practice: the CPFT clozapine clinic experience	23
What role should take the child psychiatrist in the management of pediatric chronic pain?	24
Baseline and longitudinal grey matter changes in newly diagnosed Parkinson’s disease – The ICICLE-PD study	25
The Neuroscience of Impulsivity	26
"How the cortex gets its shape"	27
Shame and Forgiveness after War	28
Group Based Centre for Treatment of PTSD in Dalmatia	29
ARTETHERAPY, SICKNESS AND CREATIVITY	30
The unmet psychiatric needs of older patients on geriatric wards	31
Non-pharmacological therapies for managing behavioural symptoms in dementia	32
EEG correlates of cognitive tasks in schizophrenia and schizoaffective disorder	33
A guide to getting a job in Australia and making the most of the opportunities when there.	34
Narcissus discovers the Other: a new hypothesis of care	35
THE ROLE OF ENVIRONMENTAL AND GENETIC RISK FACTORS REGARDING THE DECISION FOR COMPLEX	36
"Personalised Prognostic Tools for Early Psychosis Management"	37
Detecting sub-voxel information using MR relaxometry and MR	38
Temporal Perception Deficits in Schizophrenia: Integration is the problem, not Deployment of Attention	39
The Influence of Suggestion on the Perception of Pain	40
Do psychiatrists cease to be real doctors?	41
Alcohol problems: Cost-effectiveness of detection	42
Modelling Alzheimer’s Disease in Organotypic Brain Slices	43
The Relation between First Episode Psychosis and Childhood Trauma	44
QEEG SIGNATURES OF REMITTED BIPOLAR PATIENTS AND OFFSPRING OF BIPOLAR PARENTS.	45
Dept of Psychiatry Dokuz Eylul University School of Medicine, Izmir-Turkey	46
Structural and functional correlates of obsessive - compulsive disorder	47
DEFICIT SYNDROME IN SCHIZOPHRENIA AND WHY WE SHOULD DO SOMETHING ABOUT IT	48
Is ADHD a historical novelty?	49
The use of psychotropic medication in women with mental illness who are of child bearing potential-	
Discussing Contraception and Pregnancy plans	50
The Use of NSAIDs in Schizophrenia: Rationale and Effects	51
Service Development Project	52
‘Setting up of Crisis Dual Diagnosis Clinic at Weller Wing, Bedford’	52
From functional neuroanatomy to the stereo-selective treatment: rTMS in	53
Activation of brain reward areas by visual erotic stimuli in relation to the effects of cannabis	54
Patient-clinician interactions in community mental health care - how can they be influenced to improve	55
Age and Gender Effects on Methods and Motivations for Non-Suicidal Self-Injury	56
Changes of the size of the fornix, anterior commissure and trigonum Mirzachi in patients with Alzheimer’s Disease.	57

The interactive effect of autism and schizophrenia spectrum disorders on attentional and socio-cognitive abilities.	58
Involvement of the left temporal lobe in the pathogenesis of auditory hallucinations : insights from electrophysiology and neuromodulation	59
Attitudes of Croatian psychiatrists and patients towards long-acting injectable antipsychotics	60
A deafferentation hypothesis for bipolar disorder based on neuroplasticity	61
A multi-state model with a markovian approach to analyze gambling transitions of adult gamblers.	62
Factors associated with outcome of inpatient opioid addiction treatment	63
Where is psychiatry today and where will it be tomorrow?	64
Suicidal behaviour from unemployment to genetic polymorphisms in a population with high suicidal rate	65
Psychotherapists and the Socrates method of dialogue	66
The Neurobiology of Creativity	67
Somatic Comorbidity in Psychiatric Patients in Psychiatric Hospital “ St John” Croatia	68
A systematic review and meta-analysis of the incidence of psychotic disorders in Brazil, France, Italy, the Netherlands and Spain.	69
Modern indications for the use of opipramol	70
Dementia in Down's syndrome-prospects for prevention?	71
Epilepsy in adults with intellectual disability: Why do seizures occur when they do?	72
Offenders with intellectual disability.	73
Vestibular rehabilitation treatment modality in PTSD patients who have suffered combat-related traumatic brain injuries	74
Development of vocational training systems for patients with intellectual disability in Poland	75
Patient Safety Culture in Mental Health Crisis Teams And its Management: Variation at Heirarchical levels within an Organisation	76
Accelerated HF-rTMS in alcohol-dependent patients	77
The effectiveness of health promoting interventions for chronically ill adolescents in medical settings: a systematic review	78
Borderline Personality Disorders in Suicidal Adolescents: results of the European Research Network	79
Borderline Personality Disorders in Suicidal Adolescents	80
The effects of intermittent theta-burst stimulation over the left DLPFC on reward sensitivity: preliminary results	81
An fMRI study comparing the restrictive and bingeing/purging subtypes of anorexia nervosa in a set-shifting task: preliminary findings	82
Evaluation of the area of the hippocampi and the area of the temporal horn of the lateral ventricles in patients with Alzheimer's disease on the 3T MRI.	83
Adult ADHD and increased impulsivity	84
Initial Effort for Preventive Neuropsychiatric Intervention-- Early Recognition of Neonatal Hypoxic Ischemic Encephalopathy	85
Remote sensing data in psychiatry: New devices and wearables. New perspectives	86
This study was supported by grant IGA NT/14387-3, Ministry of Health, Czech Republic.	87
Enhancing Cognition through Drugs and Games: The Impact of Neuroscience on Society	88
Immuno-psychiatry - what's the opportunity for therapeutic progress in depression?	89
Compulsivity	90
TRANSCULTURAL PSYCHIATRY-IN THE 21 st CENTURY	91
The Dark Art of the Media	92
Apossible Mental Health Recovery route	93
The Doctor Patient Relationship; what if Communication Skills are not used? A Maltese Story.	95
Suicide in adolescence: attempt to cure a crisis, but also the fatal outcome of certain pathologies.	96
Teenage pregnancy: a psychopathological risk for mothers and babies?	97
Teenage pregnancy	98
Relaxation and Impact on the Multidimensional Health Locus of Control: Interest of grouppsychoeducation for stress management in the context of liaison psychiatry within a General Hospital.	99
Relaxation and Impact on the MHLC	100
Poverty and mental health: Whatshould we know as mental health professionals?	101
Hormonal and developmental influences on adolescent suicide: a systematic review.	102
AN ECONOMIC ANALYSIS OF DIFFERENT CANNABIS DECRIMINALIZATION SCENARIOS	103
Cannabis Decriminalization scenarios	104

A comparative study between cognitive impairments of adults with schizophrenia and children with psychotic spectrum disorders: a literature review	105
Depression, family and cellular immunity: Influence of family relationships and cellular immunity on the severity of depression	106
Observing the Effects of Mindfulness-Based Meditation on Anxiety and Depression in Chronic Pain Patients	107
Assessing Parenting Capacity in Psychiatric Mother and Baby Units: A case report and review of literature	108
Cinematherapy and film as an educational tool in undergraduate psychiatry teaching: a case report and review of the literature	109
Neuropsychiatric Manifestations of Colloid Cysts: a review of the literature	110
A lot of mental illness starts in adolescence. Therefore should we shift some of the spending from adult to adolescent mental health services?	111
Global strategies targeting the recruitment crisis in psychiatry: the Doctors Academy Future Excellence International Medical Summer School.	112
The Management of Patients with Depression In Primary Care: an Audit Review	113
Clinical utilisation of the "G.T. MSRS", the rating scale for mixed states: 35 cases report.	114
PSYCHIATRIC CAREGIVER STRESS: CLINICAL IMPLICATIONS OF COMPASSION FATIGUE	115
MANAGEMENT OF PRIMARY NEGATIVE SYMPTOMS IN SCHIZOPHRENIA: AN ONE-YEAR OBSERVATIONAL STUDY	116
Can clinical use of Social Media improve quality of care in mental Health? A Health Technology Assessment approach in an Italian mental health service.	117
Suicide and attempted suicide: epidemiological surveillance as a crucial means of a local suicide prevention project in Trento's Province.	118
Can Violence cause Eating Disorders?	119
Atypical Antipsychotics for Schizophrenia and/or Bipolar Disorder in Pregnancy: Current Recommendations and Updates in the NICE Guidelines	120
EFFICACY OF LAI IN FIRST EPISODE PSYCHOSIS: AN OBSERVATIONAL STUDY. CLINICAL REPORTS Alba	121
Traumatic events in childhood and their association with psychiatric illness in the adult	122
The comorbidity between bipolar disorder and ADHD in a young adult: a focus on impulsivity.	123
LONG TERM TELEMEDICINE STUDY OF COMPLIANCE IN PARANOID SCHIZOPHRENIA	124
HUMAN RESOURCES AND THEIR POSSIBLE FORENSIC MEANINGS	125
A National Snapshot of Substance Misuse among Child and Adolescent Psychiatric Inpatients in Malta.	126
Personality and psychotic symptoms as predictors of self-harm and attempted suicide"	127
Evaluation of the utility of Liebowitz Social Anxiety Scale and Barratt Impulsiveness Scale in the diagnosis of social anxiety, impulsivity and depression.	128
Personality characteristics of psychotic patients as possible motivating factors for participating in group psychotherapy	129
The Use of Psychotropic Drug Therapy in Borderline Personality Disorder: a Case Report	130
Training in sleep medicine among European early career psychiatrists: a project from the European Psychiatric Association – Early Career Psychiatrists Committee.	131
TELEPSYCHIATRY IN POLISH PATIENTS' AND DOCTORS' OPINION	132
HoNOSCA in an adolescent psychiatric inpatient unit: an exploration of outcome measures	133
The developmental stages of Bipolar Disorder: a case report.	134
DEVELOPMENT OF VOCATIONAL TRAINING SYSTEMS FOR PATIENTS WITH INTELLECTUAL DISABILITY IN POLAND	135
The psychosomatic spectrum: a clinical-analytic survey of the relationship between eating disorders and migraine	136
Palliative Care in Dementia	137
The Concept of Body Language in the Medical Consultation	138
Recognising Bipolar Disorders in Primary Care	139
Are there different genotypes in Bipolar II and Bipolar I disorder and if so, why then do we tend to observe Unipolar Depression converting to Bipolar II and then converting to Bipolar I?	140
In search of neural mechanisms of mirror neuron dysfunction in schizophrenia:	141
A holistic approach on the neurological benefits of music	142
Sociodemographic and clinical features of patients with depressive disorder in Khartoum, Sudan	143
Views from GP and Psychiatric trainees about getting experience in each other's specialty during training: A way to develop a shared culture?	144
CASE REPORT : The girl who would not sit	145

Why hasn't studying perception in autism spectrum disorders helped us create a cognitive model?	146
How does Schizophrenia occur and can delusions be protective to the person? A bird's eye view attempting to Integrate the Neurobiology and Psychology of Schizophrenia	147
A questionnaire to assess social stigma	148
Socio-economic cultural transformations and Depression in elderly people	149
"DANCE AND GO ON": A PROJECT OF PSYCHOSOCIAL REHABILITATION ON THE ROAD	150
WORDS THAT HEAL	151
Classification in psychiatry: from a symptom based to a cause based model?	152
The Cambridge-Perugia Inventory for assessment of Bipolar Disorder	153
PSYCHIATRIC DISORDERS ASSOCIATED WITH CUSHING'S SYNDROME	154
EFFECTS OF HORMONES ON COGNITION IN SCHIZOPHRENIC MALE PATIENTS – PRELIMINARY RESULTS	155
"CLAW YOUR WAY" - MACHIAVELLIANISM AMONG THE MEDICAL COMMUNITY	156
EMPATHY AMONG PHYSICIANS, MEDICAL STUDENTS AND CANDIDATES	157
Evaluation of the level of depression among medical students from Poland, Portugal and Germany.	158
Islam, mental health and being a Muslim in the West	159
GENETIC OF ADDICTION: COMMON AND UNCOMMON FACTORS	160
ONE OF MANY LESSONS FROM THE EUROPEAN MENTAL HEALTH INTEGRATION INDEX	161
BIPOLAR AND BORDERLINE PERSONALITY DISORDERS: A DESCRIPTIVE COMPARISON OF PSYCHOPATHOLOGICAL ASPECTS IN PATIENTS DISCHARGED FROM AN ITALIAN INPATIENT UNIT USING PANSS AND BPRS.	162
A review of the evidence for the use of metformin in the treatment of metabolic syndrome caused by antipsychotics	163
PSYCHOGENIC SPEECH DISORDER – A CASE REPORT	164
Mental state and its psychophysical conditions in patients with acute leukaemia treated with bone marrow transplantation	165
What evidence is there to show which antipsychotics are more diabetogenic than others?	166
Critical Analysis of Psychiatrists' Opinion in GP Referral letter.	167
A Completed Cycle Audit of Psychiatric Discharge Summaries:	168
Symptom Frequency Characteristics of the Hamilton Depression Rating Scale of Major Depressive Disorder in Epilepsy.	169
Overlapping phenomena of bipolar disorder and epilepsy - a common pharmacological pathway	170
MODERN INDICATIONS FOR THE USE OF OPIPRAMOL	171
The Prevalence of Body Dysmorphic Disorder in Patients Undergoing Cosmetic Surgery: a Systematic Review	172
CORTISOL AS AN INDICATOR OF HYPOTHALMIC-PITUITARY-ADRENAL AXIS DYSREGULATION IN PATIENTS WITH PANIC DISORDER: A LITERATURE REVIEW.	173
IMPULSIVITY IN ANXIETY DISORDERS. A CRITICAL REVIEW.	174
Impulsivity and Panic Disorder: an exploratory study of psychometric correlates.	175
Rapid-onset agranulocytosis in a patient treated with clozapine and lamotrigine	176
Diffusion-weighted imaging of the brain in bipolar disorder: a case report	177
'Craziness' and creativity: Psychopathology and Poetry	178
Comparison of assessment and management of suicidal risk for acute psychiatric assessment between two state sponsored hospitals in England and Italy.	179
PSYCHOLOGICAL DISTRESS AND SOCIAL FACTORS IN PATIENTS WITH ASTHMA AND CHRONIC OBSTRUCTIVE LUNG DISEASE	180
Need for a Comprehensive Sex and Relationship Education Programme for Adults with Learning Disability	181
Recognising and Treating Depression in the Elderly	182
Medical Record Documentation in a Learning Disability In-patient Unit	183
Setting Up a Mental Health Clinic in the Heart of Rural Africa	184
Mental Health Support Service for University Students	185
Pro Re Nata (PRN) prescription in an Inpatient Low Secure Learning Disability Unit	186
How can we make the current UK psychiatric training scheme truly trainee centred?	187
Evaluation of a Specialised Counselling Service for Perinatal Bereavement	188
'Suffering Depression in the Christian Church-One Person's Experience'	189
'DAR KENN GHAL SAHHTOK' - AN EATING DISORDER AND OBESITY SERVICE IN MALTA	190
Could Carmelite Spirituality Promote Good Mental Health?	191
Transcranial magnetic stimulation (TMS) in Attention Deficit Hyperactivity Disorder (ADHD)	192

Performance of transgenic TgTau-P301L mice in a 5-choice serial reaction time task (5-CSRTT) as a model of Alzheimer's disease	193
BIPOLAR AND BORDERLINE PERSONALITY DISORDERS: A DESCRIPTIVE COMPARISON OF PSYCHOPATHOLOGICAL ASPECTS IN PATIENTS DISCHARGED FROM AN ITALIAN INPATIENT UNIT USING PANSS AND BPRS.	194
Neurofeedback application in the treatment of Autistic spectrum disorders (ASD)	195
Analysys of the therapeutic factors in the Therapeutic Community Podsused among the war related diagnosis and the others	196
Audit of memory clinic practice against CCG guidelines: West Suffolk Hospital	197

European Psychiatric Association's Early Career Psychiatrists Committee: Gaining Experience Programme

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Two years ago the European Psychiatric Association's Early Career Psychiatrists Committee (EPA-ECPC) created a unique platform for young professionals to gain additional professional experience. The 'Gaining Experience Programme' was created to offer short placements in various psychiatric institutions across Europe, thus allowing applicants to broaden their clinical, research and teaching skills and knowledge, and becoming familiar with different mental health systems in Europe. The program was created for early career psychiatrists, defined as psychiatry specialists less than 40 years of age and/or 5 years after passing the specialist exam from any European country (WHO definition of Europe). For successful applicants the EPA offered scholarships to help with travel, accommodation and other expenses. In the first year more than 20 applications were received from applicants from different European countries. Four candidates successfully completed their placements at Ludwig-Maximilians-University, Munich, Germany; Collegium Helveticum, Zurich, Switzerland; Geha Mental Health Center, Petah Tikva, Israel ; and Hellesdon Hospital , Norwich, United Kingdom. After the great success of the first Gaining Experience Programme in 2014-2015, the EPA-ECPC has launched the 2nd Gaining Experience Programme for 2015-2016, deadline for applications being the 1st of September, 2015. In this presentation we will discuss programme's major achievements and future challenges.

The PiPPIN Study: Epidemiology and Clinical Features of Frontotemporal Lobar Degeneration

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Introduction

Frontotemporal lobar degeneration (FTLD) causes a diverse range of clinical syndromes. I present data from the PiPPIN study, a large epidemiological study of the clinical syndromes associated with FTLD using revised diagnostic criteria and including intermediate clinical phenotypes.

Methods

Cases were identified by multisource referral of any diagnosed or suspected cases of Frontotemporal Dementia (FTD), Progressive Supranuclear Palsy (PSP) or Corticobasal Syndrome (CBS) resident in Cambridgeshire or Norfolk (population 1.69 million) over two years. Additional electronic database searches were used to identify cases no longer under regular follow up. Identified cases were invited to diagnostic confirmation using the recently updated consensus diagnostic criteria after interview and re-examination.

Results

The prevalence of FTD, PSP and CBS was 10.8/100,000. The incidence and mortality were very similar, at 1.61/100,000 and 1.56/100,000 person-years respectively. The estimated lifetime risk is 1-in-742. Survival following diagnosis varied widely: from PSP (2.9) years to semantic variant FTD (9.1 years). Prevalence peaked between 65-69 years at 42.6/100,000 and over 65 years was double that between 45-64 years. Fifteen percent of those screened had a relevant genetic mutation. At the time of evaluation (median 3.8 years from symptoms onset) motor, language and behavioural changes were frequently identified in all FTLD associated syndromes

Conclusions

The prevalence of FTD, PSP and CBS increases beyond 65 years, with frequent genetic causes. Overlap of clinical features is common between syndromes. The time from onset to diagnosis and from diagnosis to death vary widely between syndromes, emphasising the challenge and importance of accurate and timely diagnosis. A high index of suspicion for FTLD syndromes is required by clinicians, even for older patients.

Case Identification of Psychosis in Primary Care

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Abstract: "General practitioners (GPs) are usually the first health professionals contacted by people with early signs of psychosis. It is unclear whether increasing the intensity of liaison between primary and secondary care improves the clinical and cost-effectiveness of detecting people with, or at high risk of developing a first psychotic illness.

This is important given political commitments to facilitate early intervention and decrease waiting times in mental health. We developed and tested a theory-based intervention to improve detection and referral of these mental states in the context of a cluster randomised controlled trial involving general practices across Cambridgeshire and Peterborough. We found that increasing the resources aimed at managing the primary-secondary care interface provided clinical and economic value in this setting."

Using inflammatory biomarkers to personalise antidepressant treatment

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This talk will present the evidence that increased inflammation characterises a specific subgroup of depressed patients who are less likely to respond to conventional antidepressants and are potentially more likely to respond to anti-inflammatory medications. Antidepressant treatment-resistance in the context of increased inflammation may be due to genetic make-up as well as exposure to early life stressors or medical illnesses, and could be mediated by the ability of inflammatory signals to counteract the effects of antidepressants, for example by increasing serotonin uptake, reducing neurogenesis and neuroplasticity, and creating a state of glucocorticoid resistance and increased cortisol levels. Theoretically, patients with increased inflammation could be supported more intensively with personalised treatment algorithms and more assertive, adjuvant strategies, but future larger trials are needed to test this hypothesis.

The relevance of NMDAR and related autoantibodies to psychiatry

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The discovery of pathogenic IgG antibodies to the *N*-methyl-D-aspartate receptor (NMDAR) and other central nervous system neuronal surface antigens, in the last few years has had immense impact on neurology and psychiatry clinical practice. The antibodies have helped identify those patients with common neuropsychiatric symptoms who have syndromes highly responsive to immune based therapies. These discoveries have provided disease-relevant mechanisms that may apply not only to patients with autoimmune encephalitis, but also to a proportion of patients seen in psychiatric practice with isolated psychiatric symptoms. For instance, NMDAR antibodies cause internalisation of NMDAR in vitro and in vivo and NMDAR hypofunction, which is a known association with psychosis. The discoveries have huge potential implications for a proportion of individuals with psychiatric illness, and effective therapies for antibody-mediated disorders are already available. We have found that 6-7% of patients with acute early psychosis have serum antibodies to relevant neuronal antigens, and describe our open label treatment studies. Randomised clinical trials are now required to determine whether these antibodies in isolated psychiatric syndromes are pathogenic, and then the most effective and safe immunotherapy regimens. The feasibility study SINAPPS One, supported by the Stanley Medical Research Institute (SMRI) is now open to recruitment. Our work has also been supported by the Medical Research Council, and Oxford and Cambridge Biomedical Research Centres.

Refs:

Zandi MS, Deakin JB, Morris K, Buckley C, Jacobson L, Scoriels L, Cox AL, Coles AJ, Jones PB, Vincent A, Lennox BR. Immunotherapy for patients with acute psychosis and serum N-Methyl D-Aspartate receptor (NMDAR) antibodies: a description of a treated case series. *Schizophr Res.* 2014 Dec;160(1-3):193-5.

Zandi MS, Paterson RW, Ellul MA, Jacobson L, Al-Diwani A, Jones JL, Cox AL, Lennox B, Stamelou M, Bhatia KP, Schott JM, Coles AJ, Kullmann DM, Vincent A (2014), "Clinical relevance of serum antibodies to extracellular N-methyl-d-aspartate receptor epitopes." *J Neurol Neurosurg Psychiatry* epub 22 Sep 2014

Zandi MS, Irani SR, Lang B, Waters P, Jones PB, McKenna P, Coles AJ, Vincent A, Lennox BR (2011), Disease-relevant autoantibodies in first episode schizophrenia. *Journal of Neurology* 258(4):686-8.

'Mindfulness'

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'Mindfulness' has become widely taught in the field of mental health for boosting psychological well-being and giving more resilience against some mental health problems. But the approach and the practices that go with it mostly go back to the Buddha, who spoke of them as 'medicine' for life's suffering in general, a medicine that can take us all the way to 'enlightenment' and the most profound spiritual experiences humans are capable of. This will be a talk about the relationship between the two understandings of 'mindfulness', with a little experiential practice to underpin it.

Community Treatment Order Audit

Dr Syed Ashraf Dr Ambreen Aftab

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Title: To compare standards of current practice in Bedfordshire on applying C.T.O 1 with standards set by code of Practice (Mental Health Act) and Trust Guidelines. Data was collected from 32 patients in Luton and 29 patients in Bedford in 2014 by auditing CTO1 forms and checking the medical entry in the notes, four weeks pre and post C.T.O implementation date. The **results** showed that most of the CTO1 forms were used for protection of health and safety and had a diagnosis as well as risk of deterioration after discharge. Nature of the disorder was mentioned more on the Bedford side while degree on Luton side. A small number of forms mentioned attitude to treatment. Also discussion with the family and community consultant was missing in few of the files which were audited. A number of **recommendations** were made from this Audit and re audit will be performed at the end of 2015. Documentation of Nature and or degree along with the mental health diagnosis should be written in all the C.T.O 1 forms. Responsible clinician can consider writing their opinion on C.T.O 1 form about the patients' attitude to treatment, risk of deterioration after discharge, treating safely in the community, reason why it is necessary to exercise the power of recall, and documentation of how the treatment can be provided without detaining the patient in the hospital. Date of authority of C.T.O. should be signed within 7 days. Handwriting should be legible and overwriting should be countersigned and dated. The In-patient discharge summary should mention any discussion between In-patient consultant & community consultant about the suitability or requirement of C.T.O (if applicable) and also about the consultation with nearest relative or family members.

Use of Positive Cardio Metabolic Health Resource in Practice

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Problem:

There have been several reports to suggest that people with severe mental health problems dying 15-20 years prematurely as compared to the general population with the physical health problems. This is mainly due to the poor screening and identification of physical health needs in this vulnerable group.

Approach

An audit was done by the Medical Team on Coral Ward to determine if 6 cardio metabolic parameters including Blood pressure, Blood lipids, Glucose regulation, Body Mass Index, smoking, life style and life skills are consistently measured and interventions are implemented as per CQUIN requirements.

Findings:

- While 96% of patients had 5 out of the 6 key cardio metabolic parameters measured, 62.5% had all 6 cardiometabolic parameters.
- Results of blood tests were not easily available to the medical team due to the current arrangements with the local hospital whereby staff must rely on the results coming in the post and no online access. For the same reason it was not possible to evidence that the bloods have been requested.
- Minimal support is available to the junior doctor for obtaining blood samples.
- Often patients did not understand the rationale for having their blood taken as they did not see the relationship with their mental and physical health.

Recommendations:

- Medical staff to be provided with direct access to the ICE Pathology results system at the L&D Hospital to ensure that the requesting and the results of the blood tests are easily available to avoid delays and missing vital information.
- There should be a dedicated nursing staff in each shift to collect and despatch the blood sample and to take blood in emergencies as well.
- Setting up Physical Health Monitoring Clinic.
- Better communication with the General Practitioners to refer high risk patients to specialist Clinics.

Challenges:

- There has been no IT agreement between L&D Hospital and Bedfordshire mental health services as they are under separate foundation trusts.
- The nursing staff had no venepuncture training.
- Although it has been formally agreed to set up the physical health monitoring clinic; getting all the professionals together at the same time was difficult due to different job commitments.
- The discharge summaries were not designed in a way to make it clear to the GPs about the responsibility of monitoring physical health after discharge.

Improvements:

- This matter was raised in the medical staff committee and now all Luton based doctors are in the process of getting access to blood results, radiology investigations and A&E discharge letters online remotely via the ICE system.
- The Service Development Nurse has provided venepuncture training to some of the nursing staff, supported by the Junior Dr supervising practice towards signing off their competencies, this has made it easier for bloods to be taken.
- Commencement of the physical health monitoring clinic to look into all the above 6 cardio metabolic parameters; educating patients about q factor analysis and more focus on interventions getting them to look at lifestyle changes and smoking cessation.
- A new template of the discharge summaries is being used now incorporating physical health diagnosis and ICD codes, and on-going physical health monitoring.

Long term inpatients with psychoses discharged from Czech mental hospitals in 2006-2011

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Aims: Mental health care in many post-communist Central and Eastern European countries still relies on large mental hospitals. The Czech Republic has announced a reform strategy in 2013, but its population of long term psychiatric inpatients is largely unknown. We aimed to assess a prevalence of long term hospitalizations among those with non-mood psychotic disorders (ICD10, F20-F29) who were discharged from Czech mental hospitals between 2006 and 2011. The other aim was to assess deaths during hospitalization, reinstitutionalization, and rehospitalizations that followed these patients' discharges.

Methods: The Czech register of all inpatient hospitalizations was linked with the Czech register of all-cause deaths. The cohort of discharged long-term patients was described and logistic regression analysis was performed in order to assess the odds of rehospitalization.

Results: Between 2006 and 2011, 21,538 patients with non-mood psychotic disorders (ICD10, F20-F29) were discharged from Czech mental hospitals. This included 9.5 % (n=2,042) of those whose hospitalization was longer than a year. Approximately a half (n=1,035) were patients previously hospitalized for more than four years, and this included 335 of those hospitalized for more than 20 years. More than two hundred (11.7 %) of the long term patients died within the hospitalization. More than four hundred (20.1 %) of long term patients were re-institutionalized into either, social or health care facility. More than one fourth (n=522) of discharged patients with psychosis were rehospitalized within 2 weeks after the discharge. The odds of rehospitalization were associated with the way of discharge and the highest odds were found for those who were discharged against medical advice (OR 4.36, CI: 3.00-6.4, p<0.001).

Discussion: More than two thousand of long term inpatients with non-mood psychotic disorders were discharged from Czech mental hospitals between 2006 and 2011; some of these patients had been hospitalized for more than 20 years. This might be at odds with the Article 19 of the Convention on the Rights of Persons with Disabilities which states that it is a human right to live independently and in the community.

Accelerated intermittent theta burst stimulation: a road to fast remission in medication resistant depression?

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The application of repetitive Transcranial Magnetic Stimulation (rTMS) paradigms may hold promise to result in prompt clinical responses in patients suffering from Major Depressive Disorder (MDD). Furthermore, Intermittent Theta Burst Stimulation (iTBS) – where the time of application for the delivery of a similar amount of pulses is significantly reduced - is thought to have the potency to result in higher clinical outcomes. However, no accelerated iTBS studies where the delivery of the number of pulses is spread on a limited amount of time are yet performed in MDD patients resistant to pharmacotherapy. Here we evaluated the acute and delayed clinical effects of accelerated iTBS treatment in of such patients. Fifty patients received 20 sham-controlled neuronavigated iTBS sessions applied to the left dorsolateral prefrontal cortex and spread over four successive days. Overall, the treatment resulted in immediate statistical significant decreases in depressive symptoms. Although when finishing the stimulation protocol only 26 % of the patients were defined as responder, two weeks post stimulation this response rate mounted up to 38%, reaching remission. These findings indicate that accelerated iTBS treatment in MDD patients may have the potential to safely result in meaningful clinical responses already present after four days of stimulation.

Clozapine, Immunoglobulin Infusion and Neutropenia

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Introduction

We report the case of a patient with schizophrenia well maintained on clozapine developing neutropenia with intravenous immunoglobulin infusion for hypogammaglobinaemia.

Background Clozapine is an atypical antipsychotic drug used in treatment-resistant schizophrenia. Agranulocytosis occurs in about 1% of patients during the first few months of clozapine treatment. The risk is highest about three months into treatment, and decreases substantially thereafter, to less than 0.01% after one year. The mechanism of clozapine-induced agranulocytosis remains unclear. Hypogammaglobinaemia is an immunodeficiency disorder characterised by defective production of IgG and IgA leading to susceptibility to infections. The management is to replace the immunoglobulin with regular Intravenous Immunoglobulin Infusions (IV IGI). Transient but significant leukopenia and neutropenia can occur following IV IGI. This may be due to neutrophils binding to the vascular walls thus resulting in an apparent rather than a true neutropenia.

Case report We report the case of a 40-year-old male with a 20-year history of schizophrenia and one-year history of hypogammaglobinaemia. His mental state had been stable for 12 years with clozapine. A year ago he was diagnosed with hypogammaglobinaemia and was started on IV IGI once every 3 weeks. Since then he had been having occasional amber results with leukopenia and neutropenia on clozapine blood monitoring. On one occasion he had a red result and the clozapine had to be stopped. Looking through his IV IGI and white blood cell count records it transpired that the amber and red results occurred only when the blood cell count was done within a week of the IV IGI. We concluded that the apparent neutropenia was induced by the IV IGI rather than clozapine. Therefore, we started taking the blood samples immediately before the 3-weekly IV IGI so that the blood cell count is not affected by the IGI. Since then his blood cell counts have been normal and he continued his clozapine treatment uneventfully. The patient was pleased that his hospital visits decreased by 12 per annum.

Discussion

As far as we know this is the first report of a patient receiving both clozapine and Intravenous Immunoglobulin Infusion. When patients who are well maintained on clozapine develop neutropenia, it is important to look for other causes.

Patterns of disease progression in Alzheimer's Disease and Frontotemporal Dementia

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Dementia subtypes present with diverse symptoms and progress at different rates. Disease progression, however, is commonly defined via cognitive scores generated from tests such as the MMSE, ACE or similar. Regrettably, while such tests are relevant to support the diagnostic process, they lack the ability to reflect the real clinical changes faced by the person or their family, and bear little reflection of the type of interventions and supports needed. This presentation will address dementia progression from a functional (ADL) perspective in AD and FTD, discuss current available scales, and investigate the association (or absence of association) of functional everyday living decline with neuropsychiatric and cognitive symptoms of dementia.

Trajectories of brain change during development: Understanding risk and resilience factors for emerging mental illness

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Mental disorders of childhood (schizotypal disorder, autism spectrum disorders) and adolescence (psychoses, schizophrenia) develop during critical periods of brain development. Thus, mapping normal and abnormal brain maturational trajectories provides the context for understanding the neurobiological impact of emergent mental disorder for a young person. Further, while the focus has been on risks for developing these conditions, recent work highlights the importance of biological factors that confer resilience to developing disorder. Our work seeks to understand the impact of 'risk/resilience' factors on brain maturational trajectories from childhood to adulthood to better inform treatment strategies.

I will examine neuroimaging findings from our longitudinal cohorts of schizophrenia and psychosis from early childhood to young adulthood. These include: (1) the Melbourne early psychosis and prodromal studies examining premorbid and progressive brain changes during and following the onset of psychosis; (2) a collaborative study with NIMH colleagues of childhood-onset schizophrenia where patients and their unaffected siblings were followed from ages 6 through to adulthood; (3) Melbourne Adolescent Development Study of young people at risk for depression.

The findings suggest that potential biomarkers should be examined longitudinally to assess normal and abnormal trajectories during maturation and with the emergence of mental disorders. These trajectories include evidence for (a) neurodevelopmental lag, (b) neurodevelopmental arrest, and (c) neuroprogressive changes. They can also be considered to reflect the impact of both risk and resilience factors, including environmental and genetic influences. Finally, I will present genetic findings in children with autism spectrum disorders, highlighting the relevance of resilience in neurobiological studies.

Systemic Inflammation and Psychosis: evidence from population-based studies

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Contributors: Prof Peter Jones, University of Cambridge; Prof Stan Zammit, University of Bristol; Prof Glyn Lewis, UCL; Dr Rebecca Pearson, University of Bristol; Mr Stephen Metcalf, University of Cambridge; Prof Juha Veijola, University of Oulu

Abstract

Background:

Meta-analyses of cross-sectional studies confirm increased circulating inflammatory markers in acutely unwell patients with psychosis and depression but longitudinal studies are needed to understand the direction of these associations. We present two population-based longitudinal studies of systemic inflammatory markers and subsequent risks of psychosis and depression.

Methods:

Study 1: Based on the Avon longitudinal study of parents and children (ALSPAC) birth cohort. Sample includes 4415 participants. IL-6 and CRP were measured at age 9 years. Psychotic experiences (PEs), psychotic disorder and depression were measured at 18 years by face to face interviews.

Study 2: Based on the Northern Finland birth cohort (NFBC) 1986. Sample includes 6362 participants. CRP was measured at age 16 years. ICD-10 diagnosis of schizophrenia obtained from centralised hospital inpatient and outpatient registers until age 27 years.

Results:

ALSAPC: After adjusting for potential confounders, participants in the top third of IL-6 values compared with the bottom third at age 9 years were more likely to be depressed at age 18 years (adjusted odds ratio [OR] 1.55 (95% CI 1.13-2.14)). Risks of PE and of psychotic disorder at age 18 years were also increased with higher IL-6 at baseline; adjusted OR 1.81 (95% CI 1.01-3.28), and 2.40 (95% CI 0.87-6.62), respectively. No associations were observed with CRP.

NFBC 1986: Using CRP as a continuous measure, the adjusted OR for schizophrenia by age 27 years for each SD increase in CRP levels at 16 years was 1.24 (95% CI, 1.07-1.44). Using CRP as a categorical variable, those with high (>3mg/L) compared with low (<1mg/L) CRP levels at baseline were more likely to develop schizophrenia; adjusted OR 3.87 (95% CI, 1.20-12.49).

Conclusions:

Longitudinal associations between systemic inflammatory markers and subsequent risks of psychosis and depression are consistent with a causal role of inflammation in these disorders. Discrepant results for CRP may be due to difference in method and timing of outcome and exposure measurement between two cohorts. Inflammatory pathway may provide important new intervention and prevention targets for depression and schizophrenia.

Acknowledgement:

Prof Ed Bullmore; Wellcome Trust; Academy of Medical Sciences; Royal College of Psychiatrists; ALSPAC birth cohort; NFBC 1986.

The role of steroid metabolome in the pathophysiology and diagnosis of mental disorders.

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There is a pressing need to identify reliable and valid biological markers that could help us to understand the pathophysiology of mental disorders, to improve diagnosis, and predict therapeutic response. In addition to various structural, functional, or biochemical biomarkers, metabolic profiles (metabolome) of psychiatric patients are currently intensively studied.

In our schizophrenia study, we examined differences in the steroid spectrum in patients and controls, and to assess the diagnosis of schizophrenia by building a predictive model based on steroid data. Thirty-nine serum steroids (22 neuroactive steroids and their metabolites and 17 polar conjugates) representing steroid metabolome were measured by gas chromatography–mass spectrometry in 22 drug-naïve (first episode) schizophrenia patients (13 men and 9 women) before and after six-month treatment with atypical antipsychotics. The results were compared to the data from healthy subjects (22 males, 25 females). In summary the following significant differences were found: (1) In both sexes higher levels of pregnenolone sulfate and sulfated 5α -, as well as a 5β - saturated metabolites of C21-steroids in progesterone metabolic pathway were found in patients, pointing to decreased activity of sulfatase. (2) In a few instances decreased levels of the respective 5α -metabolites of C21 steroids were found in patients. (3) As C19 steroids concern, in both sexes there were considerably lowered levels of 5β -reduced metabolites in patients. On the other hand, with only a few exceptions, the treatment did not significantly influence most steroid levels. Further, to assess the relationships between schizophrenia status and steroid levels and to build the predictive model of schizophrenia, multivariate regression with reduction of dimensionality (the method of orthogonal projections to latent structures, OPLS) was applied. Irrespective of the small number of patients, use of this model enabled us to state the diagnosis of schizophrenia with almost 100% sensitivity.

In the second study of mood disorders (depression and anxiety), we investigated circulating steroids in premenopausal women in follicular phase of menstrual cycle (22 with depression, 17 with anxiety disorders, 17 healthy controls). In addition to the age-adjusted ANCOVA testing followed by multiple comparisons, we developed models efficiently discriminating these groups from each other on the basis of steroid levels. Women with depression showed reduced activity of adrenal cholesterol desmolase (CYP11A1), increased activity of C17-hydroxylase step at attenuated activity of C17,20-lyase step in adrenal C17-hydroxylase-C17,20-lyase (CYP17A1) and reduced sulfoconjugation of steroids as well as lower levels of immunoprotective 7α -, 7β - and 16α -hydroxy-metabolites of C19 Δ^5 steroids, most probably due to attenuated activity of adrenal *zona reticularis*. The lack of immunoprotective steroids in women with depression (shifting the autoaggressive immunity to its non-aggressive form) may partly explain the higher incidence of inflammatory processes in these patients. Women with depressions tended to lower circulating levels of $5\alpha/\beta$ -reduced pregnane steroids and therefore we speculated whether the lack of neuroprotective GABAergic $5\alpha/\beta$ -reduced pregnanes might contribute to the pathophysiology of female depression. Finally, our data indicated higher aromatase (CYP19A1) activity in women with anxiety disorders when compared with depressive women.

Our results in patients with psychotic and mood disorders indicate that steroid metabolome is involved in the pathophysiology of mental disorders and suggest that it can be used in psychiatric diagnostics. The assessment of steroid levels may thus become a valid and accurate laboratory test in psychiatry.

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References:

- Bicikova M, Hill M, Ripova D, Mohr P, Hampl R. Determination of steroid metabolome as a possible tool for laboratory diagnosis of schizophrenia. *Journal of Steroid Biochemistry and Molecular Biology* 2013; 133: 77-83
- Hill M, Ripova D, Mohr P, Velikova M, Bicikova M, Duskova M, Starka L. Prediction of affective disorders in adult men on the basis of steroid profiling. *Endocrine Abstracts* 2015; 37: DOI:10.1530/endoabs.37.GP.05.07

Integrating clinical into routine practice: the CPFT clozapine clinic experience

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Despite forty years proven its superior efficacy in treating schizophrenia, the number of unanswered questions about clozapine remains unchanged. For instance, we know little about clozapine mechanism of action, how to prevent or treat clozapine-side effects, why half of patients fail to respond or what are the best augmentation strategies, all of them representing major research challenges with direct clinical implication. A research oriented clozapine clinic may offer the opportunity to start answering some of these questions. In this talk, I will present the experience at the Cambridgeshire and Peterborough clozapine clinic and advocate for a successful model to integrate clinical research into the routine practice at the NHS.

What role should take the child psychiatrist in the management of pediatric chronic pain?

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Running title:

Pediatric chronic pain

Introduction :

Chronic pain is an unpleasant sensory and emotional experience associated with tissue damage, proven or not, longer than three months. It also involves cognitive and behavioral aspects. The purpose of this research is to define what place should take the child psychiatrist in taking interdisciplinary management of chronic pain in pediatrics.

Method:

We conducted a literature search on multiple database like Pubmed, science direct and the library of the Université libre de Bruxelles, focusing on the pediatric chronic pain and its psychological care. We used different combined key words as pediatric chronic pain, child pain and psychology, management of pediatric chronic pain. Our search includes different type of scientific journals (pediatrics, psychologic, rheumatology, child neuropsychiatry, anesthesiology, and intensive care) to have a multifocal view.

Result:

Various factors affect the intensity of chronic pain such as the emotions it arouses and psycho-emotional environment of the patient. This chronic pain has a major effect on the patient's social life, he often stops his spare loses contact with his peers, which can frequently lead to the school leaving. These factors can lead to feelings of stress and depression.

Conclusions:

Child psychiatrist plays a role at different levels in the management of pediatric chronic pain. It can have an effect on the modulation of the intensity of pain perceived by the patient by the treatment of anxiety and depressive symptoms and this through cognitive and behavioral component of pain. It can also assess the psychopathological aspects inherent or not the pain and the need for drug treatment.

Baseline and longitudinal grey matter changes in newly diagnosed Parkinson's disease – The ICICLE-PD study

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ABSTRACT

BACKGROUND

Mild cognitive impairment in Parkinson's disease (PD-MCI) is associated with progression to dementia (PDD) in a majority of patients. Determining structural imaging biomarkers associated with prodromal PDD may allow for the earlier identification of those at risk, and allow for targeted disease modifying therapies.

METHODS

105 non-demented subjects with newly diagnosed idiopathic Parkinson's disease (PD) and 37 healthy matched controls had serial 3T structural MRI scans with clinical and neuropsychological assessments at baseline which were repeated after 18 months. The MDS Task Force criteria were used to classify the PD subjects into PD-MCI (n=39) and PD with no cognitive impairment (PD-NC) (n=66). Freesurfer image processing software was used to measure cortical thickness and subcortical volumes at baseline and follow-up. We compared regional percentage change of cortical thinning and subcortical atrophy over 18 months.

RESULTS

At baseline, PD-MCI cases demonstrated widespread cortical thinning relative to controls and atrophy of the nucleus accumbens compared to both controls and PD-NC. Regional cortical thickness at baseline was correlated with global cognition in the combined PD cohort. Over 18 months, PD-MCI demonstrated more severe cortical thinning in frontal and temporo-parietal cortices, including hippocampal atrophy, relative to PD-NC and healthy controls, while PD-NC showed more severe frontal cortical thinning compared to healthy controls. At baseline, PD-NC converters showed bilateral temporal cortex thinning relative to the PD-NC stable subjects.

CONCLUSION

Although loss of both cortical and subcortical volume occurs in non-demented PD, our longitudinal analyses revealed that PD-MCI shows more extensive atrophy and greater percentage of cortical thinning comparing to PD-NC. In particular, an extension of cortical thinning in the temporo-parietal regions in addition to frontal atrophy could be a biomarker in therapeutic studies of PD-MCI for progression towards dementia.

The Neuroscience of Impulsivity

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The construct of impulsivity, as measured for example on the Barratt Impulsiveness Scale, has assumed renewed importance in new, dimensional approaches to psychiatric classification such as the Research Domain Criteria of the US National Institute of Mental Health. One working definition of impulsivity defines it as a trait leading to the performance of premature or risky behaviour with adverse consequences. The construct is relevant to a wide variety of disorders including attention deficit hyperactivity disorder (ADHD), substance use disorders, mania and neurological disorders such as Tourette's syndrome and Parkinson's disease.

The neuroscience of impulsivity has been greatly facilitated by the availability of several paradigms for evaluating such behaviour in humans and other animals. I will describe three of these highlighting different facets of impulsivity. In the 5 choice serial reaction time task, rodents have to detect visual targets to earn food, where premature, false alarms are punished by reward omission. In the Lister hooded rat strain about 10% of these animals nevertheless exhibit persistent premature responding over many sessions, associated with changes in neural functioning at the level of the nucleus accumbens (ventral striatum). This subgroup of rats also exhibits greater susceptibility to the reinforcing effects of self-administered cocaine as well as reduced D2/3 receptors in the nucleus accumbens. Moreover, they also exhibit maladaptive impulsive choice in selecting a small immediate food reward over a delayed larger one, similarly to rats with lesions of the nucleus accumbens. By contrast, performance on a third test of impulsivity, the stop-signal reaction time task (SSRT), is unimpaired following such manipulations, and appears to depend on a distinct fronto-striatal circuitry. These findings are relevant to the issue of whether impulsivity should be fractionated into distinct components governed by different neural and neurochemical systems. Interestingly, all of these forms of impulsivity are remediated by atomoxetine, the norepinephrine reuptake inhibitor, but SSRT is relatively impervious to serotonergic manipulations.

The relevance of this work for humans will also be shown by reference to a number of recent studies of drug abusers and healthy adolescents, showing that parallel measures of impulsivity reveal a possible endophenotype for stimulant drug abuse.

"How the cortex gets its shape"

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Cortical gyrification is likely to reflect a complex interaction of neurodevelopmental processes driven and shaped by multiple genetic and environmental factors. It follows that observations of morphometric anomalies may offer important insights into the developmental underpinnings of neurological and psychiatric disorders. Exploiting this possibility however necessitates a thorough understanding of how the characteristic morphology of the brain emerges. I will present a brief history of some of the most prominent gyrification theories and contrast them with recent insights from developmental biology. In deriving a mechanistic understanding of how the cortex gets its shape, I will outline how we may be able to derive more subtle pathological parameters of brain morphology, with illustrations from our work in schizophrenia.

Shame and Forgiveness after War

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Abstract

Traumatic narcissistic injuries to the person organized around archaic grandiosity may result in different shame reactions. Shame is a powerful, universal experience; yet because of its painful and secretive nature it remains unspeakable for many therapists. The shame-filled person feels disconnected from others and is locked into a temporary private agony. This might cause depressive psychotic or near-psychotic answer, even with extremely difficult emotions to deal with. Some clinical examples will illustrate these exceptional emotional reactions after suffering heavy humiliations during war. The development of a forgiving attitude and forgiving process in order to create the possibility to reconcile with oneself and others will be exposed as the probably most desired outcome of the therapeutic process.

Group Based Centre for Treatment of PTSD in Dalmatia

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Abstract

The authors served as psychiatrists during the recent war in Croatia, 1991–1995. From the onset of this armed conflict in the former Yugoslavia, their group provided mental health and psychiatric care to waves of refugees, displaced persons, soldiers and former prisoners of war. Such care was also provided to civilians living under the threat of warfare. In this endeavor, the Croatian health service received considerable assistance from international non-governmental organizations. Since the war, professionals in the mental health field have continued to provide help, support and various kinds of treatment to people suffering from post-traumatic stress disorder, coping difficulties and personality changes. Four regional psychotrauma centers (RPCs) have been established in Croatia, together with a network of counseling centers set up as governmental agencies. The Regional Psychotrauma Center of Split (southern Croatia) that serves war veterans and their families will be described herein. Research data will be presented and discussed.

ARTETHERAPY, SICKNESS AND CREATIVITY

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At the beginning of the 19th century, the psychiatrist Hans Prinzhorn was one of the first to note that some of his psychotic patients were able to express themselves through some artistic work. At the same time Simons and Tardieu collected some artistic works of their patients and they organized them according the clusters of their symptoms looking for any link to a specific illness. Tardieu even organized an exhibition of paintings of his patients with hallucinations. On the contrary Paul Gaston Meunier, french psychiatrist /1873-1957/, was not interesting in contribution of patient's artistic work to the diagnostic process. He divided paintings into three groups : 1) no artistic value, 2) decorative paintings, 3) showing ideas or emotions.

When sick, one becomes able to see what is invisible under normal circumstances. Abandoned by the world, the sick perceive both its immensity and its most infinite details. Our affects change, time passes more slowly, we are humbler, calmer, words no longer have same meaning... Aristoteles wondered a long time ago: " Why is it that all those who have become eminent in philosophy or politics or poetry or the arts are clearly melancholics ...?"

There are indeed numerous links between art and pathology. Perhaps one day a theory will provide a full explanation of artistic creation, but no one knows yet if such a thing is viable or even desirable. As we can see sometimes the artist creates in spite of- or because of- illness.

The question of the therapeutic value of art can also be raised. Creativity either can have little effect on the soothing of the suffering, sometimes even exacerbating symptoms in certain cases or it may happen that being cured puts an end to creativity and contributes to a decrease in the quality of a work.

Artetherapy was an integral part of communication in the psychoanalytical approach (Freud,1927 in Rambat, 1949). In 1925 Nolan DC Lewis stated, that „ interpretation of artistic works is acknowledged for a long time as a part of psychoanalytical techniques“. M.Naumburg created a separate stream of psychoanalytical approach that focused on therapeutical potential of art works. She is also the author of term „artetherapy“ that she has introduced in early twentieth of 20th century.

Works of art devoted to the illustration of mental pathologies usually consider the subject from two perspectives. The first proposes to illustrate with the help of artistic iconography some of the clinical features of the disorder (sadness, excitement, anguish, guilt,...).The other approach of this type of work is less descriptive. It presupposes a part of madness in all artists and a part of creative genius in all mental patients.

To sum up, artetherapy is currently viewed as the separate discipline, using creativity and art techniques as equal parts of psychotherapy. When provided by a qualified person it is more effective and more time-saving than usual verbal techniques.

The unmet psychiatric needs of older patients on geriatric wards

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Introduction

The World Health Organisation predicts that depression will be the leading cause of disease burden in middle and high income countries by 2030. Depression in later life is associated with disability, increased mortality and poorer outcomes from physical illness. Yet depression in older patients remains under-diagnosed and undertreated.

Aims

This study aims to examine the prevalence of undiagnosed depression in elderly patients admitted to hospital.

Methods

We selected the first 55 patients who were over 70 years old, admitted within 24 hours to the two geriatric wards of a district general hospital between May-June 2013. Using the PHQ-9 depression screening questionnaire, depression symptoms and severity over the preceding two weeks were collated in order to determine whether or not they met the criteria for a depressive disorder. Patients were excluded if they had an existing diagnosis of depression or dementia.

Results

40 of 55 patients (73%) met the criteria for depression. These were categorized into mild (n=16), moderate (n=14), moderate-severe (n=8) and severe (n=2) using their PHQ-9 score.

Conclusion

These results suggest a significant unmet psychiatric need in older patients. 75% of the patients with symptoms of depression fulfilled the PHQ-9 criteria for mild and moderate depression. However two patients reported symptoms suggestive of a severe depressive disorder which had not been diagnosed. As a consequence of this small study an improvement was made to the electronic discharge summaries. The recording of a PHQ9 score was made mandatory for the completion of the discharge letter in order to alert the patient's GP.

Summary

This suggests a benefit, if not a requirement for depression screening in all patients over 70 admitted to geriatric wards. Those identified meeting the PHQ-9 screening criteria merit further assessment in the outpatient setting.

Depression in older age is not a normal reaction to ageing and must be viewed as a pathological process.

Non-pharmacological therapies for managing behavioural symptoms in dementia

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Introduction

Behavioural disturbances occur in more than 50% of patients with dementia and are the most common causes of admission to psychogeriatric units. Aggression, restlessness and irritability increase the strain on care givers and can put staff and other residents at risk of physical harm. Non-pharmacological strategies such as pet therapy, music and massage reduce behavioural symptoms in older adults with dementia.

Aims

This study aims to determine whether non-pharmacological therapies are being used for behavioural symptoms in dementia.

Methods

Care plans of all inpatients on three psychiatric wards for the elderly were examined for 57 patients admitted between May-June 2013. An audit standard that all patients should have non-pharmacological therapies for behavioural disturbances as part of their care was adopted. This was based on the NICE guidance CG42: Dementia.

Results

57 of 57 care plans noted challenging behaviours and all of these directed the use of one or more non-pharmacological therapy. Within the sample all NICE recommended interventions were mentioned in care plans, except for aromatherapy. Additional therapies were also prescribed for some patients which included doll therapy and household activities.

Conclusion

By reducing agitation and troublesome behaviour, non-pharmacological therapies improve social interaction, increase well being and provides meaningful stimulation. They also avoid side effects, drug interactions and the effect of masking underlying problems. These therapies should be considered equally important to medication in the management of behavioural disturbances in dementia.

EEG correlates of cognitive tasks in schizophrenia and schizoaffective disorder

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Background

Abnormal neural oscillations in schizophrenia and their relation to cognitive deficits have been broadly discussed in existing literature. Assuming clinical and diagnostic overlap between schizophrenia and schizoaffective disorder as well as distinct nosological characteristics, it remains unclear whether patients with schizoaffective disorder possess similar or different EEG abnormalities during cognitive processing.

Method

We analyzed EEG spectral power (SP) and coherence while counting down from 200 in steps of 7, in 32 first episode schizophrenia patients (SZ), 32 patients with first episode schizoaffective disorder (SA) and healthy controls (HC, n=40).

Results

In task performance patients lacked a typical increase of midline *theta*, left anterior *beta 2*, and anterior *gamma* power; however, SA patients demonstrated a growing trend of power in the *gamma* band in left anterior off-midline sites similar to HC. Moreover, *alpha* power was less inhibited in SA patients and more pronounced in SZ patients indicating distinct inhibitory mechanisms in these psychotic disorders.

While HC exhibited a decrease of the coherence in *alpha* and *beta1* bands with a local increase of coherence in *beta-2* and *gamma* bands during task performance, patients showed a diverse pattern of coherence changes. Thus, SZ group demonstrated a decrease of coherence in *alpha* band whereas SA patients showed a substantial increase of coherence in *alpha*, *beta1* and *gamma* bands.

Conclusions

EEG spectral power changes in patients with SA during cognitive task performance are close to healthy controls. At the same time, the patterns of coherence changes in SA are paradoxical with a substantial increase of coherence in high frequency bands in the frontal lobes. Our findings indicate possible distinct neurophysiological mechanisms of cognitive task processing in schizophrenia and schizoaffective disorders. The project was supported by MH CZ - DRO (NIMH-CZ, 00023752) and by the grant of **Russian Foundation for Humanities** No. 14-06-00304a.

Key words: Schizophrenia, schizoaffective disorder, EEG, cognition

A guide to getting a job in Australia and making the most of the opportunities when there.

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Moving to another country on the opposite side of the world can be daunting, but it is, without a doubt, worth the logistical nightmare. It will be an unforgettable experience that you will never regret. As well as providing a great work-life balance there are unrivalled opportunities to get involved in research.

The presentation will cover

- examples of typical 'years out' in Australia
- practical advice for applying
- hints and tips for how to get a job you really want
- guidance about how to get involved in research

Narcisus discovers the Other: a new hypothesis of care

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Summary

The author revised the myth of Narcisus and Echo, underling three main elements: 1) the absolute self-reference: Narcisus, after refusing the love of Echo, by looking in the water mirror, can't see the external world but only an appendix of himself. The reality coincides with himself and the self-reference is a sort of punishment because of the incapability to love; prisoned in his Ego, he loses himself in an abandon of death. 2) the supremacy of appearance: Narcisus confuses his mirrored image with another persona, a copy without the original person; this illusion triggers a process that tends to a fascination with death. 3) the entropy: the progressive loss of energy; Narcisus dies because the incapability to satisfy his will, gradually extinguishes his passion (Kohut 1976, Cesareo et al. 2012, Breccia 2014).

The myth is a tale about the mirroring of Oneself in the Other that is, indeed, only a fluctuating image of Oneself; it is an insolence of the Ego that considers himself so strongly so that it refuses the external world with the result of a "Liquid You" (Breccia 2014).

As everyone knows, from the '70s, the term "narcissism" defines not only a psychological type but also the general orientation of an entire epoch. Many authors, beginning with Lasch, will speak about the "culture of narcissism"; nowadays we are living in an epoch that seems to have replaced the myth of Oedipus with the Narcisus's one, a model of humanity without prohibitions and limitations, fascinated by the limitless power of his Ego (Lasch 2001, Breccia 2014).

Events and relationships risk becoming isolated fragments of a life that lives next to the other by chance, necessity or convenience (Papa Francesco 2013).

The difficulty in recognizing the other's face due to the dissolution of our own face, because only in the relationship and mutual recognition are shaped faces.

A society that tries to completely eliminate all the "disorders" and to reach a peaceful balance should be considered as a "narcissism of death"; on the contrary, a humanity that tries to rebuild the capabilities of the Ego of living together with the disorder, the sense of limitation and the pain should be considered as a "narcissism of life" (Green 1983).

The compassion (cum-passio), a shared passion, could be the way to make Narcisus to look away from the water mirror? (Lingiardi et al 2013, Breccia 2014).

References

1. Breccia M.: Narciso e gli Altri. Alpes, Roma, 2014
2. Cesareo V. & Vaccarini I.: L'era del narcisismo. FrancoAngeli, Milano, 2012
3. Green A.: Narcisismo di vita, narcisismo di morte. Borla, Roma, 1983
4. Kohut H.: Narcisismo e analisi del sè. Boringhieri, Torino, 1976
5. Lasch C.: La cultura del narcisismo. Bompiani, Milano, 2001
6. Lingiard V., Amadei G., Caviglia G. & De Bei F.: La svolta relazionale. Cortina, Milano, 2011
7. Papa Francesco Bergoglio: Evangelii gaudium. San Paolo, Milano, 2013

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THE ROLE OF ENVIRONMENTAL AND GENETIC RISK FACTORS REGARDING THE DECISION FOR COMPLEX SUICIDE

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Introduction: Complex suicide is a way of suicide where at least two methods of suicide are employed. Possible differences in the role of circumstances making a decision for complex suicide are not well known. The unique characteristics of victims of complex suicide open up new possibilities for genetic studies.

Objectives: The aim of our research was to investigate the phenomenon of complex suicides among the population of Slovenia to gain better understanding of the risk factors which lead to complex suicide and to recognize possible differences in the occurrence of selected genetic polymorphisms of the genes *MAOA* and *MAOB* between the selected groups of suicide victims.

Material and methods: In the retrospective part of research were included all victims of complex suicide, examined at the Institute of Forensic Medicine in Ljubljana. In second part of the study 77 victims of complex suicide, 289 control subjects and 406 victims of simple suicide were included, on which genotyping was performed.

Results: Reported previous attempts and suicides within family were more frequent in the group of simple suicide victims compared with complex suicide group. The presence of suicidal note on the scene was noted more frequently among victims of simple suicide and they also verbally express their suicidal ideation more frequent than victims of complex suicide. The groups of victims of planned, unplanned complex and simple suicide did differ significantly regarding problems and the usage of central acting agents before suicide. Significant differences between the complex suicide group, controls, and simple suicide group in males were observed in all three analysed polymorphisms of the *MAOA* gene: rs3027407 allele G, rs909525 allele T and in rs1137070 allele C.

Conclusions: Complex suicide probably is not a manifestation of sudden impulsive decision provoked by stress events in environment of victim but rather "balanced suicide" which is the result of careful planning and strong determination of suicide victim to die. This conclusion is supported by results of genetic analysis which show that the distribution of alleles of selected polymorphisms in the *MAOA* gene differs in males between the complex suicide group, controls and simple suicide group.

"Personalised Prognostic Tools for Early Psychosis Management"

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PRONIA is a research project funded by the European Union aiming to considerably improve the early detection of psychotic diseases. The project

goal is to implement reliable and accessible prognostic tools facilitating the prediction and prevention of psychoses.

This objective will be reached by generating a prognostic system based on use routine brain imaging and complementary data.

The long-term aim is also to commercially exploit these prognostic services through internet-based telemedicine applications.

This will provide psychosis risk profiling tools to diverse target groups in the healthcare markets, including care-givers, the pharmaceutical industry and research institutions.

Detecting sub-voxel information using MR relaxometry and MR spectroscopic imaging in Alzheimer's disease and dementia with Lewy bodies

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Abstract: It is known that neurodegenerative disorders such as Alzheimer's

disease (AD) and dementia with Lewy bodies (DLB) are related to pathological changes at cellular and molecular levels. Although conventional volumetric MRI techniques are capable of detecting downstream effects of the pathology, such as atrophy, their sensitivity in detecting early cellular and molecular changes is limited. Here, we applied spatially resolved MR relaxometry and MR spectroscopic imaging methods to reveal sub-voxel level information in brain tissue integrity and metabolite levels in subjects with AD and DLB. We found that MR relaxation time was changed in brain areas that are expected to find pathology reflecting potential abnormal tissue biophysical properties, such as changes in myelination, iron concentration or macromolecules. We also found a

significant reduction in major brain metabolites such as choline, glutamate, glutamine, N-acetylaspartate and myo-Inositol in specific neural networks in AD and DLB. Comparing with other molecular imaging methods such as PET/SPECT, MR is noninvasive with no exposure to radiation, so provides a powerful and safe tool for research and clinical diagnosis / screening, both of which are important for improving detection, better understanding disease specific neurobiology and targeting therapeutics.

Temporal Perception Deficits in Schizophrenia: Integration is the problem, not Deployment of Attention

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Abstract: Patients with schizophrenia are known to have impairments in sensory processing. In order to understand the specific temporal perception deficits of schizophrenia, we investigated and determined to what extent impairments in temporal integration can be dissociated from attention deployment using Attentional Blink (AB). Our findings showed that there was no evident deficit in the deployment of attention in patients with schizophrenia. However, patients showed an increased temporal integration deficit within a hundred-millisecond timescale. The degree of such integration dysfunction was correlated with the clinical manifestations of schizophrenia. There was no difference between individuals with/without schizotypal personality disorder in temporal integration. Differently from previous studies using the AB, we did not find a significant impairment in deployment of attention in schizophrenia.

Instead, we used both theoretical and empirical approaches to show that previous findings (using the suppression ratio to correct for the baseline difference) produced a systematic exaggeration of the attention deficits.

Instead, we modulated the perceptual difficulty of the task to bring the baseline levels of target detection between the groups into closer alignment.

We found that the integration dysfunction rather than deployment of attention is clinically relevant, and thus should be an additional focus of research in schizophrenia.

The Influence of Suggestion on the Perception of Pain

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Background: Pain is a common and disabling symptom with both discriminative and affective mechanisms. Sensitivity to pain is dependent on emotions, memories, personality and cognitive processes. Pain sensitivity can be measured objectively.

Aims: To study the effect of suggestion on pain sensitivity

Method: 40 healthy volunteers who gave written informed consent were randomised to receive suggestion in the form of written and verbal information that they would experience an increase (Group I) or decrease (Group II) in sensitivity to pain following the application of a topical gel. Changes in pain sensitivity were measured using Quantitative Sensory Testing (QST) by comparing baseline and post-suggestion Pressure Pain Thresholds (PPTs). Ethical approval was given by Nottingham University Medical School Research Ethics Committee.

Results: The two groups were similar in age, gender and general health. Pain sensitivity varied depending on a number of influences including gender, anatomical site and suggestion. Males and the knee demonstrated the highest pain thresholds. Intergroup comparisons showed significantly lower pain thresholds (-39.6kPa) in females who received the suggestion that their pain sensitivity would increase. Suggestion that pain sensitivity would decrease did not cause significant reductions in pain thresholds.

Conclusion: The power of suggestion was evident as negative written and verbal information elicited a nocebo effect causing significant increases in pain sensitivity. Therefore, this study serves as a model for research on the effect of treatment explanations on pain perception.

Do psychiatrists cease to be real doctors?

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Introduction

Psychiatrists often complain about their medical colleagues and the public not considering them as real doctors and stigmatising them. We would like to cite a reason.

Management of minor cuts in A&E

Psychiatric patients who self-harm by cutting are routinely referred to the Accident & Emergency (A&E) departments where they are treated with glue, staples or stitches by the junior-most doctors.

Management on psychiatric wards

Psychiatric inpatients wards routinely refer patients who self-harm by cutting to the A&E. The junior doctors who have routinely treated such cuts whilst working in A&E are banned from doing so on psychiatric wards because of health and safety regulations.

Implications for patients

Patients who self-harm on psychiatric wards get extra attention from staff by being taken to the A&E. This reinforces their self-harm behaviour. This also deprives patients who do not self-harm of staff time.

Implications for psychiatric wards

When patients who self-harm are taken to the A&E by a member of staff they have to wait in the A&E with the patient for up to 4 hours, worsening the already low staffing levels.

Implications for A&E

Managing patients with minor cuts adds to the A&E work-load and waiting times.

Implications for junior doctors in psychiatry

Psychiatric trainees, Foundation Year trainees and GP trainees find that they are not allowed to function as real doctors whilst working in psychiatry. Patients and A&E staff feel that when in psychiatry, they cease to function as real doctors.

Conclusion

Not allowing junior doctors to perform simple clinical tasks on psychiatric wards has a huge negative impact on patient care, staffing levels on psychiatric wards, workload in A&E departments and the status of psychiatry.

Recommendations

Changing policies to allow junior doctors in psychiatry to do simple procedures that they are trained in doing and they routinely do in other settings e.g. managing minor cuts would help maintain their self-esteem and clinical skills, improve patient care and reduce stigma.

Alcohol problems: Cost-effectiveness of detection

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Introduction

An elevated Gamma-Glutamyl-Transpeptidase (GGT) is the most potent hint for clinicians to inquire about drinking habits which in turn is the most cost-effective measure to prompt patients to moderate alcohol intake. Without a GGT many cases of harmful drinking will go undetected.

In many hospital labs routine LFT include bilirubin, alkaline phosphatase, alanine aminotransaminase, total protein and albumin, but not GGT. GGT has to be requested separately. Hence, most LFTs are done without GGT. Consequently, clinicians miss the opportunity identify alcohol problems in a significant proportion of patients.

Method

We looked at all the LFTs and GGTs done in a year in a hospital lab serving 300, 000 population.

Results

Total LFTs	= 203, 000	
LFTs with GGT	= 11, 100	= 5.5% of all LFTs
Raised GGT	= 4630	= 42% of all GGTs

Discussion

42% of all GGTs were raised. If GGT is part of routine LFT we might find raised GGT in 42% of all patients who had LFT i.e. 85, 000 people. Excluding GGT from routine LFT result in missing the opportunity to discuss alcohol problems with a significant proportion of patients.

The cost of a routine LFT is £1.50. Adding GGT would increase the cost by 5 pence to £1.55.

Many objections were raised to the suggestion to include GGT in routine LFT. Including GGT in routine LFT would mean more abnormal results and consequently, increased work load.

Some patients may be denied treatment inappropriately because of raised GGT. GGT may be raised in non-alcohol-related conditions.

Conclusion

Making GGT an integral part of LFT would increase the lab cost by 5 pence and increase alcohol misuse detection by 42%

Reference

Lewis, K.O., and Paton, A. ABC of alcohol: Tools of detection. *Br Med J* 283:1531–1532, 1981

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Modelling Alzheimer's Disease in Organotypic Brain Slices

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Introduction

Whilst the vast majority of cases of Alzheimer's Disease arise sporadically in old age, there are patients who develop early-onset AD due to inheritance of dominant mutations. Such mutations are found in key proteins within the amyloid pathway and result in aberrant production of the plaque-forming protein A β . It is these patients that most mouse models of Alzheimer's Disease are based on. We are using organotypic hippocampal slice cultures (OHSCs) from such mice to explore the early consequences of amyloid pathology. OHSCs are unique in that they retain many advantages of an animal model system (complete brain circuits and the full complement of cell types) whilst also having the benefits of in vitro models (ability to manipulate environmental conditions, test compounds and accessibility to live imaging).

Methods

OHSCs are made using tissue from postnatal TgCRND8 mice (overexpress human amyloid precursor protein (APP) with two familial mutations). 350 μ m thick sections of hippocampus and surrounding cortex are placed on membrane inserts in culture dishes and maintained in an incubator for several months. Using a range of techniques, (including ELISA analysis of protein accumulation in the culture medium, live imaging of mitochondrial transport, western blotting and immunofluorescent staining) development of pathology can be carefully followed.

Results

We have found that slices from TgCRND8 mice can survive up to 12 weeks in culture, retain the architecture of the hippocampus and release detectable levels of A β . Over time, we see development of pathology within the slices, including a progressive loss of synapses and development of axonal swellings containing A β . Using a variety of pharmacological tools, we can manipulate the production of A β , allowing us to determine how concentration of this protein influences the development of pathology.

The Relation between First Episode Psychosis and Childhood Trauma

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There are many psychosocial risk factors that may be related to psychosis such as urbanicity, childhood trauma, migration and social discrimination, alcohol and drug abuse, stressful life events. People living in urban areas are much more likely to develop stress and exposed to social discrimination. Cannabis use is strongly related to psychosis via increasing dopamine levels in midbrain. Increased rate of childhood sexual, emotional, and physical abuse was reported in patients with schizophrenia compared to normal controls. We have conducted a First Episode Psychosis (FEP) study and investigated the relation between FEP and childhood trauma. Sixty First Episode Psychosis patients and 60 healthy control subjects were included into the study. We used Childhood Trauma Questionnaire to assess severity of childhood traumas. Childhood trauma scores were not significantly different between the two groups. However female patients have more sexual abuse scores compared to males. There was a strong correlation between childhood trauma scores and PANSS scores. In this study we did not find childhood traumas as a risk factor for psychosis but there may be relation between the severity of the psychotic symptoms and childhood traumas.

QEEG SIGNATURES OF REMITTED BIPOLAR PATIENTS AND OFFSPRING OF BIPOLAR PARENTS.

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Background: The bipolar affective disorder is a devastating illness that is often diagnosed for the first time in adulthood. Neuroimaging and electrophysiological studies of neural impairments of bipolar affective disorder (BD) have revealed various state- and trait-dependent patterns (and their changes induced by different therapeutic approaches), reflecting complex network of different neurons that are topographically distributed over the heterogeneous brain areas. While several investigators have described functional abnormalities of various cortico-limbic networks including the default mode network in adults with bipolar disorder, we still do not know whether similar abnormalities are detectable even at younger age.

The main objectives of the present study were: (1) to elucidate vulnerability QEEG markers related to emotional processing (neutral and negative state) induced by autobiographic script in remitted patients with BD compared to healthy controls (HC) and (2) to identify early electrophysiological markers in a sample of offspring of parents with BD (high-risk population).

Methods: EEG data were obtained during transient sadness and neutral mood state induced by a written, autobiographical script in 30 remitted patients with BD (MADRS < 10, YMRS < 7) and 30 matched HC. In the second study, event-related potentials (P300) and resting state EEG were recorded in 30 children (8-17 years) of parents with BD (BDO group) and their age- and gender-ratio-matched control group consisting of 30 healthy children participants (HCP). The localization of the within-group (sad vs. neutral mood state) and between-group (BP vs. HC; BDO vs. HCP) differences in resting electrical activity (cortical 3D distribution of current source density) was assessed by standardized low-resolution brain electromagnetic tomography (sLORETA). The P300 latency and the N2/P3 peak-to-peak amplitude in BDO and HCP groups were computed and evaluated at the Cz electrode.

Results: Compared to neutral state, the induction of sadness in HC led to the significant increase of gamma sources in subgenual and anterior cingulate (Brodmann's areas /BA/ 25, 32). The changes in patients with BD were observed in the same frequency band but in the more pronounced areas involving large part of anterior cingulate and mediofrontal cortex (BA 10, 11, 24, 25, 32). The comparison of emotionally-related differences between both groups revealed the significant increase of gamma sources in posterior cingulate (BA 23,31) and significant decrease of alpha-2 sources in inferior frontal gyrus (BA 10,47) as a potential trait marker in remitted patients with BD.

The offspring study revealed significant differences in the beta-3 and gamma sources between BDO and HCP groups. sLORETA analysis showed that the beta-3 and gamma current source densities in frontal lobe regions such as the inferior frontal gyrus (BA 45, 47), medial frontal gyrus (BA 6, 9, 32) and cingulate (BA 23, 24, 32) were significantly lower in the BDO group than in HCP ($p < 0.05$).

Conclusion: The mood challenge paradigm used in adult groups can unmask the trait-marker in remitted patients with BD. Our finding of abnormal neuronal activity is in accordance with previous studies of bipolar disorder and could be interpreted within the framework of aberrant fronto-cingular connectivity revealed during induced sadness in euthymia patients with BD. In addition to cingulate hyperactivity during sad mood induction in adult BD, the observed diminution of corticolimbic activity in BDO compared to HCP group could be interpreted within the context of the default mode network where the deficit of the beta-3 and gamma (i.e. excitatory) current sources in mediofrontal and anterior cingulate areas might reflect the early electrophysiological trait marker of BD in this high-risk population.

This study was supported by grants from the Ministry of Health of the Czech Republic (IGA NT/12024-5 and NT/13337-4) and by project PRVOUK P34.

Cognitive Dysfunctions in First Episode Psychosis

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Cognitive dysfunctions are one of the main domains of symptom clusters in schizophrenia that are strongly related to poor prognosis and psychosocial impairment. We conducted a study to investigate the level of cognitive functions in patients with first episode psychosis (FEP) and effect of psychosocial factors related to psychosis and cognitive dysfunctions in this population. We included 60 FEP patients and 60 healthy control subjects. Cognitive functions of the study population were evaluated by using neuropsychological test battery including Stroop, Rey Verbal Learning and Memory, Digit Span, Trail Making, Digit Symbols, Controlled Word Association etc. Psychosocial risk factors were assessed using Childhood Trauma Questionnaire, Social Environment Measurement Tool, Life Events Scale, Tobacco Alcohol Use Scale and Substance/Marijuana Use Scale. In addition to the clinical evaluation PANSS, the Young Mania Symptoms Scale, and Insight Scale were used for detecting psychiatric symptoms in FEP patients.

Cognitive functions were significantly impaired in FEP patients compared to normal controls. Patients had poor performance in verbal memory, attention, processing speed, working memory and executive functions that is similar to the previous literature findings. Stressful life events in the last year and familial liability of schizophrenia and psychosis in 1st degree relatives were strong predictors to develop psychosis in patients with FEP. Both factors also seemed to be related to cognitive dysfunctions. In this study patients with stressful life events in the last year were likely to have memory and executive dysfunctions. It has been shown that psychosocial risk factors had played an important role in developing psychosis. However these factors also may negatively affect cognitive functions that may make the patient predispose to develop psychosis in FEP patients.

Structural and functional correlates of obsessive - compulsive disorder

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Obsessive - compulsive disorder (OCD) is a common and disabling disorder. About one third of patients do not respond to treatment or do not respond

sufficiently. Neurological substrate of OCD includes abnormalities in

frontostriatal networks, however it is still not fully elucidated. The talk

will summarize functional - neuroimaging and electrophysiological findings in our patients with a special focus on EEG source localization and functional connectivity between EEG sources. Further research perspective and novel hypotheses will be offered.

This work was supported by the grant. MH CZ - DRO (NIMH-CZ, 00023752).

DEFICIT SYNDROME IN SCHIZOPHRENIA AND WHY WE SHOULD DO SOMETHING ABOUT IT

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Our professional duty as psychiatrists is to help people with mental illness. Schizophrenia is one of the multiple conditions we battle with on a daily basis. Even though patients go through unique experiences, dividing the symptoms into positive and negative gives us some clarity. Treating the positive symptoms is still the main focus of the modern psychiatry. When we help a patient with his hallucinations, delusions or thought disorder we feel that we have done our job; but is this the case? Half of the patients with this disorder have negative symptoms which are related to poor prognosis and quality of life, long term disability, reduced social functioning, and higher level of carer's burden. Looking through the patient's eyes helps us to see what we have been blind for. They live quiet, lonely, emotionless and often purposeless life which even they are not aware of. The lack of effective treatment of the negative symptoms provokes frustration and anxiety in us as psychiatrists. That may be the reason why these symptoms often remain overlooked and not properly addressed. But we, as professionals, have the duty to care and help, because we all have only one life

Is ADHD a historical novelty?

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Attention deficit/hyperactivity disorder (ADHD) is by far not limited to childhood and can often be diagnosed also in adulthood. The principal characteristics of ADHD are clusters of symptoms associated with inattention, hyperactivity and impulsivity. One of the frequent symptoms is also procrastination. Compared to controls, individuals with ADHD show signs of delayed or insufficient corticalization in the brain development. Reports of ADHD appear in literature since 1775. Diagnosis in its current form was formed in the twentieth century. Since 1937 it was hand in hand with the therapeutic use of psychostimulants, the positive effect of which on hyperactivity was discovered more or less as a by-product of effort to alleviate the headache after pneumoencephalography in children ("stimulation of the choroid plexus" by Benzedrine). Since the mid-50s in the indications such as dg. Minimum brain damage, Minimal brain dysfunction, Hyperkinetic reaction in childhood, Attention Deficit Hyperactivity Disorder etc. psychostimulant methylphenidate (Ritalin) is increasingly administered. At present also atomoxetine (Strattera) and in various countries also other compounds (alpha agonists) are indicated in ADHD.

It turns out that some of the signs of ADHD (doing things on their own, original way to solve problems, quickly changing tempo, activity, impatience, daydreams, fantasies, generating ideas, impulses) can in gifted individuals represent selective advantages in areas such as leadership (several US presidents, Bill Gates), sport (Michael Phelps and Michael Jordan) and creative (Albert Einstein, Salvador Dali, Jack Nicholson) activity.

Because of hyperactivity and coprolalia contained in so-called Basel letters of Wolfgang Amadeus Mozart the differential diagnosis (or maybe comorbidity) of Tourette syndrome, bipolar disorder and ADHD is considered in this composer. Based on historical reports and literary sources it can be assumed that the Mozart's diagnosis of Tourette syndrome is questionable mainly because of lack of typical tics in the clinical picture and absence of familial occurrence of symptoms. Instead, the restlessness even in childhood, some impulsivity, fidgeting and other symptoms suggest a diagnosis of ADHD. In addition, Wolfgang Amadeus Mozart showed some features of bipolarity, which is in agreement with the fact that ADHD symptoms in adulthood often "aggregate" in bipolar disorder.

In the lecture various arguments and video demonstrations will be presented.

Literature:

Mohr P, Anders M, R Prikryl, Masopust J, Praško J, Höschl C. ČNPS consensus on the diagnosis and treatment of ADHD in adulthood [in Czech]. *Psychiatrie, Prague: Tigris*, 2013; 17 (4): 189 -202

Möller H.-J. Do features of Mozart's letter-writing style indicate the presence of a neuropsychiatric disorder? *Controversies about the Basle letters. Eur Arch Psychiatry Clin Neurosci*, 2014 Aug;264(5):367-377.

The use of psychotropic medication in women with mental illness who are of child bearing potential- Discussing Contraception and Pregnancy plans

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Introduction

All Women of child bearing potential who are prescribed psychotropic medications need to be clearly informed regarding the risk to the developing foetus should they become pregnant while taking them. The need for contraception also needs to be discussed with the patients. Bearing this in mind treating pregnant woman with full consent, given the risk of psychotropic medication is paramount. The risk of unplanned pregnancy should also be borne in mind when prescribing in all women of child-bearing potential.

Aims: To improve prescribing safety among female patients attending secondary mental health services.

Gold standards: NICE Guidelines and East London Foundation Trust Guidelines

Methods: Data was collected retrospectively from medical notes of female patients referred to secondary Mental health services (previously known as ASPA, Assessment and Single Point Access to Services). 60 patients from 2 teams were included

Results : Out of the 60 patients, discussion regarding this was noted as follows:

Contraception: 4 patients.

Pregnancy plans: 4 patients.

Risk-benefit analysis of medication: 25 patients.

Future recommendations:

- Disseminate the results so as to increase awareness of the Trust guidelines – now the ELFT guidelines among medical staff and within the team through local teaching and MDT presentations
- To email findings and audit to medical body and multi-disciplinary teams.
- To re audit after following above in 2 months time

The Use of NSAIDs in Schizophrenia: Rationale and Effects

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Increased proinflammatory markers like cytokines have been described in blood and CSF in patients suffering from schizophrenia. Animal models showed that a hit in early life to the immune system might trigger a life-long increased immune reactivity. Many epidemiological and clinical studies show the role of various infectious agents as risk factors for schizophrenia with overlap to other psychoses. The first large scale epidemiological study in psychiatry from Denmark clearly demonstrates in severe infections and autoimmune disorders during lifetime as risk factors for schizophrenia. Genetic studies showed the strongest signal for schizophrenia on chromosome 6p22.1, in a region related to the HLA system and other immune functions. The vulnerability-stress- inflammation model is important as stress may increase proinflammatory cytokines and even contribute to lasting proinflammatory state. The immune system itself is considered an important further piece in the puzzle like in autoimmune disorders in general which are always linked to three factors: genes, environment, and the immune system. Alterations of dopaminergic, serotonergic, noradrenergic and glutamatergic neurotransmission have been shown with low level neuroinflammation and may directly be involved in the generation of schizophrenic symptoms. In particular, the tryptophan/kynurenine metabolism, which is driven by the immune system, has important impact to the glutamatergic neurotransmission. Loss of central nervous system volume and microglial activation has been demonstrated in schizophrenia in neuroimaging studies which match with the assumption of a low level neuroinflammatory process. Further support comes from the therapeutic benefit of anti-inflammatory medications in specific studies and the anti-inflammatory and immunomodulatory intrinsic effects of antipsychotics.

Antipsychotic effects of cyclo-oxygenase-2 inhibitors have been studied in schizophrenia. A critical overview on results of these studies will be presented. COX-2 inhibition showed beneficial effects mostly in early stages of the disease. The data regarding chronic schizophrenia are controversial, possibly in part due to methodological reasons. In the meantime, two meta-analyses were published on this topic showing that the use of COX-2 inhibitors in schizophrenia show beneficial effects, especially in early stages of the disease or in first manifestations. The therapeutic effects of short-term studies (5 to 8 weeks) depend from the duration of disease, in our interpretation from the chronicity of the inflammatory process. Further therapeutic strategies based on immune-modulatory effects will be discussed, too.

Service Development Project

'Setting up of Crisis Dual Diagnosis Clinic at Weller Wing, Bedford'

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In brief, the Bedford Crisis Team has been getting large number of referrals of patients with Dual Diagnosis. These clients are in 'crisis' and need 'quick fix' both for their mental illness and drug/alcohol problems. Many of them are open to the local Drug and Alcohol service. However, often the communication problems between two teams and patients failing to attend drug and alcohol services after discharge from the crisis team prolong their sufferings. Dr Singh felt that a joint clinic with Crisis Team and CAN partnership, Bedford (Drug and Alcohol Service) will address management of the patients in a comprehensive way. After formal discussions, Dr Singh was given green signal. The clinic started on 23th Sep 2014, and has been arranged for every Tuesday and Thursday afternoons at Weller Wing, Bedford. The referral process was streamlined. For far, Dr Singh has been involved with providing direct Clinical advice to crisis team members/patients for the patient group, Alcohol detoxification direct referrals, Starting of anti-craving drug, Starting of Thiamine and Vitamin B Co Strong, Restart/Titration of Buprenorphine and Titration of Methadone. The number of actual referrals to CAN partnership has increased by 40 percent. Dr Singh aims to continue with the clinic. Dr Singh couldn't locate any such special interest group on the Royal College of Psychiatrists website and would like to take it forward as a possible future group.

From functional neuroanatomy to the stereo-selective treatment: rTMS in schizophrenia.

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Low-frequency repetitive transcranial magnetic stimulation (LF-rTMS) of the left temporo-parietal cortex (LTPC) has been proposed as a useful therapeutic method for auditory hallucinations (AHs). **Study 1:** Stereotactic neuronavigation enables the magnetic coil to be targeted according to the individual parameters obtained from neuroimaging. Individualized rTMS neuronavigated according to 18-fluorodeoxyglucose positron emission tomography ((18)FDG PET) allows us to focus the coil explicitly on a given area with detected maxima of specific abnormalities, thus presuming a higher therapeutic effect of the method. The objective of this study is to test clinical efficacy of neuronavigated LF-rTMS administered according to the local maxima of (18)FDG PET uptake of LTPC and to compare it with treatment effects of standard and sham rTMS. In a double-blind, sham-controlled design, patients with AHs underwent a 10-day series of LF-rTMS using (1) (18)FDG PET-guided "neuronavigation," (2) "standard" anatomically guided positioning, and (3) sham coil. The effect of different rTMS conditions was assessed by the Auditory Hallucinations Rating Scale (AHRS) and the Positive and Negative Syndrome Scale (PANSS). Fifteen patients were randomized to a treatment sequence and ten of them completed all three treatment conditions. The intention-to-treat analysis of AHRS score change revealed superiority of the (18)FDG PET-guided rTMS over both the standard and the sham rTMS. The analyses of the PANSS scores failed to detect significant difference among the treatments. **Study 2:** The aims were a) to assess the efficacy of LF-rTMS in a randomized, sham-controlled double-blind alignment, b) to identify the electrophysiological changes accompanying the LF-rTMS, and c) to identify the influence of LF-rTMS on brain functional connectivity (FC). Nineteen schizophrenia patients with antipsychotic-resistant AHs were randomized to either active (n=10) or sham (n=9) LF-rTMS administered over the left temporo-parietal region for ten days. The clinical effect was assessed by the Auditory Hallucination Rating Scale (AHRS). The localization of the differences in electrical activity was identified by standardized low resolution brain electromagnetic tomography (sLORETA) and FC was measured by lagged phase synchronization. AHRS scores were significantly improved for patients receiving active rTMS compared to the sham (median reduction: 40% vs. 12%; p=0.01). sLORETA revealed a decrease of alpha-2, beta-1,-2 bands in the left hemisphere in the active group. Active rTMS led to a decrease of the lagged phase connectivity in beta bands originating in areas close to the site of stimulation, and to a prevailing increase of alpha-2 FC. No significant differences in current density or FC were observed in the sham group.

Conclusions: The active LF-rTMS attenuated AHs and induced a decrease of higher EEG frequency bands on the left hemisphere. The FC changes support the assumption that LF-rTMS is linked to the modulation of cortico-cortical coupling. Our neuronavigated rTMS data showed the acute efficacy of (18)FDG PET-guided rTMS in the treatment of AHs. Neuronavigated rTMS was found to be more effective than standard, anatomically guided rTMS.

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Activation of brain reward areas by visual erotic stimuli in relation to the effects of cannabis

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A low sexual desire is a highly prevalent condition in general population. It is marked by absent motivation to engage in coitus and little responsiveness to partner's sexual solicitations. Attention slips and cognitive intrusions are often reported in intimate sexual situations. No indicated pharmacotherapy is currently available and there are little data on long term safety of off-label therapies (testosterone, bupropion, yohimbine).

Cannabis, a popular drug of abuse worldwide, is known to increase sexual arousal in approximately half of the users. However, its acute sexual effects have never been, to our knowledge, experimentally tested in human volunteers. To fill this gap, we tested, whether cannabis increases activation of brain areas known to respond to intimate heterosexual interaction.

In our open, cross over study, we repeatedly measured brain activation of 21 heterosexual recreational users of cannabis (12 men, 9 women). We used still pictures of intimate heterosexual interaction, casual heterosexual interaction and fixation cross. For detection of brain activation, we used magnetic resonance device Siemens 3T. Raw data were preprocessed and analyzed using SPM software, MaRsBar and CONN toolbox and SPSS and R statistical analytical software. We also collected subjective ratings of pictures used after the investigation. Serum THC and prolactin levels were measured at several time intervals before and after the procedure.

Our results revealed that cannabis significantly increased activation of the nucleus accumbens in subjects with prior intoxication-related aphrodisiacal experiences (Aphro+), while a suppression of n.accumbens activity was observed in subjects with no such experiences (Aphro-). This change was accompanied by significant prolactin increase in Aphro- subgroup and no prolactin change in Aphro+ subgroup. Furthermore, serum THC content significantly modulated connectivity of the hypothalamus with anterior cingulate and fronto-polar area, in women and men, respectively. Reported brain activation changes did not occur for control social stimuli. Brain changes were not reflected in subjective self-report data. Aphro- subjects (high prolactin responders) showed significantly higher scores on MMPI 2 scales depression, schizophrenia and psychasthenia.

In conclusion, our data support the idea that cannabis might bias brain processing towards the development of sexual motivational state in subjects with low provoked prolactin response, as shown by activation of nucleus accumbens, a primary reward area. Furthermore, the dosage of cannabis seems to modulate hypothalamic crosstalk with frontal areas known to relegate attention resources. Taken together, cannabis could become a promising new agent for modulation of sexual motivation in low desire subjects, through reward and attention channels. A possibility of sexual effects prediction based on prolactin response to cannabis provocation should be further investigated.

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Patient-clinician interactions in community mental health care - how can they be influenced to improve outcomes?

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The interaction between a patient and a clinician is at the centre of community mental health care. Patients widely regard this interaction as the most important component of care. In this interaction, clinicians can establish a good relationship, administer specific and non-specific treatment elements, and initiate therapeutic change.

Whilst there are various models to understand patient-clinician interactions, relatively little evidence exists on how to influence them so that they result in improved treatment outcomes. The two main options are either to train clinicians in better communication skills or to intervene directly in the interaction.

Successful examples will be presented for either approach. The most advanced direct intervention, DIALOG+, is technology supported, uses a patient centred assessment, and is based on a solution focused therapy model. Results of a recent randomised controlled trial with community patients with psychosis show a substantial positive effect and suggest that the intervention changes fundamental aspects of the interaction.

The implications of such findings and directions for future work will be discussed.

Age and Gender Effects on Methods and Motivations for Non-Suicidal Self-Injury

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Introduction

Non-suicidal self-injury (NSSI) is a common behaviour that peaks in adolescence and reduces in early adulthood. Many, but not all, studies have demonstrated that it is more common in females than males. Gender differences have also been found in methods and motivations with females particularly more likely to cut themselves than males; females more likely to engage in NSSI to regulate affect and for self-control; and males more likely to engage in NSSI to seek sensation. Age differences in methods and motivations have not been systematically studied.

Methods

2315 adolescents and young adults (aged 14-25) completed self-rated questionnaires about presence, frequency, methods and motivations for NSSI.

Results

226 of 2315 (9.7%) of participants reported NSSI in the last month.

Age effects: Cutting was more commonly reported as a method of NSSI in younger participants ($p=0.005$). 'I wanted to know how it would feel' ($p=0.039$) and 'I wanted to feel something' ($p=0.021$) were more common motivations for younger participants. Age had no effect on frequency of NSSI.

Gender effects: females were more likely to use cutting ($p=0.001$) or burning ($p=0.041$) as a method of self-harm than males. Females were more likely to self-harm for the reason 'I felt very unhappy or depressed' and males were more likely to self-harm for the reason 'I wanted to know how it would feel'. Females expressed greater general distress than males, but this did not mediate differences in motivations. Gender had no effect on frequency of NSSI

Multiple regression demonstrated that female gender and younger age were independent predictors of using cutting as method.

Discussion

Patterns and motivations for NSSI do change with gender and as people get older. In particular cutting is a more prevalent method in adolescents and in girls. Younger people are more likely to self-harm to experiment on how it would feel, or due to a need to feel something. Clinicians therefore need to be aware of these differences when asking patients about their methods and motivations for NSSI.

Changes of the size of the fornix, anterior commissure and trigonum Mrzachi in patients with Alzheimer's Disease.

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Abstract

Changes in the size of the mediotemporal structures of the CNS in the patients with AD have for many years been used in the neuroanatomical diagnosis of this illness (Scheltens et al., 1992). We performed volumetric study on MRI images of AD patients to evaluate the possibility of adding these structures to the pool of diagnostic structures. The images were compared to healthy controls. We measured the fornix, anterior commissure and a topographical area between the fornices and anterior commissure that we defined as Trigonum Mrzachi. Our results showed that there were no significant volume changes in the left fornix. However, the volume of the right fornix was slightly smaller in AD patients compared to controls. We also found a significant decrease in the volume of the anterior commissure in AD patients compared to controls. The trigonum Mrzachi was significantly larger in patients with AD compared to controls. As a next step in the research we suggest evaluation of whether our observed decreases in the right fornix and anterior commissure are dependent on the severity of the clinical symptoms of the AD and the progression of the disease.

Literature

Scheltens P, Leys D, Barkhof F, Huglo D, Weinstein HC, et al. (1992) Atrophy of medial temporal lobes on MRI in "probable" Alzheimer's disease and normal ageing: diagnostic value and neuropsychological correlates. *J Neurol Neurosurg Psychiatry* 55: 967–972.

McKhann G, Drachman D, Folstein M, Katzman R, Price D, et al. (1984) Clinical diagnosis of

Alzheimer's disease: report of the NINCDS-ADRDA Work Group under the auspices of Department of Health and Human Services Task Force on Alzheimer Disease. *Neurology* 34: 939–944.

Dubois B, Feldman HH, Jacova C, Dekosky ST, Barberger-Gateau P, et al. (2007) Research criteria for the diagnosis of Alzheimer disease: revising the NINCDS-ADRDA criteria. *Lancet Neurol* 6: 734–746.

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The interactive effect of autism and schizophrenia spectrum disorders on attentional and socio-cognitive abilities.

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The relationship between autism and schizophrenia has been an issue of debate since autism was first described, and current clinical reality suggests that absolute forms of the disorders are in fact not the norm. Several recent lines of evidence suggest that these disorders co-occur at a higher than expected rate and can themselves be mutual risk factors. Both disorders are also thought to exist on extended phenotypic continua, with overlapping diagnostic and non-diagnostic traits. Despite evidence for such overlaps, the impact of diagnostic or trait-level co-occurrence on the individual's phenotype and functional outcome has not been investigated. We report findings from two studies examining attentional and socio-cognitive abilities. The first examined the interactive effect of autism and positive-schizotypal traits on these abilities in a cohort of 200 healthy adults. The second assessed these abilities in a total of 67 children with autism, schizotypal disorder, comorbid autism and schizotypal disorder, and typically developing children. Both studies provide converging evidence suggesting that while autism and schizotypy were uniquely associated with socio-cognition and attentional difficulties, their interaction was associated with improved performance. These findings support the continuity/dimensional models of autism and schizophrenia spectrum disorders and suggests that subclinical manifestations of core disease features are detectable in a healthy population and which can impact functions that are deficient in patients with these disorders. The association of the interaction between autism and schizotypy in the healthy and in the clinical comorbid group with improved performance suggests that disorder-specific mechanisms in autism and schizotypy have diametric effects on attentional and social cognitive abilities. We propose an information-processing model that may explain how irregularities specific to autism and schizotypal spectra can converge in a compensatory manner to improve performance.

Involvement of the left temporal lobe in the pathogenesis of auditory hallucinations : insights from electrophysiology and neuromodulation

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ABSTRACT

Auditory hallucinations (HAs) are a common and disabling symptom of schizophrenia. The pathophysiology is complex and still partially unexplained.

In clinical terms the HAs correspond to real auditory perception in the absence of an auditive stimulus. In a neuropsychological perspective, they are related to a lack of cognitive control over the hearing function. This lack of control leads to perception of self-generated events. During this presentation, we will focus our interest on the temporal lobes, supporting hearing and speech perception and representing a crossroads of the hallucinatory symptoms.

According to this hypothesis, we will present several research including studies at the clinical, neuropsychological and neurophysiological level to better specify the involvement of temporal regions. First we will briefly present data from a review of the literature, showing involvement of the temporal lobe and its pathological interactions with other brain networks. Then we will show how noninvasive brain stimulation of the temporal lobe and components of fronto temporal network can induce a clinical reduction of HAs and modify neuropsychological dysfunctions underlying their pathophysiology.

Finally, we will present data of an electrophysiological marker of left temporal dysfunction offering opportunities in the field of HAs,

Attitudes of Croatian psychiatrists and patients towards long-acting injectable antipsychotics

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Conflict of Interests: None.

Schizophrenia is a chronic mental illness that can be treated with oral and intramuscular antipsychotics. Despite many potential benefits, long-acting injectable antipsychotics (LAIA) are rarely prescribed and their usage is mostly reserved for nonadherent patients with multiple relapses. The aim of this preliminary research was to examine attitudes of psychiatrists and patients to get a better insight into advantages, disadvantages and possible reasons for rarely prescribing of LAIA. Three different questionnaires were given to total of 48 psychiatrists, 50 patients treated with oral medication and 50 patients treated with LAIA. Comparison among patients shows that there is a larger number of patients treated with LAIA that feels better ($n=41$, 82%). 84% of patients treated with LAIA consider it positive that the medication is administered once in 2-4 weeks. Also, 23 patients (46%) treated with oral medication consider the usage of LAIA more simple. Although 39 psychiatrists (81,25%) state that they tend to prescribe LAIA, there is a small number of their patients that are using it (median=20%). Despite positive attitudes of patients towards LAIA, majority of psychiatrists ($n=32$, 68,08%) think that patients would rather choose oral therapy. Precisely because of this, future researches should be focused on further examination of psychiatrists' and patients' attitudes toward therapy in order to achieve higher level of awareness and better mutual understanding that may have a positive impact on trend of low prescribing of LAIA.

Key words: LAIA, psychiatrists, patients, attitudes

A deafferentation hypothesis for bipolar disorder based on neuroplasticity

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A paper on this topic by the above authors is currently under review by the journal Medical Hypothesis.

Introduction

Bipolar disorder is a debilitating and, in some cases, life-threatening psychiatric condition. A great deal of research has examined mania, but less attention has been given to the depressive phase of the illness. Many current theories in psychiatry are reliant on the concept of positive feedback, but in general in human biology - particularly in neurobiology - negative feedback is a much more fundamental mechanism.

The Hypothesis

We propose that after an extended period of depression, the brain becomes hypersensitised to pleasure and responds excessively to subthreshold signals producing mania. This is mediated by neurplastic changes as part of a 'deafferentation' process.

Deafferentation in Neuroscience

It is increasingly being appreciated that even the mature nervous system is highly plastic and adapts to chronic stimuli. In the absence of stimulation to a neuron, pre-synaptic and post-synaptic changes result in an upregulation of the downstream pathway, such that there is a greater ratio of response to stimulus and subthreshold signals are treated as true input. This concept is used to explain phantom limb pain, tinnitus and Charles Bonnet syndrome.

Deafferentation in Psychiatry

In 2007, Hoffman proposed a 'deafferentation hypothesis of schizophrenia', in which he argued that social isolation in vulnerable individuals causes spurious social meaning to be produced in the form of complex hallucinations and delusions. Evidence for this comes from isolation being a common theme underlying several risk factors for schizophrenia and some new neuroimaging findings.

Deafferentation in Bipolar Disorder

Bipolar disorder is often described in terms of mania causing depression. However, the latest epidemiological evidence strongly suggests that depression tends to precede mania (or hypomania), usually by several years. Moreover, bipolar depression bears a marked semblance to the atypical depression that is observed in unipolar patients. Both of these suggest that depression may be the primary insult, with mania being a secondary result.

We hypothesise that depression causes by mania by an anhedonic lack of pleasure deafferenting and thereby hypersensitising neural pathways. These pathways then respond out of proportion to the stimulus and manifest in mania.

We further propose a means of testing this hypothesis *in vivo*.

A multi-state model with a markovian approach to analyze gambling transitions of adult gamblers.

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Purpose: The purpose of this study was to examine transitions, across 2 years, in gambling between two states, problem gambler and non-problem gambler in adulthood, and to identify factors (socio demographic, gambling and clinical characteristics) that might influence these transitions. **Methods:** We proposed a joint binomial logistic regressions model with a shared random effect and a weighting, applied to a cohort.

Results: The analyzed cohort consists of 304 gamblers with 519 observed transitions. Participants with no past-year gambling problem based on the DSM-IV had about 90% probability of also having no past-year gambling problem at the following assessment, whereas the observed prevalence of problem gamblers transiting to non-problem gambling is 48%. We reported (i) some vulnerability factors of transiting to gambling problem (an anxiety disorder or an Attention Deficit Hyperactivity disorder (ADHD) in childhood), (ii) some protective factors for a non-problem gambler, (iii) some factors of recovering (ongoing treatment and younger age) and (iv) some factors of the persistence of a gambling problem (an ADHD).

Conclusions: The status of problem gambler is unstable over time whereas we found stability among non-problem gamblers. Our findings suggest that middle-age and a current ADHD may encourage the persistence of gambling problem. Moreover current anxiety disorders, an ADHD in childhood, and an unstable situation seem to be vulnerability factors for gambling problems. These results lead us to think about preventive actions and adaptive care, such as cognitive-behavioral therapies or the research of gambling problems in people with an anxiety disorder or ADHD.

Key words: Gambling, prevalence, longitudinal study, risk factors, Markov process

Factors associated with outcome of inpatient opioid addiction treatment

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Aims: The purpose of the study was examination of the relationships that exist among hypothesised variables and outcomes of hospital treatment of drug addiction treatment.

Methods: A cohort of 192 patients with opioid addiction consecutively admitted to a closed detoxification unit between October 2011 and May 2013 were followed during one year. The research interview, the Treatment Outcomes Profile (TOP), Drug Addiction Treatment Efficacy Questionnaire (DATEQ), Circumstances, Motivation and Readiness Scales (CMR) were administered during the first week of admission to the detoxification unit. Urine test was administered on the day of admission and at each follow-up point in combination with the TOP (after three, six and twelve months). Illicit drugs abstinence during one year after intake was selected as a treatment outcome measure.

Results: After 12 months 66 patients abstained from drugs, 11 of them finished the whole 278 days long treatment. Patients that finish the treatment have 0.73 probability of remaining abstinent during the 12 months of follow-up (95% CI: 0.45 to 0.92) while the probability is 0.31 (95% CI: 0.24 to 0.39) for those not finishing the cure ($\chi^2=9.043$, $df=1$, $p=0.003$). Self-rated psychological health at baseline do not seem to be associated with the outcome ($W=2526$, $p=0.01$). Self-rated physical health at baseline do not seem to be associated with the outcome ($W=3311$, $p=0.885$). Patients with hepatitis C virus (HCV) seropositive status have 0.34 probability of remaining abstinent during the 12 months (95% CI: 0.21 to 0.49), while the probability is 0.35 (95% CI: 0.27 to 0.43) for those with seronegativity status ($hi\ kvadrat=0$, $p=1$). The motivation at baseline (M) seems to be associated with the outcome ($p=0.05$).

Conclusions: Finishing the whole treatment or according to therapeutic agreement shorter duration of hospital treatment (there were different goals of the treatment: stabilization on substitution therapy, detoxification before therapeutic community, completing the whole program...) was the best predictor of a positive outcome. Higher motivation at the beginning of the treatment was also predictor of positive outcome. To improve the treatment outcome more attention should be paid to treatment duration and motivation for the treatment. Attention should be also paid to preparation and stabilization of the patients before hospital treatment.

Where is psychiatry today and where will it be tomorrow?

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Pierre Pichot, former president of the World Psychiatric Association, wrote in 2012: 'Psychiatry is threatened by either being incorporated in other medical specialties or being deprived of its medical character.' Is psychiatry as a medical science or scientific discipline really in a critical situation, or is such perception just a reflexion of the current acute factors? Certain arguments might convince us to endorse the 'crisis' hypothesis: problems with classification, a persisting dualistic perspective, psychiatrists, identity crisis, etc. Poor psychopharmacological development and a lack of interest/money for developing new drugs and therapeutic methods present an additional problem. In future, psychiatry will need clearer and well-defined diagnostic criteria, biological markers, preventive activities, and fruitful co-existence with neuroscience and psychology, while at the same time, it will have to keep fulfilling its humanistic mission. Only thus will psychiatry ensure its survival and avoid succumbing to hostile takeovers by other medical specialities.

Suicidal behaviour from unemployment to genetic polymorphisms in a population with high suicidal rate

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Suicide rate in Slovenia is among the highs in EU. Aetiology of suicidal behaviour could be divided into genetic predisposition and environmental factors. Especially complex interactions between two groups of factors could influence suicidal behaviour. On one side ecological studies revealed that environmental factors, such as unemployment and availability of psych services, are associated with suicidal behaviour in a specific region. Further, psychoactive substances abuse is associated with suicidal behaviour revealed by post-mortem, psychological autopsy studies and studies using self-reporting questionnaires. On the other hand, neurobiological studies revealed different genetic polymorphisms associate with suicidal behaviour in Slovenian population. It seems that especially specific gene variants regulating the serotonergic system and other neuronal systems involved in stress response are associated with suicidal behaviour. Multiple lines of evidence indicated that impairment in BDNF expression could be found in patients with suicidal behaviour and suicide victims. However, it seems that not only gene polymorphisms by itself but also regulation such as epigenetic regulation of gene expression are involved in neurobiology of suicidal behaviour. Factors on national, regional, personal and neurobiological levels are associated with suicidal behaviour indicating complex, interdisciplinary, preventive measurements.

Psychotherapists and the Socrates method of dialogue

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Socrates method of dialogue does not only describing techniques, but also therapist attitude. The attitude of the therapist in dialogue is curious and inquisitive, trying to understand and encourage the patient. He/she leads the patient with concrete questions, to reflect and think about his/her own manners of thinking. The therapist helps to recognize the contradictions and deficiency for building self-functional epistemology. We will look in the method and technique of the Socrates's way of dialogue.

In a short, I will represent the possibility of interaction clinic philosophy in everyday psychiatry and psychotherapy work.

The Neurobiology of Creativity

Prof. Correy A. Burchman

Harvard University USA.

Creativity is an energy as real and as palpable as rushing water.

From the first innovations of the Stone Age, where sharp-edged rocks formed tools, to the creation of the Mona Lisa, creativity and innovation have shaped and changed every aspect of human life and greatly altered the physical aspects of the planet.

This brief treatise will review the growth of the human cerebral cortex, and correlate its expansion to the rise in human creativity. Four essential ingredients of creativity, preparation, incubation, intimation and illumination will be reviewed.

The relationship between neurotransmitters and inspired inventiveness will be examined.

Somatic Comorbidity in Psychiatric Patients in Psychiatric Hospital “St John” Croatia

Igor Filipčić, Sandra Vuk-Pisk, Ivana Bakija

Background: In the last years, an increased number of researches points to a high rate of somatic comorbidity in patients with mental disorders; this is usually associated with lower effects of psychiatric treatment, increased costs of health care and high mortality of patients.

Objective: The objective of this study was to investigate whether there is an increasing trend of somatic comorbidity in a national sample of patients suffering from mental disorders in comparison to last year, with the goal of establishing the need for the introduction of a program for early detection and prevention of somatic diseases and reduction of mortality of these patients.

Methods: The target group consisted of patients suffering from psychotic and depressive mental disorder, aged between 18 and 65 years, who are diagnosed with comorbidities with the following somatic diseases and disorders: cardiovascular disease, COPD and endocrine disorders (diabetes, metabolic syndrome, obesity). It is a cross-sectional study of patients treated at the Psychiatric Hospital “Sveti Ivan” in Zagreb. Data was collected at two time points with an interval of a year. The diagnosis of mental disorder was evaluated on the basis of clinical interviews and applied questionnaires, and comorbidity was diagnosed after a physical examination and positive results of the differential physical processing. Descriptive statistics measures were used for the analysis and presentation of results.

Results: The obtained results indicate a large proportion of patients with diagnosed somatic diseases compared to the entire sample of patients at both time points. The number of patients with cardiovascular problems has been increased by 4.3% compared to last year. At the first time point a little more than one fifth of the patients had endocrine diseases, while at the second time point endocrine diseases have been observed by almost 30% of the patients. More specifically, an increase in the number of patients with endocrine problems amounts to 7.7%. The proportion of patients with diabetes is the same at both time points (more than a third of patients have diabetes). A significant increase in the proportion of patients with somatic comorbidity in patients with depressive disorder is visible. The proportion of cardiovascular diseases amounts to 22.5% while for the endocrine diseases the proportion amounts to 20.6% compared to last year.

Conclusion: The results of this study indicate a high rate of somatic comorbidity in patients suffering from mental disorders and the increasing trend of somatic diseases in comparison to last year. Therefore the need for timely detection and adequate treatment of somatic comorbidity and prevention of risk factors and adequate science-based application of psychopharmacological drugs is justified in order to improve the quality of life and reducing morbidity and mortality of patients.

Key words: mortality, somatic comorbidity, psychopharmacology therapy

A systematic review and meta-analysis of the incidence of psychotic disorders in Brazil, France, Italy, the Netherlands and Spain.

Hannah E Jongsma, Craig Morgan, Peter B Jones, James B Kirkbride, on behalf of the EU-GEI project.

Background

Incidence rates of psychotic disorders are known to vary across countries and between settings, but the latest international systematic review of literature is over a decade old. Research interest in incidence studies has since increased, with more evidence available from new and existing settings, including several countries taking part in the European network of National Schizophrenia Networks Studying Gene-Environment Interactions (EU-GEI) study. It was therefore timely to synthesise incidence findings from these settings into a systematic review and meta-analysis. The EU-GEI study has received funding from the European Community's Seventh Framework Programme (grant agreement No. HEALTH-F2-2010-241909 (Project EU-GEI)).

Aims

1. To assess incidence of psychotic disorders across Brazil, England, France, Italy, the Netherlands and Spain;
2. To estimate heterogeneity in incidence rates;
3. To investigate possible sources of variance (urbanicity, national inequality, latitude, study quality).

Methods

To aid comparison with updated data available from England, the methodology was based on a previously published systematic review (Kirkbride *et al*, 2012, PLoS One). We searched PubMed and PsycINFO databases, and included studies published in the English language between 2002 and 2014 if they reported original data on the incidence of non-organic adult-onset psychotic disorders in the above countries. Quality of the yield was assessed. Data were synthesised by narrative review, and heterogeneity assessed. Data were evaluated by visual interpretation of funnel plots and univariate random-effects meta-analysis.

Results

Our literature search identified 21 citations which met inclusion criteria, as well as 27 known studies from a review of England. Preliminary results suggest that the reported incidence of all psychotic disorders ranged from 13.8 to 69 per 100,000 person-years, varying by setting and study design. Final results will be presented at the conference. This systematic review and meta-analysis has been registered with PROSPERO (registration number: 19276). The full protocol is available via their website: <http://www.crd.york.ac.uk/PROSPERO/index.asp>.

Modern indications for the use of opipramol

Krzysztof Krysta - Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland

Opipramol is structurally related to tricyclic antidepressant drugs, however its mechanism of action is different. It binds to sigma1 and to sigma2 sites with no reuptake-inhibiting properties. It has been considered as a potent drug in general anxiety disorders for many years along with SSRI, SNRI, buspirone and pregabalin possessing anxiolytic efficacy superior to placebo. It can however also be indicated in other conditions, e.g. it may be used as a premedication in the evening prior to surgery, positive results are also observed in a psychopharmacological treatment regimen with opipramol in somatoform disorders, symptoms of depression can be significantly reduced in the climacteric syndrome. The latest data from literature present also dangers and side effects, which may result due to opipramol administration. Mania may be induced not only in bipolar patients treated with opipramol, but it can be an adverse drug reaction in generalized anxiety disorder. This analysis shows that opipramol is an important drug still very useful in different clinical conditions.

Dementia in Down's syndrome-prospects for prevention?

Dr Shahid Zaman, Cambridgeshire & Peterborough Foundation NHS Trust (CPFT) & Department of Psychiatry, University of Cambridge

ABSTRACT

The triplication of chromosome 21 in people with Down syndrome appears to be responsible for the extremely high prevalence of Alzheimer's disease (AD) that presents at a much younger age (in their fifties) than in the general population. The *Amyloid Precursor Protein* gene (*APP*) is found on chromosome 21 is in triplicate and is thought to play the pivotal role for the increased risk of dementia. APP undergoes proteolysis via several enzymatic steps. According to the amyloid cascade hypothesis, the proteolytic product of APP, beta-amyloid (A β) is central to explaining the neuropathology of AD. The neuropathological signature of AD includes neuritic plaques largely composed of A β that avidly bind to a positron emission tomography (PET) ligand, Pittsburgh Compound-B (PiB) allowing *in vivo* quantitation of A β and therefore plaques. We aimed to characterise the natural history of A β deposition in the brains of adults with DS to help predict those likely to develop dementia such that early interventions can be tested in future clinical trials.

We used a cross-sectional design recruiting people with DS who were over the age of 30 years with or without evidence of cognitive impairment or dementia. We used MRI and [11C]-PiB PET neuroimaging to measure the amounts and distribution of brain A β and correlated it with clinical and cognitive status. Our results show sharp rise in "amyloid positivity" occurring between 35 and 45 years, reaching a plateau by approximately 50 years. There was a strong correlation of measures of brain A β and clinical status. Negative amyloid status strongly predicted no dementia. There was a predictable pattern of the evolution of amyloid deposition that could be used as a clinical outcome measure for future disease-modifying clinical trials.

AD in DS is an excellent human model of understanding the role of amyloid in dementia and provides a great opportunity to aim for primary prevention by targeting the amyloid precursor protein pathway.

Speaker:

Dr Howard Ring, Department of Psychiatry, University of Cambridge

Title:

Epilepsy in adults with intellectual disability: Why do seizures occur when they do?

Aim:

Although seizure precipitation is a defining characteristic of reflex seizures and epilepsies, seizure precipitants are also commonly reported for patients with epilepsies not considered to be reflex in nature. This presentation has two aims. First, to examine how reflex and nonreflex epilepsies with seizure precipitants are defined, and whether they can be usefully differentiated in current clinical and research practice. Second, to describe how potential seizure precipitants in adults with intellectual disability (ID) and epilepsy can be reliably identified.

Methods:

Definitions and distinctions between reflex and precipitated seizures are described using manifest content analysis applied to the relevant research literature. Empirical study of possible seizure triggers in adults with ID living in the community employs a tailored seizure diary and observation regimen and the novel application of statistical analysis of diary data using the self-controlled case series method.

Results:

Classifications of both precipitated and reflex seizures have been considered in terms of their nature as sensory, cognitive, intrinsic and extrinsic. Empirical study demonstrates that it is possible to identify a statistically defined time window following exposure to a precipitant, during which the risk of developing a seizure is increased.

Conclusions:

Results indicate that there is little consistency within definitions of reflex and precipitated seizures, and that clear defining characteristics to differentiate them from one another are lacking. However, the empirical identification of a statistically defined risk window during which a seizure is more likely to occur has value not just in contributing to clinical management of epilepsy, but also in guiding future work into mechanisms of seizure precipitation.

Offenders with intellectual disability.

Presenting author: J McCarthy, jane.m.mccarthy@kcl.ac.uk, Institute of Psychiatry at King's College London, Forensic & Neurodevelopmental Science, De Crespigny Park, London, SE5 8AF, UK

Aims: The primary aim is to identify the evidence on offenders with intellectual disability (ID) in relation to epidemiology, presentation including risk assessments and interventions. Secondly to present evidence from a recent study of prisoners with ID in a South London prison.

Method: A review of recent relevant literature was undertaken on offenders with ID. In the South London Prison study a standardised tool was used to identify those with ID. Mental health problems and suicidality were assessed using the Mini International Neuropsychiatric Interview (MINI).

Results: The evidence is that adults with ID account for about 7 to 9% of individuals in contact with prisons or police stations in the UK although the worldwide figure for prisoners is lower. There is increasing evidence on the use of standardised risk assessment tools as used in the wider population such as the HCR-20 to predict violence. There is also evidence on use of adapted treatment programmes such as those who are sex offenders.

The study of prisoners in South London showed those with ID to have high suicide scores and rates of mental health problems compared to other prisoners.

Conclusion: There is an increasing recognition of the need to identify people with ID in Courts, Police Stations and Prisons so that they can be diverted to more appropriate interventions and sentencing options. It is also important that mental health care in prison should be improved for this vulnerable group.

Reference: Forensic & Offending Behaviours. Murphy G & Mason J (2014). In: Handbook of Psychopathology in Intellectual Disability. (Eds: E Tsakanikos & J McCarthy). Springer, New York.

Vestibular rehabilitation treatment modality in PTSD patients who have suffered combat-related traumatic brain injuries

Prof Carrick will present a vibrant and current model of traumatic brain injury due to blast injury in combat situations and the resultant syndrome of PTSD in military veterans . He will address the current evidence based standards in diagnostic and therapeutic applications in this clinical area. The presentation will be a practical one that uses real case scenarios and is designed for clinicians. He will discuss his current NIH registered research investigations in this area and share methodology that will promote an increase in clinical ability. Prof Carrick will talk of his experience with Olympians from throughout the world as well as high profile sports figures from hockey, football, skiing, soccer, gymnastics and how treatment for TBI can be used in a neuropsychiatric syndrome. Participants will be able to classify traumatic brain injury and will be able to differentiate between the various clinical disorders commonly seen. They will be able to interpret diagnostic testing and translate this information into clinical applications. Blast-related head injuries are among the most prevalent injuries suffered by military personnel deployed in combat and mild traumatic brain injury (mTBI) or concussion on the battlefield in Iraq/Afghanistan has resulted in its designation as a “signature injury.” Vestibular complaints are the most frequent sequelae of mTBI, and vestibular rehabilitation (VR) has been established as the most important treatment modality for this group of patients. Prof Carrick studied the effectiveness of a novel brain and VR treatment of post-traumatic stress disorder (PTSD) in subjects who had suffered combat-related traumatic brain injuries in terms of PTSD symptom reduction. He will talk about the short and long term Clinician Administered DSM-5 PTSD Scale (CAPS) severity scores pre- and post-treatment. His research observed a large reduction in CAPS severity scores with both statistical and substantive significance. Treatment of PTSD as a physical injury rather than a psychiatric disorder is associated with strong statistical and substantive significant outcomes associated with a decrease of PTSD classification. The stigma associated with neuropsychiatric disorders may be lessened when PTSD is treated with brain and VR with a potential decrease in suffering of patients, family, and society.

Professor Frederick Carrick.

Development of vocational training systems for patients with intellectual disability in Poland

Introduction: The problem of employment of people with intellectual disabilities is present in many countries. The literature on this topic draws attention to the fact that the improvement of the situation in this area is conditioned by changes in government policies, practices of employers and adequate preparation to undertake professional duties by persons with intellectual disabilities.

Objective: The objective of this review was to explore the changes in vocational rehabilitation forms in Poland.

Results: As one of the ways to solve this problem since 1991 in Poland the so called Workshops of Vocational Therapy have been created. According to the regulations the Workshops were designed for adults with intellectual disabilities, aged over 16 years with a total incapacity of gaining an employment, for which occupational therapy was a form of social rehabilitation. The further step in this process was the establishment of Vocational Activation Centers, with which high hopes were associated. They were expected to be an intermediate link in the creation of career paths from rehabilitation forms ultimately to open labor market. In practice it turned out that the creation of these Centers in Poland has been too slow.

Conclusions: This raised the necessity to change the attitude from the concept of matching the participant to work and to the new environment, which frequently ends as a trauma, to the concept of matching jobs to people. New initiatives and new rehabilitation programs are developed based on this attitude.

Patient Safety Culture in Mental Health Crisis Teams And its Management: Variation at Heirarchical levels within an Organisation

Jennifer Spencer and Terry Dickerson

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University of Cambridge

Very brief summary of project (300 words)

The research project aimed to test whether two methods for prospectively identifying risk could be adapted and used together to improve care quality in a mental health trust.

In one arm of the study a researcher led two separate workshops for CPFT managers. During the workshops managers used the Engineering Design Centre's Prospective Hazard Analysis toolkit to select and use a hazards analysis method. They used the method to systematically think up a list of problems that could make it difficult for staff in the CPFT north Out of Hours and Crisis Home Treatment Team services to deliver safe, effective care to patients in a timely manner, and rate the likelihood and potential consequences of each problem on their list.

In the other arm of the study a researcher trained service staff in the CPFT north Out of Hours and Crisis Home Treatment teams to use a quality assurance feedback form. The feedback form was designed for this study to help frontline staff report safety and effectiveness concerns that arose whilst they were working with patients at the point of care. Like the managers, service staff rated the likelihood and potential consequences of each identified concern.

The concerns managers came up with were compared with service staff concerns to see what the similarities and differences were.

Before and after the study was done, researchers used the Manchester Patient Safety Assessment Framework to measure CPFT's "Safety Culture" from the perspective of managers and service staff in north and south Out of Hours and Crisis Home Treatment Teams to see if the interventions influence any of these groups' perspectives on care quality and safety within CPFT. Researchers took concurrent influences into account using key performance indicators and an event log

Accelerated HF-rTMS in alcohol-dependent patients

Herremans Sarah C, De Raedt Rudi, Van Schuerbeek Peter, Matthys Frieda, De Mey Johan, Baeken Chris

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Institution where the work was carried out: Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel (VUB), Laarbeeklaan 101, 1090 Brussels, Belgium

Abstract

Background: In recent years there are indications that high frequency (HF) repetitive transcranial magnetic stimulation (rTMS) administered at the dorsolateral prefrontal cortex (DLPFC) might be beneficial in the treatment of alcohol-dependent patients by decreasing craving. However, how HF-rTMS affects relapse and the corresponding neurocircuit in such patients has yet to be clarified. Consequently, we explored whether baseline differences in brain activity - during an alcohol-related cue-exposure - between relapsers and abstainers treated with accelerated HF-rTMS could predict future relapse. Also, how accelerated HF-rTMS affects the relapse neurocircuit in these patients was assessed. **Subjects and Methods:** Nineteen detoxified alcohol-dependent patients received 15 accelerated HF-rTMS sessions spread over one week at the right dorsolateral prefrontal cortex. Before and after the accelerated HF-rTMS treatment, patients were confronted with an alcohol-related cue-exposure during fMRI. Relapse, defined as the consumption of any amount of alcohol, was assessed four weeks after the stimulation. **Results:** Thirteen against six patients had relapsed four weeks after the stimulation. At baseline, abstainers had higher dorsal (d) ACC activity when confronted to the alcoholic stimuli compared to relapsers, indicating increased cognitive control. HF-rTMS treatment decreased dACC activity in abstainers, whereas dACC activity enhanced in patients who had relapsed. **Conclusions:** Relapse rate was high, but comparable to studies evaluating anti-craving medication. Indicative for future relapse seem diminished cognitive control mechanisms. The accelerated HF-rTMS effect on the relapse neurocircuit could be short-lived.

key-words: alcohol addiction, accelerated HF-rTMS, relapse, cue-exposure

The effectiveness of health promoting interventions for chronically ill adolescents in medical settings: a systematic review

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Running Title: Health Promotion for adolescents suffering from a chronic illness in medical setting

ABSTRACT

Background: Adolescents with chronic conditions are at greater risk of abnormal development due to physical, social and psychological differences. Illness itself can also be a risk factor for other health related complications that can threaten overall wellbeing. Any reactions to these conditions and their consequences should be guided in a way that allows them to be managed positively. This review assesses any interventions that may promote general health and development in chronically ill teenagers and encourage growth into empowered adults. **Subjects and methods:** A search of 4 databases revealed 4 articles, which fulfilled the criteria for any intervention that promotes the overall health of chronically ill teenagers in medical settings. Four additional articles were found through a hand-search of the references within these articles. Among these 8 studies, two used education to improve the health of teenagers suffering from a chronic condition, two used cognitive and behavioural therapy and four used a combination of these 2 types of interventions.

Results: The interventions were perceived positively by adolescents in all the studies. Positive impacts were about improving self-esteem, socio-emotional functioning and wellbeing; and by the implementation of positive coping strategies. The included studies were all developed by professionals involved in the care of teenagers with chronic illness, although only one study involved the participants in the conception of the intervention. **Conclusions**

Well conducted health education and cognitive and behavioural interventions have a positive impact on the perceived health of adolescents suffering from a chronic medical condition.

Key Words : adolescent, health promotion, chronic illness, health services, intervention studies.

Borderline Personality Disorders in Suicidal Adolescents: results of the European Research Network

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Borderline Personality Disorders in Suicidal Adolescents

Background :Borderline personality disorder (BPD) is a serious mental disorder which concerns about 1-2% of the general population. Indeed, despite ongoing controversies whether a diagnosis of personality disorder in adolescence is appropriate, this diagnosis is frequently made in adolescents, mainly in hospitalized patients.**Subjects and method**: 58 teenagers (15-20 years old) with a BPD diagnosis according to SIDP-IV were matched with 81 healthy controls. Previous history of suicidal attempts was investigated. Subjects completed rating scales for depression (BDI, BHS), anxiety (STAI), impulsivity (BIS-11) and history of abuse or neglect (CTQ) at the time of inclusion. **Results**: no significant relationship was found between age and number of SA in BPD adolescents. Most of these SA were realized between 16 and 18 years old. Depression, hopelessness and anxiety, but not impulsivity, were significantly higher in multi-attempters compared to single-attempters or no-attempters. Multi-attempters more frequently reported a history of sexual abuse. **Conclusions**: Borderline adolescents with a history of repeated suicidal attempts present a more severe clinical profile in terms of depressive and anxious symptoms and report more frequently a history of sexual abuse.

Key words: Borderline; Adolescents; suicide attempts, Mood disorders

The effects of intermittent theta-burst stimulation over the left DLPFC on reward sensitivity: preliminary results

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Background: High frequency repetitive transcranial magnetic stimulation (HF-rTMS) over the left dorsolateral prefrontal cortex (DLPFC) is known to influence striatal dopaminergic activity. This area has been associated with the reward system and more particularly with probabilistic learning. **Subject and Methods:** In this study we investigated the effects of neuronavigated intermittent theta-burst stimulation (iTBS) over the left DLPFC on probabilistic learning capability of healthy participants. With an interval of 1 week, each participant received one session of iTBS and one session of sham stimulation in a randomized cross-over design. Before and after each session they completed a rewarded probabilistic learning task. During that task, composed of three blocks, the participants had to discriminate between 2 stimuli with different reward probability (rich versus lean) and develop a learning bias toward the most rewarded stimulus (rich). The better they performed the more money they earned.

Results: Overall, participants responded faster and more accurately toward the rich stimulus than to the lean stimulus. However, after iTBS only, participants developed a greater bias toward the rich stimulus during the first blocks (block 1 and 2) and their reaction time toward the rich stimulus significantly decreased. **Conclusion:** These preliminary results suggest an increased performance in the task only after real stimulation. Our findings indicate that HF-rTMS over the left DLPFC may act through the dopaminergic system and enhances reward related neuronal processes.

Key words:

iTBS, DLPFC, probabilistic learning, reward system, dopamine

An fMRI study comparing the restrictive and bingeing/purging subtypes of anorexia nervosa in a set-shifting task: preliminary findings

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BackgroundIn the current study possible differences have been investigated in the neural correlates of set-shifting abilities between the restrictive and bingeing/purging subtypes of anorexia nervosa (AN-R and AN-BP).

Subjects and methodsThree groups of participants (AN-R, AN-BP and healthy control participants) performed a set-shifting task during functional magnetic resonance imaging. Participants had to switch between two easy tasks (i.e. "Is the presented number smaller/larger than 5" or "Is the presented number odd/even"). Switch trials (trials in which the task had been switched) have been compared to repeat trials (trials in which the task had been repeated).

ResultsNo significant group differences could be established on the level of task performance. When comparing switch specific brain activity across study groups significant differences could be found between AN-R and AN-BP and between AN-R and HC, without any significant differences between AN-BP and HC.

ConclusionsThe preliminary results of this study suggest that the subtypes of AN might have different neurobiological correlates, and thus, might benefit from different treatment approaches.

Evaluation of the area of the hippocampi and the area of the temporal horn of the lateral ventricles in patients with Alzheimer's disease on the 3T MRI.

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Volume decrease of the hippocampus and changes of the volume of the temporal horn of the lateral ventricles are routinely accepted at the neurology departments for the AD diagnosis assessment. We tried to compare size of the hippocampus and temporal horn of the lateral ventricle in our new defined section of the MRI scan in Alzheimer patients.

This study utilized 52 patients (average age 76.6 years, 13 males and 39 females) with confirmed AD diagnosis. All patients with AD and 52 healthy seniors underwent MRI of the brain.

Using a Siemens 3T MRI scan and "Image J" freeware, we measured hippocampal change and its correlation to the diagnosis of Alzheimers disease. The measurement was done manually.

Results;

Hippocampus

We found significant decrease of the area of both right and left hippocampi in the AD patients compared to controls ($p=0.032$).

Temporal horn of the lateral ventricles

We found significant increase in the size of the temporal horn of the both lateral ventricles in the AD patients compared to controls ($p=0.038$).

Literature;

Scheltens P, Leys D, Barkhof F, Huglo D, Weinstein HC, Vermersch P, Kuiper M, Steinling M, Wolters EC, Valk J. Atrophy of medial temporal lobes on MRI in "probable" Alzheimer's disease and normal ageing: diagnostic value and neuropsychological correlates. *J Neurol Neurosurg Psychiatry*. 1992 Oct;55(10):967-972.

Geuze E, Vermetten E, Bremner JD (2005) MR-based in vivo hippocampal volumetrics: 1. Review of methodologies currently employed. *Mol Psychiatry* 10: 147–159.

Mrzilkova J, Koutela A, Kutová M, Patzelt M, Ibrahim I, Al-Kayssi D, Bartoš A, Řířpová D, Čermáková P, Zach P. Hippocampal spatial position evaluation on MRI for research and clinical practice. *PLoS One*. 2014 Dec 12;9(12):e115174. doi: 10.1371/journal.pone.0115174.

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Adult ADHD and increased impulsivity

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ADHD is characterised by the core symptoms of inattention, hyperactivity/inner restlessness and impulsivity. Especially in adult patients, increased impulsivity levels can lead to a plethora of negative consequences on the psychosocial level but also on general health and wellbeing: Difficulties in the occupational environment (e.g. poor performance, frequent job changes, unemployment) and problems regarding family life and relationships (e.g. increased divorce rates, difficulties in parenting, unwanted pregnancies) are typical for patients suffering from adult ADHD. Further, ADHD patients are at a significant higher risk of being involved in accidents with physical injury (e.g. due to impulsive driving style), suffer more frequently from STDs and also exhibit increased mortality rates due to unnatural death including suicide. Therefore, it is crucial to carefully address any impulsivity-related problems of adult ADHD patients in daily clinical practice and to develop together with the patient an individual treatment. Strategy to address these difficulties which cause a major burden of disease.

Initial Effort for Preventive Neuropsychiatric Intervention-- Early Recognition of Neonatal Hypoxic Ischemic Encephalopathy

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Conflict of Interests: No conflicts are associated with this work.

Purpose: Dysfunctional Neurodevelopmental Behaviors are common sequelae following survival of Neonatal Hypoxic Ischemic Encephalopathy (HIE) and are a life-long problem. The severity and mortality from HIE can be reduced with prompt initiation of Cranial or Whole Body Hypothermia within 6 hours and maintained for 72 hours; which is a major disruption of normal maternal and newborn care. Newborn human infants often show relatively subtle and non-specific reductions in activity at birth (Apgar Scores) and still manifest HIE; and some infants with very low Apgar Scores do not manifest HIE. While large population studies show that 10-30% of hypothermia treatment is beneficial current means of deciding to initiate therapy is over treating or fruitlessly treating 70-90% of those selected. We are attempting to develop an analysis of Biomarkers in human cord blood that would accurately reflect HIE risk at birth. Studies of umbilical occlusion in fetal sheep have demonstrated the changes in fetal blood chemistry (Biomarkers) associated with reductions in umbilical flow creating HIE. With the onset of total umbilical cord occlusion the biomarkers arterial pH, pO₂, and glucose decrease precipitously, and there is a steady increase in pCO₂, and lactate. Absolute levels of these biomarkers vary in normal sheep fetuses and in human cord blood making it difficult to directly employ any biomarker as an indicator of pending HIE. The relative change in levels offers the advantage of being independent of variations between species and units of measurement

Methods:

We have developed a mathematical approach to combined Biomarker data analysis PAS 2013 Abstract# (755783) in a fully Translational two species analysis which superimposes values from human cord blood onto the precisely defined pattern of changes in Fraction of Fetal Glucose Extraction and Arterial pH generated in fetal sheep with known durations of umbilical occlusion and subsequent absolute risk of neuronal loss with Hypoxic Ischemic Encephalopathy (HIE).

Results: Our initial set of 60 anonymously collected human cord blood data show in the graph accurate, well separated, unique recognition by this form of biomarker analysis of cord blood for a single infant who developed HIE following a classical cord occlusion fetal heart rate pattern and a tight true knot in the cord despite an emergent Cesarean section within 20 minutes of the biphasic fetal heart rate pattern. Because there was only a three minute absence of spontaneous respiration, Apgars of 6, 8, 9 and a base deficit of -12 no prophylactic hypothermia was performed. The infant subsequently seized on day three and on days 7-10 had classical Para-sagittal lesions on CT and MRI.

Conclusions:

1. It is hoped that the expanded data set and will serve to confirm the value of this acute biomarker analysis in establishing a specific HIE risk at birth for infants with restriction of umbilical blood flow.
2. The addition of other acute biomarkers such as iCa extraction may be added to the data set.
3. Earlier accurate and more precise risk assignment would potentially enhance the reliability and testing of hypothermia and other therapeutic interventions.

Remote sensing data in psychiatry: New devices and wearables. New perspectives

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Abstract:

Exposure to psychotic states has detrimental effects on the long-term outcome of schizophrenia and brain integrity. Therefore, improving tertiary prevention is a key component of long-term management of schizophrenia.

However, three randomized controlled trials with Czech telemedicine program ITAREPS suggested that substantial improvement in relapse prevention in schizophrenia can not be achieved under current clinical settings. The main obstacle is represented by the fact that psychiatrists are generally reluctant to use a rapid pharmacological response to considerably subtle prodromal symptoms. Among other variables, psychiatrist's adherence to ITAREPS protocol was the strongest predictor of relapse in all RCTs.

On the basis of our experience, we came to the following conclusions:

- 1) Substantial reductions in relapses and rehospitalizations in schizophrenia are likely to be unattainable unless substantial changes are made in the medication management of schizophrenia in a manner that is profoundly different from the way we have treated this illness for the past half century.
- 2) Continuous automatic monitoring of changes in several selected biosignatures represents promising alternative to enhance our ability to effectively pre-empt development of a relapse.

Herein we present two devices of this kind developed in NIMH Czech Republic:

- Specific wearable actigraphic sensing system tailored for psychiatric use, that is combined with remote data capture solutions capable of near-online detecting and reporting changes in motor behavior and sleep/wake disturbances.
- Non-invasive infrared pupillometry device aimed at sensing indirectly changes central autonomic system by use of dynamic pupillometry along with dopaminergic participation, by examining prepulse inhibition of startle reflex using the same device.

This study was supported by grant IGA NT/14387-3, Ministry of Health, Czech Republic.

The Mente Headband

DR. ADRIAN ATTARD TREVISAN

Founder & Chief Executive Officer, AAT Research

Autism Spectrum Disorder (ASD) is characterised by a number of different pathologies and physiological patterns, one these being the increased levels of delta (δ) electroencephalographic waveform levels, while alpha (α) and beta (β) waveforms tend to be present at lower levels, particularly in the frontal and temporal regions of the brain. Non-invasive methods for the management and treatment of ASD have attracted much interest in recent years. This presentation describes initial results by a novel home-based system – Mente™ – that enables real-time brain stimulation in the form of a sonified neurofeedback treatment, derived from a portable, 4-channel electroencephalography (EEG) system. Our preliminary results indicate that this system vastly improves the resting power of alpha, beta, and delta waveforms, as well as behavioral aspects in children on the spectrum. Positive changes were observed in attention levels, physical behavior, and social behavior, indicating that the portable, neurofeedback treatment device can be successfully used in the treatment and management of autism. Normalization of EEG waveforms was also observed following treatment. In conclusion, the methodology proposed in this study using the Mente™ system has shown significant potential to bring about improvements in children with ASD, and can thus be of value in the management of patients with this condition

Enhancing Cognition through Drugs and Games: The Impact of Neuroscience on Society

There are several effective approaches to promoting brain health and preserving and enhancing cognitive function in order to nurture a flourishing society.

Cognitive enhancing drugs, including the cholinesterase inhibitors and methylphenidate, are needed to treat the cognitive dysfunction of neuropsychiatric disorders, such as Alzheimer's disease and attention deficit hyperactivity disorder (ADHD), respectively. Cognitive deficits are also found in schizophrenia, but as yet there are no pharmacological treatments licenced for this purpose. Therefore, there is a great need for the development of novel and more effective cognitive enhancing pharmacological treatments.

Healthy people are using these cognitive enhancing drugs and, importantly, this lifestyle use is now increasing.

Cognitive training has been shown to improve forms of cognition, both in neuropsychiatric disorders and also in healthy people. However, boosting cognition through this method can be expensive and also boring, leading to dropouts from treatment for patients. A recent innovation for enhancing cognition is cognitive training using games on iPads or iPhones. This has the benefits of being easily accessible and relatively inexpensive as an app. Furthermore, games are inherently interesting, and therefore motivation to continue training is strong.

In this lecture, we will consider the actions of cognitive enhancing drugs on the brain, their effects on cognition and the impact of the increasing lifestyle use of these drugs on society. We will also discuss the exciting new use of games for improving cognition and wellbeing in healthy people and those with neuropsychiatric disorders.

Professor Barbara J Sahakian DScFMedSci,

Department of Psychiatry and MRC/Wellcome Trust Behavioural and Clinical Neuroscience Institute, University of Cambridge

Immuno-psychiatry - what¹s the opportunity for therapeutic progress in depression?

Ed Bullmore

University of Cambridge

GlaxoSmithKline

There is growing interest in the idea that peripheral inflammation, especially activation of the innate immune system, may cause depressive symptoms and disorders. This potentially creates an opportunity to develop new therapeutics for depression that address immunological rather than neuronal targets, and to guide treatment by the use of peripherally accessible and mechanistically specific biomarkers. I will review the evidence base and highlight some of the issues arising in ongoing efforts to use immunotherapeutics as a novel class of anti-depressants for biologically stratified subgroups of depressed patients.

Compulsivity

Valerie Voon

The ability to flexibly respond to changes in environmental contexts is crucial to optimal decision making. Compulsivity or behavioural inflexibility is the tendency to make repeated choices and responses despite changes in environmental contexts and negative outcomes. Compulsivity subtypes are heterogeneous ranging from basic to complex processes. Relevant concepts include the role of reinforcement learning, opponency processes and motivation. I will discuss the role of compulsivity subtypes across diagnostic categories and mapping onto a heterogeneous frontostriatal network. Compulsivity is relevant particularly in light of the dimensional approaches towards psychiatry.

TRANSCULTURAL PSYCHIATRY-IN THE 21st CENTURY

HELLME Najim Hellme (RWN) SE Partnership CHAIRMAN TRANSCULTURAL PSYCHIATRY SIG

THE ROYAL COLLEGE OF PSYCHIATRISTS

Transcultural Psychiatry is a relatively new branch of psychiatry. It started by western psychiatrists' descriptions of psychiatric disorder.

It was Established at McGill University in Montreal by the collaboration of anthropologists and psychiatrists, namely Eric Wittkower from psychiatry and Jacob Fried from Anthropology.

It used resources as prevalence, the study of migrants in different countries and the ethnic diversity in countries. It analysed psychiatry itself as a cultural product.

It has become more relevant in the twenty first century, because Mobilisation of people across countries and continents. Revolution in Transport and communication. More wars and political unrest which displaced more people from their original countries and exposed them to more stress. Economic immigration has also made the west more receptive to such waves of immigration.

Practicing psychiatry in the West especially in the United Kingdom has become a challenge and the psychiatrist need to be armed with skills wasn't relevant or required in the past. This has happened due to Changing UK demography and the involvement of the United Kingdom through its influence over the world which attracted people internationally.

The Royal college of Psychiatrists through its role as a leader of training and progress in this field as an academic body has to exert its influence through training, hence the establishment of the Transcultural psychiatry special interest Group(TPSIG).

It has organised symposia and produced a newsletter which has taken the lead in educating and training psychiatrists in relevant transcultural issues.

It has expanded over the past three years and has representatives all over the UK and most parts of the world.

Your support and continued help is very much appreciated for the progress and the continuation of this increasingly demanding branch



The Dark Art of the Media:

A User's Guide.

Phoebe Collins

Ever read a misleading, inflammatory news article you know will harm your patients and wanted to set the record straight? Ever listened to a clueless radio presenter trot out offensive clichés and stereotypes about mental health, and wanted to make your voice heard?

Stigma is a scourge for patients and psychiatrists – and it is, in part, driven by stereotyped media reporting of mental illness. This labeling and stereotyping, with resultant status loss and discrimination for people with mental illness can have dramatic effects on their ability to secure basic human needs – a safe place to live, close relationships and rewarding employment. While discrimination against a person on basis of skin colour or sexual orientation is no longer accepted, stigma and discrimination against people with mental illnesses is rampant. Many mental health service users say that stigma worse than

their illness. Psychiatry itself is also affected by negative stereotyping, with routine rejection by medical students as a worthy career path leading to a crisis in recruitment into the profession.

This talk gathers expertise from TV and Radio insiders – those who have produced programmes watched by millions - as well as Psychiatrists who have successfully used the media to get their message across. Specifically, we will aim to elucidate successful strategies for proactive media engagement for Psychiatrists – creating opportunities to communicate regarding the life-changing work Psychiatrists do on a large scale. We will learn what works and what the pitfalls are. We will find out what differences in the media landscape exist across the conference cohort and discover which approaches are most effective for different audiences.

A possible Mental Health Recovery route

Joana Pato

Today I feel almost recovered; I was going to say normal, but I think I am actually a much improved version of the old Me - thanks to the caring intervention of different agents.

But some things I noticed and thought were very curious; there were various stages of recovery; all important to take into consideration for different reasons. I sought help; someone else noticed I was ill and took action. As anyone else, I didn't wish to remain mentally ill, it was fundamental to seek help but also to find it; the counselling service of my university was there, in place, to help and knew what to do, where to refer me, who to refer me to. In my case it was the CAMEO team (early intervention for psychosis). Someone else took active interest that I would get the appropriate treatment for the length of time needed; I trusted and accepted treatment. The CAMEO team advised and guided on what to do and why, equipped with coping strategies and trained my brain to think logically again. But, effort towards working with what I was given made a huge difference. The tools were provided at the right stages and the pace was respected however. I was never made to feel rushed. I lost the ability to trust my brain; someone showed me how to regain this so I could function again. Once my symptoms started subsiding, the frightening realisation that my brain had stopped being logical sank in and CBT was applied by the CPN to gradually re-learn how to think and be safe in the world, re-build trust in the brain and in myself. I was afraid and doubtful of my worth; someone else invited me to do professionally interesting things and fed my confidence. At this stage the first invitation to informally speak before an audience of trainee AMHPs happened; it went really well and it felt so beneficial that my CPN started inviting me with a certain degree of frequency; it was then that I was extremely fortunate and was invited to give a lecture for the 3rd year medical students – I felt so lucky, fortunate, humble and proud. To me, this invitation would become a decisive point in my life as I knew now, that I truly had something useful to share with those around me. I did these lectures yearly between 2006 and 2012. The lectures increased the confidence in myself and sparked dreams of getting more involved and maybe even getting paid work. In 2008, I found out about Advocacy and did training for this in London – for the next 4 years, I commuted twice a week and was a volunteer Peer Mental Health Advocate. The commuting helped as well in itself to lower anxiety levels when outside my comfort zone. Adding to this, I became a paid PA to an Older People's Rights activist here in Cambridge; it was an invaluable experience, where I learnt so much about social policy but also about people's work interactions and applied activism. In 2010, my PA work finished and I applied for a position called Service User Ambassador for the local Mental Health Trust. Someone else felt that was all I could give; I took control and worked hard to prove otherwise. The Ambassador role was a very satisfying role in the sense that I could see how other people are treated for their mental health in other pathways of care. Participated in various projects that required the input of service users and even provided my input for and at inspections throughout the Trust's Hospitals. I grew in confidence and became restless in terms of usefulness to society, but also to myself – I wanted to be able to plan my life, I felt I had given back and wanted to feel now rewarded for the work done, be able to be independent and not stigmatised by benefit reliance; I was able to put together presentations and speak in public; I was reliable in terms of work output, I became convinced I could hold a full-time job, but first I needed to prove I could deal with the pressure. There was a small event being organised and the organiser could not finish it, so I took over and finished it; worked hard and cut through the stress and pressure to come out the other end in a quite good shape; this made me think I was definitely ready to apply for a paid full-time role. I wanted space in society; someone else risked trusting me. It was then that a vacancy for an Advocate opened in Cambridgeshire. I applied and got the job – I couldn't believe it, I was thrilled, absolutely thrilled. I had come out of the rut, I was not a charity case anymore, I wouldn't be stigmatised anymore... Oh dear, I would need to learn to drive again! Which I did, for my birthday, my lovely friends bought a set of driving lessons to get me started and so I became a paid worker, helping others to achieve what they need/dream/want to achieve.

I feel like a whole Human Being again.

Three years on, work is rewarding and stressful, and I can take it. I can afford to pay my student loan, DWP overpayment and my credit rate is back to excellent. I feel much happier, I even have a boyfriend... I moved in with him. Am on diet to lose all that weight accumulated by the medication/eating combination – yes, the last frontier, becoming slim...ish again. We are considering and preparing for a baby. I can really say I feel like a Human Being again, whole and ready for life's challenges ahead. The big difference, I would say, is that I now know where my limits are and I keep an open eye, constantly monitoring my mental health to make sure I do not go down the illness path again. I do not take life so seriously anymore, and have learnt and improved my

own opinion of me; I am far more resilient than I thought I was and know myself much better and have become a much more compassionate and kind type of person than I used to be.

Any questions or comments?

The Doctor Patient Relationship; what if Communication Skills are not used? A Maltese Story.

Sophie Woodhead [1]

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Abstract.

The doctor patient relationship is fundamental to the practice of medicine. In the UK, much work has been carried out to develop training in communication skills for both doctors and medical students. Whereas it is true that controlled trials of communication skills are now beginning to emerge in the primary care literature, it is also true that there is need for studies of communication skills on the hospital ward. One alternative form of evidence for the need of communication skills is that of anthropological studies of hospital wards. We here summarise the observations made in one such anthropological study which was carried out in a renal unit in Malta. The conclusion of these observations is that the inability of the doctors to utilise communication skills is that patients develop meaningful relationships with other groups of professionals, to the extent that they consider them as part of an extended family. Doctors remain isolated from all these relationships and only relate to patients from a position of power.

Key Words

communication skills, doctor patient relationship, anthropological studies

Suicide in adolescence: attempt to cure a crisis, but also the fatal outcome of certain pathologies.

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Running Title

Suicide, adolescence and risk factors

Abstract

Background: Teen suicide is an alarming public health issue. The purpose of this paper is to better understand the reasons behind attempting/committing suicide. Our research focuses on adolescent psychopathology and on pathologies that are considered as adolescent suicide risk factors. **Subjects and Methods:** We conducted literature-based research. The first part of this research was based on adolescent psychopathological traits, whilst the second concentrated on the most frequently made diagnoses in the case of adolescents who had attempted suicide. **Results:** Adolescence is a period of life characterized by great instability, where everything is called into question. We can observe a high propensity towards taking action, which allows the adolescent to bypass certain questions that they cannot answer. This takes place against a background where the body, which is undergoing change, becomes the scene, the means and the purpose to answer these questions, once and for all, through suicide. Notwithstanding, the studies also show that, setting aside these psychopathological considerations that characterize every adolescent, certain diagnoses are commonly related to adolescent suicide and, as such, constitute risk factors. These pathologies are as follows: depression, adjustment disorder and personality disorder. We can, however, include some precisions as regards the frequency of these diagnoses, given that adolescence is inherently a period of life characterized by depression and that the future adult is obliged to adjust. **Conclusions** Teen suicide is, therefore, conditioned by pathological behaviour, which is part of a necessary and normal transition, but one which is occasionally stimulated by certain pathological instabilities.

Teenage pregnancy: a psychopathological risk for mothers and babies?

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Teenage pregnancy

Summary

Introduction: Teen pregnancy remains a public health problem of varying importance in developing and developed countries. There are risks and consequences for teen parents and the child on the medical and socioeconomic level. **Method:** We conducted a literature search on multiple databases, focusing on the risk and the consequences of teen pregnancy and childbearing. We used different combined keywords as teen pregnancy, teen mother, teenage parents, teenage childbearing, teenage mother depression. Our search included different type of journals to have access on different views (medical, psychological, epidemiologic, ...). **Results:** The teen mothers are more at risk for postnatal depression, school dropout and bad socioeconomic status. The babies and children are more at risk for prematurity and low birthweight and later for developmental delays and behavior disorders. **Conclusions:** Pregnancy in adolescence should be supported in an interdisciplinary way (gynecologist, psychologist, child psychiatrist, midwives, pediatrician). We need further studies that allow targeting patients most at risk and personalizing maximum support.

Keywords: Teen pregnancy, teenage mother, teenage childbearing

Relaxation and Impact on the Multidimensional Health Locus of Control: Interest of group psychoeducation for stress management in the context of liaison psychiatry within a General Hospital.

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Relaxation and Impact on the MHLC

SUMMARY

Background: In this article we propose a model for caring for a group focusing on psychoeducation for stress management and learning relaxation designed for patients experiencing somatization and who were recruited during organic medicine consultations.

We are developing an interest for this kind of group from a clinical and practical point of view and have sought to demonstrate the impact that this kind of care can have on health representations among these patients through using the MHLC (Multidimensional Health Locus of Control) questionnaire. **Subject and methods:** Participants in the stress management and relaxation groups completed the questionnaire at the beginning of the first session and at the end of the second and last session. We collected 94 usable questionnaires between January 2008 and December 2014 and processed the data using Student's t-test on paired samples. **Results:** The results tend to demonstrate that psychoeducation for stress management and relaxation reduces internality scores in patients with high scores and the opposite for patients whose internality scores are low. **Discussion:** Our research protocol does not enable us to distinguish between the respective influences of the psychoeducation group and the relaxation group. **Conclusion:** The psychoeducation groups for stress management and relaxation have an impact on health representations in patients experiencing somatization who would not have spontaneously sought out psychiatric consultations.

Key Words: Liaison psychiatry-Psychosomatic-Psychoeducation-Stress-Jacobson Relaxation

Poverty and mental health: What should we know as mental health professionals?

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Abstract

Background: Social inequality as a social and economic phenomenon has become an issue of common interest in Europe and other societies worldwide, mainly after the recent global financial and economic crisis that occurred in 2008. The increasing gap observed between socioeconomically advantaged and disadvantaged people has caused intensive debates in politics, social sciences and in the field of public health. Today, poverty is considered as a major variable adversely influencing health. In this paper we will discuss the link between poverty and mental health. **Subjects and methods:** We conducted a literature search focusing on three main objectives: (I) to investigate the definition of "poverty"; (II) to determine the association between poverty and major mental health problems; and (III) to discuss the extent to which poverty could be both a cause and a consequence of mental health. **Results:** We identified a total of 142 relevant papers, published between 1995 and 2014, only 32 were retained. Main findings are summarised in this paper. **Conclusion:** Poverty can be considered as a risk factor for mental illness. Yet the relation between poverty and mental health is complex, without direct causation, and bidirectional. As poverty has severe consequences not only on health but also on the whole society, combating poverty should be placed high on the political agenda.

Key words: Poverty, socioeconomic inequalities, social class, mental health, mental illness.

Hormonal and developmental influences on adolescent suicide: a systematic review.

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Summary and key words

Background: Teen suicide is a major public health problem. In the United States, it is the third cause of death among the 10-24 year olds. Adolescence involves numerous changes, whether physical, social, emotional or hormonal. At a neurobiological level, a teenager's nervous system is also affected and undergoes significant modifications.

Subjects and Methods: We conducted a systematic review of electronic literature published between January 1990 and August 2014 via MEDLINE, PubMed and PsychINFO to list articles concerning the risk of teen depression and suicide risks in adolescents as well as those relating to the adolescent's neuro-anatomical brain and the effect that puberty has on it. **Results and discussion:** When analyzing the various studies, it is clear that all support the idea that adolescence is a special period, both at neuroanatomical and biological levels. The risk of impulsiveness and depression is explained, anatomically, by a faster maturation of the limbic system, and biologically, by a higher sensitivity of the serotonergic system and to glucocorticoids, which themselves are influenced by the specific hormonal environment during this period. Moreover and above all, adolescence is a vulnerable time for many reasons: physical, hormonal, social, cognitive, and emotional changes, self-development, etc. We should not restrict it to structural neurological changes without taking into account the other factors or compartmentalize young people into a reductive model based on determinism.

Conclusions: Adolescence is a time of change, transformation, and adaptation. The hormonal events that occur during this period have significant effects on brain development, neuro-cerebral chemistry, adolescent behavior and risks of depression. It is important to try to prevent suicide and depression in adolescents considering its entirety and complexity but also by paying attention to neuro-biological factors even if, at present, many research projects are currently underway to develop an appropriate drug therapy strategy.

Key words: adolescent brain, neuro-biological factors, depression, cortisol, suicide

AN ECONOMIC ANALYSIS OF DIFFERENT CANNABIS DECRIMINALIZATION SCENARIOS

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Cannabis Decriminalization scenarios

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SUMMARY

Background: Cannabis is the most widely used illegal drug in European countries. In countries with repressive cannabis policies, prevalence is not lower than in those with tolerant laws. Repressive policies not only have uncertain benefits but they are also expensive. Economists tend to believe that good public policies minimize social costs; that is, they help to improve collective wellbeing at a lower cost. **Method:** The paper draws on a review of international literature on cannabis legislative models around the world. After a description of some of the fundamental concepts of a market economy, several existing policy scenarios will be presented and analyzed from an economic perspective. Strength and weaknesses will be summarized for each alternative. **Results:** In addition to consumption tolerance in countries such as the Netherlands, recent decriminalization of domestic markets in the United States and Uruguay present alternatives to reduce the negative impact of cannabis on society. Earlier initiation age and rise in consumption are unintended potential consequences of decriminalization that need to be addressed by public authorities when designing a liberalized cannabis policy environment. Price is a key variable that needs to be addressed to prevent a rise in consumption. **Conclusion:** Repressive cannabis policies are expensive and have limited impact on consumption. Consumption legalization significantly reduces expenses for repression and law enforcement, allowing for the allocation of more resources to other targets such as education and prevention. With legalization of supply along with consumption, repression and law enforcement costs are reduced even further. Moreover, a legal market would create employment and generate tax revenues that could be allocated to the prevention of increased consumption. Legalizing cannabis would not lead to a sudden rise in consumption, providing the duty imposed by the state kept the product at its current price. **Key words:** Cannabis, policy, social cost

A comparative study between cognitive impairments of adults with schizophrenia and children with psychotic spectrum disorders: a literature review

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Abstract

Background: Cognitive impairments have been extensively reported for patients suffering from schizophrenia but a lot of questions persist about these troubles. Several domains of cognitive functions are impaired which result in daily life difficulties. Many arguments tend to show that children suffering from psychotic spectrum disorders present cognitive impairments also but things are not clearly defined. The aim of this review is to compare the cognitive impairments of children suffering from psychotic symptoms and adults suffering from schizophrenia in order to improve the understanding of the two clinical affections. A better understanding of the disease is necessary to improve the health care which currently give poor results. **Subjects and methods:** besides the Diagnostic and Statistical Manual(DSM-5) and the French reference books, the present research has been conducted using PubMed, Medline, PsycINFO, PsycARTICLES and ScienceDirect. Literature about cognitive impairments of adults with schizophrenia and children with psychotic spectrum disorders is assessed and results are compared. **Results:** Both children and adults suffer from cognitive impairments: language, memories, executive and motor functions and IQ are impaired. An important heterogeneity in the troubles has been observed and a poor knowledge in terms of onset time, evolution, intensity, impact on everyday life and therapeutic interest has been reported. **Conclusion:** Adults with schizophrenia and children suffering from psychotic spectrum disorders have similar cognitive impairments in many domains of cognition. The similarities in term of cognitive impairments highlighted in the present work should support new studies in order to adapt to children the current cognitive therapies which are mostly provided to adults. As the cognitive impairments are heterogeneous, each patient should receive a tailored neurocognitive exam which takes into account its abilities and weaknesses.

Keys words: psychotic spectrum disorders – schizophrenia – cognitive impairment– cognitive therapy.

Depression, family and cellular immunity: Influence of family relationships and cellular immunity on the severity of depression

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Running Title

Depression, family and cellular immunity

Abstract

Background: Exposure to stress activates the hypothalamic-pituitary-adrenal axis through the release of catecholamines, which modify humoral and cellular immunity. On the one hand, this psycho-immunological theory makes it possible to forge links between immunity and depression. On the other hand, we know that family determinants are an important variable in the model of vulnerability to depression. Our study weighs the influence of cellular immunity and family relations on the severity of depression. **Subjects and Method:** 498 inpatients with major depressive disorder were enrolled in an open-label trial. In addition to a socio-demographic questionnaire, they completed Olsen's FACES III and the Beck Depression Inventory (BDI). Flow cytometry was used to assess lymphocyte subsets. **Results:** In terms of immunity, there are correlations between the BDI and percentages of CD3 ($p = 0.015$; $r = -0.112$), CD4 ($p < 0.000$; $r = -0.175$), CD4/CD8 ($p = 0.045$; $r = -0.093$) and CD16 and 56 ($p = 0.014$; $r = 0.113$). In terms of family relationships, there is a correlation between the BDI and family of origin, both for cohesion ($p = 0.007$; $r = -0.169$) and adaptability ($p = 0.035$; $r = -0.133$) measures. With respect to the relationship between family dynamics and immunity, there are correlations between adaptability in the family of origin and CD3 ($p = 0.04$; $r = 0.094$) and CD4 ($p = 0.044$; $r = 0.093$). A logistic regression model for family variables explained 11.4% of the BDI, compared to 12.7% for immune variables, while a model including the two explained 16%. **Conclusions:** While both the family and immunity can explain the BDI, it is surprising they have a greater effect in combination than individually. This suggests that the psycho-immunological theory should look at the relation between immunity and family life, notably in relation to the family of origin.

Keywords: immunity – Family – Olson – Depression

Observing the Effects of Mindfulness-Based Meditation on Anxiety and Depression in Chronic Pain Patients

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Abstract

Background: People whose chronic pain limits their independence are especially likely to become anxious and depressed. Mindfulness training has shown promise for stress-related disorders. **Methods:** Chronic pain patients who complained of anxiety and depression and who scored higher than moderate in Hamilton Depression Rating Scale (HDRS) and Hospital Anxiety and Depression Scale (HADS) as well as moderate in Quality of Life Scale (QOLS) were observed for eight weeks, three days a week for an hour of Mindfulness Meditation training with an hour daily home Mindfulness Meditation practice. Pain was evaluated on study entry and completion, and patients were given the Patients' Global Impression of Change (PGIC) to score at the end of the training program. **Results:** Forty-seven patients (47) completed the Mindfulness Meditation Training program. Over the year-long observation, patients demonstrated noticeable improvement in depression, anxiety, pain, and global impression of change. **Conclusion:** Chronic pain patients who suffer with anxiety and depression may benefit from incorporating Mindfulness Meditation into their treatment plans.

Assessing Parenting Capacity in Psychiatric Mother and Baby Units: A case report and review of literature

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Abstract

AIMS AND HYPOTHESIS: This review aimed to improve infant risk assessments in the context of maternal mental illness by identifying key predictors of poor parenting outcomes.

BACKGROUND: Inadequate parenting as a result of severe and persistent mental illness is a common reason for courts terminating parental rights. However, the current practice of parenting capacity assessments in the setting of perinatal psychiatry is fraught with risks and uncertainty. A well-recognised flaw in the assessment process is the lack of valid and reliable tools that have been specifically validated for assessing parenting capacity in mothers with a history of mental illness and the potential risk of harm to their infant. To date, there is only one instrument available.

METHODS: A systematic search of Medline, PsycInfo and Embase via the Ovid interface was conducted between September and December 2014. Citation snowball sampling was also used to identify further relevant studies. An additional search was performed in Google to access grey literature.

RESULTS: A total of 38 citations were identified, of which 8 publications focusing on the populations of England, France and Belgium met the eligibility criteria of this review. Evidence from existing research suggests that poor parenting outcomes in maternal psychiatric illness are strongly associated with correlates of socio-economic inequalities. However, evidence regarding the long-term implications of such factors is weak as only one follow up study and no longitudinal studies were identified in this review.

CONCLUSION: Our review suggests that the use of standardised empirically validated risk assessment tools would benefit the current practice of parenting assessments by improving the process by which collected information is analysed. This would enhance the accuracy of decision-making, and improve the safeguarding of the infant. Further research is needed on medium to long-term parenting outcomes, particularly regarding its relations to: the type of maternal psychiatric disorder; the quality of maternal relationships; previous attachment experience; psychiatric illness or behavioural disorder in the partner and neonatal/ infant medical complications. This would more accurately reflect the dynamic nature of parenting and would help to determine the effectiveness of specific interventions addressing risk factors associated with poor parenting outcomes.

KEYWORDS: Parenting Capacity Assessment; Mother Baby Unit; Mental Illness; Psychiatric Diagnosis; Psychotic Disorder; Parenting Outcome; Social Service Intervention; Separation at Discharge

Cinematherapy and film as an educational tool in undergraduate psychiatry teaching: a case report and review of the literature

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Abstract:

Film possesses an extraordinary power and offers an unrivalled medium for entertainment and escapism. There are many films that revolve around a mental illness theme and the medical specialty that most commonly features in motion picture is psychiatry. Over the last few decades films have become increasingly used as an educational tool in the teaching of psychiatry topics such as mental state examination to undergraduate students. Above and beyond its utility in pedagogy, film also has the power to *heal* and the term cinematherapy has been coined to reflect this. Indeed, there are case studies of people with first-hand experience of psychopathology who report that watching films with a mental illness theme has contributed to their recovery. We provide a first person narrative from an individual with schizophrenia in which he expounds on the concepts of *cinematherpy* and metaphorical imagery in films which theme on psychosis.

Keywords:

Cinematherapy, schizophrenia, psychiatry, undergraduate education, patients, narrative, film

Neuropsychiatric Manifestations of Colloid Cysts: a review of the literature

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Abstract

Colloid cysts account for approximately 2% of primary brain tumours and the majority of cases are identified in the fourth and fifth decade. They are small, gelatinous neoplasms lined by a single layer of mucin-secreting columnar epithelium that are thought to arise from errors in folding of the primitive neuroepithelium. They develop in the rostral aspect of the third ventricle in the foramen of Monro in 99% of cases and despite their benign histology carry a poor prognosis, with a mortality greater than 10% in symptomatic cases.

The location of colloid cysts within the ventricular system results in obstruction of the foramen of Monro as the cyst grows, disrupting the circulation of cerebrospinal fluid (CSF) and causing hydrocephalus. This is the mechanism behind the most common presenting symptoms of postural headache, nausea and vomiting - a clinical picture synonymous with hydrocephalus and intracranial pathology.

In addition to these classical neurological symptoms, there is a high prevalence of psychiatric symptoms in the patient population, with symptoms ranging from anterograde amnesia to gustatory hallucination. These symptoms can occur with or without the presence of hydrocephalus, and are thought to be secondary to compression of connecting pathways between the mesocortices and subcortical limbic regions. These symptoms have been shown to be comparative in frequency to the classical symptoms, yet are rarely the reason for referral to a neurological or neurosurgical service for investigation.

A lot of mental illness starts in adolescence. Therefore should we shift some of the spending from adult to adolescent mental health services?

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Abstract

In May 2015 the UK elected a new government. In election campaigns, health is one of the most important areas of debate and over the preceding 12 months, the state of child and adolescent mental health services (CAMHS) had held a particularly high profile in the media and in political debate. Many had suggested that the rate of mental illness starting in adolescence is increasing and that service provision is not of sufficient quality or scale to meet this need. A brief review of the sources for these statistics reveals that whilst this may be true, there is a dearth of accurate and up to date data on the scale of the need for CAMHS or the extent to which it is being met.

Nonetheless, members of all parties claimed to support improvements in mental health service provision for children and adolescents through increases in funding. A key question for policy makers has therefore become, from where any additional funding might be derived. One suggestion has been that funding be transferred from spending on adult mental health services. The exact practical nature of such a policy is yet to be explored in detail by government or stakeholders. The primary purpose of the present discussion is therefore to consider the possible ethical implications of such a policy in principle. The discussion forms part of a wider and evolving political and professional discourse on society's and government's attitude towards mental illness, towards the balance of individual and societal needs and towards the balance between preventative and supportive interventions to improve health.

Keywords

Child & Adolescent – Health Services – Policy – Ethics

Global strategies targeting the recruitment crisis in psychiatry: the Doctors Academy Future Excellence International Medical Summer School.

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Abstract

Background:

The World Health Organization has identified a chronic shortage of psychiatrists worldwide whereas the demand for mental health services is on the rise. Indeed mental health problems are projected to be a leading cause of morbidity by 2020 according to the Global Burden of Disease study. Bhugra et al, under the auspices of the Royal College of Psychiatrists and the World Psychiatry Association, spearheaded an international study across 22 countries and identified myriad factors that can influence career choices at pre-medical school, medical school and postgraduate levels. The enthusiasm and passion of mental health educators and the quality of psychiatry placements were identified as factors that can attract medical and students and graduates to a career in psychiatry.

The Future Excellence International Medical Summer School (FEIMSS) is a 5-day event for medical students held yearly in Manchester, UK. FEIMSS is the largest event of its kind in the world; the 2013 cohort was comprised of 244 students from 40 countries representing 80 universities.

Aims:

To improve the image of psychiatrists and the perception of psychiatry in general with 2 brief contact-based lectures from a consultant and an early-career psychiatrist. The lectures incorporated references to the humanities (literature, poetry, history, film, drama and art).

Methods:

A mixed-methods study was conducted. Paper evaluation forms were hand-distributed to participants who attended the psychiatry talks. Items to constructs relevant to the talks were on a Likert-type scale. Participants were given the choice of anonymity. There was space for free-text comments which were subjected to thematic analyses.

Results:

25/25 of the participants responded (response rate 100%). The heterogeneous sample was comprised of participants representing 11 countries from Japan to Kosovo. The written feedback was exceptionally positive. For the, '*The psychiatry talks were interesting*' and, '*Attending FEIMMS improved my understanding and respect for other cultures*' constructs, 23/25 (92%) of respondents agreed or strongly agreed.

Discussion:

Notwithstanding the limitations of our evaluation - which to our knowledge is the first of its kind on such an ethnically eclectic sample - our results suggest that a brief contact-based intervention incorporating the humanities may positively influence the perceptions of psychiatry and psychiatrists that medical students from diverse cultural backgrounds have. We contend that FEIMSS provides a platform to recruit medical students into psychiatry from all over the world and enables them to develop cultural competency.

Key words:

Psychiatry, recruitment, public perceptions of psychiatry, image of psychiatrists, humanities

The Management of Patients with Depression In Primary Care: an Audit Review

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Key Words: Depression, Primary Care, IAPT, psychological therapy, NICE guidelines, suicidal ideation, antidepressant medication.

Abstract:

Aims and methods:

The IAPT scheme was introduced in 2007 to implement the recommendations from NICE guidelines regarding psychological therapy for depression. This retrospective audit carried out across two General Practice Surgeries evaluates the care being given in relation to the standards of NICE guidelines.

Results:

Initial audit found variable concordance, however after discussion of this at a local audit meeting and the displaying of posters and leaflets detailing the IAPT scheme this was improved on re-audit.

Clinical Implications:

Training should be provided to General Practitioners regarding the standards of care for patients with low mood or depression. In this training there should be an emphasis on the role of psychological therapy and details given of local resources. Posters and leaflets should be clearly displayed to allow patients to self-refer to IAPT. A close watch must be given to waiting times for the IAPT service as demands increase.

Clinical utilisation of the “G.T. MSRS”, the rating scale for mixed states: 35 cases report.

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Summary

The knowledge of the clinical features of the mixed states and of the symptoms of the “mixity” of mood disorders is crucial: to mis-diagnose or mis-treat patients with these symptoms may increase the suicide risk and make worse the evolution of mood disorders. The rating scale “G.T. MSRS” has been designed to improve the clinical effectiveness of both psychiatrists and GPs by enabling them to make an early “general” diagnosis of mixed states. This study presents some cases in which the “G.T. MSRS” scale has been used, in order to demonstrate its usefulness.

Key words - bipolar spectrum disorders – mixed states – mixity - mixed state rating scale.

PSYCHIATRIC CAREGIVER STRESS: CLINICAL IMPLICATIONS OF COMPASSION FATIGUE

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SUMMARY

The capacity to work productively is a key component of health and emotional well-being. People who work in health care can be exposed to the fatigue of care. Compassion fatigue has been described as an occupational hazard specific to clinical work related severe emotional distress. In our study, we have evaluated compassion fatigue in a mental health group (47 psychiatric staff) and its relationship with inpatients (237 inpatients) affected by some psychiatric disorders. At baseline, the more significant data indicate a high percentage of Job Burnout and Compassion Fatigue in psychiatric nurses (respectively, 39.28%, 28.57%). Significant Compassion Fatigue percentage is present also in psychologist group (36.36%). Finally, in psychiatrists, the exposure to patients increased vicarious trauma (28.57%), but not job burnout. After a year of participation in Balint Groups, the psychiatric staff presented an overall reduction in total mean score in any administered scale [CBI: $p < 0.0000045$; sCFs: (Vicarious Trauma: $p: 0.0288$; Job Burnout: $p < 0.000001$)]. Thus, compassion fatigue causes concern among mental health professionals, and Balint Groups may represent a therapeutic strategy to help health professionals to face difficulties in challenging work environments.

Key words: *compassion fatigue – burnout – psychiatric caregivers*

MANAGEMENT OF PRIMARY NEGATIVE SYMPTOMS IN SCHIZOPHRENIA: AN ONE-YEAR OBSERVATIONAL STUDY

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SUMMARY

Negative symptoms represent a separate symptom domain, with respect to depression, neurocognition, and social cognition and have a strong direct and indirect impact on real-life functioning. Furthermore, negative symptoms that do not improve following antipsychotic treatment are an important diagnostic and therapeutic challenge. We conducted a 12-month-study open-observational study to evaluate the efficacy of some atypical antipsychotics on negative symptoms, according to the following recommendations of Consensus Development Conference Attendees. In our study, we evaluated in an open-label study the efficacy of some second-generation antipsychotics (clozapine; quetiapine, olanzapine; aripiprazole, paliperidone) in 42 patients with schizophrenia or schizoaffective disorder (DSM-5 criteria) with 'persistent negative symptoms'. We used different rating scales (PANSS, CDSs, BNSS, BPRS), but mainly we focused on the new Brief Negative Symptoms Scale (BNSS) for negative symptoms. Our total data indicate an overall statistically significant reduction in all scales, although not clinically relevant.

Key-words: *negative symptoms, BNSS, schizophrenia*

Can clinical use of Social Media improve quality of care in mental Health? A Health Technology Assessment approach in an Italian mental health service.

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Summary

Clinical use of modern Information and Communication Technologies such as Social Media (SM) can easily reach and empower groups of population at risk or affected by chronic diseases, and promote improvement of quality of care. In the paper we present an assessment of SM (i.e. e-mails, websites, on line social networks, apps) in the management of mental disorders, carried out in the Mental Health Service of Trento (Italy) according to Health Technology Assessment criteria. A systematic review of literature was performed to evaluate technical features, safety and effectiveness of SM. To understand usage rate and attitude towards new social technologies of patients and professionals, we performed a context analysis by a survey conducted over a group of 88 psychiatric patients and a group of 35 professionals. At last, we made recommendations for decision makers in order to promote SM for the management of mental disorders in a context of prioritization of investments in health care.

Key words: *mental health – information and communication technologies - Health Technology Assessment – systematic review – social media – survey*

Suicide and attempted suicide: epidemiological surveillance as a crucial means of a local suicide prevention project in Trento's Province.

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Summary

The World Health Organization identifies suicide among the top 10 causes of death in many countries with an overall mortality rate of 16 per 100,000 inhabitants. Furthermore suicide attempts present a frequency 4-10 times greater than the suicidal events, representing also one of the main risk factors to lead to recurrent attempts of suicide. In 2008 the Autonomous Province of Trento launched a suicide prevention program called "Invitation to Life" which includes various interventions intended to counter the phenomenon of suicide in the region. Actually the epidemiological research upon the phenomenon of suicide in Trentino region is one of the main pillars of the project: it represents a fundamental requirement to identify risk and protective factors in the population in order to adopt more specific and effective preventive strategies. This article aims to present methods and instruments for epidemiological monitoring of suicide and attempted suicide which are applied in Trentino and to describe results after seven years from the beginning of the local prevention program "Invitation to life".

key words: suicide - monitoring – prevention – epidemiology

Can Violence cause Eating Disorders?

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Summary

The origin and course of eating disorders and nutrition have a multifactorial etiology and should therefore take into consideration: psychological factors, evolutionary, biological and socio-cultural (Juli 2012). Among the psychological factors we will focus on violence (in any form) and in particular on the consequences that they have on women, which vary in severity. Recent studies show that women get sick more than men, both from depression and eating disorders, with a ratio of 2: 1; this difference begins in adolescence and continues throughout the course of life (Niolu 2010). The cause of this difference remains unclear. Many studies agree that during adolescence girls have negative feelings more frequently and for a longer duration caused by stressful life events and difficult circumstances, such as abuse or violence. This results in an increased likelihood of developing a symptom that will be connected to eating disorders and/or depression. As far as the role of food is concerned in eating disorders, it has a symbolic significance and offers emotional comfort. Eating means to incorporate and assimilate, and even in an ideal sense, the characteristics of the foods become part of the individual. Feelings that lead to binges with food are normally a result of feelings related to abuse or violence and lead to abnormal behavior which leads to bingeing and the final result being that the person is left feeling guilty and ashamed. Research confirms that 30% of patients who have been diagnosed with eating disorders, especially bulimia, have a history of sexual abuse during childhood. Ignoring the significance of this factor can result in the unleashing of this disease as the patient uses the disorder as his expressive theater (Mencarelli, 2008).

Factors that contribute to the possibility of developing an eating disorder are both the age of the patient at the time of the abuse and the duration of the abuse. The psychological effects that follow may include dissociative symptoms and symptoms of an Eating Disorder.

Key words: Eating disorder and violence – Violence against women – Consequences of violence

Atypical Antipsychotics for Schizophrenia and/or Bipolar Disorder in Pregnancy: Current Recommendations and Updates in the NICE Guidelines

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Abstract

Background: The gold standard pharmacological agents used to treat schizophrenia and bipolar disorder in adults are antipsychotics. Atypical or second-generation antipsychotics have superseded or used as alternatives to typical first-generation antipsychotics due to better tolerability and safety profile. However the efficacy and safety of these drugs are severely limited in pregnancy and/or women of childbearing potential. There are very few guidelines to guide the clinical management of schizophrenia and/or bipolar disorder in this subgroup.

Aim: We aimed to review current evidence of atypical antipsychotics used in pregnancy where available, with considerations to its efficacy and safety to both the mother and fetus, in conjunction with the recently updated NICE guidelines

Methods: The latest NICE CG192 guidelines on antenatal and postnatal mental health, published in December 2014 was reviewed and summarized, and the BNF-approved list of atypical antipsychotics were identified. Clinically relevant MEDLINE-linked publications were searched and selected where available using the PubMed search engine to identify evidence for or against the use of atypical antipsychotics in pregnancy.

Results and Conclusions: NICE CG192 improved clarity on the prediction, support and holistic management of mental illness in pregnancy and puerperium; however there were no specific recommendations in terms of pharmacological agents used to treat schizophrenia and/or bipolar disorder in this subgroup. Evidence from the literature on atypical antipsychotics yielded discordant results. Nonetheless, our report presents preliminary findings of certain antipsychotics which appear to be effective and safe in pregnancy. Future research would benefit from larger, prospective randomized controlled trials, and perhaps include newer atypical antipsychotics for consideration in this subgroup.

Keywords: atypical antipsychotics, pregnancy, schizophrenia, bipolar.

EFFICACY OF LAI IN FIRST EPISODE PSYCHOSIS: AN OBSERVATIONAL STUDY. CLINICAL REPORTS

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Summary

The use of antipsychotics, especially second generation antipsychotics, represents the milestone treatment of “first episode of psychosis” (FEP). Although prodromal symptoms of psychosis have long been recognized, the clinical management of psychotic disorders conventionally begins at the first episode of frank psychosis, as it is well acknowledged that “duration of untreated psychosis” (DUP) is one of the main factor that negatively affects prognosis: a longer DUP is highly correlated to reduced response to treatment, poor clinical and social outcomes, and an overall worst prognosis. Long-acting injectable (LAI) formulations of antipsychotics have traditionally been used for those patients with psychosis with the most severe symptoms, poorest compliance, most hospitalizations and poorest outcomes; moreover it seems that psychiatrists tend to prescribe LAI at the latter stages of the disease. We retrospectively collected clinical and sociodemographic data regarding patients consecutively presenting with symptoms of FEP attending the Community Mental Health Service (CMHS) in Foggia from 1st June 2014 to 31st May 2015. We selected patients who attended the CMHS in Foggia with symptoms of FEP. Different scales were administered to assess symptoms severity, quality of life, side effects, adherence, and overall functionality. In our sample LAI treatment was found to be effective in treating symptoms associated to FEP, improved quality of life and it was associated with a clinically irrelevant incidence of extrapyramidal side effect. Considering that achieving a full symptoms remission in people affected by FEP is associated to better outcomes, and that DUP is associated to poor prognosis, LAIs could play an important role in improving overall recovery.

Key words: first episode psychosis; LAIs; pharmacological treatment; Bipolar Disorder; recovery.

Traumatic events in childhood and their association with psychiatric illness in the adult

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ABSTRACT

Introduction: Child maltreatment is a well-known condition that is currently considered to be associated with the development of severe psychiatric conditions. Consequently, the authors decided to review the current literature in order to give a complete scenario of the situation in the world and to give recommendations about prevention and treatment as well as research goals.

Methods: An electronic search was conducted through the means of MEDLINE database in order to find the most up to date peer-reviewed papers, including only those papers published in 2015.

Results: 15 papers were included and analyzed the current situation in different countries: US (n.3), Australia (n.2), Ireland (n.2), Israel (n.2), China (n.2), Indonesia (n.1), Pakistan (n.1) and Norway (n.1).

Discussion: Even though sexual abuse has been studied extensively, both physical and emotional abuse and neglect appear to be more represented within the population of patients that had suffered from abuse. Psychiatric disorders (mainly personality disorders, depression and anxiety), interpersonal, social and legal outcomes are important consequences of child maltreatment.

Conclusions: Interventions and strategies are needed at different levels, from prevention to treatment and further research is important in order to better understand the phenomenon.

Key words: childhood maltreatment, psychiatric disorders in the adult, sexual abuse, physical abuse, emotional abuse, neglect

The comorbidity between bipolar disorder and ADHD in a young adult: a focus on impulsivity.

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Abstract

Impulsivity is a complex behavioural feature of many psychiatric disorders, in particular of risk-taking behaviour, and is an important determinant of personality. Both ADHD and bipolar disorder express features of impulsivity. The concept of having two or more simultaneous psychiatric conditions is an increasingly recognised concept in the field of psychiatry, and is important clinically for management and prognosis. Consequently, the aim of this case presentation is to report about a young patient with both bipolar II and ADHD, in order to better understand which of the possible clinical phenotypes of these psychiatric conditions exist in comorbidity, mainly focusing on impulsive features because of the relevant challenge that this psychological aspect can represent in the clinical treatment of these patients.

Key words: bipolar disorder, ADHD, impulsivity, comorbidity, suicide

LONG TERM TELEMEDICINE STUDY OF COMPLIANCE IN PARANOID SCHIZOPHRENIA

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Summary

Background: Low compliance is one of the crucial problems of contemporary psychiatry. Relapses, deterioration of cognitive functioning, negative symptoms, neuroleptic resistance are the examples of many consequences of noncompliance in schizophrenia

Material and method: The study was designed to assess the compliance in the 200 patients diagnosed with paranoid schizophrenia, all in the state of symptomatic remission and on the stable neuroleptic treatment. The compliance was assessed using a telepsychiatric system, sending reminders: 1 hour before the planned dose to remind them that drug intake is approaching, and at the moment of intake to check if they took the drug. The confirmed drug intakes were counted by the telepsychiatric system.

Results: 158 patients completed the study period. The compliance in the first month of the treatment was 44.6% and decreased over the rest of the period to the level of 33.4%. 50% of the schizophrenic patients were compliant at a level lower than 37%. This group was considered the low compliance group, and in this group the compliance increased after 6 months from 9.3% to 10.3% ($p < 0.0001$).

Conclusions: The compliance in the group of schizophrenic patients in remission is very low. The telemedicine system improves the compliance in the patients with the worst compliance.

Keywords: schizophrenia, neuroleptic treatment, compliance, telemedicine, telepsychiatry

HUMAN RESOURCES AND THEIR POSSIBLE FORENSIC MEANINGS

Andrea Russo¹, Ivan Urlić², Josip Kasum³

Summary

Forensics (forensis – before the Forum) means the application of knowledge from different scientific fields in order to define facts in judicial and/or administrative procedures. Nowadays forensics, besides this, finds its application even in different economic processes. For example, forensics enters the commercial areas of business intelligence and of different security areas. The European Commission recognized the importance of forensics, and underscored the importance of development of its scientific infrastructure in member States. We are witnessing the rise of various tragedies in economic and other kinds of processes. Undoubtedly, the world is increasingly exposed to various forms of threats whose occurrences regularly involve people.

In this paper we are proposing the development of a new approach in the forensic assessment of the state of human resources. We are suggesting that in the focus should be the forensic approach in the psychological assessment of awareness of the individual and of the critical infrastructure sector operator (CISO) in determining the level of actual practical, rather than formal knowledge of an individual in a particular field of expertise, or in a specific scientific field, and possible forensic meanings.

Key words: forensics, psychology, threat, assessment, awareness, knowledge

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A National Snapshot of Substance Misuse among Child and Adolescent Psychiatric Inpatients in Malta.

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Summary

This paper reports on a patient record survey that was undertaken with the central aim of establishing reliable, baseline information to inform strategic planning and organisation of future CAMHS in Malta. The records of the total population of children and adolescents admitted into the psychiatric hospital over a five year period were surveyed. Results showed that the characteristics and circumstances of children and adolescents with mental disorder and comorbid substance misuse in Malta are similar to those described in international studies. The survey emphasised the pressing need for further research into this sub group and also highlighted gaps in reliable data systems locally.

Key words:

CAMHS / Comorbidity / Substance Misuse / Malta

Personality and psychotic symptoms as predictors of self-harm and attempted suicide"

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Conflicts of Interest Statement

The authors declare that there are no conflicts of interest.

Ethical approval

We believe that this study did not warrant formal ethical approval as it qualifies as an audit aimed at quality assurance and evaluation. In all parts of this audit we strive to respect the confidentiality and anonymity of our patients and to avoid harm to our patients.

Summary

Background:

Nonfatal suicidal behaviours (NSB), including suicide ideation, suicide plan and suicide attempt, constitute a serious problem for public healthcare services. Suicide gesture (SG) which refers to self-injurious behaviour with no intent to die, differs from NSB in a variety of important ways. The aim of this study was to investigate demographic and clinical characteristics of NSB and SG to examine whether self-injurers with intent to die differ significantly from self injurers without such intent.

Method:

All admissions for NSB and SG to the Psychiatric Inpatient Unit of University / General Hospital Santa Maria della Misericordia, Perugia, Umbria, Italy, from January 2015 to June 2015 were included in a medical record review. Basic descriptive statistics and distributional properties of all variables were first examined. Bivariate analyses were performed using Chi-square tests for group comparisons and t-test for independent samples used when appropriated.

Results:

The study sample included 38 patients. Of these 23 had committed NSB (13,1 %), 15 had committed SG (8,5%). Number of married NSB was significantly higher than the number of married SG ($p=0,08$). We found a significant difference between NSB and SG related to the item of impulse control that was poorer in SG than NSB ($p=0,010$). BPRS items of hostility ($p=0,082$), suspiciousness ($p=0,042$) and excitement ($p=0,02$) were found to be significantly higher in SG than NSB. Borderline personality disorder ($p=0,032$) and Passive-Aggressive personality disorder ($p=0,082$) diagnosed by the means of the SCID-II, were more represented in SG than NSB ($p=0,044$). Schizoid personality disorder was significantly related to NSB ($p=0,042$).

Key Words; hostility, personality disorder, suicidal behaviours, self-injury, suicide gestures.

Evaluation of the utility of Liebowitz Social Anxiety Scale and Barratt Impulsiveness Scale in the diagnosis of social anxiety, impulsivity and depression.

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Summary

Background: Often mental disorders are serious problems concerning psychological well-being. They require comprehensive and specialized psychiatric and psychological help, but there are no public methods of controlling your mental state. The aim of study was the evaluation of the utility of Liebowitz Social Anxiety Scale and Barratt Impulsiveness Scale in the diagnosis of social anxiety, impulsivity and depression.

Subjects and methods: The study included 85 persons. The study group had 34 patients treated in an open ward of the Department of Psychiatry and Psychotherapy of Medical University of Silesia in Katowice. The control group included 51 persons without mental disorders. Three self-rating questionnaires were used: Beck Depression Inventory, Barratt Impulsiveness Scale and Liebowitz Social Anxiety Scale. Statistica v10 Statsoft software was used for statistical analysis.

Results: The analyzed groups had significant differences in terms of Beck Scale (U Mann-Whitney test $p=0.000001$). Average score in study group: 22.94 ± 12.50 ; in control group: 7.15 ± 6.44 . Groups had significant differences in terms of Liebowitz Scale (U test Mann-Whitney test, $p = 0.000164$). Average score in the study group: 60.41 ± 30.30 ; in control group: 35.01 ± 23.94 . Groups had significant differences in terms of Barratt Scale (t-student test $p=0.000601$). Average in study group: 66.35 ± 9.49 ; in control group: 59.54 ± 7.87 . Significant positive correlation was observed between the results of Beck Scale and Liebowitz Scale ($r = 0.64465$). Correlation was not observed between the results of the Liebowitz and Barrat ($r = 0.12091$ and Beck and Barrat ($r = 0.21482$).

Conclusions: The intensity of the Liebowitz Social Anxiety Scale is directly proportional to the severity of depression according to the Beck Depression Inventory. The degree of impulsivity by Barrat Impulsiveness Scale does not correlate with the level of depression according to Beck Depression Inventory. The analyzed scales are relevant in the diagnosis of mental disorders.

keywords: Beck Depression Inventory, Barratt Impulsiveness Scale, Liebowitz Social Anxiety Scale, mental disorders

Personality characteristics of psychotic patients as possible motivating factors for participating in group psychotherapy

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Summary

Background: This study aimed to examine the relationship between some personality characteristics of patients diagnosed with psychotic disorders and the quality of their engagement in psychodynamic group psychotherapy. Given that previous research has shown that self-stigma is significantly negatively associated with the engagement of patients, the measure of self-stigma was used as a correlate of patients' motivation to participate in group psychotherapy.

Subjects and methods: A total of 48 outpatients (52.1% women; mean age 35.30 years) attending group psychodynamic psychotherapy completed The Inventory of Personality Organization, The Pathological Narcissism Inventory, The Measure of Parental Style, The Relationship Questionnaire, and The Internalized Stigma of Mental Illness scale.

Results: The findings showed that patients with higher levels of self-stigma have unhealthy attachments styles, perceived their mothers' parental style as indifferent and achieved greater scores on narcissistic vulnerability scale. They are also prone to primitive psychological defences, have poorly integrated identity, and achieved lower scores on reality testing dimension.

Conclusion: Taking into account the limitations of this study, these findings may contribute to improved understanding of the quality of participation and engagement of psychotic patients in group psychotherapy, and may help to develop more effective therapeutic approaches.

Key words: personality characteristics, psychosis, self-stigma, psychodynamic group psychotherapy

The Use of Psychotropic Drug Therapy in Borderline Personality Disorder: a Case Report

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ABSTRACT

It is estimated that around 75% of patients with Borderline Personality Disorder (BPD) are prescribed psychotropic medication during their treatment course, although this is not recommended as first line therapy. In the UK, there are no guidelines to advise which drug treatments to use in BPD, however, numerous, but mostly small scale studies, show evidence that different medications target specific core symptoms. We report a case of a 25 year old woman with BPD, who has received treatment with five different psychotropic medications. We go on to assess not only the efficacy of these treatments in this individual case, but also whether the use of these treatments is in line with best evidence according to currently available research.

Key Words: Borderline Personality Disorder (BPD); psychotropic medication; core symptoms; emotional instability; low mood; anger; Cognitive Behavioural Therapy (CBT)

Training in sleep medicine among European early career psychiatrists: a project from the European Psychiatric Association – Early Career Psychiatrists Committee.

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Keywords:

Sleep medicine, training, psychiatry, Europe, insomnia

Abstract

Introduction: Sleep disorders have a proven association with psychiatric illness. Therefore, psychiatrists require appropriate training in diagnosing and treating sleep disorders. To date, there is no data available in Europe on training in sleep medicine for early career psychiatrists (ECP).

Aims: To identify the availability of training in sleep medicine for psychiatric trainees across Europe and to establish how confident doctors feel in treating these conditions.

Methods: European-wide survey carried out by the European Psychiatric Association (EPA)-Early Career Psychiatrists Committees. Representatives of ECPs from each participating European country filled in a questionnaire about availability of training in sleep medicine in their country. ECPs were also invited to fill out a questionnaire at the EPA congress in Nice in 2013.

Results: 55 participants from 27 European countries responded. Only 24% had sleep medicine training mandatorily included in their national training curriculum. A majority (60%) felt that the quality of the training they received was either average or below average. 88% felt either very or fairly confident in treating insomnia. However, when asked to select the correct management options for insomnia from a provided list of six, only 19% and 33% of respondents chose the two correct options.

Conclusions: There is a clear gap between the level of confidence and the clinical judgements being made to treat insomnia among European ECPs. There is a definite need to improve the availability and structure of sleep medicine training for psychiatric trainees in Europe.

TELEPSYCHIATRY IN POLISH PATIENTS' AND DOCTORS' OPINION

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Summary

Background: Telepsychiatry is a new method of medical care, using modern communication technologies and electronic informations. It consists of web pages, containing data about diseases and their treatment in the form of multimedia libraries with video- and audiobooks.

This research concerns verification of knowledge and attitude to telepsychiatry amongst patients and psychiatrists.

Subjects and Methods: An anonymous survey was conducted amongst 105 psychiatrists aged 26-74, including 74 women and 31 men and 102 patients aged 21-79, including 61 women and 41 men.

Results: Research reveals that majority of patients never met with the concept of 'telepsychiatry' and do not know what it means. However, more than 50% of respondents answered positively to every question considering the utility of telepsychiatry. Furthermore according to 18% it is possible to replace eye-to-eye conversation by videoconferencing.

Only 15% of doctors claim to have an extensive knowledge on telepsychiatry, and 10% do not know what it means. The vast majority of physicians perceive positive aspects of this method of medical care, but 63% would not want general insertion of telepsychiatry. Doctors are apprehensive of losing personal data and medical confidentiality, and of the necessity of legal changes as well.

Conclusion: The obtained results allow us to conclude that Polish patients and doctors, regardless of their knowledge, age, gender or disease, perceive advantages of telepsychiatry. In connection with this, implementing this method into the Polish medical market makes sense and is in accordance with both patients' and doctors' opinion. Based on our research, we confirmed that there is a necessity of wider popularization of telepsychiatry in Polish therapeutics.

Keywords:

telepsychiatry, telemedicine, videoconferencing, telehealth,

HoNOSCA in an adolescent psychiatric inpatient unit: an exploration of outcome measures

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Key Words

HoNOSCA, ROM, CAMHS, outcomes, adolescent, inpatients, mental health

Abstract

Routine Outcome Measures (ROM) are important tools, increasingly used to assess both patient progress and service-provider efficacy. The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) is a clinician- and patient-rated ROM which summarises a patient's global functioning within behaviour, impairment, symptoms and social domains. Recent literature suggests that consistent disparity exists between the patients' self-ratings and the clinicians' ratings on HoNOSCA. We analysed HoNOSCA data for our own adolescent inpatient unit and report similar findings. Studies have also shown significant differences in both physical and mental health outcomes based on the patient-clinician dynamic and effective communication. We thus investigated the predictive utility of the two HoNOSCA scores, and the disparity between them, with respect to other outcomes measures (CGAS, length of stay and improvement on HoNOSCA). HoNOSCA disparity scores were significantly associated with both patient- and clinician-rated HoNOSCA improvement scores. Moreover, higher admission HoNOSCA scores were associated with greater HoNOSCA improvement scores, for both patient and clinician ratings. We report admission and discharge HoNOSCA scores comparable to other child and adolescent psychiatric inpatient facilities.

The developmental stages of Bipolar Disorder: a case report.

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Summary

Bipolar disorder is a developing disorder; its early stages are sometimes misdiagnosed as anxiety or depressive disorders. At the same time, these disorders are often in comorbidity with bipolar disorder. This complex symptomatology can lead to misinterpretation and underdiagnosis of bipolar disorders, mainly at the earliest stages. Consequently, one of the most important challenges for clinicians is to recognize the non specific early symptoms with the aid of clinical information, for example a family history of bipolar disorder. Furthermore, it is well-known that comorbid anxiety disorders can lead to a worse prognosis in bipolar patients but it is not exactly clear to what extent. A deeper understanding of the relationship between these comorbidities and their stage of development will hopefully lead to better care of patients with bipolar disorder from a younger age.

Key words: bipolar disorder, anxiety, OCD, comorbidity, illness developmental trajectory

DEVELOPMENT OF VOCATIONAL TRAINING SYSTEMS FOR PATIENTS WITH INTELLECTUAL DISABILITY IN POLAND

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Summary

Background: The problem of employment of people with intellectual disabilities is present in many countries. The literature on this topic draws attention to the fact that the improvement of the situation in this area is conditioned by changes in government policies, practices of employers and adequate preparation to undertake professional duties by persons with intellectual disabilities.

Objective: The objective of this review was to explore the changes in vocational rehabilitation forms in Poland.

Results: As one of the ways to solve this problem since 1991 in Poland the so called Workshops of Vocational Therapy have been created. According to the regulations the Workshops were designed for adults with intellectual disabilities, aged over 16 years with a total incapacity of gaining an employment, for which occupational therapy was a form of social rehabilitation. The further step in this process was the establishment of Vocational Activation Centers, with which high hopes were associated. They were expected to be an intermediate link in the creation of career paths from rehabilitation forms ultimately to open labor market. In practice it turned out that the creation of these Centers in Poland has been too slow.

Conclusions: This raised the necessity to change the attitude from the concept of matching the participant to work and to the new environment, which frequently ends as a trauma, to the concept of matching jobs to people. New initiatives and new rehabilitation programs are developed based on this attitude.

Keywords: intellectual disability, vocational rehabilitation, employment

The psychosomatic spectrum: a clinical-analytic survey of the relationship between eating disorders and migraine

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Word count of the abstract: 185

Abstract

Objective: To evaluate if somatic symptoms of Eating Disorders and Migraine reflect similar aspects of personality and temperament.

Method: The clinical notes of 27 migraineurs and of 26 ED outpatients were reviewed; 40 medical students of the University of Perugia were recruited as healthy controls. TCI, DMI, SCID-II and TAS-20 were used. Statistical analysis: performed by logistic regression, a cluster analysis that gave the weight for the three groups, and a logistic regression of the cluster analysis.

Results: Patients showed medium scores in almost all the scales of the different tests. High scores in HA and low scores in NS characterized both migraine and ED patients. Logistic regression of the cluster analysis underscored that ED patients, migraineurs, and controls differed for HA (435.424, $p < 0.0001$), TAS-20 F2 (difficulty in describing feelings to others; 7.087, $p = 0.029$), and the defense mechanism turning against object (6.702, $p = 0.035$).

Discussion: The temperamental aspects of low NS and high HA represent the core symptoms of a spectrum composed of somatizing patients who use affective and behavioral strategies that are not functional enough in affective regulation.

Keywords

Eating disorders, Migraine, Alexithymia, Defense mechanisms, Spectrum diagnosis

Palliative Care in Dementia

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Abstract

The Dementias are common neurodegenerative diseases which gradually deteriorate and eventually become fatal. However , hospice care is usually made available to patients suffering from Cancer , while patients who suffer from other chronic conditions such as dementia are not usually offered such care. However the lessons which have been learnt regarding hospice palliative care could be applied with some modification to the care of patients with Dementia. This article attempts to discuss the present literature about palliative care in Dementia, in order to clarify the evidence which underlies the European Association for Palliative Care 'White paper defining optimal palliative care in older people with dementia' .

Key Words

Dementia, Palliative Care ,Hospice Care, Chronic Illness,Neurodegenerative Diseases.

The Concept of Body Language in the Medical Consultation

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Abstract.

In this paper we wish to argue that the human body is an instrument of communication that can be used by the individual. This can be shown by the use of phenomenology, as described by Husserl, and that indeed empathy, as described by phenomenology, can be seen as a link enabling two human bodies/persons to communicate. We then wish to show from neuroscience that empathy can itself be seen as a bodily function. We then will describe how the doctor-patient relationship in the consultation is an extremely important type of communication between two persons, and how teaching of consultation skills has developed. We will show that, once consultation skills teaching was established, then study of body language became an essential part of this teaching, as soon as the technology was developed, and finally we will demonstrate that it is now possible to confirm by observational and controlled trials that appropriate use of body language does indeed enhance the effectiveness of the consultation, including, we would suggest, by appropriate communication of empathy and understanding.

Key Words

human body, body language, phenomenology, empathy, doctor-patient relationship, consultation skills, neuroscience.

Recognising Bipolar Disorders in Primary Care

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This overview is primarily intended for GPs. Readers should refer to NICE guidance (NICE 2014) and expert literature for further information.

Disclosures: No financial conflicts of interest

Abstract

Bipolar disorder, previously called ‘Manic-depression’, is a complex group of conditions characterised by recurrent changes in mood and energy. Crucially, the intensity and duration of these changes go beyond normal fluctuations and personality traits. Bipolar Disorder is a *mental health* disorder, but *physical health* manifestations (Smith 2013) (Westman2013)(Fagiolini2008)(Young 2013) and complications are just as important. GPs have a key role in the recognition and management, in conjunction with secondary care colleagues.

Diagnosis is often difficult and may take several years(Smith 2011)(Angst 2005) (Manning 2010), because patients usually seek help for anxiety, depression or fatigue, not hypomania/mania, which they may not recognise. Individuals with a first episode of mania are more likely to present directly to secondary care, sometimes via a third party alerting the emergency services.

There is also debate around the classification, diagnosis and treatment of individuals with brief and milder mood changes (‘bipolar spectrum disorder’).(Faravelli 2009) (Spence 2011) In the UK, the recent NICE Guidelines(2014)¹ only included Bipolar I and Bipolar II for these reasons.

A particular challenge for GPs is that whilst most people who have Bipolar Disorder (and especially Bipolar II) are depressed, most people with depression within a Primary Care setting do not have Bipolar Disorder.

Thus, a brief pragmatic screen is recommended in Primary care: ask about a family history of Bipolar Disorder and screen for a history of mania/hypomania in individuals with anxiety, depression or irritability, especially if there are recurrent episodes, suicidal thoughts or a previous suicide attempt. For suspected cases, formal diagnosis should not be made within Primary Care but individuals should be referred for Psychiatric assessment, ideally to a Mood Disorders specialist.

Are there different genotypes in Bipolar II and Bipolar I disorder and if so, why then do we tend to observe Unipolar Depression converting to Bipolar II and then converting to Bipolar I?

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Abstract

We review the recent literature in order to establish the importance of a spectrum for bipolar affective disorder, and that unipolar depression, bipolar II and bipolar I are discrete entities that may however evolve in sequence. We discuss clinical, genetic and neurobiological data which illustrate the differences between bipolar I and bipolar II. To fit the data we suggest a series of multiple mood disorder genotypes, some of which evolve into other conditions on the bipolar spectrum. Thence we discuss the nature of the bipolar spectrum and demonstrate how this concept can be used as the basis of a staging model for bipolar disorder.

Key Words

Bipolar I Disorder, Bipolar II Disorder, Unipolar Depression, genotypes, Bipolar Spectrum, Epigenetics.

In search of neural mechanisms of mirror neuron dysfunction in schizophrenia:

resting state functional connectivity approach

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Summary

It has been repeatedly shown that schizophrenia patients have immense alterations in goal-directed behaviour, social cognition, and social interactions, cognitive abilities that are presumably driven by the mirror neurons system (MNS). However, the neural bases of these deficits still remain unclear. Along with the task-related fMRI and EEG research tapping into the mirror neuron system, the characteristics of the resting state activity in the particular areas that encompass mirror neurons might be of interest as they obviously determine the baseline of the neuronal activity. Using resting state fMRI, we investigated resting state functional connectivity (FC) in four predefined brain structures, ROIs (inferior frontal gyrus, superior parietal lobule, premotor cortex and superior temporal gyrus), known for their mirror neurons activity, in 12 patients with first psychotic episode and 12 matched healthy individuals. As a specific hypothesis, based on the knowledge of the anatomical inputs of thalamus to all preselected ROIs, we have investigated the FC between thalamus and the ROIs. Of all ROIs included, seed-to-voxel connectivity analysis revealed significantly decreased FC only in left posterior superior temporal gyrus (STG) and the areas in visual cortex and cerebellum in patients as compared to controls. Using ROI-to-ROI analysis (thalamus and selected ROIs), we have found an increased FC of STG and bilateral thalamus whereas the FC of these areas was decreased in controls. Our results suggest that: (1) schizophrenia patients exhibit FC of STG which corresponds to the previously reported changes of superior temporal gyrus in schizophrenia and might contribute to the disturbances of specific functions, such as emotional processing or spatial awareness; (2) as the thalamus plays a pivotal role in the sensory gating, providing the filtering of the redundant stimulation, the observed hyperconnectivity between the thalami and the STGs in patients with schizophrenia might explain the sequential overload with sensory inputs that leads to the abnormal cognitive processing.

Key words: mirror neuron system, schizophrenia, fMRI, resting state, connectivity

A holistic approach on the neurological benefits of music

By Lily Jimenez-Dabdoub and Jenn Catterall, MSc students Goldsmiths, University of London.

Acknowledgements:

We specially thank Peter Harrison who kindly invited us to participate in the Bedfordshire Conference and to Dr. Angius for the opportunity to open doors to young enthusiast researchers to talk about Music and Wellbeing. Psyc. Jiménez-Dabdoub recognizes the support and funding of the postgraduate studies scholarship from the National Council of Science and Technology, Mexico (CONACyT, CVU: 607068) and the Santander-Goldsmiths Latin American Scholarship grant.

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Abstract

A holistic perspective on human beings allows health carers to achieve an understanding of all the physiological, psychological and social disturbances of the patient as a whole. Through this article we wish to focus on how music has holistic neurological benefits.

Music-therapy interventions can be more accessible and even “self-managed” by the patient’s relatives. They can reinforce social cohesion, family ties and patients’ self-esteem and thus produce a better quality of life. Overall, it is important to consider the benefits that an evolutionary understanding of musical behaviour and a holistic clinical perspective of the role of music may bring for rehabilitation of a wide range of symptoms and conditions.

Key Words

Music, Therapy, Neuroscience.Holistic Approach

Sociodemographic and clinical features of patients with depressive disorder in Khartoum, Sudan

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Background:

It's known worldwide that depression is becoming a major health problem and its prevalence is increasing. The main objective of this study is to find out the prevalence of depression among patients attending a general psychiatric clinic, and study their sociodemographic and clinical features.

Method:

Files of patients attending a private psychiatric clinic in Khartoum in the period June 2005- June 2010 were reviewed. Only those with a diagnosis of depression were chosen, sociodemographic data and clinical features were documented and results were shown below.

Result and discussion:

Total numbers of patients with depression were 137 (11.4%). Females were more than males (56.2%), the majority are between ages 41-60 (40.9%), married (65%), (14.9%) had family history of psychiatric disorders and (52%) had a previous history of psychiatric treatment. Depressed mood is the commonest symptom (98.5%), loss of interest (91.9%), reduced energy (57%), guilt feelings (17.9%) and (35.8%) of our samples expressed suicidal ideations. The commonest type of somatic symptom is generalized aches and pain (30.7%).(18%) were psychotic.

Conclusion:

The present study is a retrospective descriptive study, based on a private psychiatric clinic sample. It provided a useful baseline for more comprehensive field based studies, to try to aid planning and development of services to meet the needs of the population.

Key Words

Depression, Demographics.

Views from GP and Psychiatric trainees about getting experience in each other's specialty during training: A way to develop a shared culture?

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The need to deliver holistic medical care that addresses both physical and mental health requirements has never been more important. The UK medical training system has been designed to provide all medical graduates with a broad experience of different medical specialities and psychiatry prior to entering specialist training. Furthermore there is a distinct crossover between Psychiatric and General Practice training, with programmes providing trainees with the opportunity to work alongside each other in the care of mental health patients.

The video presentation will explain the UK medical training system in more detail, before going on to explore how the organisation of training may foster a shared culture among different specialities and how it could form a model for improving parity of esteem of medical and physical health care. In addition it will discuss the strengths and weaknesses of this system from a trainee perspective and will conclude with comments from eminent Psychiatrists whom have special interests in medical training and developing parity of mental and physical health care.

Key Words ;Medical training, Psychiatry, General Practice, Shared Culture

CASE REPORT : The girl who would not sit

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SUMMARY

A 21 year old girl presented with severe fear of contamination leading to 11 hours of cleaning per day and refusal to sit down anywhere except at home or in mother's car. She also had a moderate depressive episode secondary to social stressors and further isolation due to her lack of time to socialize as cleaning was her priority. She was supported according to the biopsychosocial model of care i.e. An antidepressant (Sertraline), 1:1 psychology and alternative housing away from precipitating and perpetuating stressors. She improved significantly over 6 months, but the cultural issues and stigma continued to hinder the longer-term care plans. The importance of understanding the beliefs and customs of the Travellers' community is highlighted with this case report.

Key Words ;Travellers, OCD, Gipsies.

Why hasn't studying perception in autism spectrum disorders helped us create a cognitive model?

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Abstract

There are a number of cognitive models of autism that aim to explain how mental processes are handled differently in the condition. These models make claims about the nature of cognitive function in people with autism, and suggest that these differences applied in social contexts lead to the characteristic behavioural patterns. However, it is difficult to study these cognitive differences directly because of the complexity of social situations. Studies of perceptual function are tempting as an alternative way to study cognition because it is far easier to control the conditions and the stimuli that participants are exposed to. This makes hypothesis generation and interpretation of results more objective and more convincing.

However, the study of perception in autism hasn't been very productive in contributing towards a model of cognition in autism. In many areas there are studies reporting contradictory results, preventing arrival at a consensus about the largest unresolved issues in the area. These studies tend to be repeated multiple times, but continue to provide contradictory evidence that doesn't allow us to place confidence in any of the cognitive models. An approach to these issues is proposed, focusing on critical analysis of contradictory studies rather than the endless process of repetition. This allows previous studies to be interpreted more objectively and resolve conflicts, and guides the design of future studies in ways that avoid the pitfalls that have been identified. Both of these outcomes result in more productive work being done.

The first example is in the study of motion perception in autism, where the use of non-identical stimuli has been problematic. On closer critical analysis, a fundamental aspect of the motion stimuli demonstrates that the contradictions might be expected based on the differences in stimuli used. Addressing this issue can move the field towards resolution. A second example is in the study of spatial frequency sensitivity. Here, poor study design has created results leading to an "eagle-eyed visual acuity" hypothesis of autism. Errors in the initial study are revealed, suggesting that the model should be abandoned. Finally, a general issue is the assumption of homogeneity of perceptual ability and genetics in autism, where the reality is that subgroups exist within the population of people with autism, and significant variation exists between them. The evidence for this is summarised and the issues that it creates explored.

Key words: autism spectrum disorders, perceptual ability, cognitive model, critical analysis.

How does Schizophrenia occur and can delusions be protective to the person? A bird's eye view attempting to Integrate the Neurobiology and Psychology of Schizophrenia

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Abstract.

This short paper is an attempt to integrate what we know about the biological development of schizophrenia. It attempts to integrate Neurodevelopmental, Dopamine, Glutamate, Salience and Psychological theories of the development of schizophrenia into a unitary whole, and thus to illustrate how these theories relate together. It is a summary of a much larger work, presently in preparation, done for the purposes of the present conference.

It attempts to describe the biological development of schizophrenia, and thence the delusions and hallucinations which play a part in it symptomatically.

Key Words

Salience, Dopamine, Glutamate, Cognitive Biases, Schizophrenia.

A questionnaire to assess social stigma

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SUMMARY

Psychiatric patients often suffer for two reasons: due to the illness and due to the social stigma of mental illness, that increases the uneasiness and psychic pain of the person suffering from serious psychiatric disorder. This unwell person is often the object of stigma because he is “different” from others, and he also can be marginalised by society. In this study we intend to assess whether these marginalising attitudes might be also present among mental health professionals who have presented psychic problems in a previous period of their life, against sick persons suffering of the same illness even if he is a mental health professional. Two questionnaires have been developed, one for professionals and another for the patients, with the aim of identifying these marginalising attitudes. We intend that this study shall be a multicenter, observational and international study, promoted by the Mental Health Dept. of Naples (ASL Naples 3 South, Italy).

Keywords: social stigma, mental illness, questionnaire, psychiatric professionals.

Socio-economic cultural transformations and Depression in elderly people

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Summary

The socio-economic and cultural evolution in the last decades encouraged a significant process of transformation of the life conditions in advanced societies, particularly the average duration of the life of the elderly population, which since the second half of the past century has increased by about 60%, becoming from an average of fifty years to about eighty two for women and eighty for men. This phenomenon enables scholars and in particular demography scholars, to assume that in 2030 the number of elderly persons will reach about two billion worldwide. This development of an increasingly longer life expectancy, justifies the trust in the great progress that characterizes our society.

The rapid growth of this segment of population, due to the improved living conditions and the related progress in science, technology and medicine, in addition to its positive aspects, also includes negative elements, which already affect the Welfare State and, more generally, the public administration that is called to fill the gaps that the transformation of the family and kinship networks have treated with indifference.

The problems of the increasingly long-lived, is not freed from new elements of negativity related to the physical and mental decline that leads to the development of new diseases in addition to those already present, and is increasingly motivated to seek the best remedies to shorten or eliminate the diseases of the elderly. In this context, Depression assumes a central dimension which will surely be a central concern for the economic, social and health impact and for the multitude of changes that put in crisis many of the traditional institutions.

This work aims to analyze through a careful review of the scientific literature, the causes of the spread of this disease, the diagnostic difficulties and possible solutions for prevention and care.

Key-words: depression; social transformation, old age.

“DANCE AND GO ON”: A PROJECT OF PSYCHOSOCIAL REHABILITATION ON THE ROAD

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SUMMARY

The project "Dance and go on" was created with the intention of bringing out of the Day Centre of the Department of Mental Health of Torre del Greco, the dance group "Dance That you go" active since 2009. Dancing Bachata becomes a rehabilitation tool to express emotions through the body and to open to the outside, on the territory [local society], overcoming the fear of being judged by others, the prejudice and the social stigma about mental illness. The rehabilitation activities of the dancing group allowed patients to improve their care of self, self-esteem, confidence in their capacities and an increase in their social relations. The strength and cohesion of the rehabilitation group has given to the patients the opportunity to believe in their own abilities, to accept themselves with their difficulties and to improve the relationship with their body in relation with each other.

Keywords: dance-group, psychiatric patients, mental illness, psychosocial rehabilitation, social stigma, reintegration

WORDS THAT HEAL

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President of Italian section of the association "Bambini dello Yucatan" (www.bambinidelloyucatan.org);

Executive Director of the association "Un 'viaggio' nel viaggio".

Summary

The value of words in the healing process runs constant to the path of therapeutic treatment, the net of exchanges and relationships between brain chemistry and the right words in order to heal is subtle and intricate. Psychotherapy, a treatment with words, is shown to be a treatment that directly affects the brain and that is able to change it stably, even in its anatomical structure and function. According to Kandel (1999), a leading living scientist and Nobel Prize winner for medicine and physiology, american neurologist and psychiatrist, psychotherapy is a real cure, a biological treatment, as it produces behavioral changes through new words and new experiences.

The article offers a brief overview of the use of the fantasy of argument, since the time of the classical rethoric of the sophists up to the new rethoric, to illustrate how the structure of the speech, and the dialectic ability of opposing different thoughts, closely resembles the way of thinking.

Consequently the choice of words can be considered an instrument of great impact that is inserted in the stream of thoughts that determines the attitude of a person, and therefore, his/her actions. This happens whenever you communicate voluntarily, and not simply when interacting.

The right choice of words remains a turning point in all of our relationships, not only in therapeutic situations, but in every other social relationship in life, family or friends.

Key-words - Words that heal, dysfunctional, relationship, therapeutic.

Classification in psychiatry: from a symptom based to a cause based model?

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Abstract

Much of the literature addressing the implications for the DSM of neuroscientific research considers when and how classifications will incorporate the patterns of causation discovered. The question of whether classification should be altered, receives much less attention. I analysed the two main justifications provided for the addition of aetiology. First, that it would produce a more stable classification, and second, that it would allow for significant improvements in the treatment of mental disorders. These potential benefits are often overestimated. Research has not uncovered simple causation to produce stable classifications. Instead, the complexity uncovered will limit the effectiveness of new interventions against particular causes. Significant advantages of the current “theory free” classification system are overlooked. DSM-III and subsequent editions, with an explicit aim to avoid aetiological basis, dramatically improved the reliability of diagnoses between practitioners, vital for research and treatment. Alternative classifications would require comparable reliability. However, they would not overcome the major advantage of omitting aetiology. Different understandings of causation are held by groups utilising the DSM; therefore a classification system not referring to any particular aetiological model avoids prejudice for or against any particular group. This ensures patients can benefit from a range of effective treatments through one diagnosis. Deeper consideration of the implications is needed before causation uncovered in neuroscience is incorporated into psychiatric classification.

Key words.

DSM ,Classification changes,Neuroscience,Aetiology,Causation,Stability,Treatment

The Cambridge-Perugia Inventory for assessment of Bipolar Disorder

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Abstract

It is well known that Bipolar Disorder is a condition which is often underdiagnosed or misdiagnosed. We propose an inventory of questions which will help assess the longitudinal history of the patient's illness, and to evaluate the presence of mixed affective states, rapid cycling, and comorbidities, all of which have an important bearing on prognosis.

Key Words

Bipolar Disorder, Mixed Affective States, Rapid Cycling, Comorbidities

PSYCHIATRIC DISORDERS ASSOCIATED WITH CUSHING'S SYNDROME

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SUMMARY

Background: Cushing's syndrome is the term used to describe a set of symptoms associated with hypercortisolism, which in most cases is caused by hypophysial microadenoma over-secreting adrenocorticotrophic hormone. This endocrine disorder is often associated with psychiatric comorbidities. The most important include mood disorders, psychotic disorders, cognitive dysfunctions and anxiety disorders.

Subject and methods: The aim of this article was to review the prevalence, symptoms and consequences of psychiatric disorders in the course of Cushing's syndrome. We therefore performed a literature search using the following keywords: Cushing's syndrome and psychosis, Cushing's syndrome and mental disorders, Cushing's syndrome and depression, Cushing's syndrome and anxiety.

Results: The most prevalent psychiatric comorbidity of Cushing's syndrome is depression. Psychiatric manifestations can precede the onset of full-blown Cushing's syndrome and therefore be misdiagnosed. Despite the fact that treatment of the underlying endocrine disease in most cases alleviates psychiatric symptoms, the loss of brain volume persists.

Conclusions: It is important to be alert to the symptoms of hypercortisolism in psychiatric patients to avoid misdiagnosis and enable them receiving adequate treatment.

Keywords: Cushing's syndrome, psychiatric disorders, depression, anxiety, psychosis

EFFECTS OF HORMONES ON COGNITION IN SCHIZOPHRENIC MALE PATIENTS – PRELIMINARY RESULTS

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SUMMARY

Background: Schizophrenia is a prevalent neurodevelopmental disorder of an unknown etiology and a variable phenotypic expression. In the recent years, the impact of hormones on the course of schizophrenia has been investigated. This study is aimed at assessing the level of correlating serum levels of hormones in schizophrenic male patients with their cognitive functioning measured with neuropsychological tests.

Subjects and methods: In the index group there were 15 medicated male schizophrenic patients. In the control group there were 15 age and education matched healthy men. All subjects underwent analysis of serum hormones level (TSH, testosterone, estradiol, FSH, LH, progesterone and prolactin) and a battery of tests (Trail Making Test A and B, Stroop Test, Verbal and Semantic Fluency Test).

Results: The mean serum levels of the following hormones were higher in the index group than in the control group: TSH (1,76 mIU/L vs 1,58 mIU/L; $p=0,66$), progesterone (0,85 ng/ml vs 0,69 ng/ml; $p=0,22$) and prolactin (558,71 uIU/ml vs 181 uIU/ml; $p=0,025$). The mean levels of estradiol (24,36 pg/ml vs 25,40 ng/ml; $p=0,64$), FSH (3,17 mIU/ml vs 5,72 mIU/ml; $p=0,019$), LH (3,85 mIU/ml vs 5,77 mIU/ml; $p=0,056$) and testosterone (2,90 ng/ml vs 5,38 ng/ml; $p=0,003$) were higher in the control group. In the index group there were significant negative correlations between FSH and semantic fluency ($\rho = -0,678606$), progesterone and: TMT B ($\rho = -0,586763$), Stroop 1 ($\rho = -0,701880$) and Stroop 2 ($\rho = -0,601074$) and prolactin and TMT A ($\rho = -0,579607$).

Conclusions: The preliminary results of our study show that serum levels of FSH and testosterone are significantly lower, whereas the level of prolactin is markedly higher, in schizophrenic male patients than in healthy men. There is an inverse correlation between serum levels of progesterone, FSH and prolactin and the results of certain cognitive functioning tests in schizophrenic men.

Key words: schizophrenia, cognition, hormones, males

"CLAW YOUR WAY" - MACHIAVELLIANISM AMONG THE MEDICAL COMMUNITY

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SUMMARY

Background: Machiavellianism is a personality trait characterized by emotional detachment and tendency to manipulate others to achieve one's own goal. It is presumed that people high in Machiavellianism would more likely choose business-related occupations, whereas low Machiavellians would prefer helping professions, therefore medical professionals are expected to be low-Machs.

Subjects and methods: This is a questionnaire study on 509 respondents: medical school candidates (16,1 %), medical students (65 %), medical trainees (9,8 %), residents (6,3 %) and specialists (2,8 %) aimed at assessing the level of Machiavellianism, as measured with Mach-IV score, a self-report questionnaire.

Results: The overall mean Mach-IV score was $59,24 \pm 6,07$. The highest mean Mach-IV score, $61,80 \pm 6,94$, was found in the group of medical school candidates. The lowest mean Mach-IV score, $57,61 \pm 7,88$, was reported in the group of registered specialists. Male gender was found to be positively correlated with the mean Mach-IV score, which in women was $58,97 \pm 6,08$ and in men it was $60,16 \pm 6,01$. There was a negative correlation between the mean Mach-IV score and the age of post-graduate participants. When we divided all participants into subgroups of "low Machs" (<60 points) and "high Machs" (≥ 60 points), we found that both subgroups were similarly numerous - 49,5 % and 50,5%, accordingly. The highest representation of "high Machs" was found in the subgroup of medical studies candidates (65,85 %), then in the students (47,73%) and in the group of post-graduates (45,16%). Gender differences remained statistically significant – 47,33 % of women and 60,18% of men were "high Machs".

Conclusions: Machiavellianism level among medical candidates, students and doctors is relatively high, however is gradually decreasing with the progress of career.

Key words: Machiavellianism, dark triad, medical students, Mach-IV

EMPATHY AMONG PHYSICIANS, MEDICAL STUDENTS AND CANDIDATES

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SUMMARY

Background: Empathy is one of the crucial personality traits for all medical professionals, including physicians. The importance of empathy in doctor-patient relationship cannot be overestimated, as it is beneficial for both sides. Regrettably, there is evidence for the decline in this trait over the course of medical studies.

Subjects and methods: The participants were 509 voluntary respondents: medical school candidates (16,1 %), medical students (65 %), medical trainees (9,8 %), residents (6,3 %) and specialists (2,8 %). The Interpersonal Reactivity Index (IRI) was administered to them, which is a self-report tool measuring empathy.

Results: Gender difference in the IRI score was especially prominent – the mean score for female respondents was 59,83 points, while in men it was 51,16 point ($p < 0,001$). The level of empathy did not differ significantly in the sub-groups divided with regards to the stage of their medical career. However, the total IRI score in women was the highest in the group of doctors, while in post-graduated males it was the lowest. Age of the respondents correlated positively with the perspective taking sub-scale and negatively with the fantasy and personal distress sub-scales.

Conclusions: Empathy is a trait that is rarely being enhanced in medical students during their education. While empathy is crucial for the development of a satisfactory doctor-patient relationship, there is an urgent need to adopt educational programs aimed at reinforcing empathy in medical students.

Key words: empathy, medical students, Interpersonal Reactivity Index

Evaluation of the level of depression among medical students from Poland, Portugal and Germany.

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SUMMARY

Background: Depression is a serious illness affecting health, family and professional life of many people of all sectors of society. It also concerns students, regardless of their geographical location. The Beck Depression Inventory (BDI) is a proper tool to brief check of the level of depression because it has high correlation with depression. The aim of this study was to assess and compare the level of depression among medical students from Poland, Portugal and Germany.

Subjects and Methods: Students from different countries were asked to fill in an electronic form containing the BDI. The form was created separately for each country, using official translation of the BDI, approved by the competent psychiatric association. Google Drive software was used for the electronic form, and Statsoft Statistica v10 software for statistical analysis.

Results: There were statistically significant differences ($p < 0.05$) in terms of average score of the BDI and of the proportion of the scores more than 10 points of medical and technology students among kinds of studies and countries. The average score of the BDI of medical students: Poland: 13,76+/-9,99 points; Germany: 8,49+/-7,64 points; Portugal: 7,37+/-7,67 points. The average score of the BDI of technology students: Poland: 12,42+/-9,66 points; Germany: 10,51+/-8,49 points; Portugal: 9,25+/-8,97 points. The proportion of the scores more than 10 points of medical students: Poland 56.32% (285/506) Germany 34,92% (154/441) Portugal 26,03% (82/315). The proportion of the scores more than 10 points of technology students: Poland 55,01% (368/669) Germany 43,82% (156/356) Portugal 37,57% (136/362)

Conclusions: The highest depression score among medical and technology students according the BDI was found in Poland. A proper monitoring of depression is required, as well as rapid and appropriate help for those who suffer from it.

Key words: depression, medical students, technology students, Beck Depression Inventory, BDI

Islam, mental health and being a Muslim in the West

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Abstract:

The allegation that, '*Being Muslim means that you cannot be British*' is often made. In view of this, we conducted a small survey (n=75) utilising purposive sampling on Muslims residing in the United Kingdom. Participants were recruited in a King's College London Islamic Society event in November 2014 in Guy's Hospital, London. 75/75 (100%) of the participants recruited responded. 69/75 (94%) of respondents either disagreed or strongly disagreed that, '*Being Muslim means that you cannot be British*' (75/75 (100%) Muslim participants, 43/75 (57.3%) female participants, 32/75 (42.7%) male participants, mean Age 20.5 years, (Std. Dev +/- 2.5)).

This paper broadly seeks to answer two related questions. Firstly, '*What is the relationship between Islam and the West?*' and secondly, '*What is the relationship between Islam and mental health?*' In relation to the former, the rise of radicalization over recent years and the Islamophobia that has ensued have brought Islam and Muslims under intense scrutiny. Hence we feel it is both timely and important to offer a brief background of Islam and its relevance to the Western world. In relation to the latter, for many people religion and mental health are deeply and intimately intertwined. For example, religion can enable a person to develop mental health resilience and Islam has been reported to be a protective factor against suicidal behaviour. We conclude our paper by illustrating how the two questions are interrelated. We do so by offering an autobiographical narrative from a Muslim healthcare professional residing in the UK who developed a mental health problem precipitated by war in the country of his origin. His narrative includes descriptions of the role Islam that played in his recovery as well as his attempts to reconcile seemingly disparate aspects of his identity.

Keywords: Islam, soul, religious experience, autobiographical narrative, West, mental health.

GENETIC OF ADDICTION: COMMON AND UNCOMMON FACTORS

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SUMMARY

Epidemiological studies strongly suggest that genetic factors operate at all steps of addictions, including vulnerability to initiation, continued use, and propensity to become dependent. Several studies have been popular to investigate the relative contributions of genetic and environmental factors, including the availability of and exposure to a substance, and shared and unique environments. The genetic influence on addiction has proved to be substantial, and heritabilities for most addictive disorders are moderate to high. In this work we evaluate the current status of data that analyzed genetic contribution in addictions.

Key words: addictions- genetic factors-dependence

ONE OF MANY LESSONS FROM THE EUROPEAN MENTAL HEALTH INTEGRATION INDEX

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Summary:

The Mental Health Integration Index developed by the Economist Intelligence Unit describes and explores the challenges of European countries of integrating people with mental illness into society and employment, within the European Union’s 28 Member States, plus Norway and Switzerland. Countries have been ranked according to estimation based on indicators of their degree of commitment to support those living with mental illness into society and employment. The Index is based on a list of indicators including the environment for those with mental illness, their access to medical help and services, their opportunities – specifically job-related - and the governance of the system, including human rights issues and efforts to combat stigma. The indicators were developed in consultation with a panel of independent experts on mental health. Key findings of the research are that Germany’s strong healthcare system and generous social provision put it at the top of the Index, with the UK and Scandinavian states not far behind. However, examples of best practice “islands of excellence” in integration are not limited to the leading countries and exists in all European Countries.

The Index reveals also the discrepancy between perfect legislation and poor implementation of it in practice in many European countries. It proposes that the investment figure is a proxy for seriousness in establishing good policy and practice. According to the Index some reform plans including entire national mental health programmes are largely aspirational and are grossly under-funded. Moreover various levels of government responsible for the implementation of its component parts are largely ignoring its implementation. When we consider the legislation as an promise to professionals and people with mental health problems, this promise is largely unfulfilled. There is a need for strong leadership in mental health changes process, policy capacity and real financial investments in the way of The European countries to develop community based mental health services and system of care.

Key words: Psychiatry, Public Health, Integration, Communication skills

BIPOLAR AND BORDERLINE PERSONALITY DISORDERS: A DESCRIPTIVE COMPARISON OF PSYCHOPATHOLOGICAL ASPECTS IN PATIENTS DISCHARGED FROM AN ITALIAN INPATIENT UNIT USING PANSS AND BPRS.

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Summary

Background: There is current scientific debate in consideration of the possibility to consider the Borderline Personality Disorder (BPD) as a mood disorder within the bipolar spectrum furthermore, authors reported about the challenging differential diagnosis of BPD and Bipolar Disorder (BD).

Subjects and methods: 32 patients hospitalized in the Inpatient Psychiatric Unit in Perugia, discharged with a diagnosis of BD or BPD, were included. Factor analyses of BPRS and PANSS items were performed. Association between socio-demographic, clinical and psychopathological variables was tested using bivariate analyses.

Results: Factor analysis identified 6 Factors, explaining 67.6% of the variance, interpreted as follow: 1) Euphoric Mania, 2) Psychosis, 3) Inhibited Depression, 4) Disorganization, 5) Psychosomatic features, and 6) Mixed features. Bivariate analyses identified statistically significant differences between BPD and BD according to: PANSS positive symptoms domain, BPRS total score, Euphoric Mania and Disorganization. No statistically significant differences came up on socio-demographic and clinical aspects.

Conclusion: Even though the sample is small, interesting findings came out from our investigation. Our findings are in line with the current literature. Euphoric mood, is one of the aspects which best differentiated BD from BPD. Higher scores in Disorganization, BPRS and PANSS positive symptoms in BD may be related to the fact that our sample is a group of patients from an acute inpatient unit, so the impact of the symptoms severity for BD may be remarkable.

A review of the evidence for the use of metformin in the treatment of metabolic syndrome caused by antipsychotics

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Summary

Background: Psychiatric patients requiring therapy with antipsychotics have a greater incidence of becoming overweight or obese compared with the general population. Many of these patients are often treated with second-generation (atypical) antipsychotics (SGAs), which are associated with weight gain, dyslipidaemia, and other metabolic derangements. The most important and first line of treatment for the metabolic syndrome is lifestyle changes including diet and exercise. However, other approaches like the use of medication (e.g. Metformin) have been also used, mainly when the lifestyle changes are difficult to achieve. Therefore, the treatment of antipsychotic-induced weight gain with metformin may be an option after the lifestyle and dietary changes fail. The use of metformin is still experimental and off license regarding the treatment of metabolic syndrome in Psychiatric patients, however we wished to assess the evidence for its use.

Methods: Our study is a literature based research. For our research we reviewed 12 Pubmed published articles from 2006 to 2013.

Conclusion: Metformin have been reported to counteract effectively antipsychotic-induced body weight gain and has been demonstrated to improve glycaemic control and promote a moderate weight loss in both diabetic and non-diabetic subjects. Metformin use appears to be a benefit when started early in the course of treatment and mostly in young adults newly exposed to antipsychotic drugs.

Key words: Metabolic syndrome,diabetes-lifestyle changes, Metformin

PSYCHOGENIC SPEECH DISORDER – A CASE REPORT

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SUMMARY

Background: Conversion (dissociative) disorder is a psychiatric disorder in which somatic symptoms or deficits are present in the absence of a definable organic cause. The etiology of this disorder is not yet fully understood. The most characteristic presentations are: pseudosensory syndromes, pseudoseizures, psychogenic movement disorders and pseudoparalysis. Psychogenic speech disorder is a rare form of conversion (dissociative) disorder. The aim of present case study is to complete the knowledge on this subject.

Subject and methods: The article presents a case of a fifty year old woman who developed psychogenic disorder of speech after being degraded to a lower position at work. After excluding organic background of observed symptoms, the diagnosis of conversion (dissociative) disorder was stated and adequate therapy was implemented, within the capabilities of the Ward.

Results: Partial remission of presented symptoms was achieved as a result of psychopharmacotherapy and psychotherapy.

Conclusions: Before stating the diagnosis of conversion (dissociative) disorder, possible somatic causes of the observed symptoms should be excluded. Special attention should be drawn to the importance of studying the psychological and family context of this case and the patient's difficulty to understand and accept that produced symptoms might be triggered by a psychogenic factor.

Keywords: conversion disorder, speech, psychotherapy

Mental state and its psychophysical conditions in patients with acute leukaemia treated with bone marrow transplantation

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Background

Acute leukaemia and bone marrow transplantation (BMT) as a method of its treatment are great psychological stressors, which are responsible for anxiety and depression in the group of patients. The aim of the study was to assess the patients' mental state and its psychophysical predictors before and after BMT.

Subject and Method

The study was of a longitudinal and self-descriptive character. The questionnaires: LOT-R, AIS, Mini-Mac, CECS, RSCL and HADS were filled by 60 patients with acute leukaemia before and after BMT.

Results

There were no essential statistical differences between the severity of anxiety and depression before and after BMT but the pattern and the power of various mental state predictors changed in the course of the hospitalization. Anxiety before transplantation was greater when the psychological stress and the strategy of "anxious preoccupation" were stronger and the strategy of "fighting spirit" and the level of generalized optimism were weaker. The factors explained 51% variations of anxiety before transplantation. After BMT 77% variations of anxiety were explained, which were associated with a high level of distress at the end of the hospitalization, higher level of anxiety before transplantation, weaker strategy of "fighting spirit" before transplantation and stronger strategy of "anxious preoccupation" after BMT. Before transplantation 36% variations of depression were explained and estimated as weaker "fighting spirit" and worse "global life quality". The essential predictors of depressive symptoms after transplantation, explained by 81% variations of depression, were weaker "fighting spirit" before transplantation, stronger "anxious preoccupation" after transplantation, worse "global life quality" after transplantation and higher level of anxious and depressive symptoms on admission to hospital.

Conclusion

The psychological and pharmacological interventions, which reduce anxiety, depression and "anxious preoccupation" as well as enhance "fighting spirit", should be introduced before BMT to improve the patients' mental state.

Key words: bone marrow transplantation, depression, anxiety, coping, fighting spirit

What evidence is there to show which antipsychotics are more diabetogenic than others?

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Background: The use of antipsychotic therapy has been proven to have an association with the incidence of diabetes mellitus. The use of atypical antipsychotics is shown to have a higher association, in contrast with typical antipsychotics. Olanzapine and Clozapine appear to have the highest rates of diabetes mellitus incidence, due to their tendency to affect glucose metabolism compared with other antipsychotic drugs. In this research the main goal is to understand which antipsychotic drugs are the most diabetogenic and to show the mechanisms involved in the glucose metabolism dysregulations with special focus on Olanzapine considering it is a very commonly prescribed and used drug especially among patients with schizophrenia.

Methods: Our study is a literature based research . For our research we reviewed 41 Pubmed published articles from 2005 to 2015.

Conclusion: According to most of the literature, from all the antipsychotics, Clozapine followed by Olanzapine appear to be the atypical neuroleptics that most relate to metabolic syndrome and Diabetes. The basis for this metabolic dysregulations appears to be multifactorial in origin and a result of the drugs, environment and genes interaction.

Key words: Atypical antipsychotic, Olanzapine, diabetogenic, dyslipidemia, neurotransmitter, receptor, schizophrenia, metabolic dysregulations

Critical Analysis of Psychiatrists' Opinion in GP Referral letter.

Hellme Najim* & Pranveer Singh

Abstract

Background:

Primary and secondary care communication is the cornerstone of patient's care. Proper dialogue should be established. The shared care protocol was an attempt to try to fill gaps and build bridges .

Methods:

A special form was designed to collect information about psychiatrists' opinion on GPs' referral letter to psychiatric services. It contained 14 items, each item was marked as essential, can be included or irrelevant. This form was sent electronically to psychiatrists in South Essex University NHS Trust. They are 98 in total. It was inputted on Excel data sheet and was analysed.

Results:

44 psychiatrists responded

All respondents agreed that reason for referral is essential.

Concise description of the condition, risks and current medication were rated as essential in more than 90 %.

Past medical history, past psychiatric history and current physical health were essential in 79 % .

Discussion:

All professionals involved should participate in evaluating and refining communication. Psychiatrists' opinion in GPs letters is paramount as they are the recipients and their assessments and future management plan should be geared to address the GP's concerns. This is shown clearly by the psychiatrists agreeing that reason for referral should be included in all letters, followed by what the GP has already done and what risks the patient presents.

Conclusion:

Improving communication between health professionals, improves patient's care, saves time and money, and in addition prevents duplication of investigation and procedures.

A Completed Cycle Audit of Psychiatric Discharge Summaries:

Hellme Najim* & Khalid Jaffar**

Abstract:

Background:

Patients discharge summaries are important as they record a vital miles stone in patients' care. Their accurate record improves patients' care and clarifies communication between different health professionals.

Methods:

60 Discharge summaries from different consultant psychiatrists' case load were audited. The results were analysed and presented with recommendations to improve them a format was suggested. A reaudit of 62 discharge summaries was carried out by the same team after three years in the same catchment area but the practice has changed to inpatient and community.

Results:

Improvement in most of the areas audited occur in the reaudit which indicates the usefulness of audit in improving clinical practice which a pivotal part of clinical governance.

Discussion:

This completed audit cycle has proven that clinical practice has been reviewed and methods of improving it have been implemented. It has been noted that more items were reviewed and added to the second cycle which should be condoned.

Conclusion:

Discharge summaries are important clinical documents in secondary and primary care communications. They are helpful for secondary care staff as they good references for people in out of hours services and Accident and Emergency. Good quality discharge summaries improve patients care and make it easy to manage clinical risk.

Symptom Frequency Characteristics of the Hamilton Depression Rating Scale of Major Depressive Disorder in Epilepsy.

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Summary

Background: Depressive disorders are common among patients with epilepsy (PWE). The aim of this study was to explore symptom frequencies of 17-item Hamilton Depression Rating Scale (HDRS-17) and recognize the clinical characteristics of Major Depressive Disorder in PWE.

Subjects and methods: A sample of 40 adults outpatients with epilepsy and depression was diagnosed using SCID-I for DSM-IV-TR and HDRS-17. The total HDRS-17 score was analysed followed by the exploratory analysis based on the hierarchical model.

Results: The frequencies of HDRS-17 items varied widely in this study. Insomnia related items and general somatic symptoms items as well as insomnia and somatic factors exhibited constant and higher frequency. Feeling guilty, suicide, psychomotor retardation and depressed mood showed relatively lower frequencies. Other symptoms had variable frequencies across the study population.

Conclusions: Depressive disorders are common among PWE. In the study group insomnia and somatic symptoms displayed highest values which could represent atypical clinical features of mood disorders in PWE. There is a need for more studies with a use of standardized approach to the problem.

Keywords: major depressive disorder, depressive disorders, epilepsy, HDRS, factor analysis.

Overlapping phenomena of bipolar disorder and epilepsy - a common pharmacological pathway

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Summary

Background: Studies and data on prevalence, recognition and clinical features of bipolar disorder (BD) in epilepsy remain limited. Still, there is a growing evidence of BD and epilepsy being frequent co-morbid conditions with some features suggesting shared pathophysiological mechanisms that include the episodic course of both conditions, the possible kindling mechanism and the efficacy of some antiepileptic drugs (AEDs) in BD.

Subjects and methods: The aim of this paper is to review concepts of overlapping phenomena of bipolar disorder and epilepsy. A literature review of the theoretical bases of the relationship between BD and epilepsy is presented.

Conclusions: The comorbidity of epilepsy and mood disorders was a subject of interest of many studies for decades. Bipolar disorder and epilepsy have a number of clinical, biochemical and pathophysiological features in common. Bipolar disorder in epilepsy, excluding the ictal or periictal symptoms, can be categorized using standardized measures. Standardized psychiatric interview procedures based on DSM criteria like SCID-I or MINI provide comprehensive way to diagnose mood disorders in patients with epilepsy.

Keywords: Bipolar disorder, mania, depression, epilepsy, antiepileptic drugs, DSM-IV-TR,

MODERN INDICATIONS FOR THE USE OF OPIPRAMOL

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Summary

Opipramol is considered as a pharmacological agent that does not fit the classification taking into account the division of antidepressants, antipsychotics and anxiolytics. It has a structure related to tricyclic antidepressants but it has a different mechanism of action, i.e. binding to sigma1 and to sigma2 sites. It has been regarded as an effective drug in general anxiety disorders together with other agents like SSRI's, SNRI's, buspirone and pregabalin for many years. It can however also be indicated in other conditions, e.g. it may be used as a premedication in the evening prior to surgery, positive results are also observed in psychopharmacological treatment with opiipramol in somatoform disorders, symptoms of depression can be significantly reduced in the climacteric syndrome. The latest data from literature present also certain dangers and side effects, which may result due to opiipramol administration. Mania may be induced not only in bipolar patients treated with opiipramol, but it can be an adverse drug reaction in generalized anxiety disorder. This analysis shows however that opiipramol is an important drug still very useful in different clinical conditions.

Key words: opiipramol, depression, anxiety disorders, somatoform disorders

The Prevalence of Body Dysmorphic Disorder in Patients Undergoing Cosmetic Surgery: a Systematic Review

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Summary

Body dysmorphic disorder (BDD) is a somatoform disorder characterised by a distressing obsession with an imagined or slight appearance defect, which can significantly impair normal day-to-day functioning. Patients with BDD often first present, and are hence diagnosed, in cosmetic surgery settings. Several studies have investigated the prevalence rate of BDD in the general population or have done so for patients **referring to cosmetic medical centers**. To date, however, no review has been undertaken to compare the prevalence in the general community versus in a cosmetic surgery setting. Despite the lack of such a review it is a commonly held belief that BDD is more common in patients seeking cosmetic surgery. The current study aims to review the available literature in order to investigate whether BDD is indeed more prevalent in patients requesting cosmetic surgery, and if that is the case, to provide possible reasons for the difference in prevalence. In addition this review provides evidence on the effectiveness of cosmetic surgery as a treatment of BDD.

Key words: Body Dysmorphic Disorder, Somatoform Disorder, Cosmetic surgery, Plastic Surgery, Psychiatry

CORTISOL AS AN INDICATOR OF HYPOTHALMIC-PITUITARY-ADRENAL AXIS DYSREGULATION IN PATIENTS WITH PANIC DISORDER: A LITERATURE REVIEW.

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SUMMARY

Dysregulation of hypothalamic–pituitary-adrenal axis (HPA) is seen in numerous mental disorders. Data of HPA axis disturbance in panic disorder are inconsistent. In panic disorder HPA axis hyperactivity has been observed with elevated cortisol levels. However, hypocortisolism has also been noted. Salivary cortisol as a biomarker of HPA-axis activity has received special attention. The aim of this paper is to review the findings on cortisol levels in panic disorder.

Keywords: hypothalamic–pituitary-adrenal axis, salivary cortisol, cortisol awakening response, panic disorder

IMPULSIVITY IN ANXIETY DISORDERS. A CRITICAL REVIEW.

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Summary

Background: Anxiety symptoms and disorders are common. High comorbidity between anxiety and other psychiatric disorders has been observed in community. Still, the relationship between impulsivity and anxiety disorders is controversial and not well explored.

Material and methods: The aim of this paper is to review measures of trait impulsivity in anxiety disorders. A literature review of the theoretical bases of the relationship between anxiety disorders and impulsivity is presented.

Results: Impulsivity is a key feature of numerous psychiatric disorders. Traditional conceptualizations suggest that impulsivity might display a negative relationship with anxiety. However, an association of impulsivity in patients with anxiety disorders is present. Some studies support proposition that anxiety may influence impulsivity in individuals with predisposition toward behavioural disinhibition.

Conclusion: There is a link between anxiety and impulsivity in psychiatric patients characterized by problems with impulse control (e.g. pathological gambling, self-harming behaviour, eating disorders), mood disorders and anxiety disorders. Behavioural and pharmacological interventions for decreasing impulsivity may effectively be used in the treatment.

Key words: impulsivity, anxiety disorders, BIS-11, serotonin

Impulsivity and Panic Disorder: an exploratory study of psychometric correlates.

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Summary

Background: Impulsivity is associated with a wide variety of psychiatric disorders. However, the relationship between anxiety and impulsivity is not well explored. The objective of this study was to examine whether anxiety symptoms correlate with impulsivity in patients with panic disorder.

Material and methods: We examined 21 psychotropic drug-naïve patients with panic disorder recruited from the outpatient setting. The severity of Panic Disorder was assessed with Panic and Agoraphobia Scale (PAS)-clinical rating version. Impulsivity was evaluated with Barratt Impulsiveness Scale, 11th version (BIS-11).

Results: Our findings indicate the correlation between specific dimensions of impulsivity and selected subscales of Panic and Agoraphobia Scale. The positive correlation between attentional and non-planning dimensions of impulsivity, 'disability' and 'worries about health' in drug-naïve patients with PD was observed.

Conclusions: The findings corroborate with the prior reports of higher impulsivity trait among patients with anxiety disorders.

Key words: panic disorder, impulsivity, anxiety, BIS-11, Panic and Agoraphobia Scale

Rapid-onset agranulocytosis in a patient treated with clozapine and lamotrigine

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Summary

Background: Clozapine is the treatment of choice in drug-resistant schizophrenia. Lamotrigine is a mood stabiliser recommended as combined treatment strategy in clozapine-resistant patients. There are cases of late-onset agranulocytosis reported in literature. Some are associated with clozapine or lamotrigine, others with the combination of both.

Case report: The article presents a case of rapid-onset agranulocytosis in a 60-year old clozapine-resistant patient, in whom lamotrigine was introduced as potentiation strategy. Discontinuation of both substances and GCSF treatment resulted in normalization of the absolute neutrophil count.

Conclusions: The case suggests a possibility of developing rapid-onset agranulocytosis in clozapine-resistant patients who require lamotrigine as augmentation strategy. This emphasises the significance of monitoring a patient's blood count and early management of any dyscrasias noticed.

Key words: clozapine, lamotrigine, agranulocytosis

Diffusion-weighted imaging of the brain in bipolar disorder: a case report

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Abstract

Background: Some investigations strongly support a role of glial abnormalities in the pathophysiology of bipolar disorder. The degree of white matter axonal and myelination disruption is measured through the rate of water molecule diffusion. High ADC measures correspond to relatively unimpeded water diffusion, while low ADC measures reflect preserved myelinated axons.

Case report: Parietal and occipital areas may be involved in the pathophysiology of bipolar disorder, particularly in cognition and perception, along with the prefrontal and temporal cortices for the disruption of emotional processing. In the literature the widespread alterations of the cortical white matter microstructure is documented.

Conclusions: This case reports demonstrates the features of the increased mean ADC values in the left occipital lobe. Future DWI studies are expected to investigate the correlation of white matter changes with the functional impairment, which often persists during euthymia in bipolar disorder.

Key words: DWI, bipolar disorder, neuroimaging

'Craziness' and creativity: Psychopathology and Poetry

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Abstract:

Not all poets have experienced psychopathology. Conversely, not all those who have experienced psychopathology become poets. The notion, nonetheless, of there being an association between 'craziness' and creativity, contentious though it may be, remains a seductive one. Poetry is both beneficial for the person who is composing or reciting it as well as the person who may be reading or listening to it. *Poetry Therapy*, which falls under the remit of *Art Therapy*, is increasingly being recognised as an effective form of adjunctive therapy for the treatment of mental health problems. The main aims of this paper are to explore (and to attempt to elucidate) if there is indeed a relationship between the artistic temperament and mental illness and to comment on the rise and recognition of Art Therapy.

Keywords: creativity, poetry, mental health problems, bipolar disorder, schizophrenia.

Comparison of assessment and management of suicidal risk for acute psychiatric assessment between two state sponsored hospitals in England and Italy.

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Abstract

The risk of suicide is one of the most important risk factors looked into for acute psychiatric assessments that influences the management plan. The prevalence of suicide is on a rise across European countries; as a consequence, the different countries have created specific guidelines and policies in order to prevent suicides in the acute settings. These guidelines are based on both different cultural aspects as well as the different organization of the mental health system in the different countries. This paper wants to present the comparison between the guidelines of two European countries, England and Italy, in order to evaluate the systems, understand differences and common contact points. The different European countries could learn one from the other and a European shared point of view may be a way forward to create better understanding and preventing the risk of suicide across the population.

PSYCHOLOGICAL DISTRESS AND SOCIAL FACTORS IN PATIENTS WITH ASTHMA AND CHRONIC OBSTRUCTIVE LUNG DISEASE

Authors

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Summary

Chronic respiratory diseases which embrace asthma and chronic obstructive pulmonary disease (COPD) are common in the population. In a large number of cases they are diagnosed very late. Statistics of deaths, especially in the case of COPD, are underestimated because morbidity and mortality can be affected by other comorbid conditions, for example cardiovascular disease.

Asthma and COPD impair not only physical functioning of patients but also affect their psychological state. Mood disorders and cognitive function impairment are more often observed in this group than in the general population. It has been proven that the coexistence of psychological dysfunction significantly worsens the functioning of patients (affects, among others, their work, family and social lives) and has an impact on the course of the treatment of the somatic illness. First of all, patients with cognitive deficits have greater problems in applying treatment recommendations.

Accordingly, it seems to be important to pay more attention to the problem of mental disorders in patients with obstructive lung diseases. There is a clear need for a multidisciplinary approach that will enable prevention, early detection and effective treatment of the psychological disorders in that group of patients.

Key words: asthma, COPD, anxiety, depression

Need for a Comprehensive Sex and Relationship Education Programme for Adults with Learning Disability

Dr Humphrey Enow, Dr Priya Nagalingam, Dr Ranbir Singh, Dr M Deepak Thalitaya

Introduction

- Most people with learning disabilities (PWLD) have little understanding of the concept of sex and relationship.
- PWLD are vulnerable and more likely to be victims of sexual offending.
- Currently, the only formal access to sex and relationship education that PWLD have is in special need schools.

Background

- The right to express their sexuality is frequently restricted or denied by restricted policies, negative attitudes and lack of awareness of their needs.

Aims

- To provide a Comprehensive Sex and Relationship Education programme for PWLD.

Methodology

- These group/individual sessions will be led by a sexuality support worker with experience in working with PWLD.
- They will be supported by members of the multidisciplinary team including, psychiatrist, psychologist, occupational therapists etc.

Conclusion

- Providing sex and relationship education PWLD would help them achieve a fulfilling and rewarding sexual experience and make them less vulnerable to sexual abuse.
- There should be greater emphasis to be placed on sex and relationship education in PWLD; preferably by qualified professionals.

Key Words sex and relationship education, Adults with Learning Disability

Recognising and Treating Depression in the Elderly

Dr Ranbir Singh, Dr Nadeem Mazi-Kotwal, Dr M Deepak Thalitaya

Introduction

Depression is a major contributor to healthcare costs and is projected to be the leading cause of disease burden in middle and higher income countries by the year 2030. Depression in later life is associated with disability, increased mortality, and poorer outcomes from physical illness.

Its prevalence remains high throughout lifetime, with almost 14% of older adults living in the community estimated to have clinically relevant symptoms of depression worldwide.

Diagnosis

Recognizing depression in the elderly is not always easy. Medical illnesses are a common trigger for depression.

Treatment

Most depressed people welcome care, concern and support, but they may be frightened and may resist help.

The treatment of depression demands patience and perseverance for the patient and physician. Sometimes several different treatments must be tried before full recovery. Each person has individual biological and psychological characteristics that require individualized care.

Prognosis

The prognosis for recovery is equal in young and old patients, although remission may take longer to achieve in older patients.

Further Care

Depression is a highly treatable medical condition and is not a normal part of growing older. Therefore, it is crucial to understand and recognize the symptoms of the illness in the primary care.

Key Words ;Depression, Elderly

Medical Record Documentation in a Learning Disability In-patient Unit

Dr M Deepak Thalitaya, Dr Sujanita Thyagarajan, Dr Vaishali Tirumalaraju, Dr Emil Mihaylov, Dr Marina Mihaylova

Introduction

Consistency in clinical structure and content is an important aspect of clinical practice. The rising demands on healthcare systems and associated costs require a much more efficient and transparent means of recording and accessing reliable clinical information in order to manage and deliver good quality care to patients.

Aims

The audit has been completed with an aim to highlight the local standards set for medical record documentation and to assess if the outlined standards are being met in a learning disability in-patient psychiatric setting, the Coppice.

Methodology

Criteria based on GMC Good Medical practice guidelines (2013), RCPsych Good Psychiatric Practice (2009) and Records Management Policy.

Conclusions

Good practice was maintained for most parameters.

Mild inaccuracies were noted with date of birth/ward name, timing and signatures.

Recommendations

This was presented locally and measures put in place to address the gaps.

A re-audit should be performed within a year in order to complete the audit cycle and to ensure that the recommendations and action plan have been followed through.

Key Words ;Medical Documentation.

Setting Up a Mental Health Clinic in the Heart of Rural Africa

Dr Humphrey Enow, Dr Madhusudan Deepak Thalitaya, Dr Wallace Mbatia, Dr Sheetal Kirpekar

Introduction

The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948).

In Africa, mental health issues often come last on the list of priorities for policy-makers & people's attitudes towards mental illness are strongly influenced by traditional beliefs in supernatural causes/remedies.

The massive burden attributed to mental illness in these communities, poses a huge moral, cultural/economic challenge and requires a concerted and integrated approach involving policy makers, mental health Practitioners, the general public, service users and their families and other stake holders to reverse the trend.

Project Objectives

1. Improving community awareness of mental illness.
2. Change the negative perception of mental illness by the community.
3. Providing a screening/referral pathway for mental illnesses.
4. Providing supervision of patient care.

Potential Results

Promote community participation on issues regarding mental health with a view to challenge existing traditional attitudes and beliefs, reduce stigma and promote health seeking behaviour.

Key Words Africa mental health

Mental Health Support Service for University Students

Jill Gale, Dr M Deepak Thalitaya

Abstract

Service

The Mental Health Support Service provides substantial one to one practical support for students to enable them to manage their mental health and study to provide coordinated support and ensure compliance with the Equality Act 2010.

Resources

The service consists of a full time Mental Health Advisor and a part time Support Worker and is available all year round.

Supervision is received from a Consultant Psychiatrist.

Roles

To liaise with students and professionals when a student is admitted to hospital/Crisis Teams. Close communication with other services such as Student Engagement, the International Office, the Chaplain and academics.

National Trends

Data from the Office of National Statistics between 2007 and 2011 have shown an increase in the number of studentsuicidessince the start of the recession.

Survey Feedback

Feedback highlights that students benefit from the support and value the professional and welcoming attitude of the team.

Conclusion

The service continues to provide good quality support to those who access it. Student feedback shows that they believe the support has helped them to stay at university and complete their degree.

Key Words students, Mental Health , Support Service

Pro Re Nata (PRN) prescription in an Inpatient Low Secure Learning Disability Unit

Dr M Deepak Thalitaya, Dr Vaishali Tirumalaraju, Dr Sujanita Thyagarajan, Dr Nandi Reddy, Dr Sutharsan Raju, Dr Muhammad Iqbal

Abstract.

Introduction

Pro Re Nata (PRN) prescribing in psychiatry is a common and valuable facility to be used in acutely distressed patients.

It is open to misuse and PRN prescribing may be unnecessary/inappropriate.

Aim

The aim of the audit is to ensure safe and effective prescription of PRN medication.

Audit Standards

The standards were set in congruence with the guidance from the local trust policy.

Methodology

All of the inpatient records at Wood Lea clinic were studied over a 2 month period.

Conclusions

Most of the standards against which the clinical notes were assessed gave evidence of good medical practice.

Patient demographics demonstrated a 100% record of the NHS number but the patient's name and ward fell short.

Recommendations

This was presented locally and measures put in place to address gaps.

Re-audit should be performed within a year in order to complete the audit cycle and to ensure that recommendations/action plan have been followed through.

Key Words PRN medication, audit, standards

How can we make the current UK psychiatric training scheme truly trainee centred?

Dr Madhavan Seshadri, Dr M Deepak Thalitaya, Dr Baljit Kaur Upadhyay, Dr Ambreen Aftab, Dr Z Afghani, Dr Ranbir Singh

Abstract

Introduction

UK Psychiatric training is popular worldwide and IMG from throughout the world come to UK.

Psychiatric training has undergone significant changes but this has not reflected in the outcomes.

There is a need to refocus on trainee centred teaching principles.

Current Psychiatric Training

Current training scheme started in 2007 as run-through programme spanning six years. Till 2005, examinations decided the progression of trainees through the training scheme with development of Work Place Based Assessments.

Following Tooke's report, training was uncoupled and examinations regained importance in deciding the progress of trainees to higher training.

Factors affecting psychiatric training

EWTD, budget cuts, service priorities lead to a sense of lack of importance among trainees. Surveys focussing on clinical supervision pointed to the inadequacy and poor quality of supervision.

Training has lost trainee centeredness. It is important to make the training maximally effective to deliver safer services. Trainees are major work forces and the future consultants who lead and manage services.

Conclusion

Student centred teaching is a highly skilled educational process. Adapting these principles into psychiatric training could help trainees learn successfully.

Key Words Student centred teaching, Trainees, training scheme

Evaluation of a Specialised Counselling Service for Perinatal Bereavement

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2. Clare College, Cambridge, UK
3. Petals Charity, Cambridge, UK
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Abstract

Objectives

We aimed to evaluate the outcomes of Petals: a charitable organisation in Cambridgeshire. Petals provides counselling for women and couples who have suffered perinatal bereavement, or trauma during pregnancy or birth. This paper attempts to evaluate the effect of counseling interventions at this difficult time.

Methods

Outcomes were recorded in 107 patients using the CORE (Clinical Outcomes in Routine Evaluation) system. CORE was developed to assess the effectiveness of psychological therapies. CORE-OM (CORE Outcome Measure) involves a questionnaire that assesses subjective well-being, symptoms / problems, function, and risk to self and others. The CORE-OM questionnaire was completed before and after the counselling sessions.

Results

The CORE-OM scores were summated into a global representation of severity. Severity decreased in all patients. Symptoms of psychological pathology were also decreased in all cases.

Conclusion

Offering a free specialised counselling for parents suffering perinatal loss seems to be associated with an improvement in psychological outcomes. It is possible that it is more effective among a clinical population. However, we are uncertain of the natural history of the psychological problems this group of clients are experiencing. Having a control group would show how much of any natural improvement is due to the therapy; conversely, it is possible that without intervention these problems worsen with time, so a control group could actually amplify the effect.

Key Words

perinatal bereavement, trauma in pregnancy, counselling

'Suffering Depression in the Christian Church-One Person's Experience'

Katharine Welby-Roberts

Livability

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Abstract

The author has suffered for several years from Anxiety and depression. Here she describes her experiences, both of depression and of her experience as a person suffering from depression within the Christian Church.

Key Words; depression, anxiety, stigma, church.

'DAR KENN GHAL SAHHTEK' - AN EATING DISORDER AND OBESITY SERVICE IN MALTA

Dr. Francesca Falzon Aquilina - Psychiatry trainee - Mount Carmel Hospital, Malta.

Dr. Anton Grech - Chairman of Psychiatry in Malta - Mount Carmel Hospital, Malta.

Darleen Zerafa - Director of 'Dar Kenn Ghal Sahhtek', Malta.

Dr. Mark Agius - Psychiatrist - Bedford Hospital & Cambridge University, UK.

Dr Valerie Voon - Senior Researcher - Psychiatry Department, Addenbrooks hospital, Cambridge, UK.

Key words : Eating disorder, obesity, multidisciplinary team, research, Binge eating disorder

Abbreviations : BED - Binge eating disorder

DKS - Dar Kenn Ghal Sahhtek

Abstract :

This paper will describe the incidence of eating disorders, with particular focus on obesity and binge eating, within the Island of Malta. The development of and 'Dar Kenn Ghal Sahhtek', the first centre for eating disorders in Malta will then be recounted, and the effective therapeutic interventions provided in it will be described. One important function of this unit is the treatment of excessive obesity. Some epidemiological data on the Obese Patients in DKS, relating to the incidence of Binge Eating Disorder in the DKS patient group will be given. This data was collected during a collaborative research project between the Psychiatry Department of Cambridge University and 'Dar Kenn Ghal Sahhtek'.

Could Carmelite Spirituality Promote Good Mental Health?

A brief Tribute to Saint Teresa of Avila in the 500th anniversary of her birth

Mark Agius

Clare College Cambridge

Abstract.

Often it is overlooked that Christian Spirituality involves a personal relationship of a human being with God. It is of interest that both the Protestant Reformers and the exponents of the Catholic Counter Reformation agreed upon this. Two of the greatest exponents of the Counter-Reformation, both of whom were made Doctors of the Church because of their teaching on Prayer were Saint Teresa of Avila and Saint John of the Cross. This year is the 500th anniversary of the birth of Saint Teresa of Avila . Here, as a Catholic Psychiatrist, I argue that the teaching of both saints about the prayer life, properly understood, tends to improve self worth, and therefore must tend to help persons with mental health problems.

Key Words

Prayer, Carmelites, Spirituality, Self Worth.

Transcranial magnetic stimulation (TMS) in Attention Deficit Hyperactivity Disorder (ADHD)

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ELFT & Dept. of Psychiatry University of Cambridge

SUMMARY

Attention Deficit Hyperactivity Disorder (ADHD) is a common neuropsychiatric disorder, which affects children as well as adults and leads to significant impairment in educational, social and occupational functioning and has associated personal and societal costs.

Whilst there are effective medications (mostly stimulants) as well as some psychobehavioural treatments that help alleviate symptoms of ADHD, there is still need to improve our understanding of its neurobiology as well as explore other treatment options.

Transcranial Magnetic Stimulation (TMS) and repetitive transcranial magnetic stimulation (rTMS) are safe and non-invasive investigative and therapeutic tools respectively.

In this short article, I will explore their potential for improving our understanding of the neurobiology of ADHD as well consider its as a possible treatment option.

Key words: *ADHD, TMS, rTMS*

Performance of transgenic TgTau-P301L mice in a 5-choice serial reaction time task (5-CSRTT) as a model of Alzheimer's disease

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[2]Department of Psychology and MRC & Wellcome Trust Behavioural and Clinical Neuroscience Institute, University of Cambridge, Cambridge, United Kingdom).

Abstract

Alzheimer's disease is increasing to epidemic levels with an estimated 36 million people affected worldwide (Wimo 2010). The aetiology of the disease is not known, which is hindering the progression of the treatment. This study is a longitudinal investigation into the performance of TgTauP301L mice as an animal model of Alzheimer's disease on the computer automated touchscreen 5-choice serial reaction time task (5-CSRTT). TgTauP301L mice have a single tau mutation in the P301L gene and develop the tau pathology that represents the observed tauopathy in patients with Alzheimer's disease.

The aim of the investigation is to observe if tau pathology in the TgTauP301L mice causes a cognitive impairment in attention and executive function and at what stage this can be identified by the 5-CSRTT task. This will establish if the animals can be used as a therapeutic model for pre-clinical drug trials and help to identify an early indicator and intervention point in patients with Alzheimer's disease. The animals have previously been studied at 5-months and no differences between performances of the TgTauP301L mice and wild type mice were found (unpublished data). This study measured the performance of the animals at 7-months which is when the tauopathy begins to develop in TgTauP301L mice (Murakami 2005). The results of this study showed that there was no deficit in the performance of the TgTauP301L compared to the wild type mice and there had been no change in the animals' performance compared to at 5-months. The animals will be retested at 12-months once the pathology has extensively spread to see if the tauopathy causes a deficit in performance.

Key Words; Alzheimer's disease, TgTauP301L mice, tau pathology

BIPOLAR AND BORDERLINE PERSONALITY DISORDERS: A DESCRIPTIVE COMPARISON OF PSYCHOPATHOLOGICAL ASPECTS IN PATIENTS DISCHARGED FROM AN ITALIAN INPATIENT UNIT USING PANSS AND BPRS.

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Summary

Background: There is current scientific debate in consideration of the possibility to consider the Borderline Personality Disorder (BPD) as a mood disorder within the bipolar spectrum furthermore, authors reported about the challenging differential diagnosis of BPD and Bipolar Disorder (BD).

Subjects and methods: 32 patients hospitalized in the Inpatient Psychiatric Unit in Perugia, discharged with a diagnosis of BD or BPD, were included. Factor analyses of BPRS and PANSS items were performed. Association between socio-demographic, clinical and psychopathological variables was tested using bivariate analyses.

Results: Factor analysis identified 6 Factors, explaining 67.6% of the variance, interpreted as follow: 1) Euphoric Mania, 2) Psychosis, 3) Inhibited Depression, 4) Disorganization, 5) Psychosomatic features, and 6) Mixed features. Bivariate analyses identified statistically significant differences between BPD and BD according to: PANSS positive symptoms domain, BPRS total score, Euphoric Mania and Disorganization. No statistically significant differences came up on socio-demographic and clinical aspects.

Conclusion: Even though the sample is small, interesting findings came out from our investigation. Our findings are in line with the current literature. Euphoric mood, is one of the aspects which best differentiated BD from BPD. Higher scores in Disorganization, BPRS and PANSS positive symptoms in BD may be related to the fact that our sample is a group of patients from an acute inpatient unit, so the impact of the symptoms severity for BD may be remarkable.

Neurofeedback application in the treatment of Autistic spectrum disorders (ASD)

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ABSTRACT

The aim of this paper is to describe neurofeedback (NFB) treatment in Autistic spectrum disorder (ASD) children. There is no specific cure for autism and therapeutic guidelines are directed to improve the quality of life of people with autism by reducing the symptoms and by increasing their functioning. Neurofeedback is a computerized method based on tracking electrical activity of the brain (EEG) and giving a feedback about it. The method has been developed in neurophysiological labs of scientific institutes in USA and has been used very successfully for over last 20 years. It has proven its efficacy in practise, but also in scientific and clinical research. During 2010. and 2011 neurofeedback treatment was administered to 10 children (N=10, 7 males and 3 females) age range 4 to 7 years which have been diagnosed as autistic spectrum disorder (highly functional) with an unspecific impairment of speech development and trouble communicating. An evaluation of treatment was done according to estimation of changes in functioning (parents, teachers and therapists' ratings and all other experts that were monitoring the child before, during and after the treatment) and tracking of changes in electrophysiology. The results have shown most changes in behaviour (less aggressive, more cooperation, better communication), attention span and sensory motor skills. According to the assessment of parents, teachers, therapists and other experts all children have accomplished a certain degree of improvement in the level of daily functioning. Our experiences in usage of neurofeedback in Autistic spectrum disorder (ASD) children confirmed previous data that this method can be applied to this category of patients.

Keywords: neurofeedback, autistic spectrum disorder, children, treatment

Analysys of the therapeutic factors in the Therapeutic Community Podsused among the war related diagnosis and the others

Authors S Martic Biocina¹, Pandzic Sakoman M¹, Bosak J², Stipic N¹

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A comparison of patients with war trauma and those without war thauma I a therapeutic community in Zagreb is described.

Audit of memory clinic practice against CCG guidelines: West Suffolk Hospital

Afef Mahmoud, Balakrishna Menon Vandana,, Ruth Chipperfield, Silvia Ferrera, Judy Rubinsztein

Norfolk-and-Suffolk-NHS-Foundation-Trust

Abstract

Introduction: The memory service based in the West Suffolk has received increased funding to deliver a high quality service against standards set by the Clinical Commissioning Group (CCG).

Aims: This audit aims to examine if we are achieving the standards set by the local CCG and to identify areas to improve the quality of the service. We also aimed to assess information as to how many patients referred had dementia. If they had a dementia suitable for possible anti-dementia medication (such as dementia of Alzheimer's type, Alzheimer's mixed type or atypical or Lewy body/ Parkinson's dementia) to ascertain if they were being offered anti-dementia medication.

Methods: Retrospective analysis of 60 patients from the memory service were analysed. The first 10 patients referred in alternative months were selected for inclusion. Standards were based on targets set by the CCG in terms of time needed to assess, diagnose, communicate diagnosis to the GP and give post diagnostic advice.

Results: Patients in this memory service were being seen 37 days (on average) after referral. Most patients received a diagnosis at their initial assessment but some needed further investigation to establish the diagnosis or the specific type of diagnosis. The time for letters to be typed did not meet standards and letters were sent out on average 23 days after patients were being seen. Post diagnostic advice was delivered to most who received a diagnosis.

Conclusions: Our service is offering timely diagnosis to those referred to the memory service in line with national guidelines.

Key words

Dementia, Memory Clinic, Clinical Commissioning Group.

Radicalisation and Psychiatry

Iqbal Mohiuddin

East London Foundation Trust

This will be about the national Channel Prevent initiative, a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. As mental health professionals we often come into contact with vulnerable individuals who may be at risk of being radicalised.

Luton Channel Prevent meets monthly at Luton Police Station with senior multidisciplinary representatives from the Police, Health Services (CCG and ELFT), Social and Education Services (LBC)

Cognitive Dysfunction in Patients with Remitted Depression

Dr Muzaffer Kaser

PhD Candidate - Department of Psychiatry, University of Cambridge

Academic Supervisor: Professor Barbara J Sahakian

Cognitive dysfunction associated with depression represents an important dimension of the disorder. Growing evidence suggests that cognitive dysfunction is observed in patients with depression even after recovery (Rock et al. 2014). Persistent difficulties in cognitive functions such as executive functions or attention could lead to problems in work and social life (McIntyre et al. 2013). Therapeutic interventions addressing executive dysfunction in remitted depressed patients are warranted. We are currently conducting a double-blind placebo controlled study to investigate the effectiveness of modafinil on cognitive functions in people with remitted depression (UK CRN ID 17355). First session of the study involves baseline cognitive testing with clinical versions of CANTAB tests. In this presentation, data from the baseline cognitive function assessment will be presented. Participants completed computerised tasks from CANTAB battery tapping into working memory, executive function (planning), episodic memory and sustained attention. Testing performance of the participants was compared with age and IQ matched normative data obtained from hundreds of healthy volunteers. Preliminary results indicated that at least half of the patients in our sample showed cognitive dysfunction in executive function and attention domains. Working memory was affected to a lesser extent and visual episodic memory was least affected. Currently, there are no available treatments to address cognitive dysfunction in depression. Modafinil was previously shown to improve executive function and attention. Prospective results from our study will allow us to determine whether modafinil can mitigate executive function and attention problems in patients with remitted depression and aid decisions on whether further studies are required.

Rock, P. L., et al. "Cognitive impairment in depression: a systematic review and meta-analysis." *Psychological medicine* 44.10 (2014): 2029-2040.

McIntyre, Roger S., et al. "Cognitive deficits and functional outcomes in major depressive disorder: determinants, substrates, and treatment interventions." *Depression and anxiety* 30.6 (2013): 515-527.