The Mental Health Crisis in Rural Kwazulu-Natal
De Kock, Johannes Hendrikus

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Download date: 04. Aug. 2019
Mental Health, Primary Care and the Challenge of Universal Health Coverage
Michael Kidd
Flinders University, Faculty of Medicine, Nursing and Health Sciences, Australia

Objectives: Family doctors and the members of primary health care teams have the capacity to successfully diagnose and treat mental health disorders. Yet in many parts of the world only a small minority of people with mental health illnesses have access to effective treatment.

Methods: This presentation will draw on the work that the World Health Organization (WHO) and the World Organization of Family Doctors (WONCA) have been engaged in around the world over recent years.

Results: This work has highlighted the need for integration of mental health into primary care and family medicine, and on the need for a transdisciplinary approach to mental health prevention and care in the community.

Conclusions: Participants will receive a global perspective on why integrating mental health into primary care is the most viable way to close the treatment gap and ensure that people in all communities get access to the mental health care they need.

Bibliography:

Integrating Care: Mental Health as a Global Imperative
Paul Summergrad
Tufts University School of Medicine, Massachusetts, USA

Objectives: Attendees will understand the global trends in the burden of disease and the role of general medical and psychiatric comorbidity as a contributor to this global burden. Models for medical psychiatric integration will also be reviewed, as well as the impact of stigma.

Methods: Review of global epidemiology, burden of disease and trends in burden of disease, as well as impact of discrimination.

Results: Mental disorders are ubiquitous and are among the great scourges of mankind. The stigma, fear and discrimination associated with these illnesses, and the limitations of our scientific understanding have historically kept mental health care separated from general medical services, despite clear evidence of the comorbidity of these disorders and the importance of an evidence based approach to care. Beginning in the 1930’s in the United States and elsewhere, psychiatric care and science have increasingly been integrated into general medical care systems, medical training and scientific discovery. Accompanying these efforts have been three related themes: efforts to reduce the stigma of psychiatric illness, equal care and insurance coverage under parity for mental disorders as all other medical disorders, and efforts to extend and improve mental health services in a rapidly globalizing and developing world.
Conclusions: This talk will review the history of these developments, highlight the important data and models for integrating care and suggest a way forward to make these anti-discrimination, scientific and integrated care issues a more central part of the global agenda.

**Bibliography:**
Summergrad P., Kathol R., *Integrated Care in Psychiatry: Redefining the role of mental health professionals in the medical setting. New York Springer 2014*

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**Walk Your Body and Exercise Your Brain - a Primary Mental Health Promotion Strategy**

Linda Lam, Belinda Yu, Sing Lee
The Chinese University of Hong Kong, Department of Psychiatry, Hong Kong, China

Objectives: Mental health problems are highly prevalent over the world. Epidemiological studies consistently reported that at least one sixth of the population suffers from diagnosable mental conditions. While development in psychopharmacology has helped to improve treatment outcomes for many distressing symptoms, non-drug interventions also play equally significant roles in the management of mental disorders. Physical exercise intervention is an important area for development.

Methods: This talk will highlight epidemiologic and clinical research findings on the relationship between physical exercise and different mental conditions. Putative biophysiological and psychological mechanisms explaining the beneficial effects of different forms of exercise on mental functions will be explored from the perspective of psychological theories and in combination with peripheral and neuroimaging biomarkers.

Results: Despite certain research gaps that provide exciting opportunities for future studies, emerging evidence indicates that physical exercise on the body will have substantial positive impact on mental function. Physical exercise improves psychological status through complex pathways that influence downstream neurotrophic factors, neural network activities, high level cognitive processes and self-efficacy.

Conclusions: Regular physical exercise is an important means of improving mental health in the community. Although it may be challenging to identify an exercise pattern that fits the specific psychological status and lifestyle of individuals, the rationale for “walk your body” should encompass both physical health and mental health promotion.

**Bibliography:**
Traditional Healers in Kenya - Yesterday, Today and Tomorrow: from Ideological Stand to Acceptance of Facts
David M. Ndetei (1), V. Mutiso (2), C. Musyimi (2), A. Musau (2), H. Sang (2)
(1) University of Nairobi, Department of Psychiatry, Nairobi, Kenya
(2) Africa Mental Health Foundation, Nairobi, Kenya

Objectives: To identify the role played by traditional healers in the treatment of mental illness, the methods they use to treat and manage mental illness in their patients and to train and evaluate their effectiveness in identifying and managing patients with mental disorders.

Methods: A longitudinal and an experimental study were conducted independently. The cross-sectional study adapted Participatory Reflection and Action (PRA) techniques. Data was collected using unstructured key informant interviews, in-depth individualised semi structured interview schedule and focus group discussions. Data analysis was done to describe the different diagnoses of mental illnesses among persons who see traditional healers, identified symptoms of mental illnesses and procedures carried out by the healers to diagnose and treat disorders. The experimental study administered an intervention in the form of training in mental illness recognition and management with baseline, mid and end-term evaluations. Quantitative data was collected and analyzed using SPSS version 16.

Results: There are two broad categories of traditional healers: herbalists and witchdoctors. Herbalists diagnose using a set of signs and symptoms and treat using herbs and psychotherapy. Witchdoctors use divination to make a diagnosis and address the cause-effect relationship of the diagnosis. Both commonly used counselling as a treatment method. Trained traditional healers successfully screened and referred 467 cases of mental illness.

Conclusion: Traditional healers can, with the right training and supervision, screen for, refer and manage mental disorders. There is need for more research to determine how to regulate them and how to get them and the formal healthcare system to work together and complement each other to maximize on good practices, minimize bad practices and enhance the human rights aspects of their practices.

Bibliography:

Mental Health in Primary Care across the Life Cycle: Iranian, Urban Perspectives
Ahmad Mohit
Iran University of Medical Sciences, Tehran, Iran

Public health in Iran witnessed two great steps forward during the decade of 1980s; the first one was the integration of the delivery of services, education and research within one ministry called the Ministry of Health and Medical Education. The second one was the development of a national network of Primary Health Care characterized with defining the levels of care and a well-defined referral system. Actually this system had started as two small pilot projects during the decade of 1970’s and its nationwide expansion happened during the 1980’s, mainly supervised by the people who had started those pilot projects. In
rural areas the most basic level of this system were Health Houses in the villages where two health workers called Behvarz (Multipurpose Community Health Worker) provided the most basic services to a population of around 2000 people. The second level was Rural Health Center, where a general practitioner was stationed helped by some health technicians. This center supported the health houses, received referrals from them and referred cases to the third level which was the specialty level. In the urban areas the first level was Urban Health Center. Mental health was the first vertical program which, in spite of many doubts, was integrated into this system. The integration started from two pilot projects in central Iran and due to the existence of the infrastructure and the political will of the time, very rapidly developed to a nationwide program. Following the pilot projects, the mental health program was expanded rapidly across the areas. By 2001, the mental health program covered 63% of the rural population and 11% of the urban population. Nationally, 84% of district health centers, 54% of rural and urban health centers and 70% of health houses were providing integrated mental health care. By 2006, these figures had reached 82% and 29% of the rural and urban population respectively. A very well done scientific evaluation of the effects of this program in the areas of knowledge and attitude has shown that the most robust evidence was found on the change in the attitude of general population, followed by the Behvarzes' combined score of attitude and knowledge. Finally, the demographic condition of Iran has changed dramatically since 1980’s. The ratio of rural/urban population has changed towards a much more urban society. At the same time, the country has become more industrialized. Many migrants from the villages have come to the new sub urban communities, some of them poor and overcrowded. This, like many other countries has given rise to the development of a neveaux-poor class of people with their own mental health issues and no reliable access to the health centers that existed in their villages. If the achievements of integration of mental health within PHC are going to be maintained, the future of mental health in Iran calls for a new approach to address the issues of the sub urban, slum like areas. A new program of "family physician" system is being introduced and seems to be promising. However, the implementation of this program, and any program for the suburban under-privileged is going to be a much more challenging task. The presentation will touch upon these challenges as well.

Bibliography:
The Practical Implications of a Theory for Medicine
Fernando Lolas
University of Chile, Santiago de Chile, Chile

Objectives: To present a framework for a constructivist theory of medicine.
Methods: Analysis of historical, epistemic and ethical dimensions of a theory that can incorporate research, healthcare, and teaching.
Results and conclusions: Practitioners and researchers should be aware of the practical implications of a sound theoretical framework. As a result of this inquiry, medicine is defined as a science of actions, or praxeology, differently constituted in different historical periods but with a permanent emphasis on the basic values of solidarity and reciprocity. The important ethical principles of autonomy, non-maleficence, beneficence, and justice, formulated first in the context of knowledge acquisition, are discussed and elaborated respecting cultural diversity.

Bibliography:

Education and Leadership - Opportunities and Challenges
Dinesh Bhugra
The Institute of Psychiatry, London, UK

Leadership skills need an ability on the clinician’s part to manage the ever increasing complexity of health care systems. Medical leadership is crucial in providing the best services which will be acceptable to patients and their families. Health services around the world are facing serious economic challenges and other social changes, and it is therefore crucial that clinicians lead on these challenges, as they are best equipped to have the vision and the skills to lead. While leadership is required across all medical disciplines, there are special requirements within the field of mental health, which has additional challenges of overcoming stigma and discrimination, barriers to care pathways, poor access to services and low acceptability. In addition, factors related to under-resourcing of some services raise concerns that medical leaders are best placed to address. By virtue of their training, doctors already possess certain leadership skills. This training allows us to develop and use working with teams and group dynamics as key components of providing leadership in any health care system. These skills are critical in providing the best available care to our patients and their families. The question is often asked whether leaders are born or made, and certain specific personality traits help in this even though other skills can be learnt. Leadership skills are a must for service planning, delivery and evaluation of the services including actual therapeutic encounters. As clinical leaders doctors must also be advocates for patients, their families and carers and we should develop skills in getting them to act as advocates for services.
Fora
21st century health systems are challenged by the growing burden of diseases and of disability. Non-communicable diseases (NCDs) lead in both the burden of diseases and of disability. Cardiovascular disorders and mental disorders in aggregate. Additionally, there is a growing global health gap regarding access, quality and sustainability across low, middle- and high-income economies. The growing health gap is exacerbated not only by the burden of disease and disability but also by health systems fragmentations and a diminishing health workforce. The current, unmet global health workforce needs is estimated to be at approximately 4.2 million workers and to grow to over 12 millions by 2035. The 3rd Health Systems Performance Symposium addresses these challenges by comparing Asia/Pacific, Africa, the Americas and Europe health systems utilizing strengths, weaknesses, opportunities and threats model and the need to integrate primary care, mental health and public health and by developing an adequate health workforce in response to the above stated challenges.

Bibliography:

Australia’s Health Care System
Helen Herrman
The National Centre of Excellence in Youth Mental Health, Melbourne, Australia

Australia offers universal health coverage through Medicare, the national public health insurance scheme, which is funded through taxation revenue. Medicare covers free or subsidised access to most ambulant medical services including mental health care, certain allied health services, and prescription pharmaceuticals. Care in public hospitals including mental health care and other health services are jointly funded by the Federal and State/Territory governments. Most mental health services are funded through Medicare. Specialist community mental health services and general hospital services are funded through State governments. Private health insurance is optional but encouraged with a range of tax benefits and subsidies. Australia currently spends 9% of its GDP on health.

Strengths:
- Access is universal
- A strong focus on comprehensive, integrated care, and collaboration between medical and other health professionals, particularly in the management of chronic disease and mental health initiatives

Weaknesses:
- Certain essential services are poorly covered (for example, dentistry)
- Needs of indigenous populations not well met
- Access to services can be difficult in rural and remote areas, and for newly arrived populations
- Divided funding and management of health services between governments adds to inefficiencies, with cost-shifting and constant tension

Opportunities:
- Improved partnerships between service users, families, practitioners, planners and policy makers
- Improved access to mental health care for young people
- Improved interface between specialist community mental health services and primary health care through negotiation about funding between State and Federal governments
- Improved coordination between mental health, addiction and social services eg housing, job finding

Threats:
- Australia’s ageing population means that health care costs will rise as taxation revenue declines; the funding model may need to be revised
- Co-morbidities between disorders will continue to rise for several reasons including the above
India Health Systems Data
Roy Abraham Kallivayalil
Pushpagiri Institute of Medical Sciences, Tiruvalla, India

Strengths:
• Health care is universally available in India.
• Health Care is largely financed by the Union and State Governments.
• Primary care covers almost the entire 1.3 billion population in India.
• Health care in India is one of the cheapest and most cost-effective in the world
• Strong families help in the care and treatment of its members.
• Some States like Kerala have emerged as models for the rest of India.

Weaknesses:
• Quality of care in some government run hospitals is not up to the mark which has forced 75% in urban areas and 65% of people in rural areas to seek private care
• Private hospitals are often unaffordable to common man
• Out of pocket payments is the rule rather than exception, as more than 80% people are not covered by health insurance.
• Bureaucratic control over health matters makes progress difficult in many places.
• Mental health is of low priority.
• Number of mental health professionals is woefully inadequate. Number of psychiatrists is just 5,000 for 1.3 billion population Opportunities:
• The launching of the National Rural Health Mission (NRHM) in 2005 by Govt of India and the National Urban Health Mission (NUHM) later, has been encouraging
• There is increased budgetary allocation for health sector.
• A National Health Policy has been adopted in 1983 which has been updated in 2005 and a National Mental Health Policy document is released in 2014.
• India has a very young workforce of medical professionals.

Threats:
• There is significant increase in Non-Communicable Diseases in India.
• Mental health is neglected leading to higher incidence of suicides and substance abuse.
• There is increasing regional disparity in the country in health among various States.

Bibliography:

Spain’s Health Care System
Blanca Reneses
San Carlos University Hospital, Madrid, Spain

Health care in Spain is guaranteed by a National Health System that has a universal coverage, public funding through taxation and a public care provision with some exceptions. Pharmacological treatments have a co-payment system that varies according to the personal incomes and the degree of social dependence, chronicity and age. Health care is established in two levels: Primary care and Specialized care that includes Mental health care. The health care cost rises 9,3% of GDP. With regard to its organization, Spain has decentralized health competencies to its 17 regions since 2002, so there are 17 regional Ministries of Health and a National Ministry. The regions have competencies of planning, financing and service provision. The national Ministry of Health and Social Affairs has powers of legislation, cohesion of the system and guarantees the uniformity of service delivery.
Strengths: Universal coverage and public funding. Health outcomes measured by life expectancy (80.2 years in men and 86.6 in women) are higher than the average of European countries showing an excellent cost-effectiveness.

Weaknesses: The costs of health care are growing rapidly, especially pharmaceutical expenditure. The existence of 17 Ministries of Health make costs more expensive and can cause inequities. Health information systems are uneven and lack a statewide system with sufficient data.

Opportunities: The service delivery system is well developed. The training of professionals by the Residence Training system (MIR) is excellent.

Threats: The greatest threat is the risk of sustainability due to the economic crisis and indebtedness of the nation. The low budget for scientific research threatens the permanence of some professionals in the country. The aging population and the high life expectancy pose increased health care needs and a progressive increase in health spending.

Bibliography:

The Healthcare System in Chile: a Note
Fernando Lolas
Interdisciplinary Center for Studies in Bioethics and Psychiatric Clinic, Chile

A well-functioning health system responds equitably to a population’s needs and expectancies by improving health status of individuals and communities, fighting diseases, protecting people against threats to health, protecting people against financial consequences of ill-health and making possible the participation of the community in decisions affecting health.

Strengths: In Chile, the healthcare system includes private and public sectors, with a performance that can be successfully compared to other Latin American countries in terms of coverage and efficiency. Service delivery is adequate considering both the opinion of experts and the perception of citizens.

Weaknesses: The main challenges remain in the fields of equitable access of low income populations and in the geographical distribution of health-related resources. While the private sector is mostly concerned with curative activities, the private insurance companies do not spend much in prevention and promotion, these activities remaining for the most part a government responsibility. Leadership and governance are entrusted to the Ministry of Health and a decentralized network of facilities. Human resources, especially in complex medical care, are scarce in some regions. Discrimination and stigmatization are a permanent concern of authorities and legal regulations of the public-private partnerships provide adequate foundations for developments that may lead to a reduction in the burden of disease and to more satisfaction in the populations.

Opportunities: A strong commitment from political leadership is needed for a better integration of private, semi-private, and public sectors. Reforms under way promise to increase efficiency of the system.

Threats: Epidemiological and bioethical transitions are evident in a country with an ageing population and signs of political and economic difficulties due to ideological clashes.

Bibliography:

Kenya’s Health Care System
David M. Ndetei
University of Nairobi, Kenya and Africa Mental Health Foundation, Nairobi, Kenya

Health care management and service provision in Kenya is predominantly a function of County governments although the national government maintains a supervisory role and provides policy direction. The health sector comprises the public system, with the main players being the national Ministry of Health, county ministries and other parastatals, and the private sector, consisting of private for-profit and non-profit healthcare facilities including facilities run by faith-based organizations. The public health system consists of national referral...
hospitals, county level 5 hospitals, district hospitals, health centers, and dispensaries. Although public healthcare receives an annual budgetary allocation from tax revenues, healthcare services are charged to the individual with the exception of maternal health services which are free of charge in public health facilities. There is a National Health Insurance Fund (NHIF) funded by mandatory individual monthly contributions.

**Strengths:**
1. Free maternal healthcare program which has led to more births taking place in healthcare facilities (3 in 5 births) and in turn lowered infant mortality rates.
2. Inclusion of lay health workers (community health workers) in the formal system as liaisons between the health centre and the community it serves to ensure services reach the individual at family level in the community.
3. The Managed Equipment Services project to ensure every County has two fully equipped hospitals with modern diagnosis and care equipment.
4. Increased direct annual budgetary allocation to County governments to fund healthcare.
5. A functioning health information system that collects health data from all counties on an ongoing basis.

**Weaknesses:**
1. Shortage of formal health workers.
2. Unequal distribution of available formal healthcare workers with majority concentrated in urban areas.
3. Inadequate supply and unequal distribution of medical equipment and essential medicines with rural areas, where the majority of the population resides, bearing the brunt.
4. Lack of adequate financial allocation to healthcare as there are too many development needs competing for attention.
5. Little focus on non-communicable diseases such as mental health disorders, cancer and diabetes as HIV/AIDS, Malaria and other communicable diseases take center stage.

**Opportunities:**
1. Integration of health services to include mental health and other non-communicable diseases service provision at the primary healthcare level.
2. Decentralization/devolvement of health services to the counties allowing for greater focus on need-basis.
3. Greater access to health insurance through the expansion of the National Hospital Insurance Fund to cover outpatient services and a wider variety of health services with low earners paying lower premiums but still having equal access to services as those paying higher premiums.

**Threats:**
1. Lack of updated policies to direct health service provision in the new devolved system.
2. The devolved system was implemented without the necessary structures required in the counties being put in place first creating a lot of confusion in the implementation.
3. Poor management by counties leading to recurring problems such as health worker strikes over low pay and unpaid salaries.
4. Changes in lifestyle for majority of the population as the economy grows will lead to increasing incidences of non-communicable diseases such as cancer, diabetes and hypertension.

**Questions and Answers to WPA**

The objective of the speakers at the World Education Forum’s is to provide educational support and training processes to the attendants at the forum. The activity focuses on needs and opportunities relating to good clinical practice management, to increase knowledge, motivation and development of attitudes towards research, publication and leadership training in psychiatry, promoting high ethical standards in the practical exercise of psychiatry. We encourage participation and interactive discussion in these topics.

**WPA - WONCA FORUM: Primary Care, Mental Health and Public Health Integration**

**Co-chairpersons:**
- Eliot Sorel (USA)
- Dinesh Bhugra (UK)

Non-communicable disease lead in the global burden of diseases and of disability with significant impact on individuals’ and populations’ health, as well as on the nations’ economies across low-, middle- and high-income. Cardiovascular disorders and mental disorders are the most prevalent of non-communicable disease and frequently comorbid with each other. Contemporary health systems and their fragmentation are challenged by the high prevalence of non-communicable disease and their comorbidities. In response to this challenge, opportunities do exist for innovation in education and training, services design, research and health
policy. The WPA-WONCA Forum addresses these challenges and opportunities with an aim at recommended solutions to enhance access, quality and sustainability, in an open dialogue between the leaders of major professional organizations and the participating colleagues from more than sixty countries from around the world.

Bibliography:

OECD Forum
Co-chairpersons:
Eliot Sorel (USA)
Dinesh Bhugra (UK)

Making Mental Health Count: the Social and Economic Costs of Neglecting Mental Health Care
Emily Hewlett
OECD, Health Division - Directorate for Employment, Labour and Social, Paris, France

Despite the enormous burden that mental ill-health imposes on individuals, their families, society, health systems and the economy, mental health care remains a neglected area of health policy in too many countries. This paper considers the shape of mental health care in OECD countries. Findings are taken from the OECD report Making Mental Health Count, which uses OECD data, OECD indicators of mental health care quality, a data and information questionnaire completed by 32 OECD countries, and consultation with OECD country delegates and international experts. Making Mental Health Count concludes that even in those OECD countries with a long history of attention to and investment in mental health care there is still a long way to go to make high quality mental health care that delivers good outcomes a reality. This paper considers findings from Chapter 2 (Securing better care for mild-to-moderate disorders) and Chapter 3 (Advancing the organisation, payment and integration of care for people with severe mental illness) of Making Mental Health Count (OECD, 2014) on the importance of primary care as a key deliverer of services for individuals with mental health needs. Based on information and experiences collected from OECD countries it is clear that primary care services have an important role to play as a front-line service providing care for mild and moderate mental disorders, as an important care provider and coordinator for severe mental illness, and with potential to improve the physical health of individuals with mental health needs. The views expressed in this paper are those of the author and do not necessarily reflect the official views of the OECD or of the governments of its member countries. The author wishes to acknowledge the contribution of all the authors of Making Mental Health Count (OECD, 2014) from which this paper is drawn.

Bibliography:
Symposia
The challenge raised by global social psychiatry today resides in the importance of integrating mental health into primary care, as urged by WHO. Among the reasons for doing so are issues related to access improvement, affordability, cost effectiveness, and overall better health outcomes. In this symposium, our objective is to present strategies for action at the primary care level, and define some of the social risk factors that social psychiatry highlighted in the interest of producing effective prevention policies – among them the interaction with informal services, the relevance of gender-related issues, and the role of social and cultural representations of mental distress in the context of migration and asylum. We also address the impact of these factors in the etiology and screening of mental health disorders at the primary care level and in different national contexts. Results show that mental distress is often hidden by physical complaints at the primary care level, and that social psychiatry’s focus on the impact of broader social factors in the clinical interview allow for earlier detection and optimal treatment of mental disorders, thus avoiding the worsening of symptoms and associated risks. We conclude with suggestions for integrating the aforementioned considerations for social risk factors into training for primary healthcare professionals, prevention campaigns, and research programs.

Bibliography:
1. Integrating mental health into primary care, A global perspective, WHO and WONCA; 2008

Mental health through primary care is an important and invaluable health care delivery model in many parts of the world. There are severe constraints for mental health resources in many parts of the world. Paucity of mental health personnel and poor infrastructure are important among them. In this context, mental health through primary care appears to be the only viable alternative. The WHO has developed a report on „Integrating Mental Health in Primary Care: a Global Perspective” (2008) which documents the justification and advantages of such an initiative and how some health systems have successfully implemented it. The WPA Institutional Programme on Psychiatry for the Person approved by its General Assembly in 2005, where the whole person was conceived as the centre and goal of clinical care is an important landmark (Mezzich 2007). The WPA has a Section on „Psychiatry, Medicine and Primary Care” which can implement many of these goals and foster person centered mental health through primary care. The WPA had also organized Health Systems Performance Round Tables for four regions- Africa, Asia Pacific, Americas and Europe in 2013. The theme for the upcoming WPA International Congress at Bucharest in June 2015 is “Primary Care Mental Health: Innovations and Transdisciplinarity”. We have also conducted an International Study on Depression Screening in Primary Care in China, India, Iran and Romania (WCP Madrid 2014). World Association of Social Psychiatry is committed to reducing the treatment gap which is as high as 80-90% in some countries.

Bibliography:

How to start psychotherapy with a person suffering from severe symptoms resulting from a traumatic asylum trajectory, without simultaneously questioning the very possibility of implementing such psychotherapy? At the Minkowska Center, our mission is to make mental health care as coherent and useful as possible to the persons referred to us by health and social services. As a result, we have developed a reflection on the relevance and
efficiency of this healthcare offer, by confronting the latter to the reality of the many social obstacles that would make our efforts useless or irrelevant.

Our multidisciplinary theoretical framework aims at achieving this goal, based on five guiding principles:
1. Intercultural communication: both therapist/social worker and patient must share a language in common or benefit from linguistic and cultural interpreter services
2. The person seeking help or therapy must feel comfortable expressing his/her psychological suffering with his/her own terms or metaphors, without fearing to be judged or discriminated against
3. Therapists or social workers must be able to confront their own explanatory models of psychological suffering and asylum trajectories to the patients’, based on a capacity to decenter
4. These conditions are prerequisites to the possibility of creating a counter-transferential setting
5. Therapists or social workers must have a good knowledge of the healthcare context, to be able to adapt the healthcare offer by taking into account social, cultural and ethical determinants of health, rather than offering partial and segmented services, therefore running the risk of stigmatizing patients or excluding them further.

Bibliography:

Gender Related Issues to Global Social Psychiatry with Particular Reference to Migration
Marianne Kastrup
Centre for Transcultural Psychiatry, Psychiatric Centre, Copenhagen, Denmark

Women and men have different life conditions and biology, they are exposed to different traumata and cope differently with life. Within transcultural psychiatry, female patients, in particular refugees, express many gender related problems where female therapists may play a special role. There is increasing attention paid to providing comprehensive care to refugee women recognizing that many refugee women are subjected to other severe forms of abuse frequently of a sexual nature. Further, they frequently come from societies where women’s role is primarily centred round the home. Such women may need particular attention when having to cope with the refugee situation in order to avoid that their particular needs are neglected in the host country when it comes to integration initiatives. Many migrant women may feel dis-empowered when coming to a new, frequently hostile environment, and therapeutic interventions should have empowerment as a goal helping such women to develop skills to gain control over their life without infringing on others rights. To achieve this we in transcultural psychiatry have to listen and support the proposals to solutions these women bring forward even if they do not coincide with our own ideas, discuss their solutions and try to understand their cognitive and emotional world view by building a bridge over cultural incongruence. This is one of the challenges of our profession.

Bibliography:
EPA SYMPOSIUM
Quality Management in Mental Health Care

Co-chairpersons:
Wolfgang Gaebel (Germany)
Aurel Nireștean (Romania)

Objectives: To analyse the role of quality management in mental healthcare.
Methods: Review of the current challenges and possible solutions for issues arising in the context of quality management in mental health care.
Results: Quality management in mental healthcare usually addresses three areas: processes, structures and outcomes. It is evident that quality management has a holistic approach towards mental healthcare, and should also approach the individual person with a mental disorder with a multiperspective attitude. Another aspect is that the same standards for quality management should be applicable in different countries, but in how far is this really considered in quality management today? The first two presentations of this symposium will address this issue by reviewing both a specific European position (W. Gaebel, President of the European Psychiatric Association) and a global perspective (D. Bhugra, President of the World Psychiatric Association). Nowadays, patient involvement in decision making is one of the cornerstones of quality management assessments. But in how far can such approaches reflect “soft” indicators of a high degree of individuality in mental healthcare? One important aspect is the spirituality involved and the contribution by A. Nireștean will focus on this aspect. The final presentation by R. van der Gaag will address how all such influences can be considered in training psychiatrists, with a focus on the European situation.

Conclusions: The symposium will address the key topics of quality management in mental health care from a wide range of viewpoints.

Bibliography:

Quality in Mental Health Care - an European Perspective
Wolfgang Gaebel
Heinrich Heine University, LVR Klinikum, Düsseldorf, Germany

Objectives: To analyse the situation of quality in mental health care from a European perspective.
Methods: Review of current issues and challenges to mental health care in Europe from the view of the President of the European Psychiatric Association.
Results: The European mental healthcare system is facing a range of challenges, which pose special questions towards the issue of quality management. While the EPA statutes put the improvement of mental healthcare quality at centerstage, it needs to be conceptualized how a common European quality management system may be defined and operationalized. Several aspects come to mind: quality management should be guided by evidence based guidelines, who will need to be implemented and whose implementation will need to be evaluated. Urgent mental healthcare problems like mental healthcare for refugees and mental healthcare in countries suffering from economic crises need to be addressed. The development of mental healthcare in the new European countries in Eastern and Southeastern Europe will need to be supported and evaluated. Novel types of mental healthcare need to be developed to sustain sufficient mental healthcare services in aging, rich societies. The stigmatisation of mental disorders, those who are affected by them and the institutions caring form people with mental disorders will have important influence on any European mental healthcare improvement agenda.

Conclusions: This presentation will describe how these issues can be addressed by the EPA in the next years.

Bibliography:
2. Gaebel W et al. EPA guidance on the quality of mental health services. Eur Psychiatry. 2012 Feb;27(2):87-113
Improving Quality in Psychiatric Services Around the Globe
Dinesh Bhugra
The Institute of Psychiatry, London, UK

Objectives: Irrespective of resources available, the quality of services is important in engaging patients and their carers. A major challenge for psychiatry is the integration of physical and mental illness models. In many cultures partly due to the prevalence of infectious diseases, psychiatric services deal with neurological cases too. The quality parameters have to be both objective and subjective. In many services patient satisfaction assesses only external environment but the therapeutic interaction is ignored.

Methods and Results: Literature review of the field indicates that quality measures do exist but are sometimes poorly understood by both the clinicians and policy makers whereas from a patient perspective it is easy to recognise which service provides them with good clinical experience. It is perfectly possible to develop services which have minimum agreed international standards and additional tiers can be added depending upon the availability of resources and political will. It is proposed that the World Psychiatric Association work with national organisations to develop regional standards.

Conclusions: Quality of services can mean different things to different stakeholders. It is proposed that minimum international standards are developed and maintained so that patients get good quality services.

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The Role of Spiritual Dimension of the Personality on Mental Health
Aurel Nireştean
University of Medicine and Pharmacy, Psychiatric Clinic No. 2, Târgu-Mureș, Romania

The mature human person integrates a diversity of biological, psychological, social and spiritual traits. During the self-determination and socialization process the human being must develop a level of self-transcendence to allow a very flexible adaptation to life’s events and experiences. Other components of the individual spiritual dimensions such as originality, esthetic taste, common sense, beliefs, and religions could positively influence or favor personal resilience, openness towards others, the access to humanity’s values, self-esteem and dignity. The cultivation of individual spiritual traits becomes a major protective factor of mental health. Key words: personality, spiritual dimensions, mental health

Harmonizing Quality of Training in Psychiatry Across Europe
Rutger Van Der Gaag
Radboudumc University Medical Centre, Department of Psychiatry, Nijmegen, The Netherlands

Objectives: Psychiatry is the biggest medical speciality across Europe. Free circulation of professionals within the EU makes it even more important to have quality assurances on the levels of knowledge, competencies and experience of the psychiatrist trained in different parts of Europe.

Methods: A joint working group of representatives of UEMS (Andrew Brittlebank & Mark Hermans) and EPA (Dinesh Bhugra, Mariana Pinto da Costa, Martina Rojnic-Kuzman, Tamas Kruimay and Andrea Fiorillo) assessed the quality and standards for training in Europe taking into account the ROMER data (Marianne Leboyer) on training schemes. They took different viewpoints into account assessing the training standards, looking into different aspects of cultural diversity and taking the standpoint of trainees and young psychiatrists into account. Special attention was paid to the role of the training in psychotherapy.

Results: It appears that the standard for training across Europe are very diverse, both from a point a view of organisation view as well as with regard to the ways of examining, certifying and licensing for practice. Cultural differences regard not only the diversity of the population but also the position of psychiatry within the medical field and that of mental health.

Conclusions: An important issue is how to attain and assess the European Training standards across the continent with respect for local differences, whilst the important question is if a European standard exam for psychiatry should be wished for and/or implemented.
SYMPOSIUM
Sport and Exercise Psychiatry - a Global Challenge
Co-chairpersons:
David Baron (USA)
Karl Jürgen Bär (Germany)

Sport psychiatry can be seen as a new but rapidly developing field, not the least due the far spread popularity of sports in general but also to the highly challenging environments in professional sports. The recent discussion and medical, legal, and public awareness rising strategies in athletes brain trauma in the US or the recent series of suicides of prominent athletes draw attention to the need of early recognition, intervention, teaching, and informed strategies of sport regulation to make sport again also psychologically healthy field. A further aspect of sport psychiatry is the use of sport and activity in different mental health fields, including dementia, psychosis, and posttraumatic stress that has been tried with increasing success indicating it either as an adjunct or even as a major preventive and international approach to face larger scale mental health challenges. The symposium will focus on teaching models in this new field that are of primary importance as present curricula or post graduate training neglect this new discipline.

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

Teaching Models for a Program in the Mental Health of Athletes
Thomas Wenzel
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Background and objectives: In spite of a growing awareness of the relevance of mental health problems for athletes such as depression, suicide and eating disorders, curricula reflecting the specific needs of athletes that also include problems such as transference and abuse in young athletes, are still rare or not existing. The transcultural aspects arising due to the mobility and embedding in culture in the sport field create an additional of these mental health problems have also not been addressed in continued medical education. Sport medicine in turn appears to partly disregard the field of mental health besides improvement of performance related strategies.
Method: A review of the literature and qualitative interviews with key informants were conducted to identify key points in a curriculum developed by the WPA Section on Sport Psychiatry.
Results: The draft curriculum developed by the section based on the above methodology will be presented as part of the presentation. It includes aspects targeting different groups of learners, offering also a special focus on usually neglected or highly specific and therefore less known but highly relevant in sport psychiatry.
Conclusions: In the care of athletes, an informed model taking into consideration the relevance of such factors as the specific challenges like brain trauma, the interaction between the athlete’s background culture and the “sub” culture of competitive athletes will best reflect present knowledge.
Bibliography:
Sports and Motor Activity in Dementia
Karl-Jurgen Bär
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The prevalence of psychiatric conditions among elite athletes is still under debate. More and more evidence has accumulated that high performance athletes are not protected from mental disorders as previously thought. The authors discuss the issue of the sport-specificity of selected mental diseases in elite athletes. Specific aspects of eating disorders, exercise addiction, chronic traumatic encephalopathy and mood disorders in the context of overtraining syndrome are examined. In particular, the interrelationship between life and work characteristics unique to elite athletes and the development of mental disorders is reviewed. Differences of clinical presentation and some therapeutic consequences are discussed. The authors suggest that the physical and mental strains endured by elite athletes might influence the onset and severity of their psychiatric disorder. Beside the existing research strategies dealing with the amount of exercise, its intensity and lack of recreation experienced by athletes, further research on psycho-social factors is needed to better understand the sport-specific aetiology of mental disorders in high performance athletes.

Psychopathological Traits of Athletes: Failed Ideals of Health-Based Models
Gabriel Diaconu
Medlife, Bucharest, Romania

Popular perception about athletes is that they are individuals with unusual health and stamina. While this is usually reflected in their performance, behind the veil many of them suffer from injuries acquired during training, as well as competitions. Moreover, physical enhancement programs sometimes employ conditioning techniques that may prove to be psychologically distressing to the individual, sometimes long-term. In this case-by-case presentation various vignettes of athletes with psychopathology are discussed: the anxious over-achiever, the masked depressed, the addicted, the traumatized. Diagnosis difficulties are presented, as well as challenges in the management of a professional athlete with psychiatric illness, in the hope this will raise consciousness about a group who may be, paradoxically, at high risk for mental illness.

SYMPOSIUM
Integrating Primary Care and Mental Health: Experiences and Perspectives from Three Countries

Chairperson:
Alfredo Cia (Argentina)

Providing mental health services in primary health care (PHC) involves diagnosing and treating people with mental disorders, developing strategies to prevent mental disorders, and ensuring that primary health care providers are able to apply key psychosocial and behavioral skills such as interviewing, counseling and interpersonal skills, in their day-to-day work in order to improve overall health outcomes in primary health care settings. Integrating mental health services into PHC is one of the top ten WHO’s health care recommendations (WHO, 2001). The panelists will present experiences developing a diverse workforce who is trained to deal with physical-mental comorbid conditions in primary care and implementing primary health and mental health integration programs in three countries (i.e., Argentina, Costa Rica, and the USA) and discuss results.

Bibliography:
Primary Care and Mental Health Care Integration: Developing a Workforce to Serve Local Underserved Populations

Sergio Aguilar-Gaxiola
University of California, Davis School of Medicine, California, USA

Comorbidity of chronic physical conditions with common mental/substance use (M/SU) disorders is the norm rather than the exception. The burdens of chronic physical conditions and co-occurring M/SU disorders have an enormous impact on individuals and their families. For example, people with serious M/SU illnesses are experiencing astounding rates of premature death due to co-occurring chronic disease conditions and the lack of timely health care. Improving the quality of mental health care and general health care depends upon the effective collaboration and integration of all mental, substance-use, general health care, and other human service providers to coordinate the health care of patients and their families. This lecture will present new findings from the World Mental Health Surveys on the co-occurrence of mental/substance use and physical morbidities. It will provide an overview of the provision of M/SU interventions in primary care settings, outline strengths and challenges and provide recommendations. Finally, an overview of the Integrated Medicine/Psychiatry Ambulatory Residency Training program (IMPART), a best practice training model developed at UC Davis Health System that combines psychiatry with family medicine or internal medicine training, with an emphasis on care of underserved populations will be presented.

Experience of a National Policy in Mental Health in Costa Rica

Virginia Rosabal
Costa Rica

Health sector reforms have created substantial changes in health policy and health systems in the countries. Costa Rica had its Health Reform decades ago and the because of the pressure of the national psychiatrists made that the topic of Mental Health was positioned as priority and a National Policy on Mental Health was created. The Technical Secretariat for Mental Health, opened by law, is under the Office of the Health Minister. Since then there has been a successful work to operationalize this policy.

Bibliography:
1. Strengthening national policy dialogue to build more robust health policies, strategies and plans WHO 2011
2. Costa Rican National Policy in Mental Health

A Model for Identifying, Treating or Referring Anxiety Disorders in Primary Care Settings

Alfredo Cía
Asociación Psiquiátrica de América Latina, Buenos Aires, Argentina

In order to address the challenges of assessing and managing anxiety disorders in primary care settings, the author has developed a model for the effective diagnosis, management, pharmacotherapy or referral for the most common anxiety disorders (i.e., panic, agoraphobia, generalized anxiety, and social anxiety disorders, and PTSD) in primary care. The author will also provide results of efforts to (1) identify other mental-physical comorbidities in primary care, (2) provide initial psycho-education to patients and their families, and (3) decide whether to treat or refer the patient to the mental health team, according to the initial diagnosis and progress. He will conclude with lessons learned so far from the application of this model.

Bibliography:
SYMPOSIUM
Global Violence & Trauma: African, Asian/Pacific, American & European Perspectives
Part I

Co-chairpersons:
Michel Botbol (France)
Roy Kallivayalil (India)

Destructive violence of man against his fellows has always questioned, moralists, philosophers and scientists, particularly psychiatrists and psychologists, at the crossroad of these various approaches. This problem is, for example, at the center of the famous correspondence between Albert Einstein and Sigmund Freud, after the first World War slaughter: «Why War». The recent development of human violence expression and its unprecedented proximity to nearly all worldwide, induced by its ruthless intrusion into the immediate multimedia show, breaks through many of the post WW II conceptualization of political and ideological violence and the organizations and systems built to tackle and prevent them. Their uncompromising assertion of the superiority of death and terror on life and humanism give new life to the horrors the world has known during this last World War. Its return at the center of the globalized world in spite of all that has been done to prevent it, forces us to consider these new expression as a way to shed new light on the question. In the wake of multiple recent tragedies and traumas in Africa, Europe, Asia and America, and, more precisely, after the tragic terrorist attack on Charlie’s journal in Paris last January, or the dreadful happening in Nigeria and Middle East among many other parts of the word, this double symposium will bring together various WPA sections (Conflict Management and Resolution, Prevention and Psychiatry, Transcultural Psychiatry, Religion and Psychiatry, Psychoanalysis In Psychiatry) to reflect upon these issues, and to consider how psychiatry and related disciplines could contribute to understand the process on which they are based and to conceptualize the questions they raise

Bibliography:

A Preventive Psychiatry Perspective Regarding Global Violence and Trauma
Bulent Coskun, Tamer Aker
Kocaeli University Medical School, Turkey

It may seem to be debatable to consider prevention of psychiatric disorders and promotion of mental health in situations related with global violence and trauma. There are specific approaches regarding tertiary prevention, mainly organizing rehabilitative activities about mental health consequences of mass violence. Raising awareness on protective effects of preparedness, importance of training and capacity building are crucial. Early identification of cases and trying to improve resilience would all be considered as preventive approaches It should also be kept in mind that there would be growing circular effects of traumatic events, being much more evident in the inner circle and with relatively lighter effects in the outer circular environments. Especially with the high level of communication of our time and the speed with which information spreads around, any event occurring at a remote area of the globe may immediately appear on the mass media or Internet. Although there are some concerns about the priorities or maybe prejudices or tendencies regarding the focus of major media channels on various events (that some events are brought forward in detail while others are relatively underestimated or totally ignored), it is still much easier than before to hear about global violence and trauma. As a consequence of this rapid and wide distribution of information on trauma, even people hearing or observing these at distances far from the areas where they occur may be affected as well. As is well-known, there are many factors influencing the impact of trauma - individual and social. It may also be argued that in some places for some people, there may be a kind of desensitization regarding the traumatic events. Some may just watch or read about those events as fictive or made up stories of films. During the presentation, different aspects of prevention and promotion will be discussed with a focus on tolerance and sensitivity of individuals and societies. A few examples from different parts of the globe will also be presented with special emphasis on recent situations at the southern area of Turkey.
Violence and Trauma in Nigeria: Effect on Psychiatric Emergency Diagnosis
 Owoidoho Udoafia (1), T. Obindo (2), A. M. Dahiru (3), E. Akoh (3)
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(2) University of Jos, Plateau State, Nigeria
(3) Federal Neuro-Psychiatric Hospital, Maiduguri, Bornu State, Nigeria

Objectives: Nigeria has been very unstable for the greater part of this decade. From the economic sabotage in the Niger Delta with displacement of hundreds of people through the religious crisis in the middle belt with thousands internally displaced and now the dreaded Boko Haram insurgencies in the north east with millions displaced internally and refugees spilling into the nearby countries. Studies have consistently showed trauma and violence is associated with increase in psychiatric disorders (1), especially adjustment disorders, post-traumatic stress disorders and the psychotic disorders (2). This study assesses if there are differences in types of disorders encountered in the emergency psychiatric units, when the country was more stable and now and whether changes if any is restricted to parts of the country with more violence and trauma. Methods: The clinical diagnosis of the last 100 patients seen in the emergency units in three psychiatric hospitals in Nigeria in 2010 and 2014 were compared. The hospitals were in stable Calabar, in the south east, episodically unstable Jos, in the middle belt and unstable Bornu in the north east of Nigeria. The diagnosis were clinical diagnosis reached after assessment by a consultant psychiatrist.

Can We Learn Something from Charlie’s Tragedy and Its Aftermath?
Michel Botbol
University of Western Brittany, Child and Adolescent Psychiatry, Brest, France

Considered an historical landmark at the very moment it happened, Charlie’s terrorist attack brought back the questions related to psychosocial and cultural identity at the center of French society. Its immediate aftermath (the biggest ever popular demonstration in all the country) has been followed by numerous contradictory smaller events putting an unprecedented focus on religious identity and revealing the fragility of the very secularist French republican model, considered the less disputed common ground of the French national identity. Far beyond their concrete effects on the French people everyday security, these events has raised crucial symbolic issues concerning the national way of dealing with cultural and religious diversity. Beyond what psychiatry and psychology can do to reduce the post traumatic consequences of these happenings on our patients and fellow citizens, this intervention will consider how psychiatric and psychological knowledge and experiences can contribute to understand these psychosocial phenomenon and to develop new strategies and new models to cope with otherness without threatening the country’s main democratic values. We will particularly contemplate to what extent current psychodynamic theory on aggression and violence (particularly in adolescents and Border line patients) can inform our understanding of social and political phenomenon and be useful to improve the current situation, and to avoid that the treatment of the problem worsens the cultural and social division of European nations.

Bibliography:
Comparative Religion is concerned with the systematic comparison of the doctrines and practices of the world's religions. The comparative study of religion yields a deeper understanding of the fundamental concerns of religion and could possibly help us to find answers to the pressing question to religion and violence. It would enable us to develop a more differentiated and more sophisticated understanding of human beliefs and practices regarding the sacred, numinous, spiritual and divine, and religious violence (whatever that may be). Is religion the source of all evil? An affirmative answer to this question appears to be quite troublesome. In fact such an answer seems to represent (West) European self image as secular and tolerant. They react against whom is not and label religious people as ‘other’. In the meantime it has become clear that secularization is a typical European phenomenon and an exception to the rule. In other words, how fruitful is this approach yet? Conflict is the source of all forms of (religious) violence (terrorism). At least four motives are basic to structural causes of conflict: difficult life conditions, security, self-determination and social respect. All religious traditions have important things to say on these motives, which are related to mental health and well-being as well. Comparative Religion could help us to discover differences and commonalities and further an emphatic and critical dialogue.

A Psychoanalytic Discussion of the Film Avatar: How Narcissistic Disturbance Undermines Diversity
Constance E. Dunlap
George Washington University Medical Center, Washington, USA

While our mass media is known for its damaging influences on society, e.g., contributing to our desensitization to violence and reinforcing racial and ethnic stereotypes, films occasionally provide excellent teaching opportunities. James Cameron’s Avatar is such a film. Released in 2009, Avatar powerfully depicts how narcissistic disturbance is a serious threat in that it undermines the efforts of individuals, groups, and nations to protect their people, rituals and resources. While most viewers directed their attention to the damage incurred by the indigenous people, the film Avatar illustrates the psychic damage experienced by both the aggressor and the object of aggression. The American psychoanalyst Dorothy Holmes (2006) has skillfully delineated how our culture’s “dis-identification with the hated other” and handling of race and social class undermine our ability to value non-dominant groups. She asserts, “Those on both sides of the divide suffer damage to their core sense of self and impaired ego function” (1). Almost a decade earlier, the late David Raphling (1998), explaining the goal of destructive aggression, declared: “Its most immediate aims, primarily narcissistic, are not concerned with the needs of others” (2). Utilizing these psychoanalytic concepts, I review the recent cases of three police killings of unarmed black males in the US: Trayvon Martin (Sanford, Florida), Eric Garner (New York, New York), and Michael Brown (Ferguson, Missouri). I illustrate how: Narcissistic disturbance causes emotional illness in individuals organizations, and societies; Aggression is used to maintain personal equilibrium while destabilizing the other; and Narcissistic disturbance causes shared damage to the aggressor and object of aggression.

Bibliography:
Health Outcomes of the 2007-2008 Election-Related Violence in Kenya

K. Johnson (1), J. Scott (2, 3), T. Sasyniuk (1), D. Ndetei (4, 5), M. Kisielewski (6, 10), S. Rouhani (7), S. Bartels (8), V. Mutiso (5), A. Mbwayo(5), D. Rae(9), L. Lawry (6, 10)

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Objectives: Following the contested national elections in 2007, violence occurred throughout Kenya. The objective of this study was to assess the prevalence, characteristics, and health consequences of the 2007–2008 election-related violence.

Methods: A cross-sectional, national, population-based cluster survey of 956 Kenyan adults aged ≥18 years was conducted in Kenya in September 2011 utilizing a two-stage 90 x 10 cluster sample design and structured interviews and questionnaires. Prevalence of all forms of violence, symptoms of major depressive disorder (MDD) and posttraumatic stress disorder (PTSD), and morbidity related to sexual and physical violence were assessed.

Results: Of 956 households surveyed, 916 households participated (response rate 95.8%). Compared to pre-election, election-related sexual violence incidents/1000 persons/year increased over 60-fold (39.1-2370.1; p <.001) with a concurrent 37-fold increase in opportunistic sexual violence (5.2-183.1; p < .001). Physical and other human rights violations increased 80-fold (25.0-1987.1; p<.001). Overall, 50% of households reported at least one physical or sexual violation with violence among female household members more common (66.6% vs. 58.1%; p=.04). Over thirty percent of respondents met MDD and PTSD symptom criteria; however, symptoms of MDD (females, 63.3%; males, 36.7%; p=.01) and suicide ideation (females, 68.5%; males, 31.5%; p=.04) were more common among females. Substance abuse was more common among males (males, 71.2%; females, 28.8%; p <.001).

Conclusion: On a national level, politically-motivated and opportunistic sexual and physical violations were commonly reported among sampled adults with associated health and mental health outcomes.

Bibliography:

Violence Against Women in South Asia

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Violence against women has become a subject of much discussion in South Asia recently. Earlier this was much less discussed, but probably was always present. The active presence of visual media has contributed increasingly to this new awakening. It has created an impact as never before. Due to the poor literacy levels in many parts of South Asia, it was easy ignore this earlier. In India, there has been continuously increasing trends during 2008-2012. According to the National Crime Records Bureau of India1, reported incidents of crime against women has increased 6.4% during 2012, and a crime against a woman is committed every three minutes. In 2012, there were a total of 244,270 reported incidents of crime against women, while in 2011, there were 228,650 reported incidents. In South Asia, many men still do not consider violence against women as a serious offence, but rather as a part of everyday life. In January 2011, the International Men and Gender Equality Survey (IMAGES) Questionnaire reported that 24% of Indian men had committed sexual violence at some point during their lives. Rape is one of the most common crimes against women in South Asia. Domestic
violence is very frequent especially among the less educated population. In some parts of South Asia, more than 50% of men have admitted to domestic violence. The Protection of Women from Domestic Violence Act 2005 in India has been a progressive measure, but its implementation has been poor.

Bibliography:

SYMPOSIUM
Belonging Without Boundaries: Social Psychiatry in the 21st Century - Revisited

Co-chairpersons:
Constance E. Dunlap (USA)
Ileana-Mihaela Botezat-Antonescu (Romania)

The second Symposium on Belonging will open with a discourse by the Co-Chair, Constance E. Dunlap, on “Belonging and Resilience: My Journey from the Confederacy to a Global Community,” Dunlap proposes that there is a relationship between belonging and resilience. Using a developmental approach to deconstruct three phases of her life - Daughter of the Confederacy, Sojourner of the Great Migration, and Citizen of a Global Community - she explores the influence of antecedent family and community history on the development of her identity as an African American woman professional engaged in a global community of friends and colleagues. In his presentation, “Belonging as a Framework for Personal Narrative,” Ezra E.H. Griffith examines the concepts “belonging” and “dichotomous thinking” to evaluate the question: Can non-dominant group individuals like me, who have spent decades employed in a dominant-group university setting, say at the end of their careers that they belong to the institution. Griffith’s presentation was inspired by his involvement in a biographical project about the distinguished black Harvard University professor Chester Pierce. Ileana Botezat-Antonescu’s presentation, “Professional Group Associations: An Integrative Approach to Belonging,” is a continuation of her previous paper presented at the 2013 WPA Regional Congress in Bucharest. Botezat-Antonescu’s presentation provides a progressive framework for the development of mental health policy that reflects an integrative collaboration among different social and professional groups. In the final presentation, “Difficulty in Belonging for Racial and Ethnic Minorities,” Rahn Bailey sets out to determine if there is difficulty belonging in mainstream American society for racial and ethnic minorities. In addition to being a basic human need to belong to a group, Bailey concludes that “For members of a minority group, belongingness is also the need for their group to be accepted by the dominant group. He cites various cultural beliefs and practices which may contribute to groups frustrated attempts to achieve a sense of belonging.

Bibliography:

Belonging and Resilience: My Journey from the Confederacy to a Global Community
Constance E. Dunlap
George Washington University Medical Center, Washington, USA

Objectives: Reviewing my journey as black woman, born in the American South, I examine the relationship between belonging and resilience to understand my migration from a part of America that was segregated - and wanted to be segregated - to my place in a global community.

Methods: Using a developmental approach to deconstruct three phases of my life - Daughter of the Confederacy, Sojourner of the Great Migration, and Citizen of a Global Community - I explore the influence of antecedent family and community history, including the under-appreciated history of leadership among southern women, on the development of my identity as an African American woman. Harvard University President Drew Gilpin Faust (1), a premier historian of the American South, has contributed much to our understanding of the shift from antebellum dependent femininity to the role of women as providers and
leaders in society. At the same time, Paula Giddings (2) was exploring the antagonistic considerations that defined the social and psychological development of black women.

Results: As the psychoanalyst Dorothy Holmes (3) has delineated elsewhere, our society’s “dis-identification with the hated other” and handling of race and social class undermine our ability to value non-dominant groups”. While a sense of belonging can be threatened by racism - observed, experienced, and internalized – it can be achieved by racial and ethnic minorities who balance origins and destinations, while coping effectively with personal and societal perceptions, projections, and expectations.

Conclusions: There is a dynamic interplay between belonging and resilience. James Griffith and Lynn Gaby (4) highlight the essential importance of communion with others as a prerequisite to achieving a sense of resilience. However, for some racial and ethnic groups who migrate and immigrate to new communities, belonging may be secondary in importance to resilience in ex-plaining their adaptability. In this paper, I use my own narrative experience to illustrate these concepts. It is a narrative that may promote an understanding of groups that have experienced varying degrees of belonging.

Bibliography:

Belonging as a Framework for Personal Narrative
Ezra Griffith
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In this presentation, I set out to contextualize the central parameter I have established for discussing and recounting briefly my personal story. This framework reposes on the principal concept of “belonging” and secondarily on the notion of “dichotomous thinking”. These two ideas I situate as central to evaluating the answer to an important question: Can non-dominant group individuals like me, who have spent decades employed in a dominant-group university setting, say at the end of their careers that they belong to the institution? I will not arrive at the answer to this dilemma without exploring my life story in a developmental and analytical fashion. I will review experiences lived in the context of Yale University over a 35-year period. Some of those events have occurred onsite at the university; others have taken place offsite. That is why I will talk about roles played by place, by mentors and peers, and by elements such as sports, religion, and professional organizations. In this framing of context, I meld descriptive narrative and self-exploration. I have been drawn to this exploratory task since my involvement with a biographical project that centered on the distinguished black Harvard University professor, Chester Pierce (1). At the time, he made it clear to me in our interactive dialogue that although he had served as a Harvard professor for decades, and had earned both undergraduate and graduate degrees from the university, he did not believe that he belonged there. I found it a stunning announcement and a poignant testimonial to the problematic nature of belonging, at least in this context. Recently, Drew Faust, Harvard’s president, noted that not everybody feels he or she belongs at Harvard’s welcome table (2). She reinforced her assertion with a bow to dichotomous thinking, and she conjured up Booker T. Washington’s observation that Harvard was a place where he felt like “a huckleberry in a bowl of milk” (2). President Faust wanted to change that, to transform Harvard from a place of marginalization and exclusion to one of belonging and inclusion. From another angle, Derek Walcott (3) explored place and home in “The Prodigal”, recounting experiences of no home-binding affinity for multiple places all outside St. Lucia, his home country. And so, with these referential contexts in mind, I will return to this confounding question about belonging as I explore my interactions with Yale in my quest to belong.

Bibliography:
Professional Group Associations: an Integrative Approach to Belonging
Ileana-Mihaela Botezat-Antonescu
National Mental Health and Anti Drug Centre, Bucharest, Romania

My presentation to this year’s Belonging Symposium builds on my previous paper presented at the 2013 WPA Congress in Bucharest. It now has more personal connotations that promote an integrative approach to treating persons with mental disorders. In addition, my presentation offers a progressive framework for elaboration of mental health policy directions. It takes into consideration my long life clinical experience as a psychiatrist, my psychoanalytic training and my tasks as a director of NMHC in the MOH. Today’s discussion provides a good opportunity to reflect on my own capacity to integrate different social and professional dimensions and to implement them in the service of mental health. My presentation also discusses broader policy considerations. Policy project proposals, such as the like EU–Joint Action, “Mental Health in all Policies,” in which Romania is a partner and a pilot-country, are helpful to opening the way to prioritize mental health by the Government. Such proposals support efficient humanistic, person-centered treatment in a psychodynamic framework. Efficient medication treatment and social factors can be promoted by post graduate training programs for any medical specialist, starting with the primary care physician.

Bibliography:

Difficulty in Belonging for Racial and Ethnic Minorities
Rahn Bailey (1), Z. Shao (2)
(1) Wake Forest University, Winston-Salem, North Carolina, USA
(2) Meharry Medical College, Nashville, Tennessee, USA

Objective: To explore if there is difficulty in belonging for racial and ethnic minorities.

Methods: We searched and summarized the literatures with the key words of belonging and racial and ethnic minorities.

Results: Belonging is the human emotional need to be accepted by a group. For members of a minority group, belongingness is also the need for their group to be accepted by the dominant group. Members of minority groups are prone to different treatment in their countries and societies. This discrimination may be directly based on an individual’s perceived membership of a minority group, without consideration of that individual’s personal achievement. It may also occur indirectly due to social structures that are not equally accessible to all. These may cause difficulty in belonging for minorities. In the United States, racial and ethnic minorities include African Americans, Asian Americans, Hispanic Americans, etc. Within African American culture, race or physical differences led to mass murder and violence against racial groups. Black and White differences are the most significant groupings largely because of American history. African Americans have difficulty assimilating with their culture and American culture. Asian Americans communicate non-verbally and/or indirectly. They interpret the world differently from American Culture. This may make it difficult for Asian Americans to assimilate easily into American culture. Hispanics are very religiously oriented and focus on family values. This may cause difficulty in integration with American culture, as individual success is more prominent within American culture. Another reason is their language (Spanish). There is vast amount of racial differences within Hispanic Americans, where Spanish is spoken in different ways. This not only makes it difficult to assimilate into American culture, but often results in assimilation among different races in Hispanic America.

Conclusion: Racial and ethnic minorities may have difficulty in belonging to American culture.

Bibliography:
**SYMPOSIUM**

**Mental Health and Primary Care in Russia: Current Status and Ways to Improve**

**Co-chairpersons:**
Valery Krasnov (Russia)
Alexey Bobrov (Russia)

The prevalence of mental disorders in the primary healthcare in Russia amounts to 40-60%. This high level could be explained by specific demographic, cultural and psychological features of the attendees of municipal outpatient services as well as stressful conditions in some regions. The most frequent mental disorders in the primary healthcare patients are represented by non-psychotic psychopathological syndromes with somatoform, anxiety/depressive symptoms, and mild cognitive dysfunction. These pathological states decrease quality of life, related to physical illness, and affect compliance. Besides, patients with mild mental disorders tend to cumulate in primary healthcare and challenge the normal work of these institutions due to difficulties in differential diagnosis and ineffectiveness of conventional medical treatment. The problem of non-psychotic mental disorders in primary healthcare implies a number of organizational, educational and research tasks. In particular, conditions for concerted activities of municipal healthcare services and the federal psychiatric service should be available, as well as a wide net of psychiatric/psychotherapeutic offices within polyclinics. Activities of these offices should be transformed from routine consultative and therapeutic functions to organization of comprehensive medical and psychological patient support. The key component of these changes is a systematic increase of professional competencies of primary healthcare physicians, improvement of their psychological competence and communication skills, extension of medical and juridical level of knowledge and acceptance of relevant ethical standards required for communication with patients with mental disorders. Another important ways to improve the primary care system is connected with the promotion of the multidisciplinary teamwork and psychosocial methods of therapy.

**Bibliography:**

**Diagnosis and Therapy of Affective Spectrum Disorders in Primary Care**

Valery Krasnov, T.V. Dovjenko, Alexey Bobrov, M.V. Semiglasova, N.A. Shifner
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The concept of separate depression and anxiety disorders with comorbidity is not correlated with the clinical practice. The unity concept of a joint disorders spectrum, which considers anxious depressive affective disorder as cohesive entity, seems to be more appropriate. 19258 outpatients from 18 to 55 years in several primary care settings have been studied with screening questionnaire, semistructured psychiatric interview, Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS) and SCL-90 in order to identify affective spectrum disorders. 29,6% of the patients was identified with depression by standardized clinical instruments according to ICD-10 criteria. Different affective (depressive and anxious) disturbances were revealed in more than half of the examined outpatients. In the majority of cases, the anxiety symptoms overlapped with depression. In 23,3% the HDRS score was 15 or more. At same time, there were a set of combinations of depression with anxiety and somatoform disorders - with similar score levels of somatization, depression and anxiety by SCL-90 and patient HARS score average of about 20. Treatment with SSRIs and others antidepressants has shown significant positive response for both depression and anxiety.

**Bibliography:**
Psychosocial Therapy for Primary Care Outpatients with War Related Mental Health Disorders: the Chechen Case
Kyuri Idrisov
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War stressful events cause mental disorders at a large number of people. Still only a small part of victims seek a professional help for mental health, mainly in primary care. But general physicians often cannot properly diagnose these disorders as well as prescribe an adequate treatment. Moreover, the pharmacotherapy alone does not produce the desired result. It is essential to apply psychotherapy and psychosocial interventions taking into account a special context of cultural and religious traditions of the population. A study of the primary health care outpatients revealed that 62% of the patients have experienced one or more psychotraumatic events in the connection of military operations in the region, but PTSD was found only in 16.4%, while the others were diagnosed with depression, anxiety, somatoform and adjustment disorders. Additionally to the combined therapy a complex of psychosocial support to the patients has been provided during one year after the treatment. The psychosocial support consisted of psychoeducation of the patients and their family members that was consisted of a training to identify various symptoms and individual responses to the stressful events. It was also included a training of family members on recognizing the feelings of the patient, providing emotional support and creating a "warm" atmosphere conducive to relaxation and to a greater sense of security. Chechen society provides the strong and close family ties, so the relatives, who are not the family members, usually offer an extensive support to each other that forms a sense of support, protection and social adaptation.

Bibliography:

Advances and Challenges in Mental Health Care on Primary Level in Russia
Mayya Kulygina
Moscow Research Institute of Psychiatry, Moscow, Russia

The growth of appeals for psychiatric and psychological care in primary medical services is stated last years in Russia. It is the result of changes in population’s attitudes and of gradual decrease of stigma regarding the nonpsychotic psychopathology, as well as the efficacy and accessibility of mental health care of outpatient format. There are some organizational difficulties in provision of specialized care in primary settings. The most challenging issues are referred to the tasks of mental health epidemiology, restructure of the medical insurance system, improvement of the professional competencies of the specialists. Such important directions as recognition and appropriate therapy of mental disorders in specific population’s groups as well as prevention of socially significant diseases have got ahead. The maintenance of optimal contact with the patient in primary care is in the sphere of special interest. The basic trend is characterized by the transition from paternalistic to the partner’s model. This means the designation of professional authority, respect of patients’ rights, more effective communication, confidence contact, sharing of responsibility. Keeping a working distance in relationships with the patients and structuring the interaction (request formation; contract adherence; drafting the therapy plan; implementation control) promote an effective compliance. The future perspectives of primary mental health care in Russia are connected with the more close collaboration of psychiatrists, psychologists, social workers with other medical specialists as well as within such a multidisciplinary team. Another tendency is to involve family members and to organize the new forms of psychoeducation and psychosocial therapy in outpatient settings.

Bibliography:
Progress in Primary Care: Towards the Integrative Medicine
Alexey Bobrov
Moscow Research Institute of Psychiatry, Moscow, Russia

The modernization of health services in our country is impossible without elaboration of a humanistic approach to medical technology. This is reflected in the development of medical anti-stress activities, patient education, creation of the family medicine, development of doctors' psychological competence and communication skills. The steps to improve compliance and disease-dependent life quality are of particular importance. To achieve these goals one needs to provide an adequate integration of biomedical and psychological approaches. This integration should be based on the significant transformation of the medical postgraduate education, organizational changes in primary and specialized health care, as well as creation of a system of medico-psychological support for patients. A key element of the support system is optimization of the interaction between mental health professionals and physicians-internists. Such interaction affects the following areas: reference and counselling, diagnosis, prognostic assessment and treatment options for the mental disorders in the primary practice. Of great importance is also a proper training of psychotherapists and clinical psychologists, working in primary health care, clarification of their official duties and the creation of public professional associations of specialists on integrative medicine.

Bibliography:

SYMPOSIUM
Child and Adolescent Mental Health

Co-chairpersons:
Edgard Belfort (Venezuela)
Roy Abraham Kallivayalil (India)

Demographic Profile of Consumer’s Adolescents in Latin America
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Venezuela Central University, Caracas, Venezuela

Objective: Understanding Demographic Profile of consumer’s adolescents often is an important part of the practice of a pediatrics psychiatrist, whereas a substantial number of children and adolescents are affected by a major psychiatric illness. A child or adolescent psychiatrist should consider some key issues before he or she begins diagnosis or treatment to children and adolescents. It is a central principle that a treating clinician must use all available information in developing an appropriate treatment plan for an individual child or adolescent. The choice of a specific plan must be based on the individual needs and circumstances of each child or adolescent. In this sense some aspects of Demographic Profile of consumer’s adolescents in Latin America, will be presented.

Improving Access of Difficult Adolescents to Psychiatric Cares
Michel Botbol
University of Western Brittany, Child and Adolescent Psychiatry, Brest, France

Many reliable epidemiologic data show that while adolescence is the time of many odds from the psychic point of view, and, as such, a crucial time for psychic preventive cares, there are, at this age, specific obstacles to access to these psychic cares because of their frequent lack of demand. This paper will present some of these data, discuss a psychodynamic understanding of the processes leading to these obstacles and make some proposal to tackle these difficulties and to improve adolescents’ access to care in spite of there lack of demand.

Bibliography:
Teenage Pregnancy and Violence
Silvia Gaviria
CES University, Medellin, Columbia

Objective: Review general issues of teen pregnancy, abortion and gender-based violence.
Methodology: Several databases were consulted. Pregnant mother closely linked with progress towards the „Millennium Goals”. First, because it occurs more frequently among young people from poor families, tending to reproduce poverty and emphasizing the lack of opportunities from one generation to the next. Pregnancy and motherhood in adolescents are directly related to the absence of effective reproductive rights and protection in situations of risk of minors. A high proportion of teenage pregnancies are unwanted, and many originate in situations of sexual abuse, and, above all, lack of responsibility of male parents against the couple and parenthood. Violence against women, also known as gender based violence (GBV), is now widely recognized as a serious human rights abuse as well as an important public health problem that concerns all sectors of society. Factors contributing to the hidden nature of GBV include victims’ fear of retaliation or other consequences, gender norms that reinforce women’s subordination to their male counterparts, and social norms that justify GBV as ‘normal’. The adverse health consequences of GBV are not limited to the physical and mental wellbeing of a woman but also encompass her reproductive health. Domestic violence against women in their childbearing years can lead to a range of health problems for both mothers and their babies, including late prenatal care during pregnancy, adverse pregnancy outcomes, somatic disorders, neonatal problems, infant mortality, and even maternal death. Specifically, literature has shown the negative effects of domestic violence against women on sexual autonomy, unintended pregnancy, spontaneous abortion, and induced abortion. GBV may limit women’s control over their fertility, thereby reducing contraceptive use or interrupting the effective use of contraceptives. It has also been posited that victims of GBV may feel unprepared or have reduced desire to raise a child in an abusive environment, which could increase the likelihood that pregnancies are unintended and terminated. IPV is a consistent and strong risk factor for unintended pregnancy and abortion across a variety of settings.

Conclusions: teen pregnancy is often unplanned, comes amid unstable relationships and scenarios in which psychosocial risks and violence based on gender, risking the viability of pregnancy, due to physical and mental complications the mother. Preventing unwanted teenage pregnancy is an important goal for countries developing countries. This is a complex problem that involves families, health professionals, educators, government officials and young people themselves.

Bibliography:

The Effects of Emotional, Physical and Sexual Violence on Children and Adolescents Mental Health
Virginia Rosabal
Costa Rica

Child abuse, emotional abuse and neglect is a social and public health problem, as well as children’s rights issue. The five main subtypes of child abuse and neglect are physical abuse, emotional maltreatment, neglect, sexual abuse, and witnessing family violence. Not all children exposed to similar experiences of abuse and neglect are affected in the same way. For some children and young people, the effects of child abuse and neglect may be chronic and debilitating; others may experience less adverse outcomes (Miller-Perrin & Perrin, 2007). When a child who has experienced abuse or neglect has few protective factors (such as positive relationships with extended family and friends), the risk of more serious adverse outcomes and psychopathology increases. Research suggests that maltreatment types are interrelated, that is, a large proportion of children and young people who experience childhood abuse or neglect are exposed to more than one type of abuse (known as multi-type maltreatment).

Bibliography:
SYMPOSIUM
Transdisciplinarity in Practice: Strategies for Communicating to Primary Healthcare Professionals on Mental Health

Co-chairpersons:
Rachid Bennegadi (France)
Stéphanie Larchanché (France)

The objective of this workshop is to share experiences on integrating other disciplines like anthropology, psychology and social work for better communicating to and training primary healthcare professionals. Each speaker suggests strategies for identifying major mental health disorders and fighting stigma related to such disorders, both among individuals and their carers, but also among professionals. The presentations will illustrate how transdisciplinarity provides alternatives to making psychiatric knowledge more accessible and operational both for healthcare professionals and social workers in primary care. Ultimately, these strategies reinforce the promotion of general mental health initiatives, and of integrated services.

Bibliography:

The Contributions of Anthropology to Social Psychiatry: Training Primary Care Professionals to the Importance of Explanatory Models of Mental Disorder
Stéphanie Larchanché
Centre Françoise Minkowska, Paris, France

Anthropology as long been associated to the work of psychiatrists in the context of transcultural care - from the first colonial psychiatry initiatives, to contemporary transcultural psychiatry clinical practices for immigrant and refugees in receiving societies. In that context, its role has often narrowly been associated to that of an interpreter of culture in its most reductive definition, that is in reference to national or ethnic beliefs and values. The objective of this presentation is to show how contemporary anthropology has since critiqued itself and its role, and that a critical medical anthropology approach, focusing on the social determinants of health, has helped broaden the scope of anthropology as a discipline and its contributions to social psychiatry in particular. These contributions will be discussed in terms of methods and theory. As far as methods, I will refer to 1) the confrontation of explanatory models through the identification of emic and etic perspectives, and 2) to self-reflective practice as a way to understand situated knowledge. As far as theory, I will describe how political economy theory and critical theory within medical anthropology are complementary to the scope of social psychiatry. Finally, I suggest ways these anthropological contributions can be articulated with mental healthcare practice through the training of primary care professionals.

Bibliography:

The Relevance of Transdisciplinarity in Promoting Mental Health Prevention
Rachid Bennegadi
Centre Françoise Minkowska, Paris, France

The confrontation of applied and academic perspectives is constitutive of social psychiatry as a discipline. Indeed, how to implement mental health prevention or promotion strategies without taking into account the clinician’s experience or that of other related social actors working the same field? That being said, field experience alone is not sufficient to plan or create tools for a whole population, if there has not been an initial reflection on the relevance of underlying theoretical models, be they clinical or social. Since Kuhn, this questioning, while legitimate, has challenged the implementation of relevant programs as discussions between “experts” and field actors have consumed more energy than they have led to action. As constituted by these very counter-currents, social psychiatry may be used as a template to learn how to combine field experience
and expert public health knowledge. In this presentation, I refer to the implementation of a tool designed to understand the social and cultural representations of mental health, which is based on this very integration of both field experience and public health theory. The pluridisciplinary questions this tool raises illustrate the diversity of impacts social psychiatry may, as a result, have on such issues as social suffering and stigmatization.

Bibliography:

SYMPOSIUM
Learning from Disaster

Chairperson:
Tsuyoshi Akiyama (Japan)

Objectives: “Happy families are all alike; every unhappy family is unhappy in its own way.” Leo Trostoy wrote at the beginning of Anna Karenina. Reactions to disaster, both at individual and community level, seem to be universal in most parts but unique in some areas. The objectives of this symposium are to convey the experiences in Armenia, Israel and Japan and to learn from each other’s experiences and efforts. We hope it will lead to better preparation for the future.

Methods: Armenian presentation is based on retrospective analysis of centralized epidemiological data and estimates the long term consequences of 1988 earthquake. Israeli presentation discusses the coping with terrorism and political violence and is based on the analysis of the studies on resilience and vulnerability. Japanese presentation summarizes the coordination by three organizations for 2011 earthquake stress relief activities and reports the current disaster preparedness improvement project.

Results: Armenian presentation reports that the prevalence of schizophrenia, personality disorders and organic brain disorders have increased. Israeli presentation has identified the factors related with the development of resilience and increased vulnerability such as a sense of belonging to a community, connectedness, religious faith, lack of resources or social support. For 2011 Japan earthquake, limited coordination was provided, while a number of challenges were left unsolved.

Conclusions: There seems to exist a difference of dynamics among disorders as observed in long term consequence. It is recommended to take preventive approaches and improve disaster preparedness. The preventive approaches may include strengthening of the community support system, solidarity and confidence in the local and national leadership. The improvement of disaster preparedness may include training before the disaster and establishment of efficient data report and analysis system which enables better coordination during disaster stress relief activities.

Bibliography:

The East Japan Disaster Response and Future Preparation
Tsuyoshi Akiyama
NTT Medical Center, Tokyo, Japan

Objectives: The objective of this presentation is to report the coordinated activities for 2011 East Japan earthquake and how a future preparation is currently being organized.

Methods: The coordination provided by Ministry of Health, Labor and Welfare (MHLW), National Center of Neurology and Psychiatry (NCNP) and Japanese Society of Psychiatry and Neurology (JSPN) are summarized.

Results: On March 11 2011, Richter scale 9.0 magnitude earthquake assaulted East Japan, caused death 15,628 and missing 4,823. The MHLW facilitated coordination of voluntarily organized 57 mental health care teams, total staff 3,419, between March 2011 and January 2012. The NCNP started essential information provision as early as the 3rd day after the quake, launched a website and listed more than 20 documents. The JSPN established Tohoku-Pacific Ocean Earthquake Disaster Response Operations Center on 19 March 2011 in order to facilitate the information sharing and discussion among concerned professional organizations and the
presenter had an opportunity to serve as secretary general. Some of these activities was reported in Lancet in 2011 by Dr Kim and the presenter. The highlighted challenges included transportation of psychiatric inpatients, appropriate provision of psychotropic medication, careless research plans, burnout of local government officers, occasional inappropriate activities by mental health care team staff due to lack of training in disaster relief and inefficient data report and analysis system. The MHLW has started Disaster Psychiatric Assistance Team (DPAT) project in order to implement better coordination for the support teams, provide necessary training before the disaster and efficient data report and analysis system at the disaster. The NCNP is instrumental in implementing this project and the JSPN is fully collaborating.

Conclusions: Learning from the past experiences, the MHLW has started DPAT project. There remains an issue whether we can conduct an exercise to test the effectiveness of these preparations.

Bibliography:

Long Term Consequences of 1988 Earthquake in Gyumri City
Armen Soghoyan
State Medical University Center of Psychosocial Regulation, Yerevan, Armenia

Objectives: More than 25,000 people were died and more than 50,000 were injured due to Earthquake in Armenia on December 7, 1988. The epicenter of Earthquake was in North-Western part of Armenia and two regions - Shirak region and Lori region were greatly affected. Gyumri city, which is the second largest city of Armenia and the administrative Centre of Shirak region, was also greatly affected. The purpose of this study is to find long term consequences of Earthquake on Gyumri’s inhabitants mental health.

Methods: The psychiatric Care in Soviet Union was provided by centralized system of Psychiatric dispensary. That is currently the same system in Armenia and all data is centralized. Data of Gyumri dispensary was analyzed and data of 1989 was compared with 2013. Results: The prevalence of schizophrenia in comparison of 1989 with 2013 was increased by 30%, personality disorders - 64% and organic brain disorders - 206%.

Conclusions: The comparative analysis of prevalence of three disorders: schizophrenia, personality disorders and organic brain disorders, shows an extra high dynamics of prevalence of organic brain disorders, high dynamics of prevalence of personality disorders and low dynamics for schizophrenia 24 years after the Earthquake. These results can be explained as the long term consequences of the disaster happened 24 years before.

Bibliography:

Resilience and Vulnerability in Coping with Terrorism and Political Violence
Zvi Zemishlany
Tel Aviv University, Sackler Faculty of Medicine, Department of Psychiatry, Tel Aviv, Israel

Objectives: Terrorism and political violence have become a world-wide problem, with people in many countries exposed directly to these stressors. Exposure to a potentially traumatic event disrupts the homeostatic resting state and may result in a range of mental consequences including anxiety, depression and post-traumatic stress disorder. Identification of factors that increase vulnerability and factors that increase resilience in individuals may have an important implication on mental health.

Methods: Review of studies from Israel and other countries exposed to terrorism.

Results: A sense of belonging to a community, connectedness, religious faith, sense of safety, self and collective efficacy, hope and trust that one's personal needs will be fulfilled by means of commitment to the group as a whole, are central factors in the development of resilience. Lack of resources or social support is associated with increased vulnerability. Predictors of increased vulnerability to adverse psychological effects of terror found across studies included: being female, being of older age, belonging to a minority, immigrant status,
having a lower level of education, direct exposure, proximity to the disaster, prior experience of highly stressful events, suffering economic loss and lacking social support.

Conclusions: Preventive approaches towards terror-exposed communities should focus on helping vulnerable groups such as disadvantaged urban populations that lack economic and social support. Resilience can be enhanced by strengthening the community support systems, solidarity and confidence in the local and national leadership.

Bibliography:

SYMPOSIUM
Primary Prevention in the Perinatal Period: a Global Health Priority

Co-chairpersons:
Eliot Sorel (USA)
Iuliana Dobrescu (Romania)

Health and care of pregnant women and babies are important for the health of the adult population worldwide. Tremendous progress and improvements in perinatal health was achieved in the last decades, yet childbirth involves risks for both pregnant women and their babies. Perinatal health and especially perinatal mental health of young pregnant women and mothers remains an important public health problem in Europe. Pregnancy has traditionally been considered a time of emotional well-being, but recent data indicate that 10% to 15% of women experience clinically significant depressive symptoms during pregnancy and other mental health problems also (1). Mental disorders during pregnancy and postnatal period can have serious consequences for the health and well-being of the mother, her baby and the family. Routine contact with healthcare professionals (including midwives, obstetricians, health visitors and GPs) during pregnancy and postnatal period provides an opportunity to identify women who have a mental disorder, or are at risk to develop one. Healthcare professionals should be aware of the impact a woman's mental state can have on the obstetric and maternity outcomes, on the development of the fetus and on her partner and family. Simple and validated detection tools for the use in primary care exist only for depression, but healthcare professionals should also screen for symptoms of other mental disorders (2). Clinical networks should be established for perinatal mental health services, managed by a coordinating board of healthcare professionals, commissioners, managers, and service users and carers (2). These networks should provide: a specialist multidisciplinary perinatal service in each locality, which provides direct services, consultation and advice to maternity services, other mental health services and community services (2).

Bibliography:

Integrating Surveillance of Mental Health and Perinatal Health in Europe
Alexandra Cucu (1), Claudia Dima (2)
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(2) National Institute of Public Health, Bucharest, Romania

Health and care of pregnant women and babies are important for health of adult population worldwide, including Europe. Tremendous progress was achieved in the last decades and improvements in perinatal health, reflecting technological advances in obstetrical and neonatal care, were registered. Despite these achievements, childbirth still involves risks for both pregnant women and their babies, perinatal health remaining an important public health problem in Europe. Most recent EuropePeristat surveillance data across 29 European countries covers 5.25 million pregnant women and newborns and shows that around 40 000 babies were stillborn or die before their first birthday every year and a further 90 000 have major congenital anomalies (1). Indicators of perinatal health surveillance in Europe, 10 core and 20 recommended indicators,
were developed to cover 4 main themes: (i) fetal, neonatal, and child health, (ii) maternal health, (iii) population characteristics and risk factors, and (iv) health services (2). Even though mental illness during perinatal period has potentially harmful consequences for mothers’ and their children and families’ health, the structure of core indicators shows mental health is not a priority for perinatal health surveillance. Regarding the recommended indicators, excepting prevalence of cerebral palsy, these also do not directly and specific address mental health problems. But national perinatal mental health reports initiatives in some European Union countries include purposely surveys of women who suffered perinatal mental illness as well as professional responsible for their health care. The results of national initiatives could be used to solve a strong need of perinatal mental health surveillance and add to existing perinatal health indicators, the perinatal mental health related ones.

Bibliography:
2. Perinatal Mental Health Experiences of Women and Health Professionals, October 2013, Introduction from the Boots Family Trust.

The Importance of Preventing Mental Health Disorders Since Preconception Period in Primary Care
Dumitru Matei, M.P. Leru, M.A. Iancu
"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

The role of the general practitioner (GP) in prevention of mental health disorders begins early before conception. Given the growing prevalence of mental health disorders, involving family doctors in primary health prevention is absolutely necessary. The general practitioner begins by identifying the risk of genetic diseases, counseling future parents, active monitoring chronic diseases of future mothers in order to choose the optimal moment for conception and by recommending administration of folic acid before conception in order to avoid neural tube birth defects. Follow up and counseling on drugs abuse, harmful substances intake (alcohol, drugs, tobacco), environmental dangers, investigations recommendation for early detection of maternal infections, blood types incompatibility, chronic pathology evolution (arterial hypertension, diabetes mellitus, thrombophilia) is an important component of preventing premature delivery and low birth weight, associated with mental and behavioral disorders. The GP also has an essential role in identifying and monitoring risk factors for preterm delivery and fetal distress. Damage to hyperplasic brain mechanisms during pregnancy and in the first 6 months of life result in low levels of noble neural cells. Atrophy, gliosis and fibrosis due to suffering intrauterine exposure to noxes or malnutrition produce microcephaly, or different neurodevelopmental disorders. Also, the GP can make dietary recommendations that may support the optimal psychosomatic development of the child, such as consumption of polyunsaturated fatty acids, iron, iodine and limit sugar intake, food additives and breast feeding in the first year of life (breast feeding may lead to an increase in IQ and the visual acuity up to 5%). In conclusion, through its active role in primary care, the GP functions as an interface between patients, from which he can identify and manage risk factors for mental disorders and the other links in the health system.

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The Parent - Child Dyad Throughout the Perinatal Period in the Context of National Primary Health Policies

Marcela Câmpean (1), Radu Stoenescu (2), C. C. Necula (3), A. Culcer (4), I. Vâlcea (5)
(1) „St. Ioan” Emergency Hospital for Children, Child and Adolescent Neuropsychiatry Department, Galaţi, Romania
(2) "Constantin Gorgoş" Psychiatric Hospital Titan, Bucharest, Romania
(3) Romanian Association of Perinatal Psychology and Psychiatry, Bucharest, Romania
(4) Emergency University Hospital of Bucharest, Bucharest, Romania
(5) Bucur Maternity, Bucharest, Romania

The emotional problems in the perinatal period are frequent and can have a direct impact with negative consequences, sometimes dramatic, over the physical and psychological state of the future mother and over the first bonds between the young parents and their baby (1)(2). The authors intend to present an overview of the main risk factors that could appear in this period of transitions and profound shuffles, especially for the young mother, but also for the father, and that could have a direct impact over the evolution of the parenthood process and over the construction of the first parent-baby bonds. The disturbance of the first bonding process is often at the origin of developmental problems, psychosomatic and behavioral symptoms of the child. Finally, the authors present preventive procedures for identifying, diagnosing and attending the parent-child dyad in healthcare institutions (but not only) through the development of national policies necessary to implement in this kind of institutions.

Keywords: perinatal period, psychological vulnerability, risk factors, child, dyad, preventive procedures.

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Bibliography:

Anxiety and Depression in the Perinatal Period in Bucharest

Maria Ladea (1), Laura Mateescu (1), Mihai Bran (2), Florina Rad (1), C. G. Anghel (3), Ilinca Mihăilescu (4), Cristina Petrescu-Ghenea (4), Aiten Abzait (4), M. Coman (4), Iuliana Dobrescu (1)
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(2) Colţea Hospital, Bucharest, Romania
(3) "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania
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The widespread prevalence of perinatal depression has led to recommendations for routine screening for both antenatal and perinatal depression (1). Maternal perinatal mental health has important consequences for the well-being of the mother, her baby and the family (2).

Objective: the assessment of anxiety and depression in the perinatal period of female population in Bucharest Methods: The study sample included all the women who had given birth within one month in 10 maternities in Bucharest. The subjects are all residents of Bucharest and had no prior diagnosis of any mental health disorder. The HADS (Hospital Anxiety and Depression Scale) and a sociodemographic scale have been used to collect the data.

Conclusion: Almost 10% of the infants in Romania are born in Bucharest maternities. According to INS data from 2013, 19.161 out of 196.216 newborns in the whole country, were born in Bucharest. So far there is no national screening programme for antenatal and postpartum depression in Romania, neither in primary care nor in maternity. Given the impact of maternal anxiety and depression on children's physical and mental health, early identification of these problems represents an important preventive component of the health care.

Bibliography:
SYMPOSIUM
Quality Improvement Initiatives - Germany and United States
Chairperson:
Jack McIntyre (USA)

This Symposium, organized by the WPA Section on Quality Assurance, will focus on quality improvement initiatives in two countries - Germany and the United States. The first presentation will focus on a quality improvement organization in the United States, the Physician Consortium for Performance Improvement (PCPI). Some recent changes in this organization including the development of registries will be considered. Also a measurement set developed by PCPI on Major Depressive Disorder in Adults will be reviewed. The second presentation will focus on the development of quality indicators in Germany. A recent project by the German Association for Psychiatry in developing indicators for schizophrenia, depression, dementia and alcohol addiction will be reviewed. The third presentation will focus on a study of 61 deaths in restraints in the United States. Lessons learned from the deaths of both adults and children will be explored. The fourth presentation will describe the Wisconsin Health Information Organization (WHIO) which is an all-payers claims database used in the state of Wisconsin in the United States. The presentation will discuss how this database has been used to evaluate for variation and to improve the quality of psychiatric care.

Physician Consortium on Performance Improvement (PCPI): an Update
Jack McIntyre
University of Rochester Medical Center, Rochester, USA

Objectives: The PCPI is a national physician-led initiative in the U.S. dedicated to improving patient health and safety. The PCPI develops, tests, implements and disseminates measures that reflect best practices in medicine. This presentation will highlight some of the work and products of PCPI which has been functioning for over a decade. In the past few years PCPI has added two new major initiatives, the development of registries and specific PI projects - the first on “Closing the Referral Loop”.
Methods: Recent developments in PCPI will be highlighted. The work on developing registries will be reviewed. The project, “Closing the Referral Loop” will also be described. The Major Depressive Disorder Measurement Set will be described. This measurement set, approved in February 2013, contains 10 measures with an aim to improve outcomes for patients with MDD.
Results: Registries are becoming increasingly important for outcome measurement and quality improvement. Closing the referral loop is a crucial performance improvement initiative. The PCPI measurement set for Major depressive Disorder includes screening, evaluation, suicide risk assessment, appraisal for alcohol or drug abuse, antidepressant medication management, patient education, follow up care and coordination of care of patients with comorbid conditions.
Conclusions: Registries are valuable tools in all of medicine including Psychiatry. Measurement sets are an important component in improving the quality of care received by persons with mental illnesses.
Bibliography:

Implementing Quality Indicators - State of the Art
Wolfgang Gaebel
LVR-Klinikum Düsseldorf, Heinrich Heine University, Düsseldorf, Germany

Objectives: To describe the current state of the art of the implementation of quality indicators for mental disorders worldwide.
Methods: A review about quality indicator implementation activities worldwide was performed.
Results: Quality indicator development in mental healthcare is still at an early stage of development. We identified several international initiatives to collect information about such quality indicators, among which the quality indicator projects by the Organisation or Economic Development and the International Initiative of Mental Health Leaders are among those with an international approach. Furthermore, international quality indicators have been suggested for mental healthcare in the framework of the European Psychiatric Association
Guidance project. However, countries still use different sets of mental healthcare quality indicators, their implementation is still in its infancy and there is no evaluation about their efficacy for improving the quality of mental healthcare. A recent project by the German Association for Psychiatry is addressing this issue in the fields of quality indicators for schizophrenia, depression, dementia and alcohol addiction. Initial results of this implementation study showed that one of the major obstacles is the need to include specific indicator-oriented measures of processes and outcomes in the routine documentation process of mental healthcare providers. Conclusions: The results of this review suggest that structured implementation procedures including the standardized assessments of processes and outcomes of quality indicators in mental healthcare are needed. Further studies should address the efficacy of quality indicators as a means to improve the quality of mental healthcare.

Bibliography:

Restraint Related Deaths in Children and Adults: Findings of a National Study
J. Richard Ciccone
University of Rochester Medical Center, Rochester, USA

Objectives:
1. Identify risk factors that lead to restraint deaths in children and adults.
2. Develop strategies that can be applied for improving restraint outcomes in children and adults.

Summary: Physical/Restraint, a controversial and potentially lethal intervention, is used in settings that provide care to individuals with mental illness or developmental disability. Equip for Equality and the National Disabilities Rights Network, supported by multiple grants, studied deaths that resulted from restraints in various treatment settings for all age ranges. State patient advocacy organizations provided information about these deaths, including all available records. A Data Collection Form was created to guide data review and provide consistent, quantifiable results. Fifteen states provided a total of 61 records that met criteria for inclusion in the study. Descriptive vignettes will be presented and the quantifiable data analyzed to assess risk factors that contributed to these deaths. Comparisons will be made to determine what, if any, differences exist in outcomes between youth and adult populations. We hope to identify short-term and long-term steps that can be applied to both improve the safety of patients in all settings that employ physical restraints and identify future directions for research.

Questions and Answers:
1) What are the risk factors that lead to restraint-related deaths in the child and adolescent population?
   a) Preexisting medical conditions, such as obesity, current cardiac compromise, and current respiratory compromise
   b) The use of improper restraint techniques, especially the use of the prone position
   c) Lack of proper monitoring while restrained
   d) All of the above
   2) ANSWER: d

2) What can be modified to decrease the risk of future restraint-related deaths in children and adults?
   a) Implementing a mandated national reporting infrastructure to improve safety monitoring
   b) Identify signs of distress during the restraint that must be immediately addressed
   c) Provide additional training for proper restraint techniques
   d) Improve staff-to-patient ratios
   e) All of the above
   4) ANSWER: e

Bibliography:
Use of an All-Payer Claim Database to Improve Quality of Psychiatric Care
Jerry Halverson
Rogers Memorial Hospital, Milwaukee, USA

Wisconsin Health Information Organization (WHIO) is an all-payers claims database that has been used in the state of Wisconsin in the United States to help track healthcare treatment and utilization trends in the state. WHIO is a unique public-private partnership between the state, providers, insurers and employers. WHIO has been a model for many other states that are currently attempting to put a similar program in place. WHIO is one of the most comprehensive claims databases available and represents the care given to over 80% of the population of the state representing over 300 million health claims. Through use of the database, providers in the state have been able to work with various other stakeholders (the state as well as employers) to evaluate variation and improve quality of care delivered. This presentation will discuss the use of the WHIO all-payers claim database and how it has been used to evaluate for variation and improve quality of psychiatric care in the state of Wisconsin. We will discuss utilization trends for psychiatric care including specific diagnoses and treatments and discuss how this type of data can be used to improve quality of care in other settings.

Objectives:
- Recognize the elements of an all payers claim database
- Identify the benefits and the risks of using a claims only data base to model psychiatric care
- Understand psychiatric care utilization trends in Wisconsin as represented by the WHIO data mart
- Understand how to use this type of data to assist with improving the quality of health care practiced statewide

Bibliography:

SYMPOSIUM
21st Century Psychiatric Training in the United States and Romania

Chairperson:
Michelle Riba (USA)

Several presenters will review some of the current changes in Psychiatric Education in U.S. and Romania. Psychiatry, as a profession has seen, in the past two decades, tremendous advances in science, technology, and patient care.

We will review some of these advances with a particular focus on:
- a. Explosion of scientific knowledge in Genetics, Neuroimaging and Psychotherapy
- b. New technological advances
- c. Emerging web-based training and clinical models
- d. Future models of clinical care

These advances in our field are inevitably affecting how we educate tomorrow’s psychiatrists. Presenters will focus on specific ways psychiatric education is changing as it responds to emerging models of health care and advances in information technology. In addition, the overwhelming and growing amount of scientific literature that psychiatrists need to manage is leading educators to a fundamental paradigm shift: instead of focusing on what to teach, we need to focus on how we teach our future generations of psychiatry residents. Dr. Saveanu will review the basic principles of adult learning theory (ALT) and how this theory can inform our current teaching and supervisory practices. In order to make sure that our residents are prepared to face the challenges and opportunities of our evolving profession, a new educational curriculum needs to be developed. Aspects of this curriculum, as it is being adopted in the US, will be described. Another presenter could provide a review of the competency-based approach, widely used in the U.S. to evaluate the quality of psychiatric education. Other presenters will focus on how emerging models of health care (i.e. Integrated Care) are affecting the way we teach and mentor residents and compare the US and Romanian models.

Bibliography:
Psychiatric Residency Training in the United States: Emerging Issues
Michelle Riba (1), Radu Săveanu (2)
(1) University of Michigan Medical School, Ann Arbor, USA
(2) University of Miami, Miller School of Medicine, Miami, USA

There are a number of forces shaping psychiatric education: emerging models of health care delivery; explosion of scientific knowledge; new generation of learners; technological advances. Along with these forces, there are changes to the health care delivery system, including long-term relationships with primary care physicians; improved access to care; and emphasis on coordination and comprehensiveness of care. Psychiatric residency training is shifting from a teaching centered paradigm to a learning centered paradigm. Supervision of trainees is also shifting towards a learning plan with individualized objectives and an evaluation process with enhanced resident self-appraisal. The competency based approach is a key area of emphasis in residency training in the United States.

Bibliography:

Psychiatric Residency Education: a Global Perspective
David Baron
University of Southern California, Los Angeles, USA

Preparing medical students to be competent physicians requires a foundation in the clinical neurosciences. Given the ongoing stigma towards patients with mental illness and addictive disorders, basic psychiatry is often not given sufficient time in the undergraduate medical curriculum. Additionally, the lower status of psychiatry as a medical specialty, with less potential financial reward compared to other medical specialties, negatively affects recruitment into the field. Despite exciting recent advances in psychiatry over the past decade, there has been minimal improvement in psychiatric residency training in much of the LIC and other countries around the globe. This presentation will provide an overview of current psychiatric residency education outside of the Western world. As delivery of medical care moves toward an integrative model, the need to ensure the next generation of international psychiatrists are adequately trained to provide quality mental health assessment and treatment is significant. The role of the WPA, particularly the Education Section, will be highlighted. WPA has a unique opportunity to promote global mental health and issues of stigma, by providing consultation and assistance to residency training programs worldwide. The need to establish core training principles will be discussed, along with opportunities to have improved assessment of core competencies post training.

Bibliography:
Psychiatric Training for Residents in Romania
Dan Prelipceanu
"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

As a European Union country Romania should implement a modern community psychiatry as services of Mental Health and an appropriate curriculum for residents in Psychiatry. In spite of a consistent gap between the general need of community services, which is actually unusual and the fact that they are working only at the level of some, very rare, university centers the residency curriculum is at the level of standards of the European Association of Specialists Physicians (UEMS). For instance the residents can attend lessons of community services approach and are effectively trained in some community units and ambulatory services. The curriculum is mostly biologically oriented, but clinical psychopathology and psychological dimensions are well balanced at the theoretical and clinical level. Anyway, finally a great part of the Romanian residents go away and will practice in other EU countries (France, UK, Denmark, Sweden, Norway and so).

Bibliography:

Integrating the Psychotherapy in the Training of Psychiatry Residents in Romania
Maria Ladea
"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

In Romania, the psychiatry, as a medical speciality, intends to follow the recommendations of European authorities, such as UEMS (European Union of Medical Specialists). Psychiatry, a bio-psycho-social discipline, includes the application of psychotherapy as a treatment method. The psychotherapy has a well established place in the treatment of psychiatric disorders, in the context of the evolution of therapeutic methods and the evidence-based interventions. In order to comply with UEMS guidelines concerning the training of young psychiatrists (residents and young specialists), the Romanian psychotherapy curriculum should also be adapted to the above mentioned recommendations. Some members of the Board of the Romanian Association of Psychiatry and Psychotherapy (ARPP), together with other psychiatrists, proposed a Psychotherapy Curriculum to be integrated in the training of psychiatry residents. The working group includes specialists in adult as well as child and adolescent psychiatry, with training in the main recommended fields of psychotherapy: psychodynamic therapy, cognitive-behavioral therapy, systemic therapy. The proposed curriculum includes the European recommendations concerning the number of hours of theory and supervision, as well as an initial and a final evaluation. These evaluations are of great importance for the personal development and orientation of every young psychiatrist.

Bibliography:
3. Training and practice of psychotherapy in Europe: results of a survey, ANDREA FIORILLO,1,2 MARIO LUCIANO,2 DOMENICO GIACCO,2 VALERIA DEL VECCHIO,2 NEDIELKA BALDASS,1,3 NELE DE VRIENDT,1,4 NEOPHITOS THEODORIDES,1,5 PIIRIKA PIIR,1,6 ANNE-CECILE COURTOIS,1,7 SONJA GERBER,1,8 GUILLERMO LAHERA,1,9 FLORIAN RIESE,1,10 MARIE BENDIX,1,11 SINAN GULOKSUZ,1,12 ERTEKIN BANU ASLANTAS,1,13 and CLARE OAKLEY1,14 , World Psychiatry. 2011 Oct; 10(3): 238, PMCID: PMC3188779
SYMPOSIUM
Primary and Community Care in Geriatric Psychiatry

Co-chairpersons:
Cătălina Tudose (Romania)
Ilkin Icelli (Turkey)

Over the centuries some observations were made regarding the health, the mental changes, and the care of the elderly. Aging of the world population risks to be accompanied by an increase of mental health problems and the most common of them are depressive and cognitive disorders, frequently they are co-morbid. One of the clinical dilemmas for the clinicians is the best clinical assessment of cognitive impairment in the elderly depressed patients and diagnose depression in the patients with dementia. There is a growing interest in earlier diagnosis of dementia. Primary care is as setting where this early identification can be made; however, there are substantial problems in making this a reality and the consequence is that depression and also dementia remains under-diagnosed and under-treated. Considerable efforts have been made to enhance the diagnostic skills of primary care practitioners through educational interventions. The special needs of mentally ill elderly were not always recognized and respected by the generic services. The number of professionals working in the field is still very low to satisfy the needs of care of elderly with mental disorders and to improve their quality of life. After a short review of ethics in psychiatry and in old age psychiatry we’ll talk about ageing, its challenges, the future challenges and mental health programs in different countries, like in Switzerland, Poland and Romania. Elderly with mental disorders, especially those with dementia need adequate and continued treatments in a stable, safe and stimulating environment. The interrelationship between the patients and their environment, the problem of their caregivers, our responsibility as doctors and patients’ social readjustment into society are important problems for the patients’ quality of life.

Bibliography:

QOL and Ethical Issues in the Elderly Mentally Ill Care: From Primary Care to the End of Life Care
Nicoleta Tătaru
Psychiatry Ambulatory Clinic, Oradea, Romania

Nowadays it is difficult enough to talk about quality of life of elderly with mental disorders. Thus, there appeared serious ethical challenges for psychiatry: to cut mental health costs and to provide care to as many as possible. The psychiatrists have to face these challenges and treat and care the elderly with or without mental disorders including dementia, assuring them the best quality of life as it is possible. Multiple loses in old age are important in decreasing of quality of life and increasing of mental health problems in the elderly. They have more social and medical problems, which include depression and suicide. We also discuss about the wish of die in elderly persons and about ‘the right to die’ and about end of life care. The patients must have the right to refuse the treatment when they believe that their quality of life would be compromised by continued treatment and they must have ‘the right to die’ with dignity. In more of the controlled studies depression and personality disorders are potentially important predictors of suicide in the elderly. We believe that the elderly mental illnesses are under-recognized and under-treated. Thus we hope that these disorders could be recognizable and will be also better treated if we use an educational prevention program for primary care and a combination treatment psychopharmacological and community care, to avoid both the suicidal behavior and the depression in the elderly and improve the quality of life or their course of illness from primary care to the end of life.

Bibliography:
2. Gurland, B., Kan, S. (2005): Quality of Life in Alzheimer’s and Related Dementsias, in Heinz Katschnig, Hugh Freeman, Norman Sartorius, 2nd Ed, Quality of Life in Mental Disorders, John Wiley & Sons, Ltd, pp 188-211
Care of Elderly in Turkey
Ilkin Icelli
Celar Bayar University, Turkey

In the big cities of the country, the traditional families are changing their way of life to a modern type. As the lifespan is growing, the number of elderlies is also growing, but the care of these people is mostly still on the shoulder of the families because of insufficient number of caring homes (1). Thus the family become the only refuge for the elderly person among the turkish people. So, it can be sayed that, the country is lucky to have families as a complementary mechanism (2). The culturel norms and traditional education do not let the people to place their elderly parents into Nursing or Elderly Homes. These Homes exist in many cities but in most of them the facilities are not in good quality. The country has around 300,000 demented elderly patients and to care them creates difficulties because of inadequate number of beds; besides the number of physicians who work in geriatric psychiatry field is not high. Some efforts for increasing the number of these doctors have been held by training the general practitioners. The knowledge level and the service quality of healthcare providers and nursing staff of this field are not sufficient. While in-service training seminars are offered to groups who work with elderly people, are not in sufficient level. We believe and hope that these efforts will be spread out.

Bibliography:

Timely Diagnosis - Modern Management Strategy for the Diagnosis of Dementia
Cătălina Tudose
“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Early diagnosis and intervention are key priorities in many European dementia strategies Prince et al. (2011b). In recent years research has advanced in early detection, and has developed biomarker tests which measure tau protein levels and amyloid-beta levels in cerebrospinal fluid (Brooks & Loewenstein, 2010; Budson & Solomon, 2012; Levey et al., 2006) and changes in brain structure, magnetic resonance imaging, computerised tomography, and fluorodeoxyglucose positron emission tomography (Budson & Solomon, 2012; Fennema-Notestine et al., 2009; Maioli et al., 2007; Rossi et al., 2007; Visser et al., 1999). But until research can fully confirm the efficacy of biomarkers or other methods of assessment to detect pre-clinical onset of Alzheimer’s disease and other forms of dementia, and has developed reliable methods of intervening to prevent or delay the onset of such conditions, the screening for dementia in preclinical stage is not recommended (Prince et al. 2011b) especially in countries, like Romania, where there are no support services for patients and their families as well as post-diagnostic network interventions. The current point at which diagnosis occurs is most commonly at a later stage in the person’s experience of dementia, even for countries with high incomes, as an emerging body of evidence exists for interventions at an early and timely stage (once clinical signs have emerged). (Prince et al. 2011b, De Lepeleire, et al. 2008). The presentation is analyzing the advantages and disadvantages of an early, a timely and/or a late diagnosis do dementia, taking into account Romanian realities.

SYMPOSIUM
Strengthening Health Services for the Elderly in a Public Health Perspective

Co-chairpersons:
Florentina Ligia Furtunescu (Romania)
Eliot Sorel (USA)

Ageing is one of the greatest challenges of the 21st century in a global perspective, with profound economic, social and cultural implication in most of the countries. Ageing has also major implications on the health systems due to the fact that old people have complex morbidity and specific health needs and health care requirements. Beside these, older people are disproportionately affected by different forms of cognitive impairment and in the same time, the intergenerational support is presently provided in the typical families less than in the past. New initiatives towards creating ‘age-friendly’ societies are emerging worldwide. A strong
mobilization to respond to ageing dimension and consequences is seen at European Union level, through the European Innovation Partnership on Active and Healthy Ageing, aiming to increase average healthy life years in the EU by 2 years by 2020. This partnership encourages the member states to focus on health and quality of life of older people and to assure long-term sustainability and efficiency of the health and social systems. Objective: This symposium will focus to identify the policy implications that will be needed to develop and implement in the next decades in Romania, in order to assure a sustainable health system, able to provide an equitable response to the people needs. The objectives will be achieved through presenting a descriptive analysis of the numerical trend of aged people (65+) in Romania, their burden of disease by components (years of life lost and years of life lost by disability) and major contributors, with focus on cardiovascular diseases that account more than half of this burden. An analysis of the continuity of medical care will complete the picture of the elderly multidimensional needs. Considering the revealed needs and the current framework of health services coverage, new health policies have to be developed in order to maintain the Romanian health system sustainable in full respect of solidarity and equity principles.

Bibliography:

The Sustainability of Social Health Insurance System and the Population Aging in Romania
Eugenia Claudia Bratu (1), Dana Galieta Mincă (1), Florentina Ligia Furtunescu (2)
(1) „Carol Davila” University of Medicine and Pharmacy, Faculty of Medicine, Preclinical Department III, Complementary Sciences, Bucharest, Romania
(2) Romanian Association for Public Health and Health Management, Bucharest, Romania

Objectives: Demographic change can have a different impact on the sustainability of the health system with a possible negative impact on the welfare and wellbeing of future generations. This study aims to highlight the theoretical and practical aspects involved in ensuring a sustainable health insurance system that can be influenced by current demographic evolution in our country.

Methods: Along with the presentation of a demographic forecasting for the demographic quota of working age and after the age of 65 years by 2025, using the age specific fertility and mortality model for Romania 2014, the potential consequences regarding the sustainability and ethics of this demographic development are compared and analyzed, taking into account the source of financing for the Romanian health system (1, 2).

Results: In 2013, Romanian population coverage with health insurance was 83.8%. Only 47% of the health insured persons have financially contributed to the system, 76% of the contributors being employees. Thus, given that 66% of the Unique National Health Insurance Fund’s income are based on the contribution of employers and employees, the decreasing by more than 1 million people from working age quota and the rising with approximately 50 000 persons of the population over 65 years, can cause major disruptions in the functionality of the social health insurance system. (3)

Conclusions. There are two possibilities of future evolution, cost restraints situation, in which the sustainability of the health insurance system is preserved, or negative situation of inability to cover the costs associated with the disease burden of an older population. The health system sustainability can be ensured, only if the onset for the first disability (in the length of life) may be delayed as much as possible towards the time of death, for the entire population. That means upgrade and enhances public health as a major policy for sustainability of the healthcare system. (3, 4)

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Bibliography:
The Burden of Disease in Romanian People Older Than 65 Years and Implications for Healthcare Organization

Irina Eclemea (1), Dana Galieta Mincă (1), Radu Virgil Costea (1), Florentina Ligia Furtunescu (2)
(1) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania
(2) Romanian Association for Public Health and Health Management, Bucharest, Romania

Objective: Based on the assumption that a better understanding of the present and probable future distribution of morbidity along with its effect on disability, dependence and mortality, will lead to a better informed policy making and planning, this study has the objective to identify the most age-dependent disorders in Romania.

Methods: This study consists of analysis of burden of disease expressed in DALY (disability-adjusted life year) and its component (YLD and YLL), by cause and age for the people aged 65 years or older and developing a burden of disease hierarchy of age-dependent disorders. Results. In 2010, 39.57% of the total burden of disease in Romania (DALY) is attributable to disorders in people aged 65 years and older, in which 25.88% is given by years lived with disability. The leading contributors to disease burden in older people are: cardiovascular diseases (ischemic heart disease, stroke, hypertension heart disease) contributing with 55.09% of the total burden in people aged 65 years and older, cancers with 11.72% (lung, breast and colorectal cancers), musculoskeletal diseases with 6.74% (low back and neck pain, osteoarthritis), unintentional injuries with 4.6% (falls), cirrhosis (4.4%) and mental disorders (around 3%). Primary prevention in adults aged younger than 65 years will improve health in successive cohorts of older people, but much of the potential to reduce disease burden will come from more effective primary, secondary and tertiary prevention targeting older people. Presently, the medical service organization in Romania doesn’t take into account age-appropriateness care for chronic diseases, and the complexity of integrating care for complex multi-morbidity.

Conclusions: The objective of developing elderly centered healthcare is especially important for the most age-dependent disorders (ie, ischemic heart disease, stroke, chronic obstructive pulmonary disease, and sense impairment), for which long-term care costs outweigh health expenditure.

Bibliography:
2. Prince M.J. et.all “The Burden of Disease in Older People and Implications for Health Policy and Practice” www.thelancet.com Published online November 6, 2014 http://dx.doi.org/10.1016/S0140-6736(14)61347-7

Surveillance of Cardiovascular Diseases in Romania from a European Perspective

Claudia Dima (1), Alexandra Cucu (2)
(1) National Institute of Public Health, Bucharest, Romania
(2) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Cardiovascular health is essential to overall health and well-being. Cardiovascular diseases represent one of the most important public health problems, in 2010 accounting in member states of the EU for 36% of all deaths. Ischemic heart and cerebrovascular diseases, together incorporated 60% of all cardiovascular deaths, and caused more than one-fifth of all deaths in EU in 2010. About 50% of persons with diabetes in EU die of cardiovascular disease. The 2000-2009 trends of the European Community Health Indicators used for surveillance of cardiovascular diseases, in Romania both for standardized mortality rate for ischemic heart disease and standardized mortality rate of cardiovascular diseases, overall decreased but the values of indicators were above the EU average, while the trend of hospital discharges by cardiovascular diseases overall increased; at cardiac interventional procedures (PTCA, by pass) Romania was ranked among the countries with the smallest number of procedures. In a 2012 Romanian observational cross sectional study aiming to assess the prevalence of the depressive symptoms within last two weeks, in 1710 patients who accessed primary care services and the relation with associated comorbidities, showed that cardiovascular diseases were the most frequent comorbidities associated with depression (56.9%). National statistics in 2013 disclose the main cause...
of death was represented by the diseases of the circulatory system (147415 deaths), the number of hospital discharged patients with diseases of the circulatory system was 653131 and 9.3% out of total temporary disability was due to diseases of the circulatory system; the specific incidence by diseases of the circulatory system was 4046.3 new cases %00000. A surveillance system of cardiovascular diseases that systematic, ongoing collects, manages, analyzes, interprets and disseminates the data about cardiovascular diseases, its determinants, prevention, treatment and rehabilitation, could better contribute to the public health programs improvement and stimulate public health action.

Bibliography:
1. Depression in primary care, psychiatry and public health: an integrated approach, Eliot Sorel, Claudia Dima, Cristian S. Oana, Ileana Botezat Antonescu, Paul Balanescu The Romanian Journal of Psychiatry 01/2013; XV(2);

Continuity of Care in Elderly in Romania
Antoaneta Drăgoescu (1), Dana Galieta Mincă (1), Gheorghe Peltecu (2)
(1) „Carol Davila” University of Medicine and Pharmacy, Romanian Association of Public Health and Health Management, Bucharest, Romania
(2) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Objectives: The issue of elderly population in Romania, has complex and interdisciplinary implications, bringing together the social, medical and economic fields. The objectives are: a) analysis of the needs of the medical and social services for the elderly in rural area; b) develop a "pattern" of integrated services for the elderly at Community level.

Methods: This study is an observational and descriptive type with a transversal approach. The components of the research proposed to use: behavioral characteristics of a subpopulation, defining and creating a hypothetical model to ensure continuity at the individual level. Research approach consisted to analyze the medical and social care needs of the elderly population in rural areas and the evaluation the opinion of key-person at Community level, in terms of policies for the elderly. We used quantitative analysis methods (questionnaire) and qualitative analysis (interviews with key-person). Multivariate analysis of the identified factors allowed the development a "pattern" of medical and social integrated services for the rural elderly population.

Results: The analysis identified needs of the elderly in rural areas to have integrated medical and social services at community level. The proposed “pattern” is a daily community center for medical and social services for the elderly, which includes: family doctor, dentist, community nurse, social worker, home care services. This model will provide the elements that characterize the dimensions of continuity: informational continuity (medical and social documents), relational (relationship between the different providers) and management continuity (continuity of care).

Conclusions: In Romania, local authorities are responsible to develop medical and social services at the community level, ensuring the sustainability and continuity of these services.

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Bibliography:
SYMPOSIUM
Violence and Mental Health

Co-chairpersons:
Alfredo Cía (Argentina)
Edmond Hsin-Tung Pi (USA)

Violence is a major global concern which has detrimental effects on physical and mental health. Mental health sequelae may include depression, anxiety disorders, posttraumatic stress disorder, personality disorders, psychosis, chronic pain, eating disorders, sleep disorders, psychosomatic disorders, substance abuse, self-harm and health risk behaviours. This symposium will focus on three types of violence and their mental health sequelae. The speakers will be WPA Zonal Representatives from the Americas. Intimate Partner Violence (IPV), physical, sexual or psychological harm by a current or former partner, will be presented by Professor Donna Stewart from Canada. Bullying in Children and Adolescents will be presented by Dr. Virginia Rosabal from Costa Rica. Armed Conflict and Women’s Mental Health will be presented by Dr. Silvia Gaviria from Colombia. The Chair of this symposium will be Dr. Alfredo Cia from Argentina and the Co-Chair and discussant will be Dr. Edmond Hsin-Tung Pi from USA. Attendees will learn about mental health aspects of these 3 forms of violence and best practices in prevention and clinical management.

Bibliography:

Intimate Partner Violence and Mental Health
Donna Stewart
University Health Network, University of Toronto, Toronto, Canada

Objectives: This presentation on intimate partner violence (IPV) and mental health will review the current literature on mental health aspects of IPV.

Methods: Literature search of Medline and WHO Guidelines on IPV and mental health. Results: Intimate partner violence (IPV) is a global public health problem with severe physical and mental health consequences. Mental health sequelae are common and include depression, anxiety disorders, PTSD, sleep and eating disorders, chronic pain, sexual disorders, self-harm and psychosis. Psychiatrists need knowledge to identify and appropriately treat patients who experience IPV. This presentation will cover definitions, epidemiology, risk factors, health impacts, identification, assessment, documentation, management, treatment, prognosis and prevention.

Conclusions: A wide range of mental health sequelae may follow IPV. Psychiatrists and other mental health providers need to identify patients who experience IPV and treat according to evidence-based guidelines. The recent WHO Clinical and Policy Guidelines are a useful resource.

Bibliography:

Bullying in Children and Adolescents
Virginia Rosabal
Costa Rica

Bullying is a serious problem, but it can be prevented or stopped when those involved know how to address it. Bullying may be defined as the activity of repeated, aggressive behavior intended to hurt another child or adolescent, physically, mentally, sexually, emotionally, social, relational and by cyberbullying. Studies show that between 15–25 percent of U.S. students are bullied with some frequency. Since bullying can impact children’s
educational success, and can have lasting social and emotional consequences, it is important to address this public health problem. Youth who witness bullying also are often seriously affected.

Objectives:
- Define types of bullying for Prevention, and Clinical treatment of the mental health consequences of these children and adolescents.
- Implement an effective bullying prevention and intervention health awareness, so professional development in training is implemented.
- Inform doctors, psychiatrists, school teachers and administrators of the prevalence and impact of bullying in mental health.
- Offer resources to help prevent and approach bullying at health services with interventions.
- Develop a common understanding of bullying and passing the information on to the community and primary health care.
- Prevent Suicide in Children and adolescents.

What are the consequences of bullying? Some people think bullying is just part of growing up and a way for young people to learn to stick up for themselves. But bullying makes children suffer. It can make them feel lonely, unhappy, frightened, panic attacks, sleeping problems, fatigue, unsafe and think there must be something wrong with them. They lose confidence and may not want to go to school anymore. Bullying can have long-term physical and psychological consequences even up to forty years after. Some of these include: Bystanders are afraid they could be the next victim so even if they feel badly for the person being bullied, they avoid getting involved in order to protect themselves. Teens who learn they can get away with violence and aggression continue to do so in adulthood. They have a higher chance of getting involved in dating aggression, sexual harassment and criminal behaviour later in life. Intervention by Psychiatry and Mental Health workers is an important step in preventing escalation and resolving issues at the earliest stages. Intervention will emphasize education and skill-building. In addition, intervention will focus upon the safety of the target/victim.

Bibliography:
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 Armed Conflict and Women´s Mental Health
Silvia Gaviria
CES University, Medellin, Columbia

Wars have devastating effects on a nation’s population as a whole but seem to affect women and men in different ways. Whereas men are often forced to fight and are frequently killed in wars, women’s bodies can become battlegrounds where sexual violence becomes a weapon of war used to express power and to humiliate, dominate, or disrupt social ties among them. Several surveys have shown that women have experienced various forms of gender-based violent acts, such as forced pregnancy, abduction, rape, sexual slavery, and forced prostitution during wars. Although women may evade armed conflicts by escaping to safer areas, they remain vulnerable to abuse and exploitation because of their gender, dependence on others for help and safety, and their separation from family and community supports. Prolonged armed conflict may have a more devastating effect on the well-being of women than on men. Wars are associated with exacerbation of the incidence and prevalence of psychological distress generally manifested in mood, anxiety, and impulse control disorders; posttraumatic stress disorder (PTSD); and increased use of tranquilizers. However, studies have shown that although women were less likely to directly experience traumatic events, the odds of developing posttraumatic stress symptoms were six times higher in women than in men regardless of the level of terror exposure. Whereas these gender differences in psychological functioning have been attributed to a lack of perceived safety and lowered perceived self-efficacy, it remains unclear whether women’s increased vulnerability may be related to the extent to which they have been exposed to other forms of personal violence. There is some evidence to suggest that women also experience heightened spousal abuse in war-affected communities.

Objectives: Check-through the scientific literature, the impact of armed conflict and war on the women’s mental health. Knowing about the most prevalent mental pathologies are among women exposed to armed
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Conflict. Discuss risk factors associated with mental pathology in the midst of armed conflict. Knowing what the most prevalent mental pathologies are among women exposed to armed conflict.

Bibliography:

Intersectional Forum on Old Age Psychiatry
Co-chairpersons:
Afzal Javed (UK)
WPA Secretary for Sections
Gabriela Stoppe (Switzerland)
WPA Chair Section on Old Age Psychiatry

Mental illness is one of the largest areas of activity in the health service, with mental disorders of the elderly an important part of it. This substantial ageing of the population is a new phenomenon, occurring over the last century following reduction in infant mortality, control of infectious diseases and improvement in sanitation, living standards and nutrition. These changes, along with declining birth rates in developed countries, have resulted in the sharp increase in the proportion of elderly in the population. The increase in the proportion of old people in the population has given prominence to mental illness in old age. There is a growing interest in making decisions about how many and which services to provide to the older community. The expertise of old age psychiatry services lies in the care and treatment of people with complex mixtures of psychological, cognitive, functional, behavioural, physical and social problems usually relating to ageing. Current evidence suggests specialist old age services are best equipped to diagnose and treat mental illness in our ageing population. This special session is organised by WPA scientific sections to promote intersectional collaboration. WPA section on Old Age Psychiatry taking a lead role will look at the current updates in the field of Old Age Psychiatry and will have contributions from other WPA scientific sections describing various dimensions about this area. It is hoped that the symposium will generate discussions about different aspects of Old Age Psychiatry and will also lead to some future collaboration and links among different WPA scientific Sections.

Bibliography:

Old Age Psychiatry: Challenge for the Future
Gabriela Stoppe
MentAge, Basel, Switzerland

Ageing of many societies in the world is a historical unique challenge, not only a burden. In the developed countries many people grow older in an unexpectedly good health. We see the rise of four-generation societies. However, this is the result of cultural gains. And only a cultural development will help to manage it successfully. For mental health in the elderly, we discuss the following key topics: Poverty: In many countries fixed and – since decades unchanged - retirement ages are defended. The elderly are excluded from the workforce and - thus - loose not only earnings but also participation. It is well known, that poverty leads to mental and physical illness. Workforce: The number of specialists for old age psychiatry is much too low compared to the (future) needs. What should be done? Is there a chance associated with new learning tools, also internet-based? How much potential lies in the involvement of voluntary and family work? Dignity and autonomy: The risk for physical and mental fragility and dependence increases with age. How can we provide a maximum of dignity and autonomy for these persons? Which legal frameworks are helpful? Prevention: Prevention is relevant throughout the lifespan. There are good results from studies for the prevention of major disorders in old age, e.g. fall prevention or the prevention of depression and anxiety. Other areas are e.g. delirium and loneliness. Access to care: services must take the special circumstances of the elderly psychiatric
patients into account. An example might be the provision of psychotherapy in stroke and fall rehabilitation or
nursing homes.
Bibliography:
8047-3301-5)
5

Education in Old Age Psychiatry - Actual Experience and Proposals for Future
Adriana Mihai, Jeanina Sopterean, Cosmin Lungu
University of Medicine and Pharmacy, Târgu-Mureş, Romania

The longevity increased in last decades and proportion of old age population became higher both in developed
and developing countries. The risk of crisis in geriatric mental health care systems was remarked already in
1999 by Jeste (Jeste et al., 1999).
Method: review of scientific literature and WPA consensus statements concerning the undergraduate and
postgraduate training in old age psychiatry. Results: One of the main priorities of WPA was to development of
specific medical education programmes in old age psychiatry. The need in training in old age psychiatry was
evaluated on WPA member societies’ opinions and showed highly support for the development of
postgraduate educational material mostly in depression, dementia, psychopharmacology and psychotherapy.
(Camus V et. al, 2003) Other specialists sustain the need of undergraduate training in old age psychiatry, both
in core knowledge and in skills and attitude. (Curran S and Bowie PCW, 1998) For reducing stigma and
discrimination against elderly mental health patients an important role in education should be orientated
toward changing beliefs and attitudes both in professionals and general population. The presentation will
underline the experience in training in old age psychiatry and proposals for future improvement.
Conclusions: The collaboration between different WPA sections with a common task force for implementing
the programs of education in old age psychiatry have to continue.
Key words: old age psychiatry, education, postgraduate training, undergraduate training
Bibliography:

SYMPOSIUM
Primary Care Mental Health: Needs and Opportunities

Co-chairpersons:
Helen Herrman (Australia)
Masatoshi Takeda (Japan)

Psychiatry, Primary Health Care and Health for All
Helen Herrman
The National Centre of Excellence in Youth Mental Health, Melbourne, Australia

Psychiatrists aim to work with their patients and families and other service providers towards effective
treatment of mental illnesses, rehabilitation, recovery and social inclusion as needed. The Alma-Ata Declaration
of 1978 remains a guide to good health care and achieving universal health coverage. Psychiatrists have an
essential role in engaging primary health workers, along with patients, families and others, to promote mental
health and respond adequately to people with mental ill-health. The presentation will revisit the Declaration to
consider how psychiatrists can contribute to making it a reality and hence ensure better mental health care and
its integration with health care.
Bibliography:
129: 401–403
Depression Screening in Primary Care in India
Roy Abraham Kallivayalil (1), Adarsh Tripathi (2), Dipesh Bagabati (3)
(1) Pushpagiri Institute of Medical Sciences, Kerala, India
(2) King George's Medical University, Lucknow, India
(3) Medical Colleage, Assam, India

Background: Depression is worldwide public health problem and will be the second highest cause of disease burden globally by 2020 (Murray & Lopez, 1997). There are few data on depression incidence in primary care and primary care recording of depression, in contrast to the wealth of epidemiological data on prevalence (Waraich et al, 2004; Rait et al, 2009). The aim of this preliminary study was to conduct screening for depression among patients attending primary health care (PHC) setting outdoors in a week at three geographically distant and socio-culturally different regions of the India.

Method: In this multi-centric cross sectional study, patients attending PHCs of three different parts of India i.e Lucknow in North, Tiruvalla in South and Guwahati in East regions and giving informed consent were screened for depression using Patient Health Questionnaire-9 (PHQ-9), an international valid self report questionnaire. Their socio-demographic data and co-morbidities of patients found positive for having depressive symptoms is also reported. Results: A total of 551 patients were screened. 52.8% were females. 67.4% of males and 76.3% females had depressive symptoms. However, almost 50% of these patients in both genders had only minimal depressive symptoms. Among male patients, 23.6% had mild, 21.3% had moderate and 5% had moderately severe depression as per PHQ-9. None of the male patient had severe depression. In females, 21.9% had mild, 20.5% had moderate, 6.8% had moderately severe and 0.4% had severe depression. Most patients with depression had medical co-morbidities. Diabetes Mellitus and Cardiovascular Diseases were the most common medical disorders in patients having depression.

Conclusion: The prevalence of depressive symptoms in patients attending PHCs in India is alarmingly high. Diabetes Mellitus and Cardiovascular Diseases were the most common medical disorders associated with depression.

Bibliography:

Psychosomatic Medicine: a Paradigm for Integrated Primary Care Psychiatry
Michelle Riba
University of Michigan, Department of Psychiatry, Ann Arbor, Michigan, USA

Psychosomatic Medicine (PM) is now a recognized subspecialty of psychiatry in the United States, with an accredited ACGME (Accreditation Council for Graduate Medical Education) fellowship, required psychiatry residency rotations in PM, and medical school clerkships that often include rotations in PM. Evidence-based research in psychosomatic medicine is increasing with prominent national and international journals (e.g. Psychosomatics, the journal of the Academy of Psychosomatic Medicine; Psychosomatic Medicine, the journal of the American Psychosomatic Society; Psycho oncology, the journal of the International Psychooncology Society and the American Psychooncology Society). PM faculty and residents see patients in various settings, both inpatient and outpatient, and have developed various models of collaborative care for seeing patients in both primary care and medical/surgical specialty care. In the United States, the majority of patients with psychiatric conditions are seen in primary care clinics, not in psychiatry clinics. Often referral by a primary care clinician to a psychiatrist is difficult. In order to improve patient outcomes, increase access to mental health care and decrease stigma, it is important to understand evaluate some of the obstacles to integrating psychiatric care into other medical settings, and then determine how best to train students and residents with optimal models that incorporate integrated care. The field of Psychosomatic Medicine has had experience with models that incorporate care managed, co-located collaborative care and blended programs. This presentation will review these types of models and the way PM can provide ongoing research and training into this growing area.

Bibliography:
1. Pifieffer PN, Szymanski BR, Zivin K, Post EP, Valenstein M, McCarthy JF: Are Primary Care Mental Health

Ethics in Psychiatry
Afzal Javed
Coventry & Warwickshire NHS Trust, Nuneaton, UK

Ethics, derived from the Greek terminology “ethikos”, meaning studying conduct with respect to whether an action is right or wrong, is becoming more relevant to the practice of day to day medicine. It is however true that most ethically demanding situation occurs in psychiatric practices where concepts like good-bad, right-wrong, beneficial-harmful, obligation-duty or responsibility and consequences of acts are debated at different levels of care. It is in this perspective that role of ethics is becoming of paramount importance in mental health and delivery of its services. Ethics in psychiatry has thus attained a paramount importance many areas including confidentiality, making a diagnosis, relationship with patients, sharing information about patients & third parties and choices of treatment options. These areas however require regular and on-going updates. It is important to note that all those who are concerned for the welfare of their patients and working for a better mental health care system are giving due considerations to the ethical practice in Psychiatry. The advent of more research, publication of journal articles, books, and monographs on this important topic are highly stimulating and similarly creation of special interest groups and interest shown by leading professional bodies like World Psychiatric Association and active input from many national & regional associations have provided ample evidence of the importance of this issue. This presentation will give an overview about ethical issues that are important in clinical and other areas of mental health and will also describe WPA’s code of practice for practical implications. As the future of psychiatric ethics is certainly linked to having more clarity in the concepts and different dimensions of ethics along with practical plans for the implementations of such recommendations, it is hoped that this presentation will generate discussions about current updates in this area.

Bibliography:
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SYMPOSIUM
Literature and Psychiatry

Chairperson:
Ahmad Mohit (Iran)

The symposium is composed of three presentations. The first one is entitled “Symbolic violence in the novel The golden rooster (“El Gallo de Oro”) by Juan Rulfo” and is presented by Sergio J. Villaseñor Bayardo M.D. Ph.D. Professor of Psychiatry from Mexico and the Vice Chairperson of the section. In this presentation he talks about the less well known aspects of the work of Juan Rulfo meaning his involvement in photography and cinema. The second presentation is entitled “The Experience of Fascination in Reading Guy Debord; who was a famous writer during 1968 French social upheavals. This is presented by Professor Daniel Delanoe from University of Paris. Finally, Professor Ahmad Mohit, the Chairperson of the section offers a presentation entitled “poetry and Psychiatry”, in which many aspects of the relationship between poetry and practice of psychiatry, psychiatrist poets and the poetry of patients are presented.

Bibliography:
Psychiatry and Poetry
Iran University of Medical Sciences, Tehran, Iran

The fundamental duty of art is promoting empathy in humans; and inducing this ability in us to imagine and feel the pains and joys of the people fundamentally different from us. George Eliot 1876 The most agreed upon and simple, non-controversial definition of psychiatry is that it is the medical specialty devoted to the study, diagnosis, treatment and prevention of mental disorders. These include various forms of affective, behavioral, cognitive and perceptual abnormalities. In practice, psychiatry is the specialty of medicine dealing with problems in thinking, emotions and behaviors. The causes of these conditions are complex and there is always an interaction of biological, psychological, social, economic and even cultural, historical and mythological issues involved. But, all of these causes function through the work of brain. However, it is not a mechanical function of the brain; but an interactive work best understood as: “Cytoarchitectronics of the cerebral cortex are sculpted by input from the social environment because socialization shapes the essential human attributes of our species”. And... The question regarding poetry is that: Does it have a definition? Does it fit into any definition? It can be argued historically that poetry is the earliest form of oral literature – a blend of language and music. From ancient times, human beings expressed their emotions through music, from lullabies and love songs to dirges and lamentations. Add to this, ideas and images; and poetry is born. Poetry is also a means of sublimating one's romantic, aggressive or even nihilistic impulses. It acts as a catharsis, providing relief or therapy, so to say. Poetry communicates at the subconscious level, which is why some lines move us to tears or lift us in joy, inspire us or save us from destroying ourselves. Coleridge used his poetry to soothe the pain of his illness. Patients with a literary flair can utilize poetic methods to reveal their complex thought processes and conflicts. It helps them to define and grasp with their strange problems. When the psychiatrist has a poetic mind, he can easily make sure of the patient’s inner turmoil that is expressed through poetry. When the poet is also a physician, like Chekhov or William Carlos Williams, we get literary gems out of this amalgamation. To the poet, the poet in us, the poetic therapist beset with mind-boggling abnormal predicaments, poetry is both rewarding as well as self-therapeutic. Dream analysis is an important part of psychoanalytic psychotherapy. Like in dream analysis, an intuitive psychiatrist can delve into the mind of the poet or the one who admires a piece of poetry by sifting through the maze of phrases, metaphors, images and symbols. Some people write in agony and frustration, some in deep love and ecstasy or seething rage. An analysis of the poem gives a picture of the poet’s or admirer’s heart. In general the effects of poetry and psychopathology on each other has been studied rather extensively and this presentation tries to present these studies as well.

Bibliography:

Symbolic Violence in the Novel The Golden Rooster (“El Gallo de Oro”) by Juan Rulfo
Sergio J. Villaseñor Bayardo
Mexico

The novel Pedro Páramo and the stories in The burning plain are the works that made Juan Rulfo a renowned author worldwide. Less well-known are his photographic work and his participation in the film industry. In 1956, Rulfo was already working on a story about the world of cockfights in Mexico, but it was not until January 1959 that he decided to copyright his “screenplay”, as it was called at the time, although it was in fact his “second novel”, “written some years later”. About this work Rulfo said: “I finished that novel (El gagllo, not El gallo de oro), but I did not publish it because they asked me for a film script, and since it featured many elements of folklore, I thought it would lend itself for a film treatment... I destroyed the literary part of the work. Now I find it almost impossible to do it again.” Rulfo wanders again into the rural setting to tell the story of a character who, guided by the hand of luck, goes from poverty to riches. The story describes a complex world full of symbols. Chance and luck are the elements that determine the rhythm of the events and define the fate of the characters. Rulfo depicted masterfully the symbolism of chance in a story narrated through dualities, as if it were a game of dice.

Bibliography:
The Experience of Fascination in Reading Guy Debord
Daniel Delanoë (1), Anna Trespeuch-Berthelot (2)
(1) University Paris, Health Education and Practices Laboratory EA3412, Paris, France
(2) UMR 8058 Université Paris 1 Panthéon-Sorbonne, Centre d’histoire sociale du XXe s., Paris, France

Guy Debord (1931-1994) was one of the founders of the Situationist International, and the author of The Society of the Spectacle, published in France in 1967. He formulated radical critiques of capitalist society and bureaucratic communist societies, and heralded the 1968 movements. Debord’s style was impressive by its denseness, polished aphorisms, as well as his powerful thought, at once brilliant and cold. He also criticized nearly all the militant intellectuals of the period and ridiculed their university positions. Debord was influenced by radical art and lettrism. He cultivated a bohemian way of life. To the rebel poet’s haughty and elitist ways, he added, in a rare combination, the force of an implacable radical critique, incarnating a sort of aristocracy of revolt. His seductive persona could also become overbearing, generating among his readers or the spectators of his films, a feeling of inferiority or compromise, a narcissistic devaluation, a certain form of fascination. We present the story of the experience of reading Debord and an analysis of the spread of this revolutionary theory.

Bibliography:

SYMPOSIUM
Mental Health in Asian - Pacific Region

Co-chairpersons:
Helen Herrman (Australia)
Afzal Javed (UK)
Roy Abraham Kallivayalil (India)

There is an emerging evidence that every year up to 30% of the population worldwide will suffer from some form of mental disorder, and at least two-thirds of those receive inadequate or no treatment, even in countries with the best resources. Asia, where most of the world population lives, presents with a very diverse picture. Variations in resources, availability of services, number of mental health professionals and absence of national policies for mental health are the salient features of psychiatry in many Asian countries. Most of these countries allocate very scarce financial resources and grossly inadequate manpower & infrastructure for mental health provides further limitations in the mental health care systems. Scarcity of resources for mental health, inequity in access, and inefficiencies in their use lead to serious consequences, the most direct of which is that people who need care get none especially in many Asian countries where government spending on mental health is far lower than what is needed. This session will give an overview of some of the major issues in the mental health in Asia with some examples from individual regions where efforts are on way to make changes in the practice of psychiatry focusing on Primary Care Mental Health: Innovation & Trans-disciplinarity. The speakers will also focus on some of the novel projects and initiatives that are showing an emerging trend in many countries for the uplift of mental health systems.

Bibliography:

Primary Mental Health Care in South Asia: Points to Ponder
Thirupapuliyyur Venugopalan Asokan
Zone 16 Representative World Psychiatric Association, Chennai, India

South Asia houses 23% of the world’s population, 40% of the poorest people and approximately 150–200 million mentally ill and some remain as edifices of neglect, abuse and violation of human rights Mental health has not become a high priority in most Asian countries and current policies in this milieu include the development of community mental health care, incorporation of mental health in primary care, ensuring
availability of medication, involvement of users and families and a focus on human rights and equity of access to mental health care across different groups. Bangladesh, Bhutan, Pakistan, India and Sri Lanka have made some progress in the implementation of these components. Nepal focuses on providing minimal mental health care and basic medication, protecting human rights and creating awareness. Maldives has no policy, legislation or plan. Several studies in the region have highlighted the large number of untreated patients in the community. Under utilisation of existing services because of varied explanatory models held by patients and families result in their seeking help from religious and traditional healing sites. Deinstitutionalisation with provision of short-stay units, public education and NGO work in mental health must be encouraged to improve the mental health care in South Asia.

Bibliography:

Suicide as Social Problem in Eastern Asia
Min Soo Lee
Korea University, College of Medicine, Department of Psychiatry, Seoul, Korea

Objectives: Suicide has become a major psychiatric issue in world healthcare system. Without exception, suicide is one of the major causes of death in Eastern Asia. According to WHO research, Korea, Japan and China's suicidal rate was ranked 3rd, 9th and 12th in the world respectively, and suicide rate has significantly increased since 2008. Suicide is not the by-product of mental illnesses, but a major social phenomenon which has to be overcome. Eastern Asian countries are also considering suicide as a major social and public healthcare problem.

Methods: A large-scale prospective, nation-wide, multi-center clinical research program about major depressive disorder, which was supported by Korean government gave significantly valuable data about MDD patients with suicidal ideation. Data about characteristics of suicidal high risk group was also collected through objective measurements such as CRF, HAMD, SOFAS, and CGI-S. Similar nation-wide epidemiological studies about suicide were also performed in Japan and China.

Results: Social factors such as age, marital status and economic status influenced significantly to the suicide risk in Korea. As Korean society is suffering from economic polarization and too much competition, the influence of social factors is expected to be strengthened. Japan is also suffering from constant economic deflation and national disaster and those factors actually influenced to the suicide rate. In China, low quality of life and poverty were significantly correlated with suicidal rate. Therefore, not only clinical treatment of mental illnesses but also the building of social support system and infrastructure should be considered to reduce the suicide risk.

Conclusions: As suicide cannot be underestimated as a problematic mental problem that can influence greatly to whole society, well-organized and balanced social support system and infrastructure should be built. The lesson is not limited in Korea, but also can be applied to the Asian-pacific region.

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1. Clinical Characteristics of Depressed Patients With a History of Suicide Attempts: Results From the CRESCEND Study in South Korea; Park, Min-Hyeon; Kim, Tae-Suk; Yim, Hyeon-Woo; Jeong, Seung Hee; Lee, Chul; Lee, Chang-Uk; Kim, Jae-Min; Jung, Sung-Won; Lee, Min-Soo; Jun, Tae-Youn. Journal of Nervous & Mental Disease: October 2010 198(10) 748-754
Mental Health Needs and Opportunities in Asian & Western Pacific
Francis Agnew
Waitemata District Health Board, Auckland, New Zealand

The isolation and relatively small populations of many Pacific Island countries and the capacity of their health workforce often restrict the range of specialized clinical services that they are able to provide. Developing services and facilities needs to incorporate considerations well beyond those centered around mental health and be open to innovative thinking. Anecdotal evidence suggests significant levels of migration and brain drain amongst Pacific Islands skilled health workers.

SYMPOSUM
Integrating Mental Health Care into Primary Care: Back to the Future

Chairperson:
David Baron (USA)

The concept of integrated care is one of the most important topics when planning for health care delivery for 2015 and beyond. The critical role mental health plays in overall health is well documented in the global literature. The extant literature demonstrates the need for mental health care to be integrated with primary care to be maximally effective. Despite this generally agreement by medical educators, clinicians and policy makers, educating the next generation of health care providers in how to integrate psychiatry and primary care is lacking. True integration requires more than simply putting a mental health provider in a primary care setting. Integrated Care models need to be taught to medical students before they enter practice. Residency training programs need to incorporate Integrated Care models into the clinical experience residents from both specialties receive. In this symposium the authors will present data on the need to develop new teaching paradigms and clinical experiences for both primary care physicians and psychiatrists. Each presenter will present the unique challenges experienced in 3 different countries/cultures, Turkey, Italy and the US. We will critique existing programs and offer suggestions for the development of new programs.

Bibliography:

Integrating Psychiatry and Primary Care: Challenges and Opportunities
David Baron
University of Southern California, Los Angeles, USA

Given the current, and ongoing shortage of psychiatrists globally, the need to expand mental health care through the inclusion of mid level providers is critical. Numerous agencies including the WHO and NIH have identified this as a priority item. Funding to increase capacity for MH service delivery continues to be an important goal. The idea of integrating mental health care into primary care is not new. In fact, historically primary care providers took responsibility for all aspects of care, physical and emotional. As medical delivery became more specialized with the development of specialization and sub-specialization, primary care physicians began taking on the role of gate keepers into the care system, after providing referrals to specialists. The explosion of advances in medical knowledge and technology made it virtually impossible to keep up with advances in every specialty area. Medical students became more interested in pursuing specialty training, with higher pay and prestige, than being a primary care provider referring their patients out. For those who chose to have a primary care career, the amount of time devoted to mental health continued to erode. There was simply too much specialty care medicine to learn. The ever growing cost of providing primary care has created a need to “return to the future”. In this symposium the authors(leadership of the WPA Section on Medicine, Psychiatry and Primary Care) will present a recent study conducted at the University of Southern California on the impact of a program aimed at improving mental health training for primary care residents. The data clearly demonstrated the value of this training. We will discuss the details of the program and how it could be incorporated in training programs around the world, including LMIC there the need may be greatest. Not only
was the knowledge base increased, but the attitude concerning working with mental health problems was positively impacted. Additionally, new work on integration of mental health into primary care will be presented and discussed with the audience.

Interaction of Various Disciplines for the Same Goal: Integration of Mental Health Into Primary Health Care
Bulent Coskun
Kocaeli University, Community Mental Health Center, Kocaeli, Turkey

Objectives: In this presentation, interaction of various disciplines for the same goal will be discussed to give examples of a good practice from “out of the hospital” implementations of a Psychiatry Department in collaboration with Community Mental health Center of the same University.

Methods: An ongoing group supervision for mental health professionals working at two different institutions of a Province in Turkey, includes residents and last year medical students of the psychiatry department. Case discussions are carried out at the afternoons of the last Friday of each month at one of the State Hospitals of the Province to which participants from all Hospitals and Prison of the Province are invited via the assignment of the Governor of the Province. Limited number of last year students and a resident in rotating manner attend these meetings. Psychosocial problems and crisis situations in the first contact settings, where primary care is provided are the main topics of discussions.

Results and Conclusions: Although the primary goal of this implementation is to reach the various mental health workers and their daily communication problems, by bringing in the psychiatry residents and medical students to observe these interactions, we have also found the opportunity to teach them that psychiatry is not limited to the inner side of the walls of the hospitals and that we have a lot to do in the community through collaboration with other professionals - mainly at various primary health care settings.

Bibliography:

SYMPOSIUM

Brain Imaging

Co-chairpersons:
Cătălina Tudose (Romania)
Valentin Matei (Romania)

The “Brain Imaging” Symposium includes the following presentations: Prof. Cătălina Tudose: “Romanian Research New Perspectives in Psychiatry and Neurosciences”, Lecturer Valentin Matei: “Neuroimaging: Research Perspectives in Psychiatry”, Radoi Valentin, resident in psychiatry: “PET/SPECT Research Advances and Techniques in Neuroscience”, Michihiko Koeda 1, D. Fleming 2, Y. Okubo 1, and P. Belin 3: Cross-Cultural Differences of Cerebral Response to Affective Vocalizations Between Caucasian and Asian Participants In Romania a new research institute for psychiatry and neurosciences will be set up. It will be presented the new infrastructure encompassing: structural and functional neuroimaging, molecular and cellular genetics, electrophysiology, advanced biochemistry, and neuropsychology. The other two presentations will focus on the main neuroimaging functional techniques that could be used in the study of psychiatric disorders. The infrastructure for the functional cerebral neuroimaging that will belong to the newly created research institute will enable the opening of new directions in Romanian psychiatric research conferring the possibility to study the physiopathogenic mechanisms of different psychiatric disorders. The Japanese researchers will present their study about the meaning of non-verbal emotion as important factors of communicating beyond cultures. They have investigated the cerebral responses to affective vocalizations at Caucasians and Asians subjects; they have concluded that cerebral function in response to certain affective vocalizations proceeded as culture-specific signals in the evaluation of cerebral response to non-verbal affective vocalizations.
Romanian Research New Perspectives in Psychiatry and Neurosciences
Cătălina Tudose, Cristina Popescu, Magdalena Budişteanu, Dinu Roxana, Iuliana Dobrescu, Craiu Dan, Manea Mirela, Ana Giurgiuca, Rodica Năstase, Ana Maria Bocean, Maria Ladea, Matei Valentin, Adela Ciobanu, Victor Marinescu, Roşca Alina, Anca Talasman, Udrea Carmen, Ana Maria Exergian, Silvia Trandafir, Valentin Rădoi
"Carol Davila” University of Medicine and Pharmacy, Department of Neurology, Psychiatry and Neurosurgery”, Bucharest, Romania

The presentation will describe the project “Translational Research Centre in Psychiatry and Neurosciences” (2012 -2015) that it will be developed in the Psychiatric Clinical Hospital “Prof. dr. Alexandru Obregia”, from Bucharest. The program aims to increase the capacity of translational research in the field of psychiatry and neurosciences by creating a new infrastructure for a framework encompassing: structural and functional neuroimaging, molecular and cellular genetics, electrophysiology, advanced biochemistry, and neuropsychology.

The new created compartments are:
- Functional and structural neuroimaging
- Cytogenetic and molecular genetics laboratories
- Electrophysiology
- Biochemistry for plasmatic and CSF detection
- Molecular biology for the study of neurotransmitters
- Clinical investigation compartment: neuropsychological, psychiatric, and neurologic for children, adults and old people
- Statistical centre
- will collect and analyze the data resulted from the other compartments.

This program will promote Romania’s opening toward the international scientific community in the field of psychiatry and neurosciences by establishing collaborations with similar European centers, answering the need to catalyze the progresses made for scientific integration under the requirements of European Union.

Neuroimagistics: Research Perspectives in Psychiatry
Valentin Matei
"Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

This presentation’s main goal is to summarize the main neuroimagistic methods used in today’s psychiatric research. We will be revise these methods (fMRI, PET, SPECT), the physics behind them, the main uses of these methods today, as well as possible suggestions of future uses of these techniques, alone or together with other assessment methods.

PET/SPECT Research Advances and Techniques in Neuroscience
Valentin Rădoi (1), Cătălina Tudose (2)
(1) Romanian Association of Psychiatry and Psychotherapy, Bucharest, Romania
(2) "Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Current molecular neuroimaging techniques, including Positron Emission Tomography (PET) and Single Photon Emission Tomography (SPECT) have changed the way we investigate psychiatric pathology through the noninvasive study of fundamental biologic processes of the central nervous system diseases and through the investigation and identification of clinical changes before the pathological features occur, making early diagnosis and treatment possible. So far, PET and SPECT have been widely used in neuroscientific studies due to their advantages such as good spatial resolution, limitless penetration depth and high sensitivity. These neuroimaging techniques have been used in a wide array of diseases including, but not limited to, Alzheimer’s disease, schizophrenia and depression. However, at this moment, there are still numerous limitations to imaging studies in neuroscience, both related to the techniques used and to the pathology studied: current studies are generally small and only some of them are replicated and the modes of implementation and of analysis vary widely, making replication and generalization difficult due the lack of standardized protocols; also PET and SPECT do not study anatomy, only function, and have a low temporal resolution (similar to functional Magnetic Resonance Imaging, ~4-8 seconds). Regarding the studied pathology, specific challenges exist for each disorder: for example, in depression, a heterogeneous and multifactorial disease involving numerous regions and domains of the brain, in which the diagnosis is made clinically with no biological correlates,
neuroimagistical studies can only offer a glimpse in the working of the disorder due to the limitation of PET and SPECT to the study of only one metabolite/radioligand at a time. Numerous promising and exciting perspectives exist, both regarding PET and SPECT, for the neuroscientific study of a multitude of psychiatric pathologies with the possibility of following numerous transdisciplinary leads also involving genetics and epigenetics, electrophysiology, microscopy and biochemistry.

**Effect of CNTNAP2 Polymorphisms on Voice-Specific Brain Function and Handedness in Healthy Individuals**


(1) Nippon Medical School, Tokyo, Japan
(2) Nippon Dental University, Tokyo, Japan
(3) Tokyo Medical and Dental University, Tokyo, Japan

Objectives: Recent neuroimaging studies have demonstrated that Contactin-associated protein-like2 (CNTNAP2) polymorphisms affect left-hemispheric function of language processing in healthy individuals 1, but no study has investigated the influence of these polymorphisms on right-hemispheric function involved in human voice perception. Further, although recent reports suggest that determination of handedness is influenced by genetic effect, the interaction effect between handedness and CNTNAP2 polymorphisms for brain activity in human voice perception and language processing has not been revealed. We aimed to investigate the interaction effect of handedness and CNTNAP2 polymorphisms in respect to brain function for human voice perception and language processing in healthy individuals.

Methods: Brain function of 108 healthy volunteers (74 right-handed and 34 non-right-handed) was examined while they were passively listening to reverse sentences (rSEN), identifiable non-vocal sounds (SND), and sentences (SEN). Full factorial design analysis was calculated by using three factors: (1) rs7794745 (A/A or A/T), (2) rs2710102 [G/G or A carrier (A/G and A/A)], and (3) voice-specific response (rSEN or SND).

Results: The main effect of rs7794745 (A/A or A/T) was significantly revealed at the right middle frontal gyrus (MFG) and bilateral superior temporal gyrus (STG). This result suggests that rs7794745 genotype affects voice-specific brain function. Furthermore, interaction effect was significantly observed among MFG-STG activations by human voice perception, rs7794745 (A/A or A/T), and handedness.

Conclusions: These results suggest that CNTNAP2 polymorphisms could be one of the important factors in the neural development related to vocal communication and language processing in both right-handed and non-right-handed healthy individuals.

**Bibliography:**


**Cerebral Responses to Vocal Attractiveness and Auditory Hallucinations in Schizophrenia**


(1) Nippon Medical School, Tokyo
(2) Kyoto University, Kyoto, Japan
(3) Tokyo Medical and Dental University, Tokyo, Japan
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(5) Nippon Medical School, Tokyo, Japan

Objectives: Impaired self-monitoring and abnormalities of cognitive bias have been implicated as cognitive mechanisms of hallucination 1; regions fundamental to these processes including inferior frontal gyrus (IFG) and superior temporal gyrus (STG) are abnormally activated in individuals that hallucinate. A recent study has showed activation in IFG-STG to be modulated by auditory attractiveness 2, but no study has investigated whether these IFG-STG activations are impaired in schizophrenia. We aimed to clarify the cerebral function underlying the perception of auditory attractiveness in schizophrenia patients.

Methods: Cerebral activation was examined in 18 schizophrenia patients and 18 controls when performing Favorability Judgement Task (FJT) and Gender Differentiation Task (GDT) for pairs of greetings using event-related functional MRI.
Results: A full-factorial analysis revealed that the main effect of task was associated with activation of left IFG and STG. The main effect of Group revealed less activation of left STG in schizophrenia compared with controls, whereas significantly greater activation in schizophrenia than in controls was revealed at the left middle frontal gyrus (MFG), right temporo-parietal junction (TPJ), right occipital lobe, and right amygdala (p < 0.05, FDR-corrected). A significant positive correlation was observed at the right TPJ and right MFG between cerebral activation under FJT minus GDT contrast and the score of hallucinatory behaviour on the Positive and Negative Symptom Scale.

Conclusions: Findings of hypo-activation in the left STG could designate brain dysfunction in accessing vocal attractiveness in schizophrenia, whereas hyper-activation in the right TPJ and MFG may reflect the process of mentalizing other person’s behaviour by auditory hallucination by abnormality of cognitive bias.

Bibliography:

SYMPOSIUM
Evidence Based Approach to Burning Issues in Psychiatry
Chairperson:
Konstantinos Fountoulakis (Greece)

The symposium will deal with a number of different issues including clinical trials, executive function and prodromal symptoms and signs, and the common denominator is the evidence based approach to these important matters, beyond personal expert opinion and biases. The problems with the design and materialization of clinical trials will be at the focus while the reliability and validity as well as the hard data concerning executive function and the prodrome and its treatment will be at the focus of other speeches

Bibliography:

Burning Issues in the Meta-Analysis of Pharmaceutical Trials for Depression
Konstantinos Fountoulakis
Aristotle University of Thessaloniki, Thessaloniki, Greece

During the last decade a number of meta-analytic studies were published and they triggered a debate on the true clinical usefulness of antidepressants. The current article comments on the problems within the randomized controlled trials design, the study samples, the psychometric scales, the methods of meta-analysis, the interpretation of the results and the reporting of conflicts of interest. Although the meta-analyses published so far, agree that medication works in severe depression, they question its efficacy in mild cases. However, several methodological issues should be clarified before conclusions are definite. Different methods give different results and similar results seem to entertain a variety of interpretations. In the future it is important to address all the problems mentioned above, and to improve methodology on the basis of clinically informed choices. Otherwise meta-analysis risks alienation from clinical reality and thus risks becoming the 21st century psychoanalysis.

Bibliography:
Facial Emotion Recognition in Psychiatry: as a Research Domain Criterion (RDoC)
Murat Emul
Medical School of Cerrahpasa, Istanbul, Turkey

Objective: The National Institute of Mental Health (NIMH) placed an new aim in its Strategic Plan as: “for research purposes, developing new ways of classifying mental disorders based on dimensions of observable behavior and neurobiological measures other than classical classifying methods as DSM and/or ICD” (1). There are some intentions of NIMH to re-orientate its research away from DSM-5 to Research Domain Criteria (RDoC) based on the data from genetics, neuroimaging and cognitive science investigations (i.e., circuit or system based diagnostic approach than symptom cluster based one) (1).

Methods: In this presentation, after a little emphasis on the RDoC sub-domains, I will mention about the ability of facial emotion perception and production take places under social domain.

Results: The processing of facial emotion recognition is essential for normal socialization and normal personal interaction and abnormal behaviors such as aggression may be consequences of failure to be appropriately guided by the social cues of other peoples. Distress related cues, especially fearful and sad expressions might play an important role in modulating behavior.

Conclusion: Face recognition is mediated by a distributed neural system consisting of multiple bilateral regions: occipitotemporal regions of the extra-striate cortex, that enrolls in visual analysis, temporo-limbic (including amygdala, basal ganglia, cingulate) and parietal structures that extracts meaning from facial expressions (2). Within this circuit based approach, patients with mental disorders including schizophrenia, bipolar disorder, personality disorders or even relatives of patients may be liable to errors while recognizing facial emotions. The biological constructs of social cognition are complex. Interestingly, when the approach shifts from cluster based diagnostic criteria to system based criteria as in RDoC, the treatment approach may also be changed. In recent studies, social cognition remediation strategies or proper psychiatric drug treatments on facial emotion recognition ability is increasing in literature.

Bibliography:

SYMPOSIUM
Primary Care Mental Health Africa

Chairperson:
Nahla Nagy (Egypt)

Background: The Africa region of the World Health Organization (WHO) includes 46 countries, 30 of which are classified as low-income. Mental disorders appear to be at least as prevalent as in high-income countries, with a lifetime prevalence estimated to be 30.3%. Objectives: To study the integration of primary care in mental health services in African countries.

Methods: comparative analysis was done of the reports of the World Health Organization Assessment Instrument for Mental Health Systems conducted in North, South Africa and Nigeria.

Results: The model for integrating mental health into primary care varies somewhat from country to country. Differences depend on multiple factors such as the population size, the staff level of education and training and the willingness of health workers to participate in the integrated model.

Conclusion: Funding for mental health care in the African region remains disproportionately low when compared to the associated burden of mental disorder. Further challenges to the development of mental health services in the Africa region come from the impact of conflicts and the brain drain of mental health professionals.

Bibliography:
Provision of Mental Health at Primary Health Care Level in Kenya - Challenges and Opportunities
David M. Ndetei
University of Nairobi, Department of Psychiatry, Nairobi, Kenya

Objectives: To do an analysis of the distribution and availability of psychiatrists in Kenya and compare with other countries in Africa and make appropriate recommendations.

Methods and Instruments: Email questionnaire to Heads of Academic Departments

The Results: In 2004, there were a total of 53 psychiatrists practicing in Kenya, for a population of 31.5 million and out of a total population of just about 4,000,000 medical practitioners, constituting 0.13% psychiatrists out of the total number of medical practitioners. This is equivalent to a psychiatrist: population ratio of 1:594,339; doctor: population ratio of 1:7,875; a psychiatrist: overall doctors’ ratio of 1:75.5, that is only 1.325% of Kenyan doctors are psychiatrists. When the psychiatrist: population ratios are considered on the basis of the major administrative units, then the ratios vary from 1:63,007 in capital city of Nairobi to 1:4,393,19 in other administrative units, with one with no psychiatrist for a population of 962,143. The ratios become even worse when the psychiatrists available for clinical work in public facilities are considered. Up to 18 (34%) of all Kenyan psychiatrists were in private practice. The remaining 35 (66%) were in the public sector, out of whom more than 20 are in full time administrative or academic positions and therefore relatively unavailable for full time clinical work in the public sector.

Conclusion: In the foreseeable future in Kenya it will not be possible to achieve a psychiatrist: population ratio and more importantly, in the average distribution within the country sufficient to serve the growing population. If Kenya and other similar developing countries in Africa are to achieve a realistic mental health service delivery in the foreseeable future, then other alternative approaches in mental health must be given more prominence than just psychiatrists. This necessitates the need for integration of mental Health in Primary Health care.

Bibliography:

Primary Care Psychiatry in Nigeria: a Review of Contesting Models
Owoidoho Udofia
University of Calabar, Department of Psychiatry, Calabar, Nigeria

Nigeria has a little over 200 psychiatrists serving a population of 170 million. There are 8 psychiatric hospitals with 100 to 800 beds and 1 to 50 beds in 20 Teaching hospital departments and units. The Nigerian Survey of Health and Wellbeing had shown that 12.1% of Nigerians have had lifetime rate of DSM 1V conditions and 5.8% 12 month psychiatric diagnosis (1). More importantly that only 8% had any treatment, orthodox or unorthodox, leaving a large gap in treatment needs. A recent Mental Health Policy for Nigeria has recognized the fastest way of meeting these treatment needs is the integration of mental health into the primary care structure of the country (2). Mental health workers have agreed the way forward is the use of the domesticated MhGAP document but because the country is a Federation, each state can literally do as it chooses in health care of its citizens. The Psychiatric hospitals, University departments and Non-governmental organizations interested in mental care are charting their own course by introducing primary care psychiatry into their different states and zones.

Methodology: This study reviews the different models of primary care psychiatry that have been introduced in the different states/zones, from interviews with the focal persons spearheading each model.

Result: The oldest model from the Aro Hospital, South West Nigeria is coordinated by a Consultant psychiatrist with a team resident doctors, nurses, psychologists and social workers who visit health centers in their catchment areas to train Community Health Officers (CHOs) in the identification and treatment of common mental illnesses. Referrals are sent to Comprehensive health centers. The team from the Aro hospital helps in the management of diagnosed cases and in the training and retraining of the CHO during fortnightly visits. The Maiduguri model (North-eastern Nigeria) is similar only that the CHO training is based on a domesticated MhGAP approach. The third model piloted in Osun state (South West Nigeria) sends trainers, who have mastered the MhGAP document to train, monitor and retrain primary care physicians and primary health care officers (CHOs) on identification of common mental disorders using the MhGAP instrument. The fourth model
mainly piloted in the South Eastern part of Nigeria posts psychiatric nurses to all Comprehensive health centers in the region. These nurses treat patients referred by the Community Health officers from the 5 to 10 primary health care centers in the catchment area of the Comprehensive health center. Those patients who need further referral after being seen by the psychiatric nurses are sent to the Federal Neuro-Psychiatric Hospital in the South East.

Conclusions: There are more similarities in the models than was previously thought. However, training of primary care physicians is not wide spread. The Association of Psychiatrists in Nigeria plans to harmonize the models after meetings to be held next year.

Bibliography:

Collaboration Between Primary Health Care and Mental Health Services in Egypt
Nahla Nagy
Ain Shams University, Cairo, Egypt

Objectives: To evaluate the role of primary health care in mental health services in Egypt.
Methodology: literature review for reports related to primary health care and mental health service development in Egypt.
Results: Mental health hospitals in Egypt are based in big cities and urban areas, and with a total working capacity around 6,000 beds. Egypt has a relatively well developed primary care system made up of family health unit and centers which comprise doctor, nurse, social worker, and health educators. Every three family health centers have a psychiatrist visiting two days a week form the local mental hospital to run outpatient clinics, and to liaise with the GPs over difficult cases. The current role of the family health centre team is largely to take referrals from the family health units, to see direct consultations, and to make referrals to the district level. Since 2003, the Mental Health Programme in Egypt started a programme, which was implemented for primary care staff (doctors, nurses, social workers and health educators in five governorates and over 3 years, 2193 primary care workers, 654 physicians, 946 nurses, 593 social workers were trained. The training programme also initiated a programme of supportive liaison between primary and secondary care, with regular meetings to discuss criteria for referral, communication, shared care, guidelines, difficult cases. However, Egypt still suffers a lack of community-based and preventive mental health services.
Conclusion: Mental health investments in primary care are important to encourage the use of rapid appropriate treatment at primary care level, strengthening the referral system, intersectoral liaison, rehabilitation, social inclusion and public education. It should be accompanied by the development of community mental health services.

Bibliography:

SYMPOSIUM
Forensic Psychiatry in Eastern and Western European Countries

Co-chairpersons:
Nicoleta Tătaru (Romania)
Norbert Konrad (Germany)

After a brief history of forensic psychiatry, the authors describe the services, the high and medium secure units found in forensic hospitals, prison hospitals or in general psychiatry hospitals in some European countries. Mentally disordered offenders are subject to special legal regulations, which are based on the concept of criminal responsibility: offenders who are not criminally responsible and not considered dangerous are
hospitalized, if at all, in general clinical psychiatric institutions. Offenders who are considered to have at least diminished criminal responsibility, they are admitted to special forensic psychiatric security hospitals. All other mentally disordered offenders, including individuals with schizophrenia who are considered criminally responsible despite their illness, may be sentenced to prison, if no milder sanctions like a fine are ordered by the court. The prevalence of psychiatric disorders in prison has increased during last years. This reality make that we have to re-organize the care of people suffering from a mental disorder in a non therapeutic environment. This situation takes from primary care to the psychiatric hospital care of most severe cases. There are legal and ethical limits to involuntary hospitalization, because involuntary treatment and hospitalization restricts a person’s liberty. There should be a lot of things to do to improve the quality standards: improvement of elementary care needs. Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. One of the most common ethical dilemmas in forensic practice is the boundary confusion between the role of the treating psychiatrist and that of the forensic psychiatrist in a given case. The psychiatrist can be between what may be legally right and what may be ethically right. Will be found the ways to protect the human rights and avoid any abuse.

Bibliography:

Forensic Services in Germany
Norbert Konrad
Charité - University Medicine, Berlin, Germany

In Germany, mentally disordered offenders are subject to special legal regulations, which are based on the concept of criminal responsibility: Offenders who are not criminally responsible and not considered dangerous are hospitalized, if at all, in general clinical psychiatric institutions. If serious offenses are expected from offenders who are considered to have at least diminished criminal responsibility, they are admitted, regardless of therapeutic prospects, to special forensic psychiatric security hospitals (§ 63 German Penal Code) under the authority of the health ministry. The number of detainees housed there was 6652 as of March 31, 2013. Offenders dependent on psychoactive substances with sufficiently good therapeutic prospects, independent of being declared not or diminished or full criminal responsible, are admitted to special drug treatment facilities of forensic-psychiatric secure hospitals which are also under the authority of the health ministry (§ 64 German Penal Code). As of March 31, 2013, the number of detainees housed there was 3819. All other mentally disordered offenders, including individuals with schizophrenia who are considered criminally responsible despite their illness, may be sentenced to prison, if no milder sanctions like a fine are ordered by the court. In individual cases, it may depend on coincidental constellations whether a mentally ill person is committed to a forensic psychiatric or penal institution. Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving raise to tension between patient care and protection of the public.

Bibliography:

Forensic Psychiatry Services in Switzerland
Elmar Habermeyer
University Hospital of Psychiatry, Zurich, Switzerland

In Switzerland severely violent and sexual crimes of previously convicted persistent offenders have initiated a discussion about the necessity of quality control in the forensic psychiatric practice at the end of the last decade. This led to high quality standards, e.g. the implementation of a specialisation in forensic psychiatry, the creation of commissions with the duty of evaluating the dangerousness of serious offenders, the implementation of a standardized and certificated postgraduate training program in forensic psychiatry and guidelines for the qualification of forensic assessment experts and the quality of their reports. But the situation
is still not free of problems: the growing number of inmates in psychiatric measures lead to political debates about therapy and/or punishment and the planned criterion “severe mental disorder” was not integrated in the Swiss Law during the last modification of the Penal Law in 2007. Consequently, there is a danger of implementing psychiatric measures also in cases of a minor or even no mental disorder. Another important problem is the shortage of forensic psychiatrists in this field.

Bibliography:

Psychiatric Primary Care in Prison
Vicens Tort-Herrando
Parc Sanitari Sant Joan de Deu. Sant Boi de Llobregat, Barcelona, Spain

The high presence of mental disorders has been described widely. The prevalence of psychiatric disorders in prison has increased during last years. This reality make that we have to re-organize the care of people suffering from a mental disorder in a non therapeutic environment. This situation takes from primary care to the psychiatric hospital care of most severe cases. If we focus in the psychiatric primary care in prison, will get two level of care. First of all, the psychiatric care is provided by prison medical officers (equivalent to Health Care in the Community), and secondly, by mental health teams (psychiatrists, mental health nurses, clinical psychologists and other mental health professionals) that should be equivalent to Community Mental Health Teams. Based in the “Plan Director de Salud Mental i Addiccions” (Director Plan for Mental Health and Addictions), from the Health Department of Generalitat de Catalunya (Autonomous Government of Catalonia), we are organizing a new approach about the primary psychiatric care in prison, and one of the main aims is detection, diagnosis and treatment of mental health disorder in the prison population and as well, a better coordination with general health system in the penitentiary centers. We, also, believe that some specific programs (assessment and treatment) for special populations are needed (sexual offenders, learning disabilities, etc). Another important issue is the comorbidity related with medical conditions (HIV, HC, interferon, etc). We discuss pros and cons of the different types of psychiatric primary care models and also we could present some data from the consultations in the Barcelona area prisons.

Bibliography:

Forensic Psychiatry in Romania and Other Balkan Countries
Nicoleta Tătaru
Psychiatry Ambulatory Clinic, Oradea, Romania

In Balkan countries like in all other countries, forensic psychiatry as a sub-specialty between psychiatry and legal medicine, an interface between mental health and the law, is focused on assessment and treatment of people with mental disorder who show antisocial or violent behavior. After a brief history of forensic psychiatry in some Balkan countries, the author describes the services, the high and medium secure units found in forensic hospitals, prison hospitals or in general psychiatry hospitals. Generally our countries’ legislation respects the international documents of WHO, UN, etc., concerning the protection of mentally ill people. The legislation calls for adequate treatment and respect for the human rights of the persons with mental disorders. Ethical questions remain in dispute, like patient’s needs vs. social needs and human rights, legality vs. morality. Forensic psychiatrists are also involved in the care of prisoners, those in prisons or jails, and the care of the mentally ill and dangerous (such as those who have been found not guilty by reason of insanity). The quality standards must be improved, especially those concerning elementary care needs and quality of life of forensic psychiatry patients (accommodation, food, sheltered house, sheltered work places and community involvement). Will be found the ways to protect the human rights and avoid any abuse of psychiatry.
Torture and related acts of violence have due to their high prevalence and severe long term impact especially on mental health become a key challenge to public health in a global perspective. The complex sequelae need special consideration not only in regard to treatment. The Istanbul Protocol supported by the UN, the World Medical Association, and the WPA gives a guiding framework for the assessment, documentation and interdisciplinary investigation of alleged torture and social violence. The integration of general medical, psychiatric, and legal considerations puts also a special emphasis on the role of Psychiatrists. Recent changes in diagnostic systems, the dimensional approach and especially in DSM V require consideration of this developments in the assessment, especially in regard to PTSD and culture based categories. The symposium provides an up date on state of the art of the field with a special focus on the Istanbul Protocol and the global perspective of prevention.

Bibliography:

Identification of Torture Victims in Primary Care, with or without the Istanbul Protocol?
Joost Jan Den Otter
Geneva, Switzerland

Objective: To give an overview of the existing scientific literature of how to identify torture victims in primary (mental) health care and to familiarise professionals working in these fields with the content of the Istanbul Protocol. As this instrument used for forensic documentation of torture and ill treatment, is also an instrument to guide further treatment.

Methods: The literature will be searched using Pubmed and snowball sampling over the last ten years. Relevant key words [primary care; mental health; torture; ill treatment; Istanbul protocol] were used to identify relevant papers for primary care professionals.

Results: The number of scientific papers addressing identification of torture victims in primary care is limited to less than twenty, including two review papers. During the presentation the main findings of these papers will be shared.

Conclusion: Identifying victims of torture and ill treatment in primary care seems not an easy task for health care professionals. However, as primary health care workers are often the gatekeepers to more specialised (mental) health care knowledge of the Istanbul Protocol is essential to prevent unnecessary referrals to all kind of medical specialists.

Bibliography:
War is a unique environmental situation affecting all humans, beyond belligerent parties. Trauma is three-fold inflicted on the individual, first at the sensorial level, second at the level of psyche, and thirdly in the meta-space, that of representations, within the individual and collective system of beliefs. Drawing on almost 10 years of experience of work on Kosova nationals, following the armed conflict in the former Yugoslavian province, we present correlates of trauma on various populations and identify what, in the end, are idioms of distress which go beyond the traditional definition of post-traumatic stress. Displacement, loss of property, exposure to both death and destruction impact the individual’s fundamental axis of reality, his abilities of response and innermost resilience. It is paramount that these intersect with the medical, biological perspective on traumatic reactions and the bio-psycho-social model of disorder, within the cultural framework, which will also be emphasized.

Bibliography:

Violence and Torture - a Key Challenge in Global Health Care
Thomas Wenzel
Medical University Vienna, Department of Psychiatry, Vienna, Austria

Introduction: Political violence including especially torture, though prohibited by international humanitarian law such as the Un convention against torture, can be seen as the probably most challenging load on public health including mental health. The well documented severe and long lasting sequelae, including second generation impact, require a comprehensive interdisciplinary approach in prevention, rehabilitation and treatment. Comprehensive treatment, including social, medical and psychotherapeutic interventions are if at all only available to the limited number of survivors living in countries with a complete health care and rehabilitation system, such as that indicated by the European Framework for victims of crime. Methodology: The presentation uses data of two recent studies conducted in Kosovo win UNICEF and in Uganda, two major war regions with extensive but differing forms of violence, to demonstrate the complexity of sequels. Results: The advantage of a mixed method approach combining quantitative and qualitative data is demonstrated on the background of both culturally diverse settings. Identified needs are contrasted with a comparative analysis of existing public mental health care structures. An integrated model describing a public health care and community based intervention model, including tools such as Istanbul Protocol supported by the UN, WMA and WPA, can address the complex challenges provided by global war and post-conflict environments.

Bibliography:
2. Verena Knaus et al. Silent Harm - A report assessing the situation of repatriated children’s psycho-social health. UNICEF Kosovo in cooperation with Kosovo Health Foundation, 2012

SYMPOSIUM
Tackling Depression in Primary Care: Challenges and Opportunities

Co-chairpersons:
Dan Prelipceanu (Romania)
Ileana-Mihaela Botezat-Antonescu (Romania)

This session aims to examine the prevalence, risk factors, detection rates and management of primary care depression in Romania. Depression is a common and serious disorder that impairs quality of life [1]. There are many barriers to recognizing and treating patients with depression, particularly in primary care where most patients with depressive disorders are seen [2]. Around the world, the prevalence of depressive disorders in primary care has been estimated to be between 10-20%, of which around half remain undetected by doctors [3]. Primary care is the entry point for most people into the healthcare system and a common pathway to
mental health care services. The types of interventions offered by primary care physicians (PCPs) can have a significant impact both on patients’ quality of life as well as on health service demands. Current interventions fail to address barriers to diagnose and treat depression of primary care patients. PCPs feel that these barriers arise from patient related factors related such as stigmatization, their psychosocial circumstances, and their attitudes and beliefs about depression and its impact and care. Additional efforts are needed to develop new intervention components at the PCPs level that address these barriers.

Bibliography:

Screening of Depression in Primary Care, Adequate Recognition and Treatment

Raluca Nica (1), Mihai Pîrlog (2), Ileana-Mihaela Botezat-Antonescu (1)
(1) National Mental Health and Addictions Center, Bucharest, Romania
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Depressive disorders are a major health problem in primary care, and at least half of these disorders remain undetected. The adequate recognition and treatment of depression are inhibited by gaps in professional expertise and negative public attitudes. This session presents the activities and efforts of the Romanian Depression Screening Program, a joint activity of the National Mental Health Center and the Commission of Psychiatry and Child Psychiatry from the Ministry of Health in Romania. A 2-year depression screening program was undertaken from 2013 to 2014, aimed at validating a Romanian questionnaire on depression, enhancing primary care physicians knowledge and attitudes, and providing professional education. A depression screening program directed toward the general public was successfully undertaken through the PCPs. Professional seminars on specific aspects of depression were organized. The program of general practice education included recognition and management guidelines and training. Public attitudes were found to be relatively favorable, except attitudes toward antidepressants, which were viewed as addictive. Aspects of the program are being evaluated, including public attitude change, impact of educational materials on general practitioners, and prescription of antidepressants.

Bibliography:

Stigma as a Barrier to Early Recognition and Diagnosis of Depression In Primary Health Care System

Mihai Pîrlog (1), Sanja Harhaji (2), Ariel Como (3), Sonila Tomorri (4), Vladimir Nakov (5), Raluca Nica (6)
(1) University of Medicine and Pharmacy of Craiova, Medical Sociology Department, Craiova, Romania
(2) University of Novi Sad, Medical Faculty, Novi Sad, Serbia
(3) Tirana University Hospital Center Mother Tereza, Psychiatry Service, Tirana, Albania
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(5) National Center of Public Health and Analyses, Sofia, Bulgaria
(6) National Mental Health and Addictions Center, Bucharest, Romania

An the present time, we witness a serious increase of incidence and prevalence of psychiatric disorders, especially depressive disorder, which are often associated with other medical conditions (cardiovascular, respiratory, endocrine, gastrointestinal or metabolic illnesses). In this context, the role of primary health care services becomes very important, both for early diagnosis and later management of psychiatric diseases. Stigma towards people with mental illness is present even among mental health professionals who have permanent contact with their patients (Wahl & Aroesty-Cohen, 2010), so for general practitioners and other
medical professionals, this kind of attitude may be a common one (Mukherjee et al., 2002). The aim of this study is to reveal the barriers related to stigma of mental disorders in South-Eastern European countries between patients with mental health diseases (depressive disorder) and primary health care physicians, taking into account that data from WHO showed that almost one in four patients which attended primary health care had a mental disease. Based on the results of this review, there will be proposed directions for action in order to improve timely diagnosis of depression at the primary health care level.

**Bibliography:**

**Attitudes Toward Diagnosing and Managing Depression Among General Practitioners in Serbia**
Sanja Harhaji, Predrag Duric, Svetlana Kvrgic, Erzebet Ac Nikolic
Institute of Public Health of Vojvodina, University of Novi Sad, Medical Faculty, Novi Sad, Serbia

**Introduction:** Although, depression is a major public health concern it often remains unrecognized in time, especially at the level of primary health care. According to the literature (Cepoiu et al., 2007), a range of factors contribute to the under-recognition of depression in general practice, such as patient factors (comorbidity and fear of stigma), physician factors (inadequate knowledge and skills) (Richards et al., 2004) and practice factors (inadequate consultation time and insufficient access to specialized mental health resources). The aim of this study is to evaluate attitudes and limitations of general practitioners (GPs) regarding diagnosing and managing depression.

**Methods:** This research was carried out within primary health care institutions in South-Backa district (Province of Vojvodina, Serbia) and 120 GPs participated in it. Self-administered questionnaire was used. Three domains of potential barriers in diagnosing depression were considered: organizational factors, physician barriers and barriers related to patients.

**Results:** The most frequent issues that limited GPs to recognize depression or to provide optimal treatment were inadequate time for appropriate treatment (95.8%), insufficient appointment time (95.0%) and patient reluctant to be referred to a mental health professional (94.2%). The majority of GPs (85.0%) considered recognizing depression to be their responsibility, but only 44.2% felt responsible for treating depression. Confidence in the overall management of depression was reported by less than a half of respondents (46.7%).

**Conclusions:** Better training programs aimed at removing barriers in diagnosis and management of depression in primary health care are needed. For the better outcomes, general practitioners should be able to devote more time to every patient.

**Bibliography:**

**What Narrative Can I Make with These Unexplained Symptoms?**
Sever Cristian Oană
National Family Doctors Association, Bucharest, Romania

One of every six patients on a GP’s list will have at least one depressive episode in his lifetime. Why do we spot it in less than 50% of the cases? What should we do to improve our performance? The problem is that in primary care, only seldom we see complete clinical pictures of depression or any other disease. Most symptoms are unspecific and remain unexplained for some time. As doctors, we have to make up some narrative with these symptoms and to establish a diagnosis. At this level of care, a physical diagnosis comes to mind much easier and has a more coherent narrative. And it is simpler to prove, or sometimes disprove a physical diagnosis. Unfortunately if we disprove a physical diagnostic only seldom we make the next step, which is to look for, and prove a psychiatric one. We have to change the diagnostic “tool kit” and this doesn’t come easy, especially on a busy day.

The author recommends some useful tricks in clinical practice that can improve the performance of the doctors: 1. Empathize and acknowledge symptoms. 2. For unexplained symptoms with low risk of diseases
investigations and referral may not be required. 3. When refer, the patient should be informed of likely “negative” results. 4. Inform the specialist of likely medically unexplained symptoms. 5. Offer and explore psychosocial explanation 6. Focus on improving functional ability. 7. Recognize and treat anxiety and depression.

Bibliography:
1. Roger Jones, Kevin Barraclough, Christopher Dowrick - When no diagnostic label is applied; BMJ 2010; 340:c2683

SYMPOSIUM
Mental Health in Nursing Homes

Co-chairpersons:
Gabriela Stoppe (Switzerland)
Michael Armin Rapp (Germany)

Objectives: Mental health care and service provision in nursing homes are central factors for both quality of life and illness prevention in older adults suffering from mental disorders. Here we review national and international best practice models and guideline implementations.

Methods: Data and practice guideline implementation trials from three national studies and a global health initiative will be presented with a focus on models of care and best practice models for mental health in older adults living in nursing homes.

Results: Models of national practice guideline workshops, global recommendations for implementing liaison psychiatry services in nursing homes, and national guideline implementation trials suggest new pathways to improving mental health care in the nursing home and provide evidence that practice guidelines and implementations can be readily adapted to different settings worldwide. Conclusions: The development and implementation of practice guidelines for mental health in nursing home care is a key element for protecting older adults’ mental health and illness prevention in this vulnerable age group.

Bibliography:

Mental Health Care in Nursing Homes in Germany: Results from a Cluster-Randomized Controlled Guideline Implementation Trial

Michael Armin Rapp
University of Potsdam, Social and Preventive Medicine, Potsdam, Germany

Objective: To test the effect of a complex guideline-based intervention on agitation and psychotropic prescriptions.

Methods: We conducted a cluster randomized controlled trial (VIDEANT) with blinded assessment of outcome in 18 nursing homes in Berlin, Germany, comprising 304 dementia patients. Training, support, and activity therapy intervention, delivered at the level of each nursing home, focusing on the management of agitation in dementia. Control group nursing homes received treatment as usual. Levels of agitated and disruptive behavior (Cohen-Mansfield agitation inventory [CMAI]) as the primary outcome. Number of neuroleptics, antidepressants, and cholinesterase inhibitors (ChEIs) prescribed in defined daily dosages (DDDs).

Results: Of 326 patients screened, 304 (93.3%) were eligible and cluster-randomized to 9 intervention (n = 163) and 9 control (n=141) nursing homes. Data were collected from 287 (94.4%) patients at 10 months. At 10 months, compared with controls, nursing home residents with dementia in the intervention group exhibited significantly less agitation as measured with the CMAI (adjusted mean difference, 6.24; 95% CI 2.03-14.14; P=.009; Cohen’s d=0.43), received fewer neuroleptics (P < .05), more ChEIs (P < .05), and more antidepressants (Pc<0.5).

Conclusions: Complex guideline-based interventions are effective in reducing agitated and disruptive behavior in nursing home residents with dementia. At the same time, increased prescription of ChEIs and
antidepressants together with decreased neuroleptic prescription suggests an effect toward guideline-based pharmacotherapy.

Bibliography:

Mental Health in Swiss Nursing Homes: Data On Morbidity and Results of a National Workshop of Stakeholders
Gabriela Stoppe
Chair of the Section of WPA-Section of OAP, MentAge, Basel, Switzerland

Objectives: Switzerland is one of the richest countries of the world and on top of the nations with the highest life expectancy. Nursing homes are the place of dying for more than 40% of the population. Patients may chose their physician’s freely, also in nursing homes. What can be done to meet their mental health requirements better?

Methods: In the last years two national strategies have been consented: one concerning palliative care, one concerning dementia. There is also a recommendation for the involvement of the psychiatrist in palliative care. The Federal institute of statistics published a paper on health in nursing homes. In February 2015 a discussion of relevant stakeholders (nurses, architects, investors, politicians) on mental health in nursing homes is going to take place.

Results: The main empirical data available are summarized. The results of the workshop will be presented and discussed. E.g. the education and supervision of nurses: up to now no obligatory mental health training.

Conclusion: even in a well developed country like Switzerland there remains much to do for mental health of the elderly in nursing homes.

Bibliography:

Plenary Symposium
Celebrating the Life, Legacy and Contributions to Global Psychiatry of Professor Juan Jose Lopez-Ibor, Jr

Co-chairpersons:
Jorge Alberto Costa e Silva (Brazil)
Eliot Sorel (USA)

Professor Juan Jose-Lopez-Ibor, Jr., a former President and Secretary General of the World Psychiatric Association, was one of the most eminent Global Psychiatry leaders of the late XX and beginning of the XXI century. His broad intellectual interests and depth of scholarship benefitted enormously generations of young medical students and physicians in training as well as his beloved WPA. This symposium dedicated to Celebrating the Life, Legacy and Contributions to Global Psychiatry of Professor Juan Jose Lopez-Ibor, Jr. highlights some of Professor Lopez-Ibor’s areas of expertise and profound scientific interests as well as the importance that family and friends played in his life. The interface between science, medicine & psychiatry; the role of economics in health and illness; the catalytic role of primary care and psychiatry integration in enhancing contemporary health systems performance; systems management lessons learned relevant to health systems are presented. A special tribute, a celebration of friendship and close professional and personal collaboration is also presented by one of Professor Juan Jose Lopez-Ibor’s closest friends and colleague.

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1. López-Ibor JJ, López-Ibor MI Paving the way for new research strategies in mental disorders: first part: Actas Esp Psiquiat 2013 (40) 33-45
Science, Medicine and Psychiatry
María Inés López-Ibor
Complutense University, Madrid, Spain

Objectives: Psychiatry and probably some other areas of medicine are going through a deep crisis, both as a scientific disciplines as a medical specialities as Professor Juan José López-Ibor considered in his last papers. In the present session it will be review three aspects that could explain the situation: the problem of classification mental disorder; the persistence of dualistic perspectives in research; and third, the continuing of a localizacionism inadequate to explain normal and pathological behaviour. Networking medicine is the new paradigm that should be considered for Psychiatry in the XXI century.

Methods: Definitions and boundaries of mental disorders will be review, as well recent research data in Medicine and Psychiatry. Last papers and theories of Prof López-Ibor will be considered.

Results: The notion is that most human diseases are not independent of each other, as they are associated with the breakdown of functional modules that are best described as sub-networks of complex of genetic, regulatory, metabolic, and protein - protein interactions in a cellular network which is at the core of the pathophysiology of human diseases. On top of this there are two more layers. The middle one is a disease network in which two diseases are connected if they have a common genetic or functional origin. Functional should be interpreted as relevant for adaptive purposes. The third level is the social network, which encompasses all human-to-human interactions (e.g., familial, friendship, sexual, and proximity-based contacts) that play a role in the spread of pathogens.

Conclusions: Medicine is undergoing deep changes. Psychiatry crisis will be overcome by putting emphasis on psychopathology instead than in classification, by taking into consideration functions rather than diagnostic criteria and to be aware in the progress in neuroscientific monistic perspectives and by importing the methods of the emerging connectomics. Science is not the single pathway to understanding. Scientific knowledge has limits and therefore other perspectives should be accepted. The clinician is constantly confronting situations for which science still lacks an answer, and may never have one. Consequently a humanistic attitude is essential for every doctor. Networking is becoming the new paradigm and we consider that it should be the turning point of the future psychiatry, both in research and in practice.

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1. López-Ibor JJ, López-Ibor MI Paving the way for new research strategies in mental disorders: first part: Actas Esp Psiquiat 2013 (40) 33-45
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Health, Life, Mortality & Economics
Konstantinos Fountoulakis
Aristotle University of Thessaloniki, Thessaloniki, Greece

Objectives: The Lopez-Ibor Foundation launched an initiative to study the possible relationship of the economic crisis on European suicide rates. The hypothesis to test was that the suicidal rate correlates with the economic situation, which directly impact the everyday life of the population and especially of vulnerable groups.

Methods: A work group from 29 European countries was assembled and gathered economic and climate data from across the continent as well as data on suicidality.

Results: The results revealed that there was a strong correlation of suicide rates with all economic indices except GDP per capita in males and only with unemployment in females. However, the increase in suicide rates occurred several months before the economic crisis emerged. The preliminary analysis of the data suggest a strong influence of climate factors and especially of temperature.

Conclusions: Overall the current study confirms a general relationship of the economic environment with suicidal rate, however it disputes there is a clear causal relationship between the current economic crisis and an increase in the suicidal rate. The relationship to temperament raises important issues in the frame of global warming.
Integrating Psychiatry & Primary Care  
Blanca Reneses  
Hospital Clínico San Carlos, Instituto de Investigación Sanitaria, Madrid, Spain

Objectives: First: to develop an integrated Clinical Process between Psychiatric Services and Primary care in a catchment area in Madrid (Spain). Second: to estimate the prevalence of mental disorders in patients in Primary Care centers in an urban area of Madrid and to study possible associated risk factors.  
Methods: Cross-sectional month prevalence was evaluated in two phases in an urban area of Madrid with a sample of 635 individuals. The instruments used for screening were the GHQ-28 and the MULTICAGE test. The International Neuropsychiatric Diagnostic Interview (MINI) was used in the second phase. On the other hand, a coordinated work between psychiatrists and primary care clinicians was done during 9 months to design an integrated clinical process for Anxiety and Depressive Disorders based on scientific evidence to be extended to whole Region.  
Results: The month prevalence of mental disorders was 31.3% (95% CI, 27.6-35.2). Anxiety disorders: 22.4% (95% CI, 17.8-27.1). Depressive disorders: 16.6% (95% CI, 12.9-20.3). Substance abuse or dependence disorders (5.6% [95% CI, 3.2-6.9]). PTSD (4.4% [95% CI, 2.0-2.8]). The Integrated process was finished and approved by regional health authorities and scientific societies. The process was integrated in the electronic information system of Primary care level.  
Conclusions: An integrated clinical process is a clinical management tool that can help Primary care physicians to recognize and identify the most prevalent psychiatric diseases and provide an accurate treatment in collaboration with psychiatric services. Several conditions are necessary for the development of a clinical process: design must be made by professionals from the different participating services and levels; clinical recommendations must have a solid support of scientific evidence; it must incorporate an assessment system including the clinical results; it requires and “ad hoc” design depending on the specific characteristics of the health system where it is developed and on the epidemiological data.  
Bibliography:  
1. Reneses, B; Garrido, S; Martín, O; Navalón, A; Ramos, I; Moreno, J; Fuentes, M; López-Ibor, JJ. “Psychiatric morbidity and predisposing factors in a Primary Care population in Madrid”. International Journal of Social Psychiatry 2014 Jul 24. pii: 0020764014542815. [Epub ahead of print]  
This speech is a tribute to a great Medical Doctor, Psychiatrist, Professor, Researcher and Administrator among many other functions that he played in life, but above all a great Friend, Prof. Juan José López-Ibor, Jr. His early departure leaves an irreparable gap in his family, among his friends, patients, students, followers and all those who knew him or worked with him. Juan Jose López Ibor, Jr - his scientific interest in psychiatry was very wide, the psychiatric clinic, teaching, research, associative participation, manager, thinker, etc. He was a great man who left an important scientific work, covering almost completely the vast universe of the sciences of mind and brain. He actively participated in scientific and intellectual activities, not only in Spain but in the international world. During his lifetime, he was a player in the major moments in the history and evolution of psychiatry. I had the privilege to participate in part of his walk, since the first time I met him in 1966 at the home of his parents, Juan Jose López Ibor and Socorro Aliño during the World Congress of Psychiatry in Madrid. We walked together in the world psychiatry as partners and friends and culminated with my election to the presidency of the World Psychiatric Association and him as Secretary General. Later, he was elected president of the World Psychiatric Association. We have developed several projects together. Juan Jose worked until the last moment of his life and his last work, "The treatment of cycloid psychosis in the acute phase" was published after he passed away. In the previous year, he published with her daughter María Inés López Ibor Alcocer, an article in two parts in the "Actas Españolas de Psiquiatría". Vol. 42 ns. 4:05, "Romanticism and Schizophrenia." A month before he passed away, Juan Jose entered the Royal Academy of Doctors where he made a beautiful conference which in a way can be considered his intellectual testament "the language of medicine and their mutual integration with other languages". A paradigm for the science of socio-political consequences. López Ibor had a vocation for dialogue between the scientific and humanistic world. In this speech I will review his scientific contribution to Psychiatry.

Bibliography:

SYMPOSIUM
Mental Health and Human Rights of Women and Girls Worldwide

Co-chairpersons:
Helen Herrman (Australia)
Cătălina Tudose (Romania)

Mental health problems in women are common throughout the life cycle. They are determined by social factors and circumstances of day-to-day life that are beyond individual control, and gender-based risks such as intimate partner violence. They are linked with disability, poor quality of life and reduced capacity to participate in employment and community and family life. However, mental health problems are poorly recognised and the responses are inadequate in many settings, including low- and lower-middle income countries. Addressing social causes through supporting girls’ and women’s human rights to education, nutrition, health care, equal social and economic participation, safety, individual autonomy and freedom from discrimination is an essential first step. In the health sector, gender-sensitive strategies for prevention, early intervention and treatment are needed. In order to achieve these, gender-informed clinical and public health research is needed to provide local evidence and monitor and evaluate interventions. When mental health workers and researchers advocate for these strategies and implement these approaches, they can be powerful agents of change and empowerment for women.
Mental Health of Women in Late Life - Interplay Between Family Roles, Physical Health, Cognition and Societal Support
Linda Lam
The Chinese University of Hong Kong, Hong Kong, China

Women are known to have higher prevalence of depressive and anxiety disorders across the life span. Alzheimer’s disease is also more common in women than men. With global population aging and longer life expectancy, mental health of older women is becoming an important health issue worldwide. The high risks of mood disorders in women had been addressed from the assumption that they are more ready to express psychological distress with overt emotional reactions. However, it is important to recognize that physiological and other biological factors such as hormonal changes may also play important roles in modulating mood and cognitive states. Older women are at risks of developing mental health problems. From a psychosocial perspective, changing family roles with grown up children, alterations in financial situations, and bereavement of close acquaintance are potential stressors to mental well-being. Specifically, the usual expectations as caregivers may carry into old age, when women are required to take care their grandchildren and spouse should the need arise. These demands may create extra burden on top of declining health status, both physically and mentally. For care of older women at high risks of suffering from mental health problems, a high sensitivity to the special care needs is required. Unexplained physical symptoms or persistent subjective cognitive complaints may reflect underlying cognitive deficits or mood problems that warrant further assessment. The complex interactions between biological, social and psychological factors in determining symptom manifestations frequently require a comprehensive management plan that cut across disciplines for satisfactory outcome.

Human Trafficking and Violence against Women: Public Health Issues and the Role of the Health Care Professionals
Ludmila De Faria
Florida State University, Tallahassee, Florida, USA

Objectives:
• Learn about current patterns of human traffic
• Highlight the predominance of women and girls as victims of human trafficking and their experiences with violence, abuse and neglect
• Explore the association between traumatic events and mental health in women and girls victims of trafficking
• Increase health care professionals awareness of human trafficking as a health care concern and optimize their ability to identify, treat and refer victims to appropriate resources

Human trafficking is widespread and highly prevalent. It is the fastest growing form of commerce and area of organized crime in the world and the third largest source of revenue for organized crime, following drugs and arms sale. It is not only a global concern. Recent data estimates that between 50 and 80% of trafficking victims are women and girls and 50% are minors. Human trafficking increases their risk of being victims of violence by isolating them from their social safety nets. Victims develop an array of medical problems, including infectious disease (HIV and other STDs), reproductive health issues (unplanned pregnancies and abortions), substance abuse, and mental illness due to their adverse living conditions and physical and emotional abuse. These conditions are severe and disabling, with chronic course. Although victims may receive medical care while under trafficker’s control, health care professionals are often unaware and poorly trained to identify and care for the trafficking victims. Despite recent proliferation of media news and academic interest, there is a scarcity of professional medical literature on the subject. Educating health care professionals to identify victims will increase access to treatment and eventually contribute to address the problem from a public health perspective.

Bibliography:

National Clinical/Policy Guidelines on Intimate Partner Violence (IPV) Against Women in Latin America and Caribbean (LAC) PAHO Member Countries
Donna Stewart
University Health Network, University of Toronto, Toronto, Canada

Background: IPV is a serious violation of women’s human rights. LAC countries have some of the highest rates of IPV in the world. This presentation will discuss baseline levels of adherence and gaps in LAC countries to 2013 WHO Guidelines on Responding to IPV against Women.

Methods: We conducted a Survey Monkey Questionnaire, sent emails to PAHO focal points, conducted web searches, reviewed the UN Women web site and personal contacts. All IPV policy and clinical topics were entered into a matrix by recommendations in WHO Guidelines.

Results: National policies (15/27) and guidelines (12/27) were obtained from English, Portuguese or Spanish speaking countries. Multiple sectors were involved. Fewer than 50% of these countries had policies or guidelines on IPV and those that did had many gaps. Gaps on mental health problems and training of practitioners were prominent. Information for patients regarding symptoms and services was inadequate. Other WHO recommendations that were deficient in LAC countries will be presented.

Conclusions: This study from LAC countries can serve as a model to determine needs for IPV policy and education in other countries. All countries should develop and implement IPV clinical and policy guidelines that adhere to the 2013 WHO Guidelines and further training, services, monitoring and evaluation are needed especially relating to mental health aspects to improve women’s human rights and safety.

Bibliography:

Perinatal Mental Health, Human Rights and Primary Health Care
Helen Herrman
The National Centre of Excellence in Youth Mental Health, Melbourne, Australia

Perinatal mental disorders are highly prevalent worldwide. They cause suffering and economic and social problems for women and their families and communities. The social determinants of the health of women and girls are relevant to the onset of perinatal mental health problems and their resolution. A high proportion of women worldwide experience violence in life every day. This violence is associated with perinatal mental health problems as well as other mental health and health problems, especially in low-income settings. There are major challenges in implementing interventions to support the mental health of women in the perinatal period: for example, preventing widespread violations of human rights and understanding the complex interplay of individual, family and societal factors that make women vulnerable to poor health including poor mental health. The integration of the capacity to prevent, recognize, and treat the common perinatal mental disorders with primary health care including maternal and child health services is an important step in this direction. Participatory approaches to health and the delivery of mental health interventions by supervised non-specialists are two effective approaches to achievement of this goal in culturally appropriate ways. High-quality evidence is now needed in countries of all types on how maternal and child health, primary health and mental health services and the whole of society should address exposure to violence and other human rights abuses, and detect and treat depression. These interventions are likely to be central to improving health outcomes for women and their infants in the perinatal period.

Bibliography:
1. Herrman, H. Protecting the mental health of women in the perinatal period. Lancet Psychiatry 2015;2; 117-118
The state of women's health is an important public health problem on the agenda of the European Community. Mental disorders are the largest contributor to chronic conditions afflicting the population of Europe and mental health is a key component of the women's health. The objective of the paper is to build up an overview of how women's mental health is reflected by the indicators from the European databases.

The method used was to screen the European health databases and develop an overview about women's mental health related indicators.

Results: A screening was applied to total number of 25 groups/databases of indicators, out of which 11 WHO Europe data bases, European Core Health Indicators, European Health Indicators, and other 11 groups of health indicators from EU. Several mental health related indicators are not delivering at all gender based data (e.g. health care expenditures, length of stays in the hospitals, hospital days of in-patients, preventive services, unmet needs for mental health care, social costs of alcohol use, patterns of drinking score). There are not at all indicators related to perinatal mental health, women national alcohol surveys indicator similar to youth and European Regional Information System on Resources for the Prevention and Treatment of Substance Use Disorders is not including at all a gender perspective. Mental health related indicators in general and women's mental health indicators in particular are not identified as such, these being included in several fragmented data bases.

Conclusions: There is a need to integrate the women's mental health indicators at European level, to develop a mechanism to monitor and analyze the related collected data and use the results of analysis for public mental health intervention addressed to women.

Bibliography:
1. Data and Information on Women’s Health in the European Union, Faculty of Medicine Carl Gustav Carus Research Association Public Health Saxony and Saxony-Anhalt Technische Universität Dresden, Dresden, Germany
2. Data bases of: WHO Europe, EU (ECHI; EHI; Eurostat)

Is It a Challenge to Be a Female GP in Romania?
Daciana Toma, Sandra Alexiu, Ileana Anca Efrim, M. Pîrcălabu, Rodica Tănăsescu, R. Zoităn
National Society of Family Medicine, Romania

Objectives: To identify the main risk factors affecting female GPs in Romania

Methods:
- Statistical data analysis from different sources in Romania: National Institute of Statistics (INS), National College of Physicians (CMR), National Society of Family Medicine (SNMF) to establish the target group
- Actual legal context from legal professional source within SNMF to identify the main professional risk factors affecting female GPs in Romania, in fact, specific factors of GP specialty (entrepreneurial, legal instability, work in rural areas, uninsured patients, the specific of specialty) by analyzing the current legislative provisions.

Results:
- Females represent the overwhelming majority of GP specialty in Romania
- Most GPs work in the private system, in contract with NIH - There are professional and organizational features specific to GPs

Conclusions: Being a GP in Romania represents a challenge not only through specific specialty but through the management of the offices, which makes female GPs in Romania to be exposed to a series of additional risk factors.

Bibliography:
2. HEALTH AT A GLANCE 2013: OECD INDICATORS © OECD 2013
SYMPOSIUM
Psychiatric Genetics and Primary Care

Co-chairpersons:
Maria Grigoroiu-Şerbănescu (Romania)
Marcella Rietschel (Germany)

The symposium is organized and co-chaired by members of ISPG (International Society of Psychiatric Genetics): prof. Marcella Rietschel (Germany), president elect of ISPG and prof. Maria Grigoroiu-Şerbănescu (Romania), member of the ISPG task force for Eastern Europe. Genes have a major contribution to the liability for severe mental disorders like schizophrenia (SCZ), bipolar disorder (BP) and unipolar major depression (Mdd-UP) and their molecular basis overlaps to different degrees [1]. The objective of the symposium is to make both mental health professionals and general practitioners (GP) familiar with recent findings of molecular genetics and genetic epidemiology of major psychoses (SCZ, BP, Mdd-U) that might have an impact on primary care, since the GP is usually the first medical professional contacted by patients seeking help for mental disorders (Weissman et al., Archives of General Psychiatry, 2011) and medical conditions are often comorbid with psychiatric disorders (Forty et al., British Journal of Psychiatry, 2014).

The invited speakers will give talks on the following topics:
- The successful genome-wide search for SCZ genes that lead to the recent identification of 108 loci strongly related to this disorder [2];
- Morbid risks and developmental psychopathology in first degree relatives of affectively ill patients (BP, Mdd-UP) recruited from the Romanian population.
- Psychosis in primary care and the interaction between genes and environment;
- Genomic and phenomic correlates of lithium response in BP: encouraging pharmacogenomic findings related to the favorable lithium-treatment response reported by the Consortium on Lithium Genetics on 2,587 patients of four continents.
- The advantages of combining brain imaging with genetic data for the early and specific detection of individuals at risk for major psychoses.

Concluding remarks and discussions concerning the implications of familial risk, molecular basis and pharmacogenomics of major psychoses for primary care resulting in early risk detection, specialist referral for treatment, and prevention will end the symposium.

Acknowledgement: Project supported by UEFISCDI, Romania, grant no.89/2012

Bibliography:

The Success of Genome-Wide Search for Schizophrenia Genes
Marcella Rietschel
Heidelberg University, Central Institute of Mental Health, Medical Faculty Mannheim, Department of Genetic Epidemiology in Psychiatry, Mannheim, Germany

Schizophrenia is a heterogeneous and complex neuropsychiatric disorder. While, both, environmental and genetic factors contribute to its etiology, formal genetic studies have shown since long that genetic factors account for about 80% of the variability. However, the identification of such factors on a molecular genetic level has proven much more difficult than it had initially been assumed. Finally, in 2007, due to the advent of new technologies, it became technically and financially feasible to perform genome-wide associations studies in schizophrenia. This approach however, required very large sample sizes in order to achieve genome-wide significance for findings. A great breakthrough was achieved in 2014 when a meta-analyses comprising more then 35,000 patients identified 108 genome-wide significant loci [1]. Among them were long known candidate
Background: Lithium remains a mainstay in the long-term treatment of BD. Response to lithium is variable. About 30% of patients treated with lithium have fewer illness episodes over time, while about 20% have no response. Data from pharmacogenetic studies of lithium are comparatively sparse and have generally employed small sample sizes and varying response definitions. Genetic markers of lithium response would be valuable for treatment planning and could provide insights into the biological mechanism of lithium action. To put that idea into practice, the international Consortium on Lithium Genetics (www.ConLiGen.org) was established. Currently, there are ConLiGen sites in Europe, North and South America, Asia, and Australia.

Methods: So far, the combined ConLiGen samples comprises 2,587 patients collected by 22 participating ConLiGen sites. All patients have been characterized for lithium response with an 11-point treatment response scale. The Alda Scale assesses clinical improvement attributable to lithium, taking into account the history and frequency of episodes, duration of treatment, medication adherence, and concurrent treatment. Phenotype definitions were developed by consensus within ConLiGen. The whole sample has been genotyped using single nucleotide polymorphism (SNP) arrays to perform a genome-wide association study (GWAS) of lithium response. Data were combined by imputation to over 2 million common SNPs and analyzed under a categorical and a quantitative measure of lithium response.

Results: Inter-rater reliability of lithium response assessment was good, with kappa values >0.7. In our GWAS, four linked SNPs (rs79663003, rs78015114, rs74795342, and rs75222709) met corrected genome-wide criteria for association with the quantitative phenotype. The region contains a long, non-coding RNA (lncRNA).

Conclusion: If replicated, our findings would constitute a novel genetic marker for lithium response and suggest that lncRNAs play a role.

Bibliography:
The genetic contribution to the liability for major psychoses is around 80% for bipolar disorder (BP) and schizophrenia (SCZ) (Lichtenstein et al., Lancet, 2009) and 48%-75% for unipolar major depression (Mdd-UP) (McGuffin et al., Archives of General Psychiatry, 1996), the environment being responsible for the rest of variance. The genetic component is expressed in the familial risk for mental disorders. Several studies showed that first degree relatives of both BP and SCZ patients have risk to develop both disorders and additionally, they are at high risk for Mdd-UP. This epidemiologic finding is supported by molecular studies showing high overlapping genetic basis for major psychoses (Cross-Disorder Group of PGC, 2013) [1]. In the present talk we will focus on the risk for major psychoses in first degree relatives of Romanian BPI patients (Grigoriou-Şerbănescu et al., 2014) [2] and on developmental psychopathology of offspring of BPI and Mdd-UP parents (Grigoriou-Şerbănescu et al, Journal of Affective Disorders, 1989; 1991; Rasic et al., Schizophrenia Bulletin, 2014). Implications for primary care are suggested (early risk detection, referral to mental health services, monitoring). Beyond the risk for major psychoses relatives of affectively ill patients are also at risk for personality and anxiety disorders, ADHD, and mood dysregulations. Likewise, medical conditions are often comorbid with psychiatric disorders (Forty et al., British Journal of Psychiatry, 2014). The general practitioner (GP) is usually the first medical professional contacted by patients seeking help for mental disorders. Therefore the GPs must be aware of the risk for mental disorders in relatives of psychiatric patients and should be familiar with the subclinical precursors of mental illness in order to be able to refer individuals at risk to mental health professionals who can undertake adequate prevention and treatment measures.

Acknowledgement: Project funded by UEFISCDI, Romania, grant no. 89/2012

Bibliography:

**Psychosis in Primary Care: Genetics Meets Environment**

Andrei Szőke
Universite Paris-Est, Faculte de Medecine, Groupe Hospitalier “Mondor” and INSERM U955, Paris, France

Psychoses are diseases of complex aetiology arising from a “web of causation” in which risk factors, genetic and environmental, interact to cause the outcome. No risk factor is necessary for the advent of psychosis (i.e. no risk factor is present in all the cases) and no risk factor is sufficient (i.e. each of them needs its “causal partner(s)” to lead to disease). The ultimate goal of research in the aetiology of psychoses is to benefit the patients through improvement of clinical care. This could be achieved by improving prevention, early diagnosis and personalised treatment. Several environmental factors and markers of vulnerability to psychosis have been unravelled (e.g. migration, urbanicity, childhood trauma, cannabis[1]) with significant increase in risk for the disease. The first suggestions have emerged on how this knowledge (combined with progresses in the understanding of the genetic risk) could be used to identify populations at risk and as such promote early diagnosis and prevention. However, before such an approach could be useful for everyday care several more challenges have to be met. The next steps will be to characterise the exact risk factors behind the markers, the mechanisms involved in their effect, and, most important, reveal their interactions with other risk factors. To that end, large numbers of subjects, with detailed and reliable environmental and genetic measures, from several different populations/contexts are needed. This point will be illustrated by presenting the methods and some of the data collected in the EU-GEI study [2], an European study of gene x environment interactions in psychoses. Acknowledgement: EU-GEI (European network of National Schizophrenia Networks Studying Gene-Environment Interactions) was funded by the EU - FP7 Programme, grant no. HEALTH-F2-2010-241909 (Project EU-GEI).

Bibliography:

Brain Imaging Genetics. Applications in Primary Care
Adrian Preda
University of California, Irvine School of Medicine, Orange, USA

The identification of behavioral syndromes remains problematic due to a number of limitations, ranging from the subjective nature of many behavioral assessments to the shortcomings of a categorical nosology. Brain imaging and behavioral genetics offer elegant solutions to improve objectivity and provide a dimensional perspective on behavioral dysfunction. At the same time both approaches need to consider issues such as a lack of clear a priori hypothesis, massive amounts of data, poor signal to noise, and multiple comparisons. By combining brain imaging with genetics the advantages of each approach can be compounded and their limitations reduced, which will pave the way to ward earlier and more specific detection of at risk individuals in the population at large.

Bibliography:

SYMPOSIUM
Progress of Workplace Mental Health in Japan
Chairperson:
Tsuyoshi Akiyama (Japan)

Objectives: Sickness absence seems to have been increasing and the effective program which provides recovery facilitation and relapse prevention for mentally ill patients and policy guideline to ensure better mental health at workplace are needed.

The objective of this symposium is to convey findings and reports on workplace mental health from Japan, Korea and Italy.

Methods: From Japan, the research review on intervention program, description of Re-work program developed in Japan and its effectiveness, the factors influencing the work prognosis of those who returned to work after Re-work program and recent policy and guideline on workplace mental health are reported. From Korea, the effectiveness of psychological rehabilitation program to improve self-esteem and response to stress of occupationally injured workers is reported. From Italy ongoing process of workers mental health and occupational psychiatry is reported.

Results: Only a limited number of researches have been identified. Re-work program is composed of a few sub-programs to improve diurnal rhythm, activity level and so on and was effective to decrease relapse after return-to-work. Long work hour, long cumulative sick leave, short work history and low education were related with unfavorable work continuation. The published guideline in Japan is not suited for clinical use. The psychological rehabilitation program in Korea was effective in improving self-esteem and reducing stress response. However, those employees who are injured for a long time may lose desire to return to work. While measures have been taken for workers with severe mental illness, common mental disorders and substance dependence disorders in Italy, a novel framework of cooperation among the stakeholders is strongly needed.

Conclusions: While there has been taking place some progress in these countries, systematic researches to ensure progress of workplace mental health are insufficient. Role of occupational psychiatry should be more enhanced.
Effectiveness of Re-Work Program: Recovery Facilitation and Relapse Prevention for Workplace
Tsuyoshi Akiyama
NTT Medical Center, Tokyo, Japan

Objectives: The objective of this presentation is to report the effectiveness of Re-work program, developed in Japan to facilitate recovery and provide relapse prevention to mainly mood disorder patients who return to workplace.

Methods: In this presentation, firstly we review the researches which have been reported in this field. Secondly we describe Re-work program, recovery facilitation and relapse prevention program, which has been systematically developed in Japan. Thirdly we report the findings on the effectiveness of Re-work program as has been researched in Japan. Fourthly we report the factors which influenced the short and long term prognosis of those who returned to work after Re-work program.

Results: Firstly, only a limited number of researches have been identified. Program done at a psychiatric setting for mood disorder patients may have a better chance to be effective. Secondly, re-work program includes sub-programs to improve 1. Diurnal rhythm 2. Activity level 3. Work ability 4. Communication skill 5. Problem solving skill 6. Self-monitoring skill Thirdly the participants of Re-work program had a significantly less relapse and a longer continuation of work than a control group. Fourthly, for 1 to 4 years short term follow up, those who had longer work hours during 3 months before the index sick leave, longer cumulative sick leave and lower education had a significantly worse work attendance. For 10 to 12 years follow up, those who had shorter work history and lower education had a significantly shorter continuation of work. The average continuation of work by survival analysis was 4.8 years. Conclusion: While the available researches are limited, there seems to be a merit to provide Re-work program to mood disorder patients who return to work after sick leave.

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Re-Work Program and Mental Health Issues at Workplace in Japan
Arima Hideaki
Shinagawa Ekimae Mental Clinic, Tokyo, Japan

Objectives: In Japan, the occupational health policy is regulated by the Industrial Safety and Health Law which was established in 1972. There are also a lot of political guidelines concerning occupational mental health problems. Furthermore, in some guidelines, employees who have recovered medicinally enough to work very well are defined and the government recommends 8-minimum-requirements concerning return to work by employees with mental health problems. These requirements are too conceptual to use clinically. Therefore, Japanese Depression Rework Research Association has tried to embody these concepts to be more tangible by using Standardized Re-work Readiness Scale through the re-work program.

Methods: Japanese Depression Rework Research Association has investigated the prognosis of the patients who completed the re-work program and returned to work. Questionnaire survey was given to the patients by e-mail every 3 months for 2 years. Survival analysis and Kaplan-Meier estimate were performed for the data analyzing purpose.

Results: We could follow up 210 participants for 2 years. 56 participants (26.7%) got repeated sick leave in the follow-up periods. By Kaplan-Meier estimate, continuing work estimate was respectively 86.0% (SE2.4) at 1 year after returning to work, 71.5% (SE3.2) at 2 years after returning to work. Meanwhile, the risk factor for repeated sick leave had a strongest relationship with the amount period of sick leave which patients have already taken, by conducting multivariate analysis using cox proportional-hazards model.

Conclusions: Generally, relapses of depression become so frequent that repeated sick leave get severe problem in work places. As compared to previous reports, our continuing work estimate was longer. Thus, the results
indicate that re-work program takes advantage of preventing the repeated sick leave. Meanwhile, we should examine how some of patients relapsed in shorter period.

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Cost-Effectiveness Research on the Modified Shorter Rework Program
Arima Hideaki
Shinagawa Ekimae Mental Clinic, Tokyo, Japan

Objectives: In Japan, rework program for mood disorders has recently gotten popular. Some articles concerning the effectiveness of the existing program have been published. Meanwhile, it has been often discussed that workplaces and patients require less expensive and shorter period programs. Therefore, we have tried to develop the modified program.

Methods: Target patients are sick-leave employees who suffer from mood disorders. The design of research is a case-control cohort study by no randomized control. Intervention group is treated by the modified shorter rework program, and the control is treated by the existing longer program. While, the longer program is usually provided for about 8 months, the shorter is expected for 4 months. Selective bias should be considered under analysis. Economic analysis will be undertaken to examine the cost-effectiveness of the shorter rework program comparing with the longer program, from the view point of insurance corporations. Measurement items of outcome are medical expenses of the patients, which include the amount of income compensation during sick-leave, continuation of work after rupturing to work, work performance questionnaire (WHO-HPQ), EuroQol-5 Dimension-5 Level (EQ-5D-5L). The measurement points are some certain periods like 1 year and 2 years from the starting line when the patients get sick-leave.

Results: We assume that the shorter program is dominant to the longer one in terms of cost-effectiveness. In fact, this is a working hypothesis in present. Conclusions: Regarding many European countries, especially Netherlands, the main purpose of supportive activities for sick-leave employees is to reduce the duration to return-to-work. Meanwhile, Japanese rework model generally outweighs the relapse prevention (repeated sick leave). We expect to realize both the shorted time to return-to-work and the extended work performance after returning to work by developing the modified rework program.

Bibliography:

Introductory Review of Japanese National Research Regarding Establishment of Rework Support System for Patients with Depression
Arima Hideaki
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Objectives: To establish rework support system for patients with depression in Japan, we conducted the research for the following purposes; (1) the effect of rework program which was provided at medical facilities by randomized clinical trial, (2) the prognosis of the patients who have completed the rework program and return to work, (3) to develop the rework manual which is expected useful for rework staffs to support their patients, (4) to develop the educational video-material for rework staffs, (5) to perceive the implementation status of rework programs which are provided for depressive patients at medical facilities (6) the validation about driving performance of patients with mood disorders.

Methods: Japanese national researches have been undertaken for the purposes. (1) Survival analyses were conducted between rework group and control group. (2) Prognosis cohort study regarding rework group was conducted. (3) Rework manual was developed and the surveys of satisfaction were undertaken. (4) Rework instruction video-material was developed by professional providers. (5) Survey of implementation of rework
program was undertaken by some questionnaire. (6) Driving performance of depressive patients taking medicines was examined.

Results: It was generally proved that the patients who completed rework program could work well longer than the patients who took only conventional psychiatric treatment. Furthermore, the rework manual and the educational video-material are considered useful for medical staffs and occupational health staffs. However, we still have not found the biological marker for predicting the prognosis of the depressive patients.

Conclusions: The effectiveness of rework program has been showed recently. Meanwhile, it has been often discussed that workplaces and patients require less expensive and shorter period programs. Therefore, we're trying to develop the modified program and examine the cost-effectiveness.

Bibliography:

SYMPOSIUM
Mental Health and Primary Cares in Europe

Chairperson:
Michel Botbol (France)

Cradle of modern psychiatry and source of the welfare systems model among other important democratic values, Europe has also been the scene of the worst in human history. In the last decades the old continent, as it is often named by many, has undergone various profound changes leading it to face crucial contradictions particularly in the field of mental health. In spite of the many points they have in common, the five WPA zones are facing much contrasted situations in a context in which economic concerns are becoming more and more pervasive. Even if it remains one of the more resourced regions of the world concerning Mental Health services, its ideals, values and organizations are currently strongly challenged by significant stakes and regressive temptations. With its strengths and weaknesses Europe Region Psychiatric bodies have to adapt to the fact that, progressively, administrative power is taking the lead at the expenses of technical professional influence in more and more complex and global political organizations, sometimes more decisive on mental health policy than local or national powers. In this symposium, the five zone representatives of the WPA Europe Region will take the opportunity of this European WPA thematic congress, to consider transversally their common stakes and their differences focusing on community Mental Health in general and primary cares in particular

Bibliography:
2. European Parliament 2012: Mental Health in Times of Economic Crisis

Community Mental Health and Access to Care in Western Europe Zone
Michel Botbol
University of Western Brittany, Child and Adolescent Psychiatry, Brest, France

Background: Mental health organisation in Western Europe zone counts with the most influential traditions in mental health. The countries of the zone are also known for their welfare state social orientations and for the democratic, economic and cultural model on which they are grounded. This tradition is still vivid in all of these countries in spite of the current triumph of post modern liberalism and of the economic crisis. At the crossroad of these valuable traditions, Western Europe zone countries have developed remarkable mental health public organisation and successfully tackled two major stakes: 1) The implementation of a community based mental health model to end and replace the old asylum centred system, and 2) The widest possible access to care for all.

Objective: This presentation will discuss how, in spite of these impressive and enviable strengths Western Europe mental health has also weaknesses that could threaten its achievements: narrow specialisation,
fragmentation and depersonalisation of clinical care, uncontrolled rise of costs as well as commoditization and commercialisation of the health field.

Method: We will consider responses that have been emerging in Western Europe to face this incomplete and biased conceptualisation and reduce their effects on psychiatric practices.

Results: Consideration given to the person of the patient and the professionals engagement appear as crucial determinant of the quality of care from primary cares to long term treatments in psychiatry.

Conclusion: In spite of the economic constraints Psychiatric and Mental Health plans of Western Europe countries have to take into account these results to develop effective value based cares.

Bibliography:
2. UK Department of health: Closing the gap: Priorities for essential change in Mental Health

Community Mental Health and Access to Care in Northern Europe Zone
Jyrki Korkeila
Finish Brain Council, Helsinki, Finland

Background: The Nordic countries have reorganized their health services and funding of the services actively during two past decades. The first wave of development has been decentralization of services to improve access to services and the second a re-centralization of services to improve equal quality of care. Nordic countries have had more similarities in their health services. Finland was the country to decentralize mental health services most widely. The services are more decentralized than anywhere else in the western Countries. Patient rights and deinstitutionalization have influenced psychiatry greatly in all Nordic countries. Service research in the Nordic countries: Change of mortality during the deinstitutionalization has been one major focus. In all countries there was a conspicuous reduction of all cause mortality although the gap between general population and patients remains wide. In Finland deinstitutionalization and increase of outpatient care was associated with reduction of suicide rate. However, there have been some indications of increase in forensic beds in Denmark and Finland. Mere change in legislature has not decreased involuntary detainment or use of compulsory measures during treatment. According to a comprehensive Finnish study use of antipsychotics is an effective intervention in decreasing readmissions. According to OECD indicator of readmissions to the same hospital is lower in Finland than elsewhere in the Nordic countries. Several innovative treatment methods have been developed that target major depression. These have decreased pressure in specialized services.

Conclusion: Service research provides valuable information on services development. Routine collection of information on services should be implemented to provide adequate data for leadership.

Bibliography:

Community Mental Health and Primary Care in Southern Europe (Zone 8)
Zvi Zemishlany
Tel Aviv University, Sackler Faculty of Medicine, Department of Psychiatry, Tel Aviv, Israel

Objectives: The over-arching policy direction for mental health systems in Europe in the last decades has been deinstitutionalization: moving people out of mental hospitals towards care in the community. This change necessitated the establishment and collaboration of community mental health centers, rehabilitation facilities and primary care physicians. The role of the General Practitioner (GP) is crucial, since 24-46% of patients attend their GP due to problems related to mental health.

Methods: Data from general population surveys conducted in Europe.

Results: The reform in Italy resulted in closure of all state hospitals by 1998 and establishing comprehensive network of outpatients and residential facilities. In Israel there was a 50% reduction in psychiatric beds between 1995 and 2006. As a complementary move, The Rehabilitation of the Mentally Disabled Law was implemented, defining a basket of rehabilitation services to which people with mental disability are entitled: hostels, supported housing and vocational services. In the third step, the direct responsibility for the services will be transferred soon to the four national health providers. In most Southern Europe countries, GP’s are
already expected to diagnose, treat and manage mild to moderate mental illnesses. 71% of patients in Greece, Italy and Spain seek help for psychological and emotional problems from the GP, much more often than from psychiatrists or psychologists.

Conclusions: In spite of the variety in the economic and social conditions and diversity in health care provision, the establishment of community mental health facilities and the growing role of the GP are common to most countries of Southern Europe.

Bibliography:

Approaching Mental Health Care Reform Regionally: Implementation of the Community Mental Health System as Primary Mental Health Care in the Countries of WPA Zone 9 - Central Europe
Stojan Bajraktarov
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Objectives: Establishment of the community mental health has been identified as priority in the health systems reforms in the most countries in the WPA Zone of Central Europe. The three main objectives of the joint program were: to adjust and amend mental health policies and mental health legislation so that they are in line with international standards, in particular those of the European Community; to implement a harmonized model of community mental health services across the region; and to establish region-wide training curricula for mental health professionals.

Methods: Regional Health Development Center on mental health (RHDC-MH) was established which is organizing and coordinating the activities in regional and national level, taking advantage of similarities of health systems. Joint program is started and ongoing since 2002, aimed to promote common approach to the reform processes, with expertise from the leading international professional organizations and experts. Sustainability of the program has been supported by the Governments of involved countries, via promotion of the joint SEE Health Network.

Results: Community mental health system was establish as core of the psychiatric system in these countries, with establishment of the new national documents (mh strategies, action plans and laws), new services (community mental health center as primary mental health institution), development of appropriate human resources and budgeting reforms.

Conclusions: Regional approach undertaken has been proved as successful model for organization and implementation of the reforms of the mental health system. Evaluation of the achieved results in the region have shown the advantages of the community mental health system, especially in the areas of qualities of treatments, services efficiency and human rights of people with mental illnesses.

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Mental Health Conditions of the Population and Tendencies of Development of Mental Health Care in the WPA Zone 10 Countries

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(11) Uzbekistan

Objectives: Modernization of policies and legislation in the field of mental health, to develop socially-oriented mental health services.

Methods: On the basis of specially developed questionnaire the main mental health parameters (incidence, prevalence, disability etc.) of population of the WPA Zone 10 countries (Armenia, Azerbaijan, Belarus, Russia, Ukraine, Moldova, Georgia, Kyrgyzstan, Kazakhstan and Uzbekistan) are compared.

Results: The main structural peculiarities of psychiatric services and their staff provision in these countries are described. It is pointed out that a general tendency for development of these services is formation of the community based mental health care which is based on community services for patients in their usual social environment. Such a development presumes on the one hand a maximal usage of out-patient services in a step-by-step decreasing of potential of the inpatient level and, on the other hand an active implementation of the biopsychosocial model and its obligate components in the form of psychosocial therapy and rehabilitation.

Discussion: For all the services presented in the article tasks are set to modernize mental health care politics and legislation in order to improve care for patients with mental and behavioral disorders and to prevent this pathology in the population.

Conclusion: Based on the above, the main objectives in the promotion of mental health in the states - members of the WPA Zone 10 should be considered: 1. Structural changes of mental health services, based on the reduction of hospital care while developing community-acquired sector assistance and support in the community (psychiatric and mental hospital, dispensary department, outpatient departments of psychiatric and neuropsychiatric hospitals, day care centers, medical and psychological centers, psychosocial rehabilitation, assistance in the crises and helplines, psychiatric clinics and offices in the central district hospitals, mobile teams) that provides high efficiency psychosocial therapy and rehabilitation. 2. The final transition to the biopsychosocial concept of psychiatric care and, consequently, its multidisciplinary staffing provision involving psychiatrists, psychotherapists, physicians, psychologists, nurses, social workers, lawyers and others. 3. Active interaction with the primary level of health care in order to improve the level of knowledge of general practitioners for mental health problems. 4. Conduct research and strengthening the evidence base in the field of mental health, as well as monitoring in this area. 5. Updating the training programs of undergraduate and postgraduate education for all professionals involved in the field of mental health.

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SYMPOSIUM
Prevention in Mental Health: an Integrated Approach of Protective Factors And Risk Factors

Chairperson:
Florentina Ligia Furtunescu (Romania)

Objectives: This symposium aims to evaluate the scientific data to be considered in assessing the role of family doctors in promotion of the protective measures to the mental health, the impact of environmental pollutants on human health and the health policies needed in order to prevent, achieve and conserve mental health.

Methods: Reviewing and describing links between mental disorders and exposure to risk factors during distinct developmental stages of life and health policies in order to prevent them.

Results: There is a lot of scientific data which proves that mental health is determined by a variety of factors, from physical, genetics, biology, social, economic, cultural factors till exposures to environmental chemicals factors. The role of the family doctor as providers of primary care is to early recognize the risks and to work in multidisciplinary teams in order to educate his patients and to implement proper environmental policies and health policies.

Conclusions: The family doctors provide preventing and curative services in a broad range of patients during lifespan and therefore may play a critical role in the improvement to mental health outcomes and services. Results presented highlight the need for regarding environmental protection as an integrated part of primary prevention efforts and subsequently the need for developing specific competencies among primary care healthcare professionals and to develop and implement specific health care policies.

The Role of the Family Doctors in the Promotion of Protective Measures to Mental Health
Irina Radu
"Carol Davila" University of Medicine and Pharmacy, Department of Family Medicine, Bucharest, Romania

Objectives: This presentation aims to evaluate the scientific data to be considered in assessing and early recognition of the risk factors for the mental disorders by the family doctors and to describe the role of family doctors in promotion of the protective measures to the mental health.

Methods:
1) Reviewing and describing links between mental disorders and exposure to risk factors in distinct developmental stages of life (starting with preconception stage);
2) reviewing and describing links between mental disorders and other communicable or non-communicable diseases;
3) highlighting the role of family doctor in the recognition of the risk factors and promotion of the protective measures to the mental health;

Results: There is a lot of scientific data which proves that mental health is determined by a variety of factors, from physical, genetics, biology, social, economic, cultural factors till exposures to environmental chemicals factors. Exposure can occur during different developmental stages over the life course, starting with preconception stage, during prenatal and postnatal period, continuing with childhood, adolescence, adulthood or older adulthood. The role of the family doctor as providers of primary care is to early recognize the risks, to prevent, to educate, and to monitor chronic diseases in order to improve mental health outcomes.

Conclusions: Many of determinant factors for mental health are manageable in primary care and therefore they can be objectives for prevention and promotion measures. The family doctors provide preventing and curative services in all developmental stages over the life course of their patients and therefore may play a critical role in the improvement to mental health outcomes and services.

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Ecological Perspective on Primary Prevention. Impact of Environmental Pollutants on Mental Health

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Environmental protection has been long regarded as important, mainly from the perspective of the negative impact it has on the economy and on the legacy of capital left to the future generations. More recently however a better understanding among practitioners and decision-makers started to emerge in what concerns the impact of environmental pollutants on human health. A wide range of studies focused particularly on the impact on mental health of the various pollutants that humans in their various stages of development are exposed to. The results are diverse, but they indicate in their majority a clear link between mental health morbidity and the exposure to heavy metals, endocrine disruptors, and other compounds that can be found in air, water, soil and food. This makes the use of the precautionary principle particularly useful. A literature review of such studies has been conducted. Results are presented, highlighting the need for regarding environmental protection as an integrated part of primary prevention efforts and subsequently the need for developing specific competencies among primary care healthcare professionals.

Bibliography:

The Public Health Policies for Prevention in Mental Health

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(1) "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania
(2) "Lucian Blaga" University, "Victor Papilian" Faculty of Medicine, Sibiu, Romania

Objectives: Prevalence and burden of mental disorders increase globally, this pathology being a real threat for the modern societies. In Europe, mental ill health accounts 19% of the global burden of disease (second contributor) and mental health problems affect one in four people at some time in life (1). People with mental ill health tend to live almost 20 years less (1). Our study aimed to identify the most effective policies in preventing the mental health disorders in Europe and world-wide, with focus on primary care.

Methods: We performed a literature review, by searching strategies, action plans, political declarations, good practice models and mental-health-related indicators.

Results: Mental health was put as a priority on the global agenda since the beginning of 2000’ and a lot of policy documents focused on mental health have been promoted in Europe, as well as in European Union. Most countries have mental health policies and legislation, but capacities, resources and quality of services and workforce have wide variations. The development of community-based services is recognized as a sustainable alternative for improving the access to services, which remains still detrimental.

Conclusions: There is a global concern for mental health as public health issue and many international interventions have been developed. These interventions need systematic analysis and adaptation to be translated into the Romanian Health System.

Bibliography:
DIVA 2.0 Results among Parents of Children with ADHD

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ADHD symptoms vary across the lifespan. Many adults remain undiagnosed. The prevalence of adult ADHD is estimated at 3-5% (1) (2), research suggesting that the rate is higher among parents of ADHD children. If unrecognised and untreated, ADHD symptoms among parents might contribute to ineffective parenting and to more difficulties in managing their ADHD children.

Objectives: The aim of this study was to identify the occurrence of ADHD symptoms in the parents of children with ADHD using the DIVA 2.0 scale. Methods: 93 parents (48 mothers) of 50 children previously diagnosed with ADHD were included in the study. An ADHD-rating scale was filled in for each child and a DIVA scale was completed by each parent. The results were analyzed using SPSS 16.0. Results: 51% of the children included in the study had at least one parent who met the ADHD diagnosis criteria according to DIVA 2.0. 46% of the mothers and 58% of the fathers met threshold inattention (IA) criteria. 46% of the mothers and 62% of the fathers met hyperactivity/impulsivity (HI) threshold criteria. The child’s HI score correlated with their father’s maturity and childhood HI scores (rs = .318, p = .035, respectively rs = .338, p = .023). Conclusions: ADHD symptoms are common among the parents of children with ADHD, having a predictable value for the children’s own manifestations.

Disclosure: This work received financial support through the project entitled "CERO – Career profile: Romanian Researcher", grant number POSDRU/159/1.5/S/135760, cofinanced by the European Social Fund for Sectoral Operational Programme Human Resources Development 2007-2013”.

Screening for Post-Traumatic Stress in Persons Exposed to Accidents

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(2) Romanian Alliance for Suicide Prevention, "Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

Data are scarce on how to accurately screen for posttraumatic stress disorder (PTSD) among survivors of motor vehicle accidents, work related accidents or burns. Authors assessed the utility of the Short PTSD Rating Interview (SPRINT) and PTSD Checklist – Civil Version (PCL-C) as screening tools in a clinical setting. The study included 45 participants of both sexes, treated in the Clinical Rehabilitation Hospital Cluj-Napoca, with a history of accidents threatening physical integrity or generating horror, fear, helplessness. Internal consistency was assessed using Cronbach’s alpha and Receiver Operating Characteristic curves were analyzed for SPRINT and PCL-C. The Clinician-Administered Posttraumatic Stress Disorder Scale (CAPS) was used as putative golden standard. The Romanian version of SPRINT exhibited good internal consistency (Cronbach’s alpha = 0.903). A cutoff score of 18, with very good sensitivity and specificity and an optimal sensitivity – specificity balance, provides support for SPRINT as screening instrument in clinical settings for patients with severe trauma, ensuring effective identification and referral of positive cases for appropriate interventions. On the other hand,
PCL-C exhibited insufficient diagnostic accuracy and efficiency as screening tool in the studied group, despite data reported by other studies for similar trauma populations.

Keywords: posttraumatic stress disorder, screening, motor vehicle accidents, work-related accidents, burns

Bibliography:

The Influence of Alcohol Consumption on Cognitive Impairment and Dementia in the Elderly
Alina Elena Stanca, Antonia Lefter
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Objectives: In the context of the present population aging pattern, there is an increasing need to further investigate the particularities of the diseases in this new age group.

1 Alcohol consumption is known to exert neurotoxic properties via both direct and indirect effects, but the relation between alcohol and cognitive performance is far more complicated and multi-faceted.
2 The objective of this study is to examine the association between alcohol consumption and the risk of cognitive decline and dementia in the elderly.

Methods: We conducted a literature search in PubMed using the terms alcohol use, cognitive function, cognitive impairment, dementia, older adults and elderly. We selected 18 articles that matched our criteria: longitudinal studies with patients older than 45 years, where the relation between alcohol and cognition/dementia was directly studied.

Results: The causal relationship between alcohol consumption and cognitive impairment is shown in 8 studies and disproved in 4. Moreover, 3 studies suggest that moderate drinking may be protective against the onset of cognitive decline. Frequency of drinking, dosage and other risk factors such as smoking or poor socioeconomic background can enhance the deleterious effect of alcohol. 4 studies stress the existence of gender differences regarding alcohol-induced cognitive alterations. Inasmuch as dementia is concerned, there are 4 studies with conflicting views. Genetics is important in determining the risk for dementia in alcohol drinkers, as shown in 2 studies. Only carriers of APOE e4 allele are at higher risk, whereas moderate alcohol consumption is associated with an increase in learning and memory among non-carriers.

Conclusions: The effects of alcohol consumption on the brain are still controversial depending mostly on the amount consumed, the drinking duration and the genetic predisposition. Key words: alcohol; elderly; cognition; dementia

Bibliography:

Tobacco Smoking in Medical Personnel: a Review of Worldwide Articles
Andreea Teodora Topor
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Introduction: As World Health Organization (WHO) is proposing a “100% smoke-free environment”, hospitals should play an exemplary role in making smoke-free environments the social norm. Yet, studies show a significant nicotine addictive behavior among medical personnel (1). Their tobacco smoking habits isn’t only a risky behavior towards their own health but also might influence the patients’ attitude regarding tobacco use.

Methods: This study was conducted as an international review of on-line published articles on the tobacco smoking habits of medical personnel on Pubmed and BioMed Public Health database (using the terms: tobacco, smoking, medical personnel, doctors, physicians) and only 10 met the including criteria: publication during the last 10 years, direct mentioning of smoking habits in medical personnel.

Results: After identifying and selecting the studies we compared the data obtained. Most studies report a higher prevalence of smoking among lower staff(2)(43.2% in auxiliaries and 26.1% in nurses in Portugal and 42% in lower staff in Poland) in contrast to physicians (18.9% among physicians in Portugal and 15% among physicians in Poland). A major factor of confusion when evaluating the publications is the lack of standardization regarding the definition of “current smoker”.

Bibliography:
Conclusion: When reviewing publications worldwide, despite the differences in public health policies between countries, there are significant similarities in tobacco smoking habits in medical personnel. In order for physicians to remain the forefront of anti-smoking programs it is important that smoking declines in the medical profession. This might also benefit the patients as it has been demonstrated that they tend to be more eager to quit smoking when advised by a non-smoker physician.

Bibliography:

Alcoholism and Social Change in Mongolia
Lewis Thompson (1), Kenneth Thompson (2)
(1) Kenyon College, Ohio, USA
(2) University of Pittsburgh, USA

Objectives: While studying social change during a semester-abroad program in Mongolia, I examined Mongolia’s epidemic of alcoholism.

Methods: I got information from interviews, observation and the internet. I worked with a mentor in America.

Results: Mongolia is undergoing major social and political changes that are continuing to reshape Mongolian identity and culture. Alcohol is the ideal substance of abuse in Mongolia, a society where poverty and social dislocation are very serious problems. This is evident in the urban and rural areas of the country, where the rate of alcohol abuse continues to increase along with urbanization, tourism and other social changes. However, urbanization, accessibility, and availability are only half the reason for the rate of alcoholism in Mongolia. The other half may stem from Mongolia’s culture of avoidance. Heavy alcohol consumption is a problem that many Mongolians do not take as seriously as it is.

The results of all these factors is an epidemic of alcoholism. With a total population of 3 million, 22% of men are dependent on alcohol and 5% percent of women. There have been efforts by the government and private clinics to combat alcoholism. The National Program on the Prevention and Control of Alcoholism (2003) was enacted by the Mongolian government to impact on the distribution and consumption of alcohol. These laws included: enforcing 21 as the legal age for alcohol consumption and distribution and no sale of alcohol on the first day of every month. Unfortunately, the public and private sector have not yet organized a cohesive structure to make these reforms fully effective. Meanwhile, the government continues to let these restrictions linger unenforced.

Conclusions: Social change and social traditions both contribute to Mongolia’s epidemic of alcoholism. College level studies abroad can usefully support undergraduates in the cross cultural examination of behavioral health issues.

Bibliography:

SYMPOSIUM
A Bi-Dimensional Approach of Online Psychoeducation and Stigma of Mental Illness

Chairperson:
Maria Ladea (România)

As new technologies are introduced and become more reliable and accessible, mental health specialists are developing new and innovative methods through which to provide services. The internet is a commonly used source of information related to mental health, with elevated use among those with a history of mental health problems. Consumers frequently use the Internet to gather mental health information, indicating they like the
“24/7” access to data as well as the anonymity the Internet affords. The Internet is an important mode of delivery information because of its ability to reach a large number of people, cost-effectively due to fewer personnel and infrastructure costs. The World Wide Web is increasingly recognized as a powerful tool for intervention and prevention programs. Online mental health interventions can reach people who live in remote areas without easy access to healthcare providers and services. Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations. Mental illness stigma existed long before psychiatry, although in many instances the institution of psychiatry has not helped to reduce either stereotyping or discriminatory practices. Mental health professionals need to move beyond teaching psychoeducation in the clinic to full participation in planned programs of public education. The main objective of the symposium is to show the bidirectional influence of psychoeducation and mental illness stigma and to highlight the role of online psychoeducational programs in stigma reduction.

Bibliography:

Online Psychoeducation in Romania: from Theory to Facts
Maria Ladea (1), Mihai Bran (2)
(1) "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania
(2) Colțea Hospital, Bucharest, Romania

New technologies become more reliable and accessible to every day user and mental health specialists should take advantage of this in order to develop new methods through which to provide their services. Internet is a commonly used source of information related to mental health, with elevated use among those with a history of mental health problems and has an important role in delivering information because of its ability to reach a large number of people and being cost-effectively. The internet is increasingly recognized as a powerful tool for intervention and prevention programs and many online psychoeducational programs developed in the last years all over the world. Online psychoeducational programs have the advantage of reaching more people (for example people living in remote areas without easy access to classical healthcare providers and services) and having a lower cost with a higher impact on population. This presentation will follow some theoretical data about psychoeducational programs (especially online programs) and then will focus on describing two Romanian platforms delivering online psychoeducation about depression and schizophrenia.

Medical Professionals - Stigma - Psychoeducation
Mihail Pîrlog (1), Vladimir Nakov (2)
(1) University of Medicine and Pharmacy, Craiova, Romania
(2) National Center of Public Health and Analyses, Bulgaria

Stigma of mental illness involves problems with knowledge, attitudes, and behavior and has important negative consequences both for patients and their families (or caregivers): social withdrawal, limited life chances (housing, employment, access to education) and lower quality of life, poorer individual and family functioning, low access to medical or psychiatric treatment, with important delays for first consultation, therapeutical approach, non-compliance with therapy, and impairment in recovery from mental illness. Medical and mental health professionals can exhibit stigma towards people with a mental illness; medical education proved only a very limited benefit to reducing stigmatizing beliefs. It becomes necessary to emphasize the role of early and efficacious psychoeducational interventions in future physicians during their formative years, new media (internet) being the most important way.
Stigma on Mental Health Disorders as a ‘Distortion’ Factor on Referrals from Primary Health Care - Case of Albania

Ariel Como (1), Fatime Elezi (1), Eugjen Sotiri (1), Sonila Tomorri (2), Florida Dobi (3)
(1) Tirana University Hospital Center "Mother Tereza", Psychiatry Service, Tirana, Albania
(2) Tirana University Hospital Center "Mother Tereza", Pediatric Service No. 2, Tirana, Albania
(3) Head of Community Mental Health Center, Tirana, Albania

The presentation overall objective is to evaluate the role of Stigma on delay of referral to psychiatric specialized service as part of the Albanian referral system regulations. Referrals for anxiety disorders and depressive disorders to tertiary unique setting in the country (Tirana University Hospital Center) are considered for the formulation of patterns of probable delay, with special focus on Stigma related issues. Number of non-psychiatric medical consultation prior to specialized consultation are presented towards a map of country possible ‘distortions’ on referrals from primary health care, mirrored with the distribution of human resources in mental health on different country districts. The results show the overall tendency of higher stigma-related factors in suburban vs. urban areas, child-and-adolescent vs. adult population, but not in big vs. small urban areas. Some preliminary conclusions are drawn at this stage on the necessity of specific information and awareness programs with focus to primary health care professionals and medical education for students. Discussion on comparative regional south-european anti-stigma initiatives is included on the context of possible/desirable joint action.

SYMPOSIUM
E-Mental Health: Innovations and Transdisciplinarity in Mental Health Care Provision

Chairperson:
Davor Mucic (Danmark)

Objectives: E-mental health (EMH) is a relatively recent term for mental healthcare practice supported by electronic processes and communication. Various applications of EMH enable increased quality of care, improve transdisciplinary collaboration and improve the patient satisfaction due to improved performance.

Methods: The use of videoconference in development of shared care model (collaboration between mental health care providers and general practice) is one of the innovative approaches toward improved collaboration within health care provision in Denmark. Further, smartphone conducted applications development shows variety of educational, therapeutical and interpersonal potentials capable of delivering a high quality service on distance.

Results: Various applications of EMH have shown high feasibility and high user acceptance that is crucial regarding future development of remote mental health care provision, psychoeducation and transdisciplinary collaboration.

Conclusions: EMH is capable of paradigm shift once the professionals’ awareness increase. That is why it is important to promote and inform about the use of technology in mental health care provision. Once tested and presented on proper way various applications of EMH have a huge potential to be accepted and used both by the patients and by the professionals.

Bibliography:

Telespsychiatry in General Mental Health Practice in Denmark

Davor Mucic
The Little Prince Psychiatric Centre, Copenhagen, Denmark

Telespsychiatry project conducted by The Little Prince Psychiatric Centre in Copenhagen has been established in cooperation with three general practitioners’ clinics on the outskirts of Denmark. The project outlines the conceptual shared care model, in which psychiatrists and psychologists collaborate with general physicians in the assessment, diagnosis and treatment of mental health patients in the context of the general physician’s office by use of telepsychiatry service. A formal evaluation of the project was conducted and outcomes are discussed along with issues related to the requirements for sustaining the service over time and broadening its
applicability. The results have shown that collaboration via use of videoconferencing across levels of health care sectors can be a useful alternative that offers learning, leads to continuity, reduces costs and improves the quality of care. Telepsychiatry, in the form of videoconferencing, has been well received by patients and general practitioners as a method reducing waiting time and bridging the distance between patients and specialized psychiatric care.

Bibliography:

Innovations Using Technologies: Enabling Doctors without Technical Knowledge to Become App-Creators
Melvyn Zhang
National Healthcare Group, Singapore

Background: The usage of Smartphones and smartphone applications in the recent decade has indeed become more prevalent. Previous research has highlighted the lack of critical appraisal of new applications. In addition, previous research has highlighted a method of using just the Internet Browser and a text editor to create an application, but this does not eliminate the challenges faced by clinicians. In addition, even though there has been a high rate of smartphone applications usage and acceptance, it is common knowledge that it would cost clinicians as well as their centers a lot to develop smartphone applications that could be catered to their needs, and help them in their daily educational needs.

Objective: The objectives of the current research are thus to highlight low cost methodologies of development of interactive education smartphone applications that clinicians themselves could adopt without technical knowledge; and to highlight developments that the authors have developed; and to explore users' receptiveness and perceptions towards self-created low-cost web-based smartphone applications.

Methodology: In this study, we will present two techniques of how to create a mobile web-based application using two of the well-established online mobile application website. The cost of development will be specified. We have applied the methodologies in the creation of “Mastering Psychiatry” application for undergraduates and “Déjà vu” application for postgraduates. A questionnaire survey has been administered to undergraduate students collating their perceptions towards the application.

Results: For the Mastering Psychiatry application, a cumulative total of 722 users have used the mobile application since inception, based on our analytics. For the Déjà vu App, there have been a cumulative total of 57 downloads since inception. The perspective user survey results (n=185) showed that a high proportion of students valued the textbook and clinical OSCE videos features in the application. A high proportion of students concurred that a self-designed smartphone application will be helpful for psychiatry education.

Conclusions: This is one of the few studies that have demonstrated the low cost methodologies of application development; as well as, students and trainee's receptiveness towards self-created web-based smartphone applications.

Bibliography:

Promoting Mental Health Awareness amongst GPs
Ker Chiah Wei (1), Melvyn Zhang (2), Roger Ho (2)
(1) Institute of Mental Health, Department of Community Psychiatry, Singapore, Singapore
(2) National University Healthcare Systems, Department of Psychological Medicine, Singapore, Singapore

Background: With the development in smartphone technology, there have been an increased number of mobile phone applications designed for delivering medical and mental health care and prevention. Aims: This paper aims to illustrate the feasibility of using information technology for mental health care through the
illustration of the development process of a prototype of the new Mental Health Wellness (MHWell) application, developed mainly for primary healthcare providers. A feasibility study, a formative evaluation and a qualitative survey will be conducted.

Methods: The MHWell smartphone prototypical application was developed using an online application builder using HTML5 as the core programming language to build the model. A five-phase developmental method including a) formulation of user requirements, b) system design, c) system development, d) system evaluation and finally e) system application and implementation was adopted. Illustration of the use of the MHWell App and its features will be displayed. An expert panel determined the relevance of the content. A pilot prototype was launched as part of the formative evaluation, followed by a qualitative evaluation to evaluate applicability of the prototype.

Results: The initial pilot yielded a total of 136 downloads. Qualitative evaluation highlighted the core components as well as the limitations of the application. The barriers encountered by the authors during the development process were also discussed with feasible solutions.

Conclusions: This article has proposed a new paradigm for using mobile technology in mental health care. More exploration of the use of hand-held devices for primary health care is warranted.

Bibliography:
1. Blaya, JA, Fraser, HS, Holt, B. E-health technologies show promise in developing countries. Health Aff (Millwood), 2010;29(2), 244-251.

SYMPOSIUM
Suicide Among Youth. Crosscultural Aspects

Chairperson:
Nahla Nagy (Egypt)

Every year approximately one million people died from suicide, and 10 to 20 times more people attempted suicide worldwide. Thus suicide represents a major health problem, with one death occurring every 40 seconds. Although there is no single cause of suicide, the most important factor is mental health problems as depression. Youth suicide is the third leading cause of death for youth aged 10 to 19. Substance abuse and state-level gun ownership, is positively associated with firearm homicide and suicide rates. Rise in unemployment has been associated with a significant increase in the suicide rates in European and American countries. Study from Greece witnessed a snowballing 22% recession in gross domestic product at constant prices, accompanied by a soaring unemployment rate that shot up from 8% to 26%. There has been much effects of the economic crisis on increasing suicide rates in Greece.

Bibliography:

Suicide in the Arab world

Nahla Nagy
Ain Shams University, Cairo, Egypt

In Arab countries, more than many other areas of the world, suicide and attempted suicide are considered shameful and sinful acts that are strongly prohibited by religion (Islam and conservative Christianity). Due to those reasons and due to the social and legal consequences associated with suicidal behavior, cases of suicide and attempted suicide are thought to be frequently hidden by the victims and their families. Another question about suicide is its legal aspect. Consideration of the legal implications of malpractice is of main concern to practitioners and insurance companies, which cover them. The courts have applied various theories in imposing liability on mental health practitioners in suicide cases. Study conducted in Turkey showed that during a four year interval, there has been a mean rate of 46.9 per 100,000 for men and 112.9 for women, and para-suicide rate raised by 93%. The risk groups for suicide acts seem to be younger and female. One of the highest rates of
suicide recorded in the Arab countries was reported in Bahrain, 105 per 100,000 populations, mainly for young female people aged between 15 and 25 years. In industrial population from Saudi Arabia, in 1988 the rate of parasuicide was 20.7 per 100,000 while twenty years later, in the same population, the overall rate of suicidal attempt dropped to 14 per 100,000. Data collected from the Islamic Republic of Iran showed suicide rates of 5.7 for male and 3.1 female individuals per 100 000 people in 2001. There is a discrepancy between the cited papers with one study sustaining a higher incidence of suicidal acts among males, older people and those who were divorced whereas claimed that the rate of attempted suicide among females was higher than males, youngsters and unmarried people. The most frequently used method of suicide in Iran was drug overdose (73.0%) with the most lethal method being hanging (76.6% of cases died).

Bibliography:

Assisted Suicide between Guilt and Legal Issues
Peter Verhagen
Centraal Harderwijk, The Netherlands

In The Netherlands, approximately 45% of patients’ requests for euthanasia are granted by a physician. After a rejected request, some patients approach non-physicians and ask them for assistance in suicide. A cross-sectional survey among the Dutch general public was performed. A total of 1113 respondents were included (response rate 80%). The survey covered two case descriptions in which a patient asks a non-physician for assisted suicide after a non-granted request for physician-assisted dying. The suicide by either the provision of information or the purchase of lethal medication. When a son provides information on how to acquire lethal medication in case of a patient with a terminal illness, this involvement is accepted by 62% of the respondents. The actual purchase of lethal medication receives less support (38%). If the patient suffers without a serious disease, both forms of assistance are less accepted (46% and 24%, respectively). In addition, only 21% support the legalisation of non-physician-assisted suicide. The Dutch public prefer involvement of a physician in assisted suicide (69%). The Dutch general public consider non-physician-assisted suicide in some specific cases a tolerable alternative for patients with a rejected request for physician-assisted dying if the assistance is limited to the provision of information. However, the majority do not support the legalisation of non-physician-assisted suicide.

Bibliography:

SYMPOSIUM
Integrated Education For Young Mental Health Professionals: Between Theory and Practice

Chairperson:
Cătălina Tudose (Romania)

Objectives: This symposium aims to highlight the importance of the psychiatry training and the role of the family doctors in the process of implementing an integrated collaborative approach, in order to improve mental health care

Methods: A first presentation will reveal data for Romania of an international project, Psychiatry Training in Europe: Trainees Experiences and Opinions regarding UEMS Psychiatric Competencies in their National Training Programmes-TEO-PC. The second presentation will highlight the importance of diagnosing and managing psychosomatic disorders in a primary care setting. In the end, an interdisciplinary dialogue between a psychiatrist and a family doctor will explore each one’s role in integrating mental health in primary care.
Results: Both family doctors and psychiatrists consider that a continuous development of specific competencies is necessary for providing the best care for patients with mental health problems. This also implies a major focus on the specialists’ training process.

Conclusions: Better management of mental disorders can be achieved through an integrative, collaborative system care. It is mandatory to implement models and strategies in order to enable the dialogue between different specialists and offer high quality mental health services.

Psychiatry Training In Romania: Data from a European Study Regarding Psychiatric Competencies in National Training Programmes
Marinela Hurmuz (1), Ana Giurgiuca (2)
(1) University of Medicine and Pharmacy, Târgu-Mureș, Romania
(2) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

The paper reveals the preliminary data for Romania of an international project, Psychiatry Training in Europe: Trainees Experiences and Opinions regarding UEMS Psychiatric Competencies in their National Training Programmes – TEO-PC, developed by the research group of the European Federation of Psychiatry Trainees (EFPT), in collaboration with the national trainees associations. The study aimed to assess the psychiatric trainees’ perspectives on their training within the Union Européenne Des Médecins Spécialistes (UEMS) competencies framework and to raise their awareness regarding these competencies. The assessment was made using a structured, self-administered questionnaire designed specifically for this research, containing 127 questions. The questionnaire was distributed either through an online survey platform or a hard-copy version, during a 3-month period. The study was the first to assess the impact of the 2009 UEMS competencies recommendations in psychiatry and to ascertain the degree to which they have been implemented at national level, contributing to the on-going efforts to unify psychiatric training curricula among the European countries.

Bibliography:

The Importance of Recognizing Psychosomatic Disorders in Primary Care
Raluca Oana Tipa
„Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Introduction: The term “psychosomatic disorder” refers to a physical disease caused or aggravated by psychological factors, such as: stress, anxiety, depression, particular personally traits, etc. The wide range of somatic manifestations in this unique population renders a challenging formulation of diagnosis and therefore an accurate treatment is frequently delayed. The objective of this review is to outline the importance of the positive and expedient diagnosis for psychosomatic disorders in a primary care setting. Method: In order to identify relevant articles, we performed a comprehensive research on: PubMed, Medline, PsycINFO using some essential key words - psychosomatic, somatoform, primary care, diagnostic. This search yielded 30 eligible studies, but we selected only 12 articles that matched our criteria: original research, with more than 250 participants, which were completed in the last 5 years.

Results: Research on primary care studies on somatoform disorders shows that the prevalence is estimated to be approximately 20%. However, other sources reveal that the number of patients diagnosed with medically unexplained symptoms by GPs range from 3% to 33% in prevalence. Moreover, a large proportion of primary medical care patients present symptoms that cannot be assigned to conventional diseases. A study performed on 25 of these symptoms showed that the prevalence of patients who experience them is of 10-15 %. Our review shows that diagnostic criteria for somatoform and related disorders vary with different permutations of the diagnostic terminology reflecting the difficulties in the classification and in establishing valid criteria.

Conclusion: All in all, there is no general consensus on how to diagnose and classify patients presenting with functional somatic symptoms. A common language for all branches of medicine is necessary to strengthen cooperation in treatment and to interchange knowledge between disciplines, stressing on the importance of the primary care unit.
**Interdisciplinary Dialogue: Psychiatrists and General Practitioners in Collaboration for Mental Health**

Marinela Hurmuz  
University of Medicine and Pharmacy, Târgu-Mureș, Romania

**Objectives:** The presentation aims to raise awareness of the importance of active involvement of both young family physicians and psychiatrists in providing mental health services. Moreover, it discusses the difficulties and strengths in the collaboration between primary care and specialized psychiatric services, in order to improve collaboration and develop a more integrative approach of mental health problems.

**Method and Results:** The presentation will take the form of a dialogue between a psychiatrist and a family doctor. The discussion will focus on some frequent issues/difficulties faced by both of them in their everyday practice concerning the interdisciplinary management of patients with psychiatric disorders, such as: the role of GPs/primary care in prevention, intervention and follow-up of the patients, identifying and assessing psychiatric disorders in patients accessing primary care services, collaboration between GPs and psychiatrists, including accessibility, referral and bilateral feedback, individual and systemic difficulties, needs and resources in implementing collaboration strategies.

**Conclusions:** A better management of mental disorders can be achieved by implementing an integrated system care and developing efficient collaboration strategies. In order to do this, a continuous dialogue between family doctors and psychiatrists needs to be facilitated and consolidated.

**Bibliography:**


**SYMPOSIUM**

**Addressing the Quality of Life and Cross-Cultural Factors in Mental Health: Original Research by YHP**

**Co-chairpersons:**

Iuliana Dobrescu (Romania)  
Masatoshi Takeda (Japan)

**Perception on Disability of Inpatients Suffering from Schizophrenia in a Romanian Sample**

Elena-Alina Roșca  
"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

Due to the strong negative impact that schizophrenia has on the lives of individuals who suffer from this condition, the concept of quality of life has earn an important place in patient care.

**Objectives:** Identification of clinical and psychological variables in terms of patient and carer doctor who maintain relations with the statistically significant perceived disability of patients diagnosed with schizophrenia. Exploring medical variables correlations with clinical symptoms and testing their predictive power.

**Methods:** We use a transversal design, each variable investigated was measured on a single occasion. In this research, to achieve the objectives, approaches have been used both descriptive and inferential steps and calculating the difference between the tests several subsamples formed. The research was conducted on a total of 202 persons with diagnosed of schizophrenia. We use standardized instruments such as: World Health Organization Disability Assessment Schedule (WHODAS II).

**Results:** WHODAS II questionnaire allows evaluation of two aspects: 1. the degree of disability of the person and 2. interference each disability impact everyday life]. Statistically significant differences were found
between women vs. men in term of disability for movement dimension and the intensity of perceived disability is influenced by the type of anti-psychotic used in treatment.

Conclusions: Subscale scores WHODAS II disability movement assessment, care, understanding others and plan the activities of life are significantly higher for the group of men and those taking typical anti-psychotics group. Age of onset of the disease correlates negatively with the difficulties of understanding and communication and participation in society. Consequently, as the age of onset of the disease is less than the greater will be the difficulties of understanding and communication on the one hand, and on upcoming appearances in society on the other hand, felt that person.

Bibliography:

Cognitive Dysfunctions and Social Correlates in the Depressive-Delusional Spectrum
Cătălina Giurgi-Oncu (1), Mircea Lăzărescu (2), Monica Ienciu (1), Cristina Bredicean (1)
(1) "Victor Babeş" University of Medicine and Pharmacy, Timişoara, Romania
(2) "Eduard Pamfil" Psychiatry Clinic, Timişoara, Romania

Introduction: Social cognition represents the complex area of data processing regarding all aspects from our environment, along with the norms of our social universe. The main hypothesis of this paper suggested that the subjects found in the depressive-delusional spectrum would show dysfunctions in several cognitive areas, which would lead to various social functioning deficits.

Objective: The aim of this paper was to establish the level of difference in terms of social and neurocognition of patients diagnosed with a disorder belonging to the depressive-delusional spectrum (Recurrent Depressive Disorder, Persistent Delusional Disorder and Paranoid Depressive Disorder).

Method: We evaluated and compared 94 subjects, belonging to the three main diagnostic categories, by correlating their clinical and socio-demographic data with the results from several social cognition assessment scales.

Results: The results of this study have shown that most subjects in all three groups (77.3-87.5%) presented emotion recognition deficits, with the Persistent Delusional Disorder category comprising the largest percentage of subjects with an impaired ability to “read” a person’s expression in the eyes (87.5%).

Conclusion: The deficits in the areas of social cognition and neurocognition were significantly correlated with deficits in certain areas of social functioning. The results from this study could indicate the need for the development of special intervention programmes in the field of depressive and delusional disorders, focusing on improving social cognitive abilities.

Bibliography:

Fatigue as a Treatable Symptom of Depression in Cancer Patients
Ruxandra Irimia, Raluca Tipa
„Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

Background: Fatigue is probably the most prevalent symptom in advanced cancer and regarded by patients as being more important than nausea and vomiting. It is a widespread symptom, with multiple physical as well as psychological causes and with a huge impact on the quality of life and treatment compliance of the oncological patients. Among the causes of Fatigue in cancer patients, depression holds a higher prevalence (Hofmana, Ryan, Figueroa-Moseley, Jean Pierrea, & Morrow, 2007; Lawrence, Kupelnick, Miller, Devine, & Lau, 2004; Mock, 2001; Stone, Richards, & Hardy, 1998).

Methods: The published literature was reviewed for definition, prevalence, organic and psychological causes of cancer-related fatigue as well as interrelation with other psychiatric disorders. The sources include Psychological Bulletin, European Journal of Cancer, Cancer Practice, New England Journal of medicine and Life,
PubMed. We selected 47 articles based on randomized controlled trials, non-randomized controlled trials that matched the following criteria: evaluated participants who were a minimum 18 years of age, had been diagnosed with cancer, and were at any phase of treatment or recovery; and included a specific quantitative measure of fatigue or related symptom.

Results: Depression, the disease-burden syndrome and the loss of psychical fitness result from the reviewed studies (34 articles) as the main psychological causes of fatigue, but it is highly difficult to assess and treat especially because in oncological patients there is a complex interconnection between the multiple causes such as malnutrition, anxiety, sleep disorders and depression. Twelve studies indicate physical exercise as a possible therapy, and seven show the decrease of fatigue levels after antidepressant therapy was initiated.

Conclusions: The high prevalence makes it a primary auxiliary therapy target but unfortunately there are no sufficient studies, measurement and classification and no guidelines for treatment, due to lack of psychological support and there are no studies to show the prevalence of cancer-related fatigue syndrome. The treatment should include an interdisciplinary collaboration and improved mental health must be seen as an integrated part of treatment for somatic illnesses-patient Key words: cancer-related fatigue syndrome, depression, meta-analysis, systematic review, psychological therapies

Bibliography:


Cross-Cultural Differences of Cerebral Response to Affective Vocalizations Between Caucasian and Asian Participants

Michihiko Koeda (1), D. Fleming (2), Y. Okubo (1), P. Belin (3)
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(2) University of Glasgow, Institute of Neuroscience and Psychology, Glasgow, UK
(3) Aix Marseille University, Faculty of Medicine, Marseille, France

Objectives: Sharing meaning of non-verbal emotion would be one of the important factors of communicating beyond respective cultures. Our previous report demonstrated cross-cultural effect between Canadian and Japanese participants in the processing of anger and pleased vocalizations in contrast to happy and sad 1. However, it is unclear whether cross-cultural effect exists in cerebral response to non-verbal affective vocalizations. We aimed to investigate cerebral responses to affective vocalizations between Caucasians and Asians to clarify cross-cultural effect in emotional brain function.

Methods: 20 Caucasian and 20 Asian healthy subjects, from whom informed consent was obtained, participated in this study. The participants were scanned by fMRI while listening to non-verbal affective vocalizations (Angry, Happy, Pleased, Sad, Neutral). Participants judged the type of valence (positive, neutral, negative). FMRI data were analyzed based on the full Factorial model with main factors of Emotion, Vocalizations (Caucasian/Asian vocalizations 2), and Group (Caucasian/Asian subjects) implemented in SPM8.

Results: As for cognitive function, response time and accuracy were not significantly different between Caucasian and Asian participants in our study. Concerning brain function, although main effect of Group was not significantly observed, main effect of Emotion in the inferior frontal gyrus, superior temporal gyrus, and amygdala was observed (p<0.05). Further, interaction effect between Emotion and Group was observed in the parahippocampus and middle temporal gyrus (p<0.05).

Conclusions: These findings suggest that we should consider that cerebral function in response to certain affective vocalizations proceed as culture-specific signals in the evaluation of cerebral response to non-verbal affective vocalizations.

Bibliography:


Objectives: There is well-documented shortage of child and adolescent psychiatrists throughout the world. As a result of the passage of the Patient Protection and Affordable Care Act in the United States, new and existing models of collaborative and integrated mental healthcare for both children and adults will be expanded. This symposium will explore several of these new models for children and adolescents with an emphasis on the effectiveness of these models across a variety of settings.

Methods: Each of the two presentations will focus on different models of healthcare delivery for children. Beginning with traditional models of mental healthcare delivery and their failure to adequately address the broader range of psychiatric needs of children, the presenters will describe how newer models of integrated and collaborative mental healthcare are being developed within a pediatric medical home model. Aspects of these models include integration of mental health services within pediatric medicine, ready access to child psychiatry consultation, use of developing technologies, and online and in person educational resources for primary care providers.

Results: Collaborative and integrated models of mental healthcare delivery offer the possibility of improving access to mental healthcare for children and adolescents in areas where shortages of mental healthcare professionals exist. Challenges to implementation include motivating and educating primary care providers throughout the pediatric healthcare workforce. Conclusion: Given the prevalence of psychiatric disorders among children and adolescents and the shortage of trained mental health professionals, traditional models of providing care within developed countries will never adequately address the needs of patients. Newer models of collaborative and integrated care are intended to expand access to mental healthcare services by educating and providing consultation to primary care providers.

Bibliography:

Integration and Collaboration: Addressing the Psychiatric Needs of Children and Adolescents in the United States
Michael Houston
George Washington University Medical School, Washington, United States

Objective: The alarming prevalence of psychiatric disorders among children and adolescents and the lack of access to appropriate care is a well-known issue through the world. Despite the number of trained child mental health professionals even in develop countries, such as the United States, access to effective and appropriate care remains a significant public health problem. As a result of recent attempts to implement effective changes in healthcare delivery within the United States resources are being directed to newer models of mental healthcare aimed at engaging patients within the primary care setting.

Methods: Beginning with the failure of existing delivery models, the evolution of collaborative care models will be discussed. The focus will be on delivery models that aim to integrate psychiatric services into the pediatric medical home through the utilization of population based medicine, access to psychiatric consultation,
telemedicine, and emerging technologies including the electronic health record and online resources. Several different models utilizing different combination of these features will be examined.

Results: The advantages and disadvantages of these models will be discussed with an emphasis on the specific settings in which they might be utilized. Barriers to implementation include problems with funding, diminished motivation and lack of educations among both primary care providers and mental health professionals.

Conclusion: The difficulty in providing access to effective mental healthcare to children and adolescents in both industrialized and developing countries will not be addressed with traditional models of healthcare delivery. Emerging models of collaborative and integrated mental healthcare offer the possibility of expanding access to effective care across a variety of healthcare settings.

Bibliography:

Child Psychiatry Access Programs in the US: an Emerging Population-Based Model for Improving Access to Behavioral Health Care for Children
Barry Sarvet
Baystate Medical Center, Tufts University School of Medicine, Springfield, Massachusetts, USA

Objectives: Psychiatric disorders among children and youth are leading causes of morbidity and mortality around the world. Child psychiatrists are in short supply in both developing and industrialized countries. As a consequence, significant childhood psychiatric illnesses are often unrecognized and untreated. In the US, Child Psychiatry Access Programs (CPAPs) have been developed for the purpose of improving access to care by enhancing the ability of the primary care system to provide child psychiatry care. CPAPs are population-based systems providing immediate telephone consultation, expedited psychiatric evaluation, and care coordination services to pediatric primary care providers (PCPs) across a defined region. The CPAP model has been replicated in 26 states and is under development in 8 more.

Methods: The National Network of Child Psychiatry Access Programs (NNCPAP) has been organized for the purpose of promoting the development of CPAPs and facilitating the development of best practices for their operations. Under the auspices of NNCPAP, the author conducted a national survey of CPAPs across the US regarding program characteristics, design, funding, and performance.

Results: CPAPs across the US vary considerably in their design and scope of services, primarily based on level of funding. Several states have demonstrated robust utilization of the service by pediatric PCPs. Individual CPAP evaluations have demonstrated improved access to care, ability to meet mental health needs of children. Adequacy of funding and scope of service are critical factors associated with optimal utilization of the service by PCPs.

Conclusion: CPAPs appear to represent a rapidly emerging model for improving access to child psychiatry care and supporting pediatric PCPs in their efforts to address mental health needs in the primary care setting. Further work is needed to identify best practices for the implementation of these programs and to study the impact of these programs on children’s mental health.

Bibliography:
SYMPOSIUM
Psychiatry, Mass Media and Society

Chairperson:
Nicoleta Savin (Romania)

The symposium “Psychiatry, Mass Media and Society” is organized In Memoriam Florin Tudose. Professor Florin Tudose has had a major impact on the development of the Romanian psychiatry, being an excellent clinician, a remarkable professor, author of many psychiatric textbooks, developing new directions in psychiatry, psychology and sociology. But most of all he has promoted excellence in mental health, being very actively involved in public debates and proving a unique capacity to intervene in psycho-social and cultural issues of the Romanian society. He was a great public speaker and he had the ability to communicate freely to all kinds of audience. Well known by the general public for his books “Psihopolitica” he used to have an excellent collaboration with mass media and civil society representatives. The speakers of the symposium will discuss about his contributions from various perspectives - of physician, journalist, writer, political analyst with great hope that the young professionals will further pursue his goals There will be expressed the hope that other younger colleagues will continue his mission.

Intersectional Educational Program

Co-chairpersons:
Afzal Javed (UK)
Thomas Schulze (Germany)

WPA scientific Sections are the scientific backbone of the WPA and they cover practically every aspect of psychiatry and enjoy a great degree of independence within the framework of the WPA functions. Currently having a number of 69 Sections, these Sections disseminate scientific knowledge, produce consensus or position statements. They organize joint research and scientific activities and promote collaboration among WPA membership and other scientific organizations. Intersectional collaboration has emerged as an important theme in the Sections’ work during this triennium. It is in this perspective that WPA organizes special sessions, seminars, and forums in different international and regional meetings highlighting the contributions of Sections in academic and educational areas. This proposed special session is one of the series of intersectional educational programmes that will focus on current updates and trends in different fields of mental health. It is expected that this session will generate discussions about specified topics and will also lead some future direction for further links and collaboration among different Sections and other WPA components. It is a new format with a clear educational mission. Speakers will present the most important aspects of their respective fields and stimulate a lively exchange between the presenters and the audience. It is hoped that this will also foster future collaboration among different Section and other WPA components.

Bibliography:

The Dawn of Evidence-Based Psychiatry

Konstantinos Fountoulakis (1), Jelena Vrublevska (2)
(1) Aristotle University of Thessaloniki, Thessaloniki, Greece
(2) Riga University, Riga, Latvia

Research in psychiatry follows the rules implemented in medicine and psychology but with some time latency. However the field is moving fast from ‘expert opinion’ to ‘evidence-based’ although this has been proven more difficult than anticipated. So far psychiatry lacks basic elements to support such an approach, with the lack of independent diagnostic biological markers being the most important. This poses limitations in the reliability and validity of diagnosis and increases noise and error in the standard procedures and methods of evidence based medicine, however there is an ongoing effort to refine and improve the tools and the methods. Another important feature is that mental illness is complex, with many facets and complicated comorbidity, making reductionistic approaches problematic. In spite of problems and limitations, evidence based psychiatry is becoming the standard in academic psychiatry although it is still considered with caution by clinicians. The
refining and advancing of the evidence-based to meet the needs of psychiatry will be an important goal for the immediate future

Bibliography:

Ethics of the Psychiatrists as Expert Witness
Nicoleta Tătaru
Psychiatry Ambulatory Clinic, Oradea, Romania

Objectives: After a brief overview of some ethics issues in forensic psychiatry, we talk about the some legal and ethical aspects of psychiatrist’s role in court. The legislation calls for adequate treatment and respect for the human rights of the persons with mental disorders. Ethical questions remain in dispute, like patient’s needs vs. social needs and human rights, legality vs. morality. Psychiatrists in a forensic role are called upon to practice in a manner that balances competing duties to the individual and to society. When serving the interests of justice, forensic psychiatrists must adhere to the general moral rule of telling the truth. Forensic psychiatrists are often called to be expert witness in both criminal and civil proceedings. Forensic psychiatrists work with courts in evaluating mental state at the time of the offence, an individual’s competency to stand trial and sentencing recommendations. Their clinical evaluation and the application of the data obtained to the legal criteria are performed in the spirit of such honesty and efforts to obtain objectivity. Forensic psychiatrists are also involved in the care of prisoners, those in prisons or jails, and the care of the mentally ill and dangerous (such as those who have been found not guilty by reason of insanity).

Conclusions: One of the most common ethical dilemmas in forensic practice is the boundary confusion between the role of the treating psychiatrist and that of the forensic psychiatrist in a given case. Will be found the ways to protect the human rights and avoid any abuse. The psychiatrist can be between what may be legally right and what may be ethically right.

Bibliography:

Ethics in Psychiatry: an Area of Development
Athanasios Douzenis
Athens University Medical School, 2nd Psychiatry Department, Athens, Greece

Objective: Medical ethic is now a recognized independent section of the philosophy of ethics. Despite the impressive progress in philosophical thinking, the medical profession and psychiatry in particular has not embraced these developments and applied them for practical purposes. Method: Review of the available literature on the application ad teaching of medical ethics in psychiatry Results: As a medical specialty Psychiatry need to apply in practice not only the established ethics stemming from the Hippocratic oath but modern day ethics based on the four pillars of ethics in medicine: Beneficence, non-maleficence, justice and respect for autonomy while also observing the need for managing resources.

Bibliography:

Genetics in Psychiatry: a Framework for Infrastructure, Phenotyping and Analysis
Thomas Schulze (1), Panagiotis Ferentinos (2)
(1) Institute of Psychiatric Phenomics and Genomics (IPPG), Ludwig-Maximilians-University, Munich, Germany
(2) University of Athens, 2nd Department of Psychiatry, Athens, Greece
Modern psychiatric genetics aims to investigate the genetic basis underlying the variability of psychiatric phenotypes. The objective of this workshop is to provide a brief introduction to methods used in this rapidly evolving field. Classical genetic studies (family, twin and adoption studies) show that psychiatric disorders are, to variable extent, familial and heritable. As a polygenic architecture seems to underlie most psychiatric disorders, particular emphasis is placed on their association with common variants (SNPs) in so-called genetic association studies. Hypothesis-driven candidate gene association studies prevailed in the literature up to 2006. The ever decreasing cost of SNP array technology has propelled the use of hypothesis-free genome-wide association studies (GWAS). These were met with variable success in psychiatry, mostly limited by sample size. In most cases, a large part of the heritability demonstrated in twin studies seemed to remain unexplained. Several novel methods to explore this ‘missing heritability’ have been recently introduced. Polygenic profile scoring methods investigate the cumulative contribution of a polygenic component involving thousands of common SNPs of very small effect. Moreover, Genome-wide Complex Trait Analysis (GCTA) methods have enabled the estimation of the proportion of phenotypic variance attributed to common variants, so called SNP-heritability, which represents an upper bound on GWAS-explained heritability. Finally, both of these methods provide a means to explore pleiotropy (common genes underlying various phenotypes), i.e. the cross-phenotype genetic correlations among various psychiatric disorders or between psychiatric disorders and other medical conditions.

**Psychiatric Disorders in Persons with HIV: Current Research and Clinical Approaches to Screening, Management and Treatment**

Jordi Blanch (1), M.A. Cohen (2), M. Ferrara (3)
(1) Hospital Clinic, CIBERSAM, Barcelona, Catalonia, Spain
(2) The ICAHN School of Medicine at Mount-Sinai Hospital, New York, USA
(3) Department of Mental Health and Substance Abuse, AUSL Modena, Italy

Psychiatric disorders are very prevalent in persons with HIV. Successful diagnosis and treatment of psychiatric disorders in persons with HIV have resulted in improvement in antiretroviral adherence, viral suppression, improved T cell count, quality of life, morbidity, and mortality. Psychiatric symptoms or disorders may vary in severity from bereavement, depression, and anxiety to posttraumatic stress disorder, anxiety disorders, sleep disorders, depressive disorders, substance related disorders, neurocognitive disorders, and psychotic disorders. However, psychiatric disorders in HIV+ patients are underdiagnosed and undertreated. This presentation is designed to describe recent and ongoing research and experience in the screening, management, and treatment of the most common psychiatric disorders in patients with HIV/AIDS. Being HIV-infected can result in psychiatric disorders as a psychological consequence of the infection or as the result of the effect of the virus on the brain. This presentation provides an overview of the current literature about neuroinflammatory biomarkers in HIV. In addition, psychiatric conditions may predispose an individual with risk behaviors to acquiring HIV and/or create a barrier to medical care, communication with clinicians, and adherence to medical recommendations. Screening and diagnostic tools for psychiatric disorders in HIV have several limitations. Many of the diagnostic criteria accepted for the general psychiatric population overlap with many symptoms of HIV-infection. Medical conditions and treatments that are common in persons with HIV should be ruled out before deciding to start psychotropic medication. Drug-drug interactions with the antiretrovirals and the risk of side effects that could worsen HIV-infection should also be considered before starting psychopharmacological treatment.
**APA WORKSHOP**

**Transforming Medical Organizations at the National and International Level**

**Chairperson:**
Saul Levin (USA)

**Speakers:**
Saul Levin (USA)
Patricia Troy (USA)

Objectives: As physicians evolve with the changing landscape of the health care system, so must medical organizations transform to stay attune to the needs of the contemporary physician. The globalization of medicine introduces new challenges for psychiatrists and drives attention to enhancing global mental health. In these times of change in mental health policy, research, education and practice, the modern day psychiatrist’s connection with medical organizations becomes an essential component of one’s career. Challenges to the profession and physicians are best met by an organization capable of adapting to the changing landscape. This adaptability guarantees the fulfillment of member needs, while ensuring the integration of psychiatry into the house of medicine.

Methods: The transformation of medical organizations to meet the needs of its member physicians is rooted in engagement. Engagement establishes a foundation for developing needs-focused programs spanning a psychiatrist’s career. This begins with an introduction to fundamentals in medical school, ascends to establishing competencies during training, shifts to navigating the transition to practice, and advances to continued medical education and professional development throughout one’s career. These milestones are met through experiential programs aimed at providing psychiatrists with opportunities for leadership, education, research, and advocacy and through relationships with organizations invested in the changing landscape. Additionally, a complementary, multi-faceted, multi-channeled, member-centric, communications strategy is critical to delivering key information to raise awareness and foster professional acumen. In an interconnected world, the transformation of a medical organization relies on innovation and collaboration at multiple levels.

Results: A transformative medical organization adapts to the changing landscape of the health care system to strengthen the profession at both a national and international level.

Conclusions: Participation in a global community of psychiatrists, through organized psychiatry, fosters collaboration, advances research in the field, improves patient care, and promotes a high standard of quality care throughout the world.

**Bibliography:**

**WORKSHOP**

**Effectiveness of Cognitive Behavior Therapy across Cultures: A Primary Care Approach**

**Co-chairpersons:**
Afzal Javed (UK)
Muhammad Irfan (Pakistan)

**Speakers:**
Naeem Farooq (Canada)
Shanaya Rathod (UK)
Munshi Tariq (Canada)
Muhammad Irfan (Pakistan)

Cognitive Behaviour Therapy (CBT) has a strong evidence base and is recommended by the National Institute of Health and Clinical Excellence (NICE) in the UK and by the American Psychiatric Association (APA) in the US for a variety of emotional and mental health problems. However, it has been suggested that CBT is underpinned by specific cultural values and for it to be effective for clients from diverse backgrounds it should be culturally
adapted. It has been suggested that cultures are different in core values, for example; Individualism-Communalism, Cognitiveism-Emotionalism, Free will-Determinism and Materialism-Spiritualism. This has specific utility in primary care where cultural adaptation plays a crucial role. Recently our international group have used various methods to adapt CBT for clients from various backgrounds. In this workshop, we will describe our experience of adaptation of CBT and outcome of RCTs to evaluate these culturally adapted therapies. We will also describe how cultural adapted CBT can effectively be implemented in primary care.

Bibliography:

WORKSHOP
IT Innovations in Medical Practice

Chairperson:
Nicolae Țăpuș (Romania)

Speakers:
Adriana Țăpuș (France)
Dragoș Șerban (Romania)

NAO Robot Cognitive Stimulation for the Elderly
Adriana Țăpuș (1), Alexandra-Maria Vieru (2), Roxana Niculescu (3), Cătălina Tudose (4)
(1) ENSTA-ParisTech, Palaiseau, France
(2) Politehnica University of Bucharest, Bucharest, Romania
(3) Memory Center, Bucharest, Romania
(4) „Carol Davila” University of Medicine and Pharmacy, Psychiatry Department, Bucharest, Romania

The life span of ordinary people is increasing steadily and many developed countries, within and outside Europe, are facing the big challenge of dealing with an ageing population at greater risk for cognitive disorders. The age-related decline of cognitive functions generally refers to a mild deterioration in memory performance, executive functions, and speed of cognitive processing. Various brain exercises are used by therapists so as to maintain cognitive functions. These cognitive exercises require a trained therapist to guide the individual through their execution, to design a new configuration, to provide an useful feedback during the task, and to keep track of the user’s performance history in order to draw a conclusion on his/her evolution over time. However, space and staff shortages are already becoming an issue, as the elder population continues to grow. Robotic systems are now capable of social interaction with human users, presenting a new opportunity for providing individualized care and ameliorate their quality of life. In this work, we present a social intelligent robotic system used for cognitive stimulation therapy for individuals suffering of Mild Cognitive Impairment (MCI). Together with a group of psychologists and gerontologists from “Carol Davila” University of Medicine and Pharmacy (Romania) and Memory Center (Romania), we have designed various simple cognitive pairing games. The individuals with MCI have to classify different type of objects by following some simple rules. We used an exercise intended to improve the short-term associative memory. The robotic system records the users’ task performance during the games and adapts the different levels of difficulty as a function of the users’ game history. The games were tailored to the needs of each individual so as to address their different cognitive disabilities. A preliminary study with NAO robot carried out at Memory Center (Bucharest, Romania) is presented.

Bibliography:
A Non-Invasive Approach to Brain Tumors’ Classification Based on Their Textural Pattern
Dragoş Şerban
International Computer High School, Constanţa, Romania

Objectives: Brain cancer is one of the deadliest and life-threatening diseases. Detection of the neoplasm in its early stage is the key to its cure. Magnetic Resonance Imaging and Computed Tomography are the most common tests for diagnosing brain tumors. These tests can only show whether the patient has a tumor or not, the tumor type being uncertain. The method used to find the type of a certain brain tumor is biopsy. However, biopsy is a risky operation which may affect patient’s quality of life and delay the treatment process, due to the fact that it is a lengthy process in some cases. An alternative, non-invasive, accurate method of brain tumor classification is proposed, so that the patient can be treated faster and risk-free.

Methods: Modern image processing and machine learning algorithms are used. An input image (CT or MRI scan) is required. The input has to undergo four phases: pre-processing, segmentation, feature extraction and classification. In the pre-processing phase, some details of the tumor region are emphasized for a better result in the segmentation phase. In the segmentation phase, the region of interest (the neoplasm) is obtained. Based on the segmentation result, 13 textural features are extracted. After feature extraction, support vector machines are used to classify the brain tumors in malignant & benign types. Python 2.7 with OpenCV were used to implement the algorithm.

Results: Tests were performed on a database of 10 images. The classification was accurate in 9 out of 10 cases and the average computing time is 0.8 seconds.

Conclusion: The results show that texture-based features can be effectively used for classifying brain tumors with high level of accuracy. In conclusion, the presented algorithm may be a good alternative to the biopsy.

Bibliography:

WORKSHOP
Identity Narrative and its Role in Understanding Trauma
Chairperson:
Andrei Novac (USA)

Speakers:
Andrei Novac (USA)
Bonita Nahoum Jaros (USA)

The term, „Identity Narrative,” defined by the authors as a form of memory essential to the formation of the Self, is hypothesized to develop gradually as part of one’s autobiographical memory. The authors, a psychiatrist and a linguist, will present their perspectives regarding the identity function of narratives, neurological correlates of the self, and the role of language, both verbal and nonverbal, in positioning one’s identity in a social context. The role of interpersonal communication in transforming external events into internal autobiographical narratives will be explored. Finally, the authors will make specific reference to the role of identity narrative in treating trauma-related psychiatric disorders.

Objective: The objective of the presentation is to introduce the concept of „Identity Narrative” in the treatment of patients with trauma in order to provide a variable that can be monitored in the course of treatment.

Method: Clinical examples will be presented of patients treated for PTSD and their progression from a trauma-laden identity narrative to a functional identity narrative.

Result: An overall assessment of the value of identity narrative exploration and monitoring in clinical care will be discussed.
Conclusions: The role of understanding personal narratives and tailoring treatment will be discussed. Future directions, including the development of methods of measurements will be presented.

Bibliography:

WORKSHOP
Interdisciplinary Perspective on Bipolar Disorder and Confounding Clinical Presentations. Knowledge Translation to Primary Care

Chairperson:
Alina Marin (Canada)

Speakers:
Alina Marin (Canada)
Sylvia Yankova (Canada)

Objectives: Diagnosing bipolar disorder in primary care may be sometimes challenging because of frequent association with comorbid conditions and of overlapping clinical presentation with other clinical entities like anxiety disorders, ADHD, PTSD, and Borderline Personality disorder which all share some level of cognitive and emotional dysregulation. We aim to review the best practices for optimal detection, management and follow up of bipolar disorder taking into consideration a family medicine perspective.

Methods: Bipolar disorder is a disabling psychiatric illness that is often misdiagnosed. Lack of appropriate diagnosis results in ineffective treatment, which further worsens the outcome. Most diagnosis confusion is encountered in depressive presentations of bipolar disorder with comorbid anxiety. Nevertheless, ADHD in adults, or Borderline personality disorder can also be challenging regarding the differential and the recognition of the comorbidity with bipolar disorder. We will address possible implications of the neural circuitry underlying the brain’s emotional neuro-modulatory architecture in overlapping clinical presentations and their significance for a modular understanding of the pathology. Implications for diagnosis and treatment will be interactively discussed with the audience using case based clinical examples. The application in primary care of the management guidelines for treatment of patients with bipolar disorder, updated in 2013 by the Canadian network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorder (ISBD) will be explored. We also aim to bring into discussion effective evidence-based psycho-social treatment approaches for adult patients with bipolar disorders and co-morbid conditions. An innovative model of multi-modal group therapy which incorporates elements of psycho-education, mindfulness, CBT and family therapy and is applicable in primary care will be presented.

Conclusions: This interactive workshop will offer the opportunity to present knowledge translation methods for supporting the collaboration between family physicians and psychiatrists in order to amend the complex care of patients with bipolar disorder.

Bibliography:
WORKSHOP
WPA Training Course for Psychiatric Residents on Religion, Spirituality and Mental Health in Clinical Practice Across Cultures

Co-chairpersons:
Nahla Nagy (Egypt)
Peter Verhagen (The Netherlands)

Speakers:
Nahla Nagy (Egypt)
Peter Verhagen (The Netherlands)

This program is designed to educate psychiatric residents and train skills. The program is organized into four modules, the first of which is a core module which provides an overview of the importance of addressing religious and spirituality issues during patient management. The program has been developed by the WPA Section on Religion, Spirituality and Psychiatry. There have been already two try-outs. We want to improve the material as much as possible. Therefore feedback by the attendees will be very welcome! In this workshop we will present the first module.

Each module contains:
• Pre and post test
• Slides
• Lecture notes for trainers
• Course syllabus and other handouts for participants
• Suggested reading list

Module 1: Overview of fundamental aspects of Religion, Spirituality in psychiatric practice
Module 3: Integrating Religious and Spirituality Issues in Different Types of Psychotherapy
Module 4: Different Practices across Cultures Learning

Objectives: The educational Program of Religion/Spirituality and Mental Health addresses the important aspects in psychiatric residency training: assessment and spiritual history taking, diagnosis, treatment planning and psychotherapy. Upon completion of the program participants should be able to:
• Understand aspects of Religion, Spirituality in Psychiatric Practice
• Practice Religious and Spiritual Interview and Therapeutic Techniques
• Discuss related Practices across Cultures

Who Should Attend?
• Health care professionals such as physicians, psychiatrists, psychologists, nurses, and social workers
• Clergy and pastoral counselors

Bibliography:
WORKSHOP
Trauma and Psychosis Research in Pakistan in Community and Primary Care Settings

Chairperson:
Afzal Javed (UK)

Speakers:
Naeem Farooq (Canada)
Muhammad Irfan (Pakistan)
Tariq Munshi (Canada)
Shanaya Rathod (UK)

Pakistan has a history of numerous traumas throughout its history since independence in 1947, both natural and manmade. Our group has conducted research in various areas of trauma including community and primary care settings, and have reported high rates of PTSD, depression and psychotic symptoms. This includes symptoms of PTSD among those watching TV in Pakistan. We have also conducted trials of CBT for psychosis. However, this is an under researched area and there is currently no knowledge available on pathways to their care, presentation and especially effectiveness of non-pharmacological treatments in this group. Currently the national guidelines in both UK and the USA support use of CBT for PTSD and psychosis. During the recent years CBT has been culturally adapted and has been found to be effective in Pakistan. We are currently testing a culturally adapted, CBT based self help for patients with PTSD and depression in Pakistan. This presentation will describe briefly research on PTSD and psychosis in Pakistan and our culturally adapted intervention.

Bibliography:

WORKSHOP
Paradigma Models and Change Acceptance of Romanian Women. Resources, Limits and Consequences

Chairperson:
Ileana-Mihaela Botezat-Antonescu (Romania)

Speakers:
Mara Adriana Priceputu (Romania)
Georgeta Niculescu (Romania)

Within the workshop there will be presented coping mechanisms used by the women who perceive themselves as being affected by the economic crisis as well as coping mechanisms of the women who do not perceive themselves as being affected by the economic crisis. The results of a study made on a population active female group show that women use coping mechanisms mostly planning and active approaching, followed by positive thinking and growth. The biggest differences between the two groups studied concern the mechanisms of coping identified as: suppression of competing activities, behavioral disengagement and the strategy of religious approach. Another objective of the workshop is to explore the possible connections between coping, resilience, depression and cultural traits using actual literature. We propose to discuss:
- the need of women to face the new post-communist society as a result of the pressure put on them in order to adapt, so that “the women have started to have initiatives, adopting active strategies of life”.
- the capacity to face and accept change through internal and external modeling, being flexible and creative.
- the failure of the protective mechanisms of resilience that may lead to depression onset. We support a continuous development of prevention actions by improving the access of women to assisted resilience and primary care services.
WORKSHOP
The Healing Role of Art Therapy

Chairperson:
Bernd Hallier (Germany)

Speaker:
Marie-Christin Hallier (Germany)

Objectives: The authors present the healing aspects of art therapy for a variety of patient populations with a special focus on the terminally ill.

Methods: The specific modes of art therapy’s effectiveness will be demonstrated through illustrative clinical examples and illustrated through actual art illustrations.

Results: The possible impact on the clinical state of the patient and feelings of both patients and therapist are presented inclusive of the positive contributions that art therapy makes in patient care generally and especially for the terminally ill patients.

Conclusions: Art therapy is an accessible and useful complementary healing modality in the care of the chronically ill and especially for the terminally ill patients. It should be considered whenever possible as an invaluable ally in palliative care, enhancing patients’ satisfaction and care outcomes.

Bibliography:

WORKSHOP
Expanding the IACAPAP Textbook into a Virtual Global Classroom: A Free Online Training Tool for Child and Adolescent Behavioral Health Providers

Chairperson:
Julie Chilton (USA)

Speakers:
Julie Chilton (USA)
Henrikje Klasen (The Netherlands)

Objectives: This workshop aims to discuss the virtues and shortcomings of a new free and widely available resource to train and educate medical students, residents, pediatricians, adult psychiatrists and mental health workers about child psychiatry.

Background: In 2012, the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) released a free online textbook to which more than 100 authors from over 24 countries contributed. It now contains 49 chapters and includes videotaped expert lectures, patient interview clips, and links to scales and seminal research articles. In only its second year in existence, the IACAPAP textbook was read by over 42,000 people worldwide.

Methods: In response to readership feedback, the textbook is being expanded into a more multifaceted resource including clinical exercises, multiple choice questions, interactive case studies and downloadable fully customizable PowerPoint slides. These additional teaching tools are being added with the help of previous chapter authors and two newly-appointed associate editors, Dr. Julie Chilton and Dr. Henrikje Klasen.

Results: Apart from discussing the virtues and shortcomings of this approach, attendees of this workshop will learn how to use the newly expanded IACAPAP textbook as a virtual classroom to teach child mental health and generate discussion about ways of enhancing this type of resource. These chapters and their associated new
features could allow presenters to teach a two to four week evidence-based child psychiatry curriculum, or give a specific talk on one topic for an hour, depending on need.

Discussion: Because this resource is free and easily accessible, it could be especially useful in low and middle income countries, where the shortage of child psychiatrists is greatest but where there is a reasonably good access to internet content through computers, tablets and smartphones. A visiting psychiatrist on a teaching sabbatical in these countries without their own available teachers could quickly have a pre-packaged curriculum to implement in medical schools or in clinics. It also could be used in conjunction with the World Psychiatric Association’s mhGAP-IG, which is more of a hands-on guide on how to assess, treat or refer patients with behavioral health issues in non-specialist settings.

Bibliography:

WORKSHOP
Communication Tool Set for YHP

Co-chairpersons:
Miguel Alampay (USA)
Shahul Ameen (India)

What Prospective Reviewers Should Know About the Peer Review Process
Shahul Ameen
St. Thomas Hospital, Changanacherry, India

Peer review is the critical assessment of manuscripts submitted to journals by experts who are not part of the editorial staff. Peer reviewers have to perform multiple duties - like preventing the publication of bad work, ensuring that the work is reported unambiguously and with acknowledgement to existing literature on the area, ensuring that the results presented are interpreted correctly, selecting work that will be of the greatest interest to the readership, providing editors with evidence to make judgments as to whether articles meet the selection criteria for their particular publications, generally improving the quality and readability of a publication, etc. (Hames, 2007). However, many reviewers have probably never read or heard any formal or factual information about what type of preparation, standards and performance are expected of peer reviewers (Callaham, 2003). This presentation will provide an overview of the peer review process, and explain various principles and guidelines potential reviewers should be aware of.

Bibliography:

How to Make More Effective PowerPoint Presentations
Shahul Ameen
St. Thomas Hospital, Changanacherry, India

PowerPoint presentations have become ubiquitous in academic and professional settings. Success of such presentations depends on the effective use of cognitive communication principles like discriminability, perceptual organization, salience, attention to the limits of human working memory, etc. However, such psychological foundations are often ignored by presenters from diverse fields (Kosslyn et al, 2012). Various authors have proposed excellent guidelines on how to improve the quality of slides, how to increase the participation of audience, etc. For e.g., Collins (2004) proposes that presenters can use techniques like questioning, brainstorming, small-group activities, role-playing, case-based examples, directed listening, etc. to improve audience participation. However, most medical school or postgraduate teaching programs do not include training on effective use of PowerPoint. This presentation will demonstrate various tricks and
techniques speakers can use to make their PowerPoint presentations more attractive, interactive, and effective.

Bibliography:

Media Training for Young Professionals
Miguel Alampay
Walter Reed National Military Medical Center, Bethesda, USA

Objectives:
1) Understand the various means through which mental health providers can reach society at large.
2) Appreciate the potential hazards of public access to consistent and free information with little editorial safeguards.
3) Develop techniques for effective communication to address public misinformation through concise and coherent messaging.
4) Effectively identify and manage misleading or tough questions on mental health.

Methods: This presentation is designed to introduce young health professionals to means of effectively messaging mental health so as to correct misinformation and promote the public’s focus on mental health issues. Modern society is inundated with information delivered to their telephones, televisions, or tablets. This has the potential to deliver important mental health information to many who would not normally seek care from providers. Improperly done, the overwhelming amount of information available can have an opposite effect - further entrenching stereotypes and discrediting the successes the mental health field has made over the past 50 years. This presentation first provides an overview of various media response styles and questions commonly posed to mental health professionals. It is aimed at raising the professional’s awareness of leading questions, embedded assumptions, and other subtle aspects that can lead to answers often later misinterpreted. The second portion consists of a hands-on practicum where various audience volunteers will have the opportunity to answer questions on film. In the third section responses will be reviewed and volunteers will be able to received direct feedback on their approaches to the questions.

Results: Through this presentation, participants will gain insight into the importance of proper messaging and understand the difficulties mental health professionals face when confronted with the important task of communicating with the public.

Conclusion: The overall goal of this presentation is to introduce young professionals to the value of clear, concise, and memorable communication with the media in a fun and interactive way. By providing participants with an overview of potential pitfalls and subtleties that contribute to misleading or later misinterpreted responses; the hope is that young professionals are able to recognize various parts of questions posed to them and appropriately provide the public with information. Ultimately, this workshop aims at improving the accuracy of the information available to the public by helping young professionals effectively interact in partnership with the media.

Bibliography:

Humor in Primary Mental Health Care: From Pre-History to 21st Century
Miguel Alampay, Daniel May
Walter Reed National Military Medical Center, Bethesda, USA

Objectives:
1) Appreciate the role of humor as a means of comfort and interpersonal relatedness throughout history.
2) Recognize the use of humor as a medium of developing rapport with patients resistant to mental health treatment.
3) Understand humor as an intervention with a demonstrated biological basis and growing evidence base for the treatment of disorders commonly seen in primary mental health care.

4) Identify the use of humor modalities as minimal-cost adjuncts that can be culturally tailored to specific populations without risk of medication interactions and delivered by providers at various levels to training.

Methods: This presentation introduces participants to the role humor, one of the oldest forms of therapy, has played in human interaction from early human experience to present day. Beyond providing a sociological and historical background of humor as an element secondary to the provider-patient interaction; providers demonstrate the role humor as a defense mechanism that can promote and bolster resiliency; as well as survey the growing wealth of evidence that humor itself can be an agent of positive physiological and psychological change. We draw on sources ranging from the Qi Gong Laughing Program in Taiwanese adolescents, to the growing gerontology literature to our experience with improvisational group therapy for active duty military service members.

Results: The presenters demonstrate the success of specific humor-based interventions (HBI) in improving patients’ quality of life and overall functionality in a variety of settings. These gains have been particularly meaningful in populations where the marginal risk of additional medications is greater, where behavioral health stigma persists despite significant efforts to encourage the seeking of care, or where access to advanced level mental health training is constrained. Additionally, we show that HBI can be used as a means of training and preventing burn out amongst providers themselves.

Conclusions: Many of the presented approaches to integrating humor involve minimal formal training and are designed to ultimately be autogenic. Accordingly, we show that these interventions can be taught to, and delivered by, providers of various levels of training (nurses, psychiatry technicians, social workers) and yield demonstrable benefits. Adopting these modalities can therefore promote more efficient triage of care, especially when delivered in the group setting, in a manner more appealing to both providers and patients – both of which report benefitting from this means of therapeutic interaction.

Bibliography:

WORKSHOP
Practical Approaches to Obsessive-Compulsive Disorder in Primary Care

Chairperson:
Vlasios Brakoulias (Australia)

Speakers:
Vlasios Brakoulias (Australia)
Amparo Belloch (Spain)

Background and objectives: Despite decades of raising awareness of obsessive-compulsive disorder (OCD), there is evidence that it is still not sufficiently recognised and adequately treated in primary care. This workshop aims to present and discuss issues relating to the detection, diagnosis and treatment of OCD in primary care settings and provide an update on assessment of and management approaches to OCD.

Description: Workshop presenters will provide a brief review of 1) diagnostic and assessment issues in OCD; 2) pharmacological treatment of OCD and 3) psychological therapy of OCD. To maximise interaction with the audience, there will be sufficient time after each of these presentations to encourage workshop participants to ask questions and contribute to the discussion. The emphasis will be on the practical aspects and application of research findings to “real world” clinical settings. To that end, the presenters will focus on 1) use of the OCD diagnostic criteria for screening purposes, user-friendly diagnostic instruments and common problems arising in the assessment of OCD; 2) appropriate use of medications for OCD and psychopharmacological strategies for
patients who do not improve with first-line pharmacotherapy and 3) application of the principles and techniques of evidence-based psychological treatments, primarily those of cognitive-behavioural therapy. This multifaceted, practical approach to OCD will enable workshop participants to develop and improve skills for recognition, assessment and treatment of OCD.

Bibliography:

WORKSHOP
Multidisciplinar Evaluation of Chronic Obstructive Pulmonary Disease (COPD): Focusing on Neuropsychiatric Comorbidities

Chairperson:
Dănuţ Isacoff (Romania)

Speakers:
Mihai Bran (Romania)
Florin Scărlătescu (Romania)

Chronic Obstructive Pulmonary Disease (COPD) is not only a chronic inflammatory pulmonary disease but also a systemic inflammatory disease induced mainly by smoking. Pulmonary inflammation is associated with systemic inflammation which is responsible for the multiple comorbidities of the COPD. Together with the chronic inflammation in COPD there is an important amount of bronchial and systemic oxidative stress that may lead to cerebral oxidative damage and early aging. Neurological damage and the appearance of cerebral manifestations could be secondary to arteriosclerosis and early atherosclerosis induced by systemic inflammation, oxidative stress and premature aging. Cognitive impairment, depression and anxiety are among the most frequent COPD comorbidities and all of them could contribute to the severity of symptoms, the decrease of treatment adherence and the poor quality of life of the patients. Patients with COPD have neurological lesions independent from smoking and these lesions seem to be the neurobiological basis for the psychiatric manifestations. The COPD patients management require a multidisciplinary team, consisting of a psychiatrist, a neurologist and at least one internist in order to achieve an optimal and full treatment and recovery plan, besides the disease basic treatment recommended by international guidelines. The main purpose of the workshop is to focus attention to the pathological relationship between smoking, chronic obstructive pulmonary disease and psychiatric comorbidities (cognitive impairment, anxiety, depression) and to try to suggest possible therapeutic and recuperatory implications between different medical specialties (internal medicine, neurology, psychiatry, family medicine).

Bibliography:
WORKSHOP:
A Public Mental Health Approach to Care of Individuals with Intellectual and Neurodevelopmental Disorders Across the Lifespan

Chairperson:
Kerim Munir (USA)
Angela Hassiotis (UK)

Speakers:
Kerim Munir (USA)
Angela Hassiotis (UK)
Muideen O. Bakare (Nigeria)
Amanda Sinai (Israel)

There is a need for convergence in the Public Mental Health and Primary Care approaches to individuals with intellectual and neurodevelopmental disorders with comorbid mental and physical conditions. Such an integrated Public Mental Health Framework has also emphasized under the WPA Action Plan (2014-2017) across vulnerable populations. The objective of this WPA Section on Psychiatry of Intellectual Developmental Disorders workshop is to discuss improved needs under three broad themes: 1) early detection, diagnosis, and treatment of individuals with intellectual and neurodevelopmental disorders under the World Health Organization ICD-11 or American Psychiatric Association DSM-5 classification schemes; 2) early detection, diagnosis, and treatment of comorbid mental disorders in this population, as well as improved strategies for identification of risk factors for their secondary prevention; and 3) early detection, diagnosis, and treatment of comorbid physical disabilities, and better coordination of primary care services for them. There is a disproportionate treatment gap in the care of individuals with intellectual and neurodevelopmental disorders worldwide. Integrated Public Mental Health and Primary Care approaches ought also to be captured under the Non-Communicable Diseases (NCDs) policies espoused by the World Health Organization. The issue is important in view of substantive positive gains in childhood mortality and survival rates across all age groups, even in least resource poor and low income countries. Nevertheless, the treatment priorities have still not shifted from infectious disease priorities to NCDs, and individuals with intellectual and neurodevelopmental disorders with mental and physical problems remain at the bottom of the totem pole especially in resource poor settings with enhanced disparities and stigma. It is important to urgently balance the Public Mental Health and Primary Care priorities in healthcare planning and policy formulation for this group. The workshop will include presentation from investigators from the US, UK, sub-Saharan Africa, and Israel, on these three themes.

Bibliography:
Non-Communicable Diseases: Integrating Primary & Secondary Prevention In Primary Care
Early Identification Tools for Mental Health Disorders for Family Doctors

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We have observed lately an increased interest for the promotion of mental health assessment. The general practitioner (GP) specialists have a crucial role in the multidisciplinary team, together with the neurologists, psychiatrists, psychologists and pediatricians in prevention and early diagnostic of mental health disorders being able to identify the risk factors affecting the whole family. GP’s are able to monitor the neuropsychological evolution of the children starting from the pregnancy period of time and continuing with the first year in parallel with mothers’ mental health status assessment given the increased incidence of depression in this population segment. A careful monitoring of children regarding attention deficit or hyperactivity type of behavior allows an early diagnostic and an increased treatment success rate.

Contemporary society determined a few additional risk factors for anxiety and depression due to increased psychological stress and high pressure for social performance. Therefore addictions, technology isolation, appetite disorders and others became more frequent at teenagers and young adults. Even if the symptoms are nonspecific like insomnia, gastrointestinal disorders, panic attacks, headaches or chronic fatigue GP’s should think about the beginning of a mental disorder and further investigate using the various available scales and questionnaires. Standardized satisfaction surveys for teenagers and adults may allow an early depression diagnostic and a successful early initiation of the treatment by the GP, saving time and money. Romania is confronted recently with particular situations like the “abandoned children” phenomenon (parents immigrated to work in western countries) or mature career women who decide to become single mothers and then develop various mental disorders affecting also the adopted or biological child. In all cases there is a strong need for developing easy to use diagnostic tools adapted for the daily practice of GP’s and workshops dedicated for the training on using them.

Bibliography:
2. Shannon Williams Mental Health Screening and Assessment Tools for Children 2008
Oral Presentations
Paranoid Schizophrenia with Proclivity to Depression
Simona Corina Trifu (1), Eduard George Carp (2)
(1) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania
(2) Săpunari Psychiatric Hospital, Leului Gară, Romania

The reason for the chosen theme of investigation: From all types of schizophrenia, in paranoid schizophrenia can be found the most complex forms of hallucinations and delirium. This psychosis is characterized by the alteration in subject’s functioning, not only in the cognitive area, but also in that of the respective perception of behavior, personality.

Objective: This study aims at the case analysis, in comparison to major literature, taking into consideration both the similarities and the differences, but also the evaluation of the patient’s profile.

Hypothesis: Paranoid schizophrenia with proclivity to depression represents a complex diagnostic, having consequences in all fields and aspects, making the patient instable, altering his perception and sense of reality.

Results: The study intercepts the affection’s particularity developed in the patient’s case, not only through the psychotic sequences (delirium, hallucinating), but also through the significant decreasing of cognitive functions and everyday behavior.

Conclusion: Paranoid schizophrenia represents the most fervent diagnostic from the sphere of schizophrenia types, being also a verdict hard to manage both for the patient and for the family, mostly because of the symptoms of consciousness, perception and reality altering.

Keywords: Schizophrenia, paranoid schizophrenia, proclivity to depression, psychotic sequence, hallucinations, delirium, psychiatric diagnostic.

Bibliography:
1. DSM IV - Diagnostic and Statistical Manual of Mental Disorder

Study on the Perception of Time Sequence and Duration in Schizophrenia
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Subjective time perception disorders have been described in schizophrenia but have not yet been studied experimentally. It was investigated how patients with schizophrenia estimate subjective temporal distance of past events, as these events are subjectively perceived as close or distant (1). Time perception distortions are specific features of this disease. These were objectified in the laboratory by classical psychophysical methods, but most of the aspects of perception of time had average a few seconds, which require higher cognitive processing (2).

Objectives: Highlighting the differences in perception of time in people diagnosed with schizophrenia and those without a psychiatric diagnosis. The study takes into account both the duration and the appearance of the sequence of events.

Methods: The study involved 35 subjects aged between 22 and 51 years old, female and male. Subjects were divided into two groups. The first group consisted of 20 patients of the Psychiatric Hospital “Constantin Gorgoș” and a control group of 20 participants without psychiatric diagnostic. For this study we used as a tool the mobile phone playing a beep lasting five seconds and a sequence of beeps of different intensities placed in random order. The task was to identify how much lasts the first beep and to arrange the succession of sounds ascending order by their intensity.

Results: Research hypotheses were not confirmed for lasting; for succession there are semnificative differences in terms of time perception sequence between subjects with a diagnosis of schizophrenia and those with no psychiatric diagnosis.

Conclusions: Subjective time perception has been studied in patients with schizophrenia. Participants estimated subjective temporal distance personal events. Patients with schizophrenia showed a distorted perception of subjective time. This probably is due to lack of important details in the memories of patients.

Bibliography:
The Mechanism of Psychotic Denial in Schizoaffective Disorder
Simona Corina Trifu (1), Eduard George Carp (2)
(1) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania
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The present paper tries to explain from a psychodynamic perspective a clinical case of major psychiatric, namely, a schizoaffective disorder patient, followed in longitudinal progress over several months. This presentation wishes to emphasize the joining between psychiatric thinking and positive diagnosis/differential diagnosis, on one hand and the explanation of dynamic functioning mechanisms on the other hand. Emphasizing the symbolic significance of the patient delusional ideation and also of the interpretation apres coup that she makes over its life history. We wish to develop the stress - diathesis pattern, based on patient life history, which identified the early psychological trauma and also the triggers of episodes that she has had. For this patient, the pathology manifested itself “balance” between the psychiatric level and neurological level, in the first period of life she was functioning in epileptic seizure register (clinical demonstrated and electroencephalographic), whereupon followed the pathology of schizoaffective disorder, prevailing maniacal episodes with aggression exteriorization, diminishing up to annulment for a long time of grand mal discharges.

Research methods: cerebral CT, computerized EEG, neurological examination, psychiatric interview, psychodynamic interview, psychiatric and psychological monitoring of daily evolution under medical treatment, the map of life, hetero-anamnesis, psychological tests, psychodynamic interpretations.

Results: Psychiatrically the schizoaffective disorder diagnosis is explained and sustained, having Bipolar disorder as a first differential diagnosis. From psychodynamic perspective, the functioning of our patient is marked by psychotic denial type mechanisms, projection and projective identification, in place of suppression and repression. The patient grants symbolic significance to happened events, immature functioning on a register “here and now”. Psychotic defense mechanism aiming to annul the time flow and of the idea of death, desire for power and the need for justice. We support the transmutation of diagnosis to schizo area, due to the patient’s emotional impoverishment, decrease of functioning capacity and impenetrability regarding the need of psychiatric treatment.

Bibliography:
1. DSM IV - Diagnostic and Statistical Manual of Mental Disorder

The Neuropsychological Deficits in Adult Obsessive-Compulsive Disorder
Armağan Özdemir (1), Cana Aksoy-Poyraz (2), Evrim Erten (1), Reha Bayar (2)
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Background: A growing body of literature on the neuropsychological dysfunction of obsessive-compulsive disorder (OCD) has accumulated in recent decades, yielding inconsistent result which above has been attributed to the highly heterogeneous nature of OCD (1). Several studies have found deficits in executive function subdomains, processing speed, sustained attention, visuospatial abilities, working memory, verbal and non-verbal memory. Among these there is more consistent evidence that individuals with OCD score significantly lower than controls on non-verbal memory tasks (2). The aim of the present study was to investigate neuropsychological deficits in OCD and determine whether patients with different obsession and/or compulsion contents demonstrate differences in their cognitive functions.

Method: Thirty-five patients with diagnosis of OCD and fifteen healthy controls participated in this study. All of OCD patients were drug-naive or had finished a washout period of one month prior to the inclusion in this study. Participants were administered a comprehensive neuropsychological battery to assess attention, verbal memory, non-verbal memory, visuospatial skills and executive functions.

Results: The OCD patients exhibited impaired performance on the Weschler Memory Scale-visual reproduction subscale, test of Clock Drawing, Cancellation Test-visual scanning subscale and the Controlled Oral Word Association Test (COWA), compared to the normal controls. We found no significant overall differences in neuropsychological performance among the OCD subtypes.

Conclusion: The results of our study suggest that cognitive deficits including verbal fluency, non-verbal memory and deficits in using organizational strategies seem to be impaired in OCD compared to healthy controls.

Bibliography:
White Matter Alterations Are Associated with Suicide Attempt in Patients with Panic Disorder

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Objectives: Panic disorder (PD) is associated with an increased risk of suicide attempt (SA). However, no study has examined the neural correlates of SA in PD. The goal of this study was to evaluate alterations in white matter (WM) and gray matter (GM) in patients with PD with and without a history of SA.

Methods: Twelve patients with PD and a history of SA (PD+SA) and 24 patients with PD and no history of SA (PD-SA) underwent magnetic resonance imaging (MRI). All patients completed the Scale for Suicide Ideation (SSI), the Panic Disorder Severity Scale (PDSS), and the Beck Depression Inventory (BDI). The groups were matched for age, sex, and BDI and PDSS scores. Voxel-based morphometry and tract-based spatial statistics were used for the imaging analysis.

Results: Although no GM or WM volume differences were observed, increased fractional anisotropy (FA) values were found in the WM tracts of the PD+SA group compared with the PD-SA group. The regions with increased FA included the internal capsule, splenium of the corpus callosum, superior and posterior corona radiata, thalamic radiations, sagittal stratum, and superior longitudinal fasciculus. The FA values for the internal capsule and thalamic radiations were significantly correlated with the SSI scores in the PD+SA group.

Conclusions: Our data suggest that the aberrant WM integrity of the internal capsule and thalamic radiations may be the significant neural correlate of SA in patients with PD.

Bibliography:

Insight and Self-Stigma in Schizophrenia. Connexion with the Occurrence of Depressive Symptoms

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(2) „Iuliu Hațieganu”University of Medicine and Pharmacy, Department of Psychiatry and Pediatric Psychiatry, Cluj-Napoca, Romania

Objectives: Insight and self-stigma have a major importance in the evolution and long-term management in patients with schizophrenia, elevated levels of these aspects favouring the appearance of depressive symptoms. The aim of this study is to evaluate the level of insight and self-stigma in patients with schizophrenia and their possible connections with depressive symptoms.

Methods: Our study included 60 patients (males and females), admitted in the First and Second Psychiatric Clinic in Cluj-Napoca and diagnosed with different forms of Schizophrenia according to ICD 10 and DSM IV TR criteria. Socio-demographical data were collected using a semi-structured interview. Psychotic symptoms were evaluated using PANSS (Positive and Negative Symptoms Scale), insight using SUMD (The Scale to Assess Unawareness in Mental Disorder), ISMI (Internalized Stigma of Mental Illness) was used for assessing self stigma and Calgary Depression Rating Scale for assessing depression.

Results: Preliminary results showed that patients with schizophrenia generally have little awareness regarding their pathology. Furthermore, patients with better insight and higher levels of self-stigma, also scored high on Calgary Depression Rating Scale.

Conclusions: Awareness of illness and self-stigma are key factors in schizophrenia, as they can influence the onset of depressive symptoms and the evolution of this disorder. The recognition and assessment of these two factors are useful for a better management of the illness.

Bibliography:

Multidimensional Assessment of Patients with Depression and Suicide Risk
Doina Cozman (1), Dana-Cristina Herţa (1), Raluca Trifu (2), Bogdan Nemeş (1)
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(2) Romanian Alliance for Suicide Prevention, "Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

Objective: To review the literature in order to identify novel, promising phenotypes useful for suicide risk assessment in depressive patients.

Methods: An extended PubMed search was conducted, to identify the most prominent markers for suicide risk assessment in clinical settings. Relevant papers were selected based on design characteristics and the possibility to be easily implemented in clinical settings.

Results: Several promising phenotypes have been identified, among which oriented electrodermal conductivity seems to be the most promising, in terms of sensitivity and specificity. Other markers under evaluation include functional imaging markers and biological markers that can be assessed from blood samples.

Conclusions: Several promising markers have been suggested lately, some of them showing good characteristics in several trials.

Bibliography:

Rapid Clozapine Titration in Schizophrenia
Cana Aksoy Poyraz (1), Armağan Özdemir (2), Nazife Gamze Usta Sağlam (3), Şenol Turan (3), Nesrin Tomruk (4), Alaattin Duran (3)
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Objective: To evaluate the safety and effectiveness of rapid clozapine titration in schizophrenia. Clinical guidelines recommend slow clozapine dose titration in order to decrease the risk of seizures and hypotension. However some patients for rapid control of severe psychotic symptoms. In two recent studies, it was reported that rapid clozapine titration in patients with schizophrenia and refractory bipolar disorder was safe and effective (1, 2). In this current study our aim was to analyse retrospectively the hospital course of a cohort of patients with schizophrenia who received clozapine with different titration rate in the two different psychiatric hospital. The primary outcome was the number of days from starting clozapine until discharge.

Results: Patients subject to rapid (N=25) and slow (N=26) titration were similar in age, gender, smoking status, and highest clozapine dose. In the first center where clozapine was rapidly augmented, clozapine was started earlier during hospital stay, (8.12±10.7 vs 14.38±11.38). For rapid control of symptoms clozapine was titrated in 5.44 ±2.91 days to 260 mg±77.72 whereas in the other centre in 7.19±0.49 days to 125 mg±51.478. Doses at discharge were similar in each group, the number of days from starting clozapine until discharge was shorter in the rapid titration group although the difference did not reach statistical significance (23±9.72 vs 27.038±10.596). Number of total hospital length were significantly shorter in the rapid titration group (29.68±10.61 vs 41.23±14.81, p=0.002). Hypotension were higher in the rapid titration group and one patient had suspected myocardit during rapid titration; sedation rates were similar in each titration group. No patient had seizure in neither group.

Conclusion: In this naturalistic cohort study rapid clozapine titration appeared safe, however it did not shorten significantly the number of days from starting clozapine until discharge.

Bibliography:
Residual Symptoms in Patients on Long Acting Injectable Antipsychotics

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Objectives: To assess the quality of remission in patients with psychosis receiving long acting injectable antipsychotics.

Methods: The study included patients with schizophrenia, schizoaffective disorder, bipolar disorder, and persistent delusional disorder who are currently in remission. All patients received long acting injectable (LAI) risperidone or long acting injectable olanzapine for at least 6 months. The quality of remission was assessed using BPRS (Brief Psychiatric Rating Scale).

Results: 42 patients with psychosis receiving long acting antipsychotics participated in the study. 23 (54.8%) were men and 19 (45.2%) were women. The mean age of the patients was 42.2 (sd±11.5). The sample consisted of 24 (57.1%) patients on olanzapine LAI and 18 (42.9%) patients on risperidone LAI. 23 (54.8%) patients received, beside the injectable antipsychotic, a mood stabilizer (valproate or lamotrigine). The BPRS score was significantly higher in patients in which the onset of the disorder occurred at an early age (r=0.49; p=0.01) and in whom the LAI antipsychotic medication was much later introduced (r=0.51; p=0.0001). Nevertheless, the introduction of the LAI antipsychotic treatment did not seem to influence significantly the BPRS score (r=0.049; p=0.75). Also, there were no significant differences between the BPRS scores in patients who received only LAI antipsychotics and in those who had a mood stabilizer medication added to treatment (p>0.05).

Conclusions: LAI antipsychotics administered in patients with a long history of psychosis may improve treatment adherence, but do not influence significantly the residual psychiatric symptoms.

Bibliography:

The Role of Impulsivity in Substance Abuse

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Objectives: The rising phenomenon of substance abuse is a concerning reality that affects the medical system, social services and destroys families. The remaining question is which of the two implicated factors plays a greater role: the intrinsic factor determined by impulsivity or the extrinsic, defined by a person’s social network. We now know, thanks to Marvin Zuckerman, that the sensation seeking trait of personality is correlated with drug addiction. This being given, we demonstrate how important is the impulsivity trait of one’s personality in substance abuses and dependency.

Methods: In the study were included patients admitted in the 3”Psychiatric Clinic, Substance Dependences Department, Cluj-Napoca. For the identification of the consumed drug we used the Multitest Screening Kit in correlation with the results from the Forensic Medicine Institute of Cluj-Napoca. Each patient completed the Barratt Impulsivity Scale (BIS-11) and the Swedish Universities Scales of Personality (SSP).

Results: A strong positive correlation was identified between addiction and the impulsivity personality trait. It is clear that impulsivity plays an important role in initiating and maintaining an addiction to psychoactive substances.

Conclusions: The need to determine for a patient with a dependence syndrome his personality traits is important because there are certain dimensions of personality, especially impulsivity, that influence the initiation and maintenance for the substance abuse. The medication currently used in drug addiction aims the neurobiological circuit of craving and there is no medication that targets impulsivity.
Protective Factors, Deterrents in Suicidal Process
Eda Maliche Ciorabai
"Ovidius" University, Constanța, Romania

The aim was to screen of suicide risk in psychiatric patients coming into contact with ambulatory services after a psychiatric hospitalization. We assess practical problems that a doctor meets in the process of treating patients, the surveillance of patients at risk, elder patients, with previous attempts. The survey was used to measure motives and the various situational factors. In the exploratory study the following constructs were measured: understanding emotions, skills in exercising emotions with increasing intensities, theory of mind, living the trio of emotions love-hate-fear till the personal limit, defense mechanisms, coping styles.

Results: Stable social support, with access to environmental safety nets represents protective factors and low risk to commit suicide in adults. Skills in understanding emotions and capacities of theory of mind were associated significantly with low suicidal risk, even when was account age, intelligence or executive functions.

Bibliography:
2. Keith Hawton and Kees van Heeringen, Suicide and attempted suicide, WILEY, 2002

Public Mental health: Opportunities for Implementation
Jonathan Campion
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Public mental health offers the opportunity to implement appropriate coverage of a range of effective interventions to both treat mental disorder, prevent mental disorder and promote mental wellbeing according to local need. However, despite the broad range of impacts and associated economic savings, only a minority who would benefit actually receive such interventions. A number of reasons contribute to this implementation gap. However, appropriate use of public mental health intelligence can support improved coordination between primary care, secondary care, social care, public health and other sectors in order to reduce this gap. This presentation will highlight how this has been done for more than 4 million people in England.

Bibliography:

Specific Symptoms of Obsessive-Compulsive Disorder (OCD) Appear to Be Inherited
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The University of Sydney and Nepean Hospital, Sydney, Australia

Objectives: To determine whether specific symptoms of obsessive-compulsive disorder (OCD) are inherited. Background: In light of hoarding symptoms having transitioned from a symptom of OCD to a comorbid disorder, it would be pertinent to investigate whether other symptoms currently viewed as OCD symptom dimensions also have genetic links.

Methods: Two hundred and five participants from the Nepean OCD Study with a primary diagnosis of OCD were interviewed with the Yale-Brown Obsessive-Compulsive Symptom Checklist (YBOCS-SC) and asked whether any of their first degree relatives had hoarding symptoms, contamination/cleaning symptoms, symmetry/ordering symptoms, checking or any other OCD symptom, e.g. intrusive unacceptable/taboo thoughts. Results of the YBOCS-SC were subjected to principal components analysis and patients were given scores on the resulting five OCD symptom dimensions. Logistic regression was then used to see whether
patients’ scores on the five OCD symptom dimensions predicted the reporting of the same OCD symptom in first-degree relatives.

Results: Patients’ more prominent OCD symptoms were also more likely to have been reported in their first-degree relatives. Specifically, patients with predominant hoarding symptoms were more likely to have a first-degree relative with hoarding, patients with predominant contamination/cleaning symptoms were more likely to have a first-degree relative with contamination/cleaning symptoms, patients with predominant symmetry/ordering symptoms were more likely to have a first-degree relative with symmetry/ordering symptoms and patients with predominant doubt/checking symptoms were more likely to have a first-degree relative with checking compulsions.

Conclusions: Specific OCD symptoms may be inherited. This finding gives further support to the diagnosis of hoarding disorder and the concept of OCD symptom dimensions.

Bibliography:

Exploring the Relation Between Immigration, Social Context and Psychosis in Paris, France
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Background: An increasing body of epidemiological literature indicating that migrant and ethnic minority groups are at higher risk for psychotic disorders than native-born population in various European countries. In addition, systematic review and meta-analytic findings suggest that the risk of psychosis associated with migration varies significantly according to ethnicity and host society context (Bourque et al. 2012). With unprecedented levels of migration across European countries, it is crucial to better understand the relation between migration, social context and mental health from a public health perspective.

Objectives: a) to advance our understanding of socio-environmental factors contributing to psychosis in migrant and ethnic minority groups; b) to contextualize the experience of migration and minority status in Paris (France) in contrast with other host society contexts.

Methods: In-depth qualitative interviews were conducted with participants from Northern and Sub-saharan Africa who first developed a psychotic disorder as immigrant in Paris, France. Based on the McGill Illness Narrative Interview schedule (Groleau et al. 2006), interviews explored socio-environmental experiences and illness narratives of immigrant patients.

Results: Thematic analyses of illness narratives indicate that participants strongly value their host society and self-identity with the French identity. However, they often encountered various forms of social exclusion and adversity, such as unstable living conditions, unemployment and adverse interactions with police forces and authorities. Participants described their encounters with mental health services as a consequence of their adverse socio-environmental experiences rather than as an illness.

Conclusion: Epidemiological studies of migration and psychosis have highlighted the contributory role of the social environment in the onset of psychosis. However, qualitative and narrative approaches are invaluable to better disentangle relevant social-environmental exposures leading to negative mental health outcomes in migrant populations. Comparisons across host society contexts could help us better understand how the relation between host societies and minority groups can impact the mental health of vulnerable populations.

Bibliography:

The Involvement of Personality as an Interface for Postpartum Depression in a Romanian Sample of Mothers
Virgil-Radu Enătescu (1), Marius Craina (1), Adrian Ghluhovschi (1), Ion Papavă (1), Radu-Ştefan Romoşan (1), Ileana Enătescu (1), Alice Palicsak (1), Rosana Munteanu (2), Alexandra Toader (2), Elena Bernad (1)
(1) "Victor Babeș" University of Medicine and Pharmacy, Timișoara, Romania
(2) Psychiatric Clinic, Timișoara, Romania
Objectives: Our main goal was to identify and quantify the involvement of personality traits in postpartum depression in a sample of mothers from our region.

Methods: We performed a cross-sectional study consisting of 163 women who gave birth in Bega and Resita maternities and currently are in outpatient care. The presence of postpartum depression was considered present for a score over 13 in the Edinburgh postnatal depression scale. Personality was evaluated with the Romanian version of KPS (Karolinska Personality Scale).

Results: The EPDS scores for depression were significantly correlated with the following items from KPS: Somatic anxiety ($r=0.321; p<0.001$), Muscular tension ($r=0.317; p<0.001$), Psychastenia ($r=0.271; p<0.001$), Indirect aggression ($r=0.203; p=0.009$), Suspicion ($r=0.190; p=0.015$), Inhibition of aggression ($r=0.165; p=0.035$). After a preliminary factorial grouping of KSP, multiple linear regressions emphasized that the scores for Nervous tension and distress ($B=0.203; 95\%CI=0.096 – 0.310; p<0.001$) represented predictors for postpartum depression.

Conclusions: Personality traits, especially regarding anxiety and somatic anxiety, represent an important vulnerability factor for postpartum depression in mothers from our region. This result should be taken into consideration when identifying population at high risk for postpartum depression and in establishing a therapeutic strategy such as psychological intervention.

Bibliography:

The Mental Health Crisis in Rural Kwazulu-Natal: a Call for Transdisciplinarity and Task-Shifting
Johannes Hendrikus de Kock
University of Kwazulu-Natal, Durban, South Africa

Objectives: According to the World Health Organization (WHO), mental illness accounts for 14% of the global disease burden. The treatment gap for mental disorders is undeniable with between 76% and 85% of people in low- and middle-income countries not receiving any form of treatment. In Africa, the disease burden of mental illness accounts for 19% of all disability. South Africa (SA), a middle income country with a population of 52 million people, has severe mental health workforce challenges, especially in the public health sector (PHS) that 70,6% of the population uses. SA has less than 0,5 psychiatrists per 100,000 population. Of the almost 37 million people using the public health sector, 61,2% of households make use of PHS clinics, placing a massive burden on the primary health care (PHC) system. Kwazulu-Natal (KZN) is a South African province where the majority of its 10,3 million people are regarded as living in “rural” areas. Little is known about SA’s rural mental health services and in this paper we conducted an audit to determine the mental health workforce in KZN’s rural areas with the purpose to inform policy making in SA’s efforts of integrating rural mental health (MH) into PHC.

Methods: The KZN district and medical managers of all 32 rural PHC hospitals were interviewed. Triangulating data collection methods to include recorded telephonic interviews, as well as follow-up online questionnaires limited non-response bias.

Results: The audit revealed that less than 0,1 psychiatrists per 100,000 population are practicing in rural KZN’s PHC areas, and that 75% of facilities do not have mental health multidisciplinary teams.

Conclusions: The MH workforce challenges in rural KZN suggest that transdisciplinarity and task shifting will be essential to improve access to MH care and alleviate the languishing specialist medical MH workforce in rural PHC facilities.

Bibliography:

Mental Disorders in Family Medicine Outpatient Setting: a Cross-Sectional Study
Andreea Codruța Botis (1), Cătălina Crișan (1), Bogdan Savu (2), Ildiko Vaida (2), Octavia Căpățână (2), Ioana Valentina Miclufă (2)
(1) "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania
(2) Emergency County Hospital, Department of Psychiatry, Cluj-Napoca, Romania
Objectives: Depression and anxiety are the most common psychiatric illnesses in the primary care setting. Family practitioners are often confronted with patients’ complaints like insomnia, fatigue, nervousness. It is important for family practitioners to determine if these are core symptoms belonging to a psychiatric disorder. The aim of this study is to estimate the prevalence of mood disorders and anxiety disorders on adulthood patients medically assisted in the offices of family physicians from Cluj-Napoca.

Methods: 200 consecutive patients over the age of 18 were evaluated from 10 family practitioners office in Cluj-Napoca. Data about socio-demographic characteristics, main complaint of current presentation, about the existence of a chronic illness and psychiatric history were collected and a list for current medication. The tools chosen to assess the screening phase were represented by the Romanian version of Patient Health Questionnaire - 9 items (PHQ-9) and the Generalized Anxiety Disorder scale - 7 items (GAD-7). Those who obtained high scores in this phase were eligible to be assessed using The Mini International Neuropsychiatric Interview (M.I.N.I.) 6.0. - items for mood disorders and anxiety disorders.

Results: The preliminary data revealed high levels of anxiety and depression among primary care patients. The anxiety disorders had higher prevalence than disorders included in the depressive spectrum. The most common factors associated with these mental disorders were: low socioeconomic status, feminine gender, scarce social support.

Conclusions: The hereby study emphasizes the need of family physicians to cooperate with psychiatrists given the importance and utility of early tracing, a good management and follow-up of mental illnesses. Also the assessment tools used have proved their utility in the screening of mental disorders found in the primary care setting.

Bibliography:

Screening for Depression in an Actively-Serving Military Population: the Diagnostic Accuracy of the K10 and the PHQ9

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Objectives: Depressive disorders are relatively prevalent in military personnel. Several military forces, including the Australian Defence Force (ADF), routinely screen for depression using self-report scales, namely, the Kessler Psychological Distress Scale (K10) and the Patient Health Questionnaire depression module (PHQ9). However, as the diagnostic validity of these scales has not been examined in military populations, it is unknown if they are effective as military screening tools, or if existing cut-offs apply to military personnel. This study is the first to examine the diagnostic accuracy of these two scales in a large representative military sample.

Methods: A sample of currently-serving Australian Navy, Army and Air Force personnel (n=24481) completed the K10 and PHQ9 scales. Then, a stratified subsample (n=1798) completed a structured diagnostic interview to detect DSM-IV 30-day depressive disorder. Data were weighted to represent the entire ADF population (N=50049).

Results: ROC analyses showed that the K10 and the PHQ9 both showed a good ability to discriminate between personnel with and without depressive disorders, with areas under the curve ranging from .84 - .90. The optimal screening cut-offs (19 for K10, 6 for PHQ9) showed high sensitivity and good specificity, and were similar to though slightly lower than those currently recommended in civilian populations.

Conclusions: Both scales could be considered a cost-effective and clinically useful means of screening for depressive disorder in the military. As the two scales demonstrated a similar performance, scale choice may depend on other factors (e.g., length, availability of norms).

Bibliography:
Benzodiazepine Use in a Student Population: Prevalence, Risk Factors and Sources of Acquisition
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(2) "Dr. Constantin Gorgoş" Psychiatric Hospital, "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

Objectives: To study the prevalence of benzodiazepine use in a Romanian student population, as well as the psycho-socio-demographic risk factors for use and sources of acquisition.

Methods: An original questionnaire covering socio-demographic factors, substance use and self-reported stress was completed by 701 Romanian undergraduate and graduate students (α<0.05).

Results: 11.8% of students have used benzodiazepines in the last year (2.7% daily; 4.3% in periods of stress). 3.7% of students obtained the drug from their family physician, 4.6% from a psychiatrist, 2.9% from friends and 2.1% from relatives (more than one source was reported by 1.6%). Benzodiazepine use in the last year was correlated with caffeine (φc=0.172), tobacco (φc=0.104), marijuana (φc=0.219), benzodiazepine (φc=0.631) and other illegal substances except marijuana (φc=0.256) use in periods of stress, with tobacco (φc=0.246), alcohol (φc=0.204), marijuana (φc=0.467) and other illegal substances except marijuana (φc=0.151) use in the last year and with a weight change >5 kilograms (φc=0.080) (p<0.05 for all). Benzodiazepine use in periods of stress was correlated with caffeine (φc=0.188), tobacco (φc=0.091) and marijuana (φc=0.278) use in periods of stress and with tobacco (φc=0.184), alcohol (φc=0.164), marijuana (φc=0.265), benzodiazepine (φc=0.631) and other illegal substances except marijuana (φc=0.147) use in the last year (p<0.05 for all). Benzodiazepine use in the last year or in periods of stress was not correlated with sex, age, exercise, stress in the last year or before exams, residence until university in a rural or urban environment, the parents' educational level or their socio-economic status (p>0.05 for all).

Conclusions: Benzodiazepine use was associated with use of all the other studied substances, confirming these risk factors, but not with any of the studied psycho-socio-demographic risk factors [1,2]. Taking into consideration the prevalence of use, potential for addiction and the difficult withdrawal, future studies are required to determine the psycho-socio-demographic risk factors.

Bibliography:

Cannabidiol - Presentation of Antipsychotic, Anticonvulsivant, Anxiolytic and Neuroprotective Properties
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Introduction: The botanical species Cannabis sativa L. is widely studied during the last two decades regarding the pharmacological and therapeutic opportunities related to the cannabinoids, flavonoids and terpenoids of the plant. The major non-psychoactive and non-toxic constituent Cannabidiol (CBD) is recognized as a curative substance of great perspective in psychiatry and neurology, by the European and international researchers, without association of adverse or toxic effects.

Objective: To study the medical literature for current information on Cannabidiol and its therapeutic properties and beneficial usage in psychiatric illnesses and psychopathological symptoms.

Methods: Internet medical resources were studied via PubMed, Hinari, EBSCO, J-STAGE and Open Access for the key words: Cannabidiol, Psychosis, Epilepsy, Experimental, Clinical. This review work summarizes the mechanisms of action described for CBD and also the contemporary therapeutic implications based on articles available in Full Text from accredited medical journals.

Results: Several specific pathways of CBD intracellular action, are known and characterized namely: 1. Modulation of Ca 2+ cellular concentration (T, L, Maxi K4 channels), with anticonvulsivant, cognitive and affective benefits, also protecting from excitotoxicity 2. Inhibition of fatty acid amide hydrolase FAAH and limitation of the endocannabinoid Anandamide hydrolisis, with solid antipsychotic and euthymic effects 3. Agonist activation of vanilloid receptors TRPV1 and TRPA1, having anxiolytic, anti-inflammatory and antalgic
properties 4. Agonist activation of serotonin receptor 5HT1A, therefore with antidepressant, anxiolytic and neuroprotective influence 5. Regulation of synapses and circuits rich in NMDA receptors and cations flow, with antipsychotic, euthymic and anticonvulsivant influence 6. Agonist interaction with adenosine receptor A2a with major impact on adequate neuronal functioning 7. Prevention of degeneration triggers activation and atrophic outcomes, and strong anti-oxidant profile, also with antitumoral accepted properties.

Conclusions: The evidence based knowledge on Cannabidiol activity and pharmacotherapeutic utility underline the curative opportunities for this compound in psychiatric disturbances like Schizophrenia, schizotypal and schizoaffective disorders, anxiety, PTSD, Gille de la Tourette, ADHD, Psychosis/Agitation in Parkinson, Alzheimer disease and Multiple sclerosis, also in adult epilepsy, pediatric seizure syndromes Lennox-Gastaut and West, with doses ranging from 200-1500 mg per day.

Bibliography:

A Unique and Complex Picture of Self-Immolation Suicide: from Cry for Help to Werther Syndrome
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Objectives: Suicide is defined as a complex behavior which is deliberately performed with the knowledge or expectation of the fatal outcome. Literature has repeatedly shown that elderslies, especially white men, who are located in the suicide belt countries, are at increased risk of suicide. State of Ilam in Iran is a small geographic area with only 500,000 inhabitants with unusual high suicide rates and methods which is considered an ideal case study for suicide research. Methods: This meta-analysis study on several cross sectional epidemiologic investigations on suicide in Ilam has been performed. Results: The weighted mean rate of suicide attempts in Iran is 26.5 per 100,000, the average rate of death by suicide is 6.7 per 100,000 and on average 41.8% are male. Although population structure and socioeconomic status of state of Ilam are similar to the rest of the country, attempted suicide rate in Ilam is 41.8% and 64.5% per 100.000 male and female. More female than male cases completed suicide and self-immolation was used as the most common method. 74% of the suicides occurred in females between 10-29 years old and the suicide rate decreased with advancing age 2. These findings suggest an overall high case-fatality rate and a higher fatality rate for young females which are inconsistent with the literature. Conclusions: Several etiologies and strategies for this phenomenon have been suggested. Lack of skills in problem solving and conflict resolution, psychiatric disorders, low religiosity, absence of social support, protest or Werther syndrome were proposed as causes. Alternatively, within last decade, interventions such as surveillance, risk factor identification, prevention, education for clinicians and community members were applied. However, all of these partially correct strategies, failed to justify the increasing rate of this biopsychosocial complex behavior. Self-immolation continues to claim more mortality and morbidity. What is missing here?

Bibliography:

Female Adolescent Sexting: Therapeutic Considerations and Treatment Strategies for the Therapist
William Viser
Ouachita Baptist University, Arkadelphia, USA

Objectives: Therapists will understand the worldwide pervasiveness of adolescent sexting. Therapists will gain insight into how to best initiate therapy with adolescents who sext, including understanding the motivations and consequences of the behavior. Therapists will be informed as to various therapeutic approaches including
the utilization of family therapy and individual therapy. Therapists will understand the role they play in preventing sexting and what specifically they can do.

Methods: Statistical data will be utilized from the Arkansas State Police Bureau of Crimes Against Children concerning sexting. Statistics will also be utilized from the Arkansas Bar Association concerning legal prosecution of such cases. Statistical data from the Federal Bureau of Investigation will be utilized and included in the presentation. The author's personal experience in treating victims of sexting will be part of the presentation.

Results: Adolescent females sext for a variety of reasons including the following: (1) cyberbullying, (2) pride, (3) low self-esteem, (4) blackmail, (5) request from dating partner, (6) self-cyberbullying. Sexting serves as an indication of sexual activity. Participants in sexting often fail to understand the risky nature of such behavior both in the community of residence and in the international cyberworld. Prevention of sexting can be manifested in many different forms and settings, but it is abundantly clear with research that “abstinence based” prevention programs are not successful, nor is stating its illegalities or long term consequences.

Conclusions: Sexting is a relatively new phenomenon among adolescents which found its beginning in 2009. The therapist will have opportunities to initiate therapy with individuals who sext and parents, teachers, clergy and others who refer to the therapist. The therapist is uniquely positioned to assist individuals who sext through involvement in various forms of prevention and therapy.

Bibliography:

Functional Outcome of Clients with Severe Mental Disorders Living in Different Community Settings
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Our study, involving clients with severe mental disorders, living in Homes for Special Care, is built as a peer support recovery oriented model.

Goals: To improve the outcomes of these clients through a psycho-educational approach.

Subjects: Clients followed by Community Treatment Teams (n=30), living in group homes; Caregivers (n=15).

Control group: outpatient clients who are living independently in the Community (n=20).

Results: We noted a statistically significant symptom reduction post intervention on The Brief Psychiatric Rating Scale for five items of the scale for study group and for only 2 items for control. For The Quality of Life Enjoyment and Satisfaction Questionnaire: there was an improvement in all areas, statistically significant for 7 from 14 items of the scale for study group and for 9 items for control group (including work and family relationships).

Conclusions: The difference between the 2 groups is partially related to the initial higher severity of the symptoms on BPS for our clients living in homes for special care, by the semi-institutionalized life of people living in homes for special care and from the different picture of their socio demographic background, making them lower functioning.

Key words: severe mental disorders, outcome, community intervention.

Bibliography:
1. International Journal of Clinical Practice. Worldwide-Schizophrenia Outpatient Health Outcomes (W-SOHO): Baseline Characteristics of Pan-regional Observational Data from More than 17,000 Patients*

Mood Stabilizers - a New Perspective in the Management of Major Depressive Disorder
Sebastian Mihai Armean (1), Krisztina Agota Matyas (1), Oana Tudorache (2), Ioana Valentina Micluță (1), Anca Dana Buzoianu (1)
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(2) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania
In psychiatry, mood stabilizers can be prescribed as an adjuvant pharmacotherapy in major depression without a specific indication from the producer. There are no clear evaluations of the dose-effect correlations, or of the plasma level concentrations and effect. Up to two thirds of patients suffering from major depressive disorder may present a suboptimal response to the first line of antidepressant treatment, and up to a half of them do not even respond to the second line of treatment. Major depression is associated with irritability and personality disorders. There is no specific medication approved for controlling irritability, aggressiveness or personality disorders, and symptomatic treatment includes most of the time a mood stabilizer, but there is more of empirical evidence, although there are some certified studies. There is little knowledge regarding the pharmacotherapeutical approach of irritability. If we consider irritability as a symptom of depression, alleviating this symptom may improve the antidepressant pharmacotherapy. By determining plasma level concentrations of mood stabilizers, we may evaluate the patient’s adherence to the treatment, monitor the risk of adverse events, adjust the dose. Our aim is to evaluate the efficiency and safety of mood stabilizer treatment as adjuvant pharmacotherapy for major depression. The role of irritability in the outcome and long-term evolution of major depression must be clarified. Management of irritability as a factor for improving the antidepressant response to drugs must be further investigated. Evidence based medical strategy for treating irritability as a symptom of major depression has to be established. Development of new strategies to increase the therapeutic response in patients with drug-resistant depression may include adjuvant therapy with mood stabilizers.

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Bibliography:

Multidisciplinary Intervention in a Brazilian Preschool for Preventing Language and Behavioral Problems
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Language deficits and behavioral problems among toddlers are related to poor academic performance later. This research is at the secondary level of the hierarchical framework encompassing four levels of prevention and intervention practices, targeting Brazilian 4-year-old children and intervening precociously in behavioral and language deficits. Possible associations between the participation of the teachers and the facilitating and complicating factors to perform the intervention were evaluated. 90 preschool children participated in 44 virtual (using tablets) and concrete activities that were applied by a multidisciplinary team (psychologists, speech-language pathologists and education professionals) with the participation of their schoolteachers. The difference between the frequency of the daily total, partial and non-participation of teachers was verified through the Chi-square test in all the facilitating or complicating factors. There was a frequency of 71,5% and 23,8% of teacher’s total and partial participation respectively associated with: children’s previous knowledge of the activity; the discovery of new ways of using the tablets; teacher’s support; the presence of two intervention professionals; small number of students; the availability of materials for concrete games; children’s awareness of the their personal characteristics; children’s easiness in dealing with the software; children’s readiness to perform the task; children felt stimulated to perform the task; expression of children’s feelings. The complicating factors: interruption of the activity; absence of one of the teachers; lack of time to perform the whole task; absence of one of the intervention professionals; unifying two different classes; children’s difficulty in following rules; children’s agitation as a result of their participation in previous school activities were associated. Half of the facilitating factors related to cognitive, behavioral and emotional children’s characteristics, indicating they were affected by their teachers’ participation. The teachers’ support may have helped the intervention professionals to develop the activities mainly when children’s readiness was necessary to perform them.
Psychoactive disorders have a huge negative impact in terms of mental health and social, educational, vocational reintegration and of quality of life for affected people and their families. Atypical antipsychotic drugs can help improve social skills and academic achievement, reducing/removing psychotic symptoms, decreasing the frequency of acute episodes and preventing relapses.

Objective: To compare the efficacy, tolerability, school reintegration and quality of life after 3 years from the onset of the first episode of psychosis in patients who received treatment with atypical respectively typical antipsychotics.

Methods: 132 patients-sample, aged 10-17 years, admitted in Al Obregia Hospital, Bucharest, Child and Adolescent Psychiatry Department, over a period of 10 years, with early onset psychosis (DSM IV criteria), who received atypical (71 subjects) or typical antipsychotic (61 subjects), respectively. I used Clinical Global Assessment Scale for Children (CGAS), Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q). Data were statistically processed using t Test Student, ANOVA and Mann Withney Test.

Results: Patients receiving atypical antipsychotics had, after three years, an average of CGI-S significantly lower (p<0.0001), a duration of remission significantly longer (p<0.0001), a superior profile from the point of view of life quality scores (p=0.001) and school reintegration (p<0.0001) than those receiving typical antipsychotics. Treatment with atypical antipsychotics was associated with no significant adverse effects with the exception of weight gain.

Conclusion: Atypical antipsychotics have proved superior in terms of efficacy, tolerability and quality of life compared to typical antipsychotics. Even if the atypical antipsychotics appear to be more expensive in the short term, it will be less expensive in the long term ensuring a superior social, scholar and later professional integration together with a better quality of life.

Keywords: Psychosis, efficacy, tolerability, Quality of life

Bibliography:

Characteristics of Violent Behavior in Patients with Schizophrenia
Cătălina Crișan (1), Irina Dutchievici (2)
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(2) Emergency County Hospital, Psychiatric Clinic, Cluj-Napoca, Romania

Objectives: Violence and mental illness are often seen as inextricably linked, creating a harsh stigma for patients and, at times, an uncomfortable environment for psychiatrists. Even if experts consider that there is an increased risk of violence in individuals with schizophrenia, previous reviews on risk and protective factors for violence in psychosis have produced contrasting findings. The aim of this study is to evaluate the characteristics of violent behaviour in individuals with schizophrenia and to identify the possible risk factors.

Methods: We conducted a systematic review of factors that influence violence in patients with schizophrenia. Due to the large number of abstracts identified, article selection was based on studies published after 2001.

Results: Key drivers of violent behavior in schizophrenic individuals included substance abuse or dependence, non-adherence with treatment, suspiciousness, hostility, more severe hallucinations, poor insight into delusions and the overall illness, greater disorganization of thought process.

Conclusions: Schizophrenia and other psychoses are associated with violence and violent offending. The risk is increased when the patients have a substance abuse comorbidity. Recognizing and understanding the causes of...
violent behaviour can contribute to the appropriate management of dangerous behaviours and minimize risk to patients, their families, mental health workers, and the community as a whole.

Bibliography:

Cognitive Impairment in Depression
Bogdan Nemeş, Dana-Cristina Herţa, Radu Oroian, Doina Cozman
"Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

Objective: To establish the most important aspects of cognitive impairment in a clinical sample of major depressive disorder patients.

Methods: 42 patients diagnosed with major depressive disorder were included. Mean age of patients was 45.2 (±16.7) and 58.3% were females. Patients did not differ significantly as compared to controls regarding these variables. Severity of depression was assessed using the Montgomery-Asberg Depression Rating Scale. Cognitive impairment was assessed using the CogTest Battery. The Mann-Whitney U test was used to assess for significant differences between the two samples.

Results: Severely depressed individuals showed impaired working memory functioning, higher rates of imitation, reversal and retention errors, higher proportion of non-responses, higher proportion of errors in decision making and sustained attention tasks and longer reaction times in all tasks.

Conclusions: Depressive patients show significant cognitive impairment in working memory, learning, attention, decision making, and reaction times.

Bibliography:

Cognitive Schemas as Predictors of Exam Anxiety
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Objectives: This study is based on Aaron Beck’s cognitive theory of anxiety disorders (1) and on Young’s formulation and description of cognitive schemas (2). We aimed to study and describe the link between the following variables: exam anxiety, self-esteem, cognitive schemas of failure to achieve, insufficient self-control/self-discipline, negativity/pessimism, unrelenting standards/hypercriticalness, defectiveness/shame.

Methods: The research included 154 university students (46 male, 108 female), aged 19-50 (Mage = 25.06; SD = 6,11), who had volunteered to participate in this study. In order to measure the variables, the Romanian forms of the following instruments were used: Exam Anxiety Inventory, Young Schema Questionnaire, Rosenberg Self-Esteem Scale.

Results: As expected, statistical analysis showed a significant positive correlation between exam anxiety and cognitive schemas of failure to achieve, insufficient self-control/self-discipline, negativity/pessimism, unrelenting standards/hypercriticalness, defectiveness/shame and a negative correlation between exam anxiety and self-esteem. Furthermore, the model that proved to be the most relevant for predicting exam anxiety was the one combining the cognitive schemas of negativity/pessimism and failure to achieve.

Conclusions: Although the results do not sustain causal interpretation, the study points out the link between thinking patterns and the subjective perception of an exam-specific situation as being threatening. These findings represent a starting point for future research that will approach and study the effect of schema therapy on exam anxiety symptoms.

Bibliography:
"Overcome Depression" - An Identification-Prevention-Intervention Program for Emergency County Hospital Timișoara

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(2) Emergency County Hospital, Mental Health Center, Timișoara, Romania

Objectives: To implement a functional partnership in addressing depressive disorders and emotional disturbances in patients hospitalized in Emergency County Hospital Timisoara.

Methods: Between October 2013 and June 2014, a team of residents in psychiatry and other mental health professionals, coordinated by 2 senior and 1 specialist psychiatrists, evaluated N=50 consecutive consenting inpatients from 5 wards. We used psychiatric interview, and a comprehensive battery of psychiatric rating scales (HADS, SCL-90, QIDS-SR, QIDS-CR), along with questionnaires for social support, treatment compliance and socio-economic and professional status.

Results: A total of 200 inpatients and 50 subjects from Emergency department were assessed. The whole sample was considered as representative for the corresponding population. We noted the following characteristics: sex ratio M:F= 1:2, mostly (63.6%) living in an urban area, mean age 56.4 years, (min=17, max=90). 34.8% and 33.2% of the patients experienced "clinical" and "subclinical" depression, respectively, while 32% had no depressive pathology, and the corresponding distribution along subsamples were, respectively: Gastroenterology 40/36/24%, Diabetes and Nutrition 38/36/26%, Cardiology 36/28/36%, Emergency Care Unit 36/26/38%, Orthopedics 24/40/36%. Subclinical/clinical anxiety was reported by 21.6%/24.4% of patients. Known risk factors for depression (stressful life events, poor social support, low income, prolonged somatic disease, non-compliance with medical recommendations and psychiatric history) were common among subjects. The interventional component consisted of informing subjects about evaluation results, counseling about risk factors identified and guidance on how to access our hospital psychiatric services: liaison psychiatry, outpatient services and mental health center.

Conclusions: The identification-prevention-intervention program was a success, proving the need for a complex and multidisciplinary approach in cases with comorbid somatic and psychiatric pathology. The high prevalence of depression and anxiety among study subjects is consistent with the data reported in the European literature (1, 2). Our action had also an important educational value for patients, hospital physicians and junior psychiatrist involved.

Bibliography:

Mental Field, Health State and Social Stability

Gheorghe Drăgan
Romania

As a result of intense and long experience I was able to establish some basic aspects of human mental field (HMF) and its interaction with different materials. Experiments on freezing kinetics of tap water were initiated in view to establish structural differences between Sydney (Australia) and Bucharest (Romania) tap water [1]. I observed that temperature is not the main driving potential as for previous similar experiments on other transforming systems, but the individual and/or collective HMF blocks water freezing process [2]. Main stages of these experiments are presented together with the HuPoTest as an original and highly efficient test in defining my personal mental state as the background HMF influencing experimental results. Individual mental state mainly consists by the native/karmic component ("basic instinct") and the obtained one by education and life experience. These can be in more or less conflict producing proportional perturbation in info-energy flow in the organism defining the general health state. The more common example of this conflict is the difference between basic thoughts hidden by external behavior ("talking differently than thinking"). These aspects are discussed in terms of different forms of energy wrapping pure information. HMF is resultant of individual contributions defining its nature and amplitude. For instance, randomly oriented and highly active mental state has a great blocking effect on water freezing, produces social conflicts, induces social instability and is directly connected with uncontrolled growth of population. Time dependence of world population looks like a lambda
shape phase transition at the estimated date of 2035 with the standard uncertainty of 3 years and correlation coefficient of 0.99.

Conclusion: For personal and social safety it is absolutely necessary to control both individual mental state and HMF.

Bibliography:
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Brief Culturally Adapted CBT for Psychosis (CaCBTp): a Randomized Controlled Trial from a Low Income Country
Farooq Naeem
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Evidence for the effectiveness of Culturally adapted CBT for psychosis in Low And Middle Income Countries (LAMIC) is limited. Therefore, briefly culturally adapted CBT for psychosis (CaCBTp) targeted at symptoms of schizophrenia for outpatients plus treatment as usual (TAU) is compared with TAU. A total of 116 participants with schizophrenia were recruited from 2 hospitals in Karachi, Pakistan, and randomized into two groups with 1:1 allocation (CaCBTp plus TAU=59, TAU=57). A brief version of CaCBTp (6 individual sessions with the involvement of main carer, plus one session for the family) was provided over 4 months. Psychopathology was measured using Positive and Negative Syndrome Scale of Schizophrenia (PANSS), Psychotic Symptom Rating Scales (PSYRATS), and the Schedule for Assessment of Insight (SAI) at baseline and end of therapy. Participants in treatment group showed statistically significant improvement in all measures of psychopathology at the end of the study compared with control group. Participants in treatment group showed statistically significant improvement in Positive Symptoms (PANSS, Positive Symptoms Subscale; p=0.000), Negative Symptoms (PANSS, Negative Symptoms subscales; p=0.000), Delusions (PSYRATS, Delusions Subscale; p=0.000), Hallucinations (PSYRATS, Hallucination Subscale; p=0.000) and Insight (SAI; p=0.007). The results suggest that brief, culturally adapted CBT for psychosis can be an effective treatment when provided in combination with TAU, for patients with schizophrenia in a LAMIC setting. This is the first trial of CBT for psychosis from outside the western world. These findings need replicating in other low and middle income countries.

Key words: Schizophrenia, positive and negative symptoms, psychopathology, insight
Farooq Naeem, Sofiya Saeed, Muhammad Irfan, Tayyeba Kiran, Nasir Mehmood, Mirrat Gul, et al.

Bibliography:

Brief Culturally-Adapted CBT (CaCBT) for Depression: a Randomized Controlled Trial from Pakistan
Muhammad Irfan
Peshawar Medical College, Department of Psychiatry and Behavioral Sciences, Pakistan

Objective: To determine the efficacy of brief culturally adapted CBT (CaCBT) for depression - delivered by psychology graduates using a manual compared with treatment as usual (TAU).

Methods: This was an assessor-masked randomized controlled clinical trial. Participants with a diagnosis of depression, attending psychiatry departments of three teaching hospitals in Lahore, Pakistan, were included in the study. We screened a total of 280 clients and randomly allocated 137 of them to CaCBT plus Treatment As Usual (TAU) [Treatment group] or to TAU alone [Control group]. Assessments were completed at baseline, at 3 months and at 9 months after baseline. Reduction in depression score (Hospital Anxiety and Depression-Depression Subscale) at 3 months was primary outcome measure. The secondary outcome measures included anxiety scores (Hospital Anxiety and Depression-Anxiety Subscale), somatic symptoms (Bradford Somatic Inventory), disability (Brief Disability Questionnaire) and satisfaction with the treatment.
Results: A total of 69 participants were randomized to Treatment group and 68 to Control group. Participants in Treatment group showed statistically significant improvement in depression, anxiety, somatic symptoms and disability. This effect was sustained at 9 months after baseline (Except for disability). Participants in Treatment group also reported higher satisfaction with treatment compared with those in Control group.

Conclusion: Brief CaCBT can be effective in improving depressive symptoms, when compared with treatment as usual. This is the first report of a trial of culturally adapted CBT from South Asia and further studies are needed to generalize these findings.

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Domestic Violence in Iran: an Overview on Recent Researches and Actions
Amir Hossein Jalali Nadoushan, Jafar Bolhari
Iran University of Medical Sciences, Tehran, Iran

Domestic violence (DV) is one of today’s societies’ problems. But despite the unpleasant consequences of violence against women, this matter still is not considered as a disaster in many countries including IR Iran. There is no practical and acceptable definition of mistreatment or violence toward women, which increases negligence and ignorance on this matter. Sometimes, it is even regarded as a behavior that is required and acceptable in line with cultural circumstances. In Iran, the national project of investigating wife abuse that investigated 12596 resident women in 28 province capitals (Gh. Tabatabaei et al 2004), has reported that violence from the beginning of the marriage life was at the rate of 66.3% across the country, 10.5% of which was severe violence. In addition to the above major research, during the past decade, investigators from health and non-health sectors have done valuable researches to evaluate different aspects of this serious problem of society. For example Ahmadi et al (2011) in their systematic review in urban area found that the interventions for preventing DV are effective. Enabling the health and remedial services personnel to screen, detect and control DV against women and also training, learning communication skills and so on could be important steps for preventing or reducing DV against women. With regard to the importance and expansion of DV in Iran and its costs, in recent years also some valuable actions were taken to identify the prevention policies with the intention of providing the conceptual mapping of the rate of DV in Iran, identify the solutions to prevent DV, and finally writing down prevention policies’ national paper against DV. In this paper we will have a rapid look at all of these data.

Bibliography:

Executive Dysfunction in the Remitted State of Late Life Depression
Alia Saleh, Tamer Goueli, Ahmed Abdel Latif
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Introduction: Several studies have demonstrated deficits in executive functions in elderly depressed patients, but whether these deficits persist or improve after remission of depressive symptoms require further research. Aim of work: The purpose of this study was to examine the executive functions in elderly depressed patients and to compare them to age and education matched control subjects, both in a depressed state and 6 months later after the remission of depressive symptoms.

Method: Longitudinal, comparative, case-control study with convenient sampling in Geriatric psychiatry outpatient clinic, Psychiatry and Addiction Medicine Hospital, Faculty of Medicine, Cairo University. Subjects included in the study were 40 non-demented elderly with unipolar, non-psychotic major depression and 40 age and education matched control subjects. The subjects participating in the study underwent Present State Examination (PSE-10), Mini-Mental State Examination (MMSE), Instrumental Activities of Daily Living (IADL), and Hamilton Depression Rating Scale (17-HDRS), in addition to Wisconsin Card Sorting Test (WCST), Boston
Naming Test (BNT-2), and verbal fluency tests. Patients were reevaluated after 6 months of antidepressant therapy, when they were classified into Remitter and Non-Remitter subgroups according to follow-up HDRS score.

Results: At baseline assessment (depressed state), depressed group subjects performed worse in cognitive tests measuring executive functions when compared to controls. The severity of depression as indicated by HDRS was inversely correlated to both MMSE and IADL. At follow-up, the depressed group subjects showed an improvement in overall cognitive functioning. Despite this improvement following treatment, the depressed group subjects who achieved full remission continued to show deficits in executive functioning when compared to controls.

Conclusions: Elderly depressed patients with executive dysfunction may experience improvement in overall cognitive functioning following antidepressant therapy but do not necessarily reach normal levels of performance in executive functions.

Keywords: late life depression, executive dysfunction, remitted.

Interdisciplinary Collaboration in the field of Family Violence: an Australian Victorian Approach
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Family violence has been the blind-spot of clinicians over many decades. It took so many publications and classifications by the Mental Health systems Internationally, for the DSM 5 finally acknowledge the importance of such a problem. It states: “DSM-5 [19] has included FV for the first time, under ‘Other Conditions that may be a focus of clinical attention’ in the chapter ‘Relational Problems’. Overall, Domestic violence is causing many deleterious effects on Physical and Mental Health, leading to numerous forms of disabilities, and in some cases to loss of lives. In Australia, The Australian Bureau of Statistics revealed that Just under half a million Australian women reported that they had experienced physical or sexual violence or sexual assault in the past 12 months. The Australia and New Zealand College of Psychiatrists (Victorian Brach) has organised an interest group to promote the Family violence awareness amongst Mental Health Clinicians, and liaise with other interested parties, involved in notification and care of the perpetrators and victims of the domestic violence. At present, many services of the Australian Community are involved in handling the family violence (and related) issues. These are divided into three major categories:

2. The Family Violence Support Services: Case managers, housing support services, Peer Group Counselling Services, Community Groups (including Religious Leaders, and Ethnic Groups), Family Services, and others.
3. The Main Stream Services: including the Health Professionals Bodies (The College of General practitioners, The College of Psychiatrists), Public Hospitals, Drug and Alcohol Counselling Services, Education Department, Immigration Department, Social Security Department, and others.

A Meeting has been called by The College of Psychiatrists, involving the above mentioned Services, and ought to take place in Melbourne on 27th of February 2015. The meeting is to draft a unified and collaborative response to such growing Public Health Problems, with ramifications extending many generations to come. The presentation will highlight the current problems, and the inter-departmental collaborative proposed approach, with Mental Health Services being in the core of the proposed plan of action.

Bibliography:
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Prevalence and Pattern of Self-Medication in Karachi - a Community Survey
Iqbal Afridi, Ghulam Rasool
Jinnah Postgraduate Medical Centre (JPMC), Karachi, Pakistan

Objective: To study the prevalence and pattern of self-medication among adult males and females in Karachi, Pakistan.
Method: This Cross-sectional community-based survey carried out at five randomly selected towns of Karachi (Defence, Gulshan-e-Iqbal, North Nazimabad, Malir, Orangi town) over a period of 3 months. A sample size of 500 adult cases (250 males & 250 females), with systemic random selection from different towns of Karachi were inducted in this study. The city was divided into 5 zones and 1 town from each zone was selected by systemic randomization. First available male and female from each randomly selected house were included in the study. After consent and confidentiality assurance they were interviewed on semi-structured perform designed for this purpose. Results were analyzed and tabulated through SPSS v14.0.

Result: The prevalence of self-medication in males and females in Karachi is found to be 84.8% (males 88.4% and females 81.2%). The most common symptoms for which self-medication were done, 32.7% headache and 23.3% fever and the medicines used were 28.8% pain killers, 19.8% fever-relieving medicines. The most common reason 33.3% was previous experience with similar symptom.

Conclusion: Self-medication is highly prevalent (84.8%) in Karachi. It was frequently used for headache followed by fever. Predominantly pain killers, anti-pyretic and cough syrups were used in the form of tablets and syrups. Main source of medicines for males were friends and for females were relatives.

Bibliography:

Two Years of Transcultural Psychiatric Experience in a German Metropolitan Private Practice
Medard Ferenc Kerekes
Praxis für Psychiatrie und Psychotherapie, Braunschweig, Germany

The author is a medical graduate from Romania (Târgu-Mureş, 1986), in Hungary gained psychiatrist and addictologist qualifications and 23-years of professional experience. The 03.12.2012, on psychiatric-psychotherapeutic practice as purchased in Braunschweig (Lower Saxony, 250.000 inhibitants). During the 23 years of practice, there have been recorded around 11.000 patients. The number of regular here coming outpatients, at least four times a year incoming patients: 2403. We examined a group of eight common diseases and syndromes (Depressive illness-Anxiety and stress related disorders-Substance misuse-Schizophrenia and related psychoses-Personality disorders-Organic illness-ADHD adult form-Sleep disorders), in therms of ethnic and cultural origins. Indicated the relationship between the transcultural factors and the healing tendency, along with medication and psychotherapy treatments used. At the end of the second year (30.11.2014), a microepidemiological analysis was performed.

Bibliography:

An Element of the Coagulation Cascade Plays a Pivotal Role in Schizophrenia Pathophysiology
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(1) Hospital Federal dos Servidores do Estado, Ministry of Health, Rio de Janeiro, Brazil
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Hypothesis: Clot buster tissue plasminogen activator (tPA) plays a well-defined role in neurochemistry, mediating a number of events that culminate in cognitive and emotional processing, tolerance against excitotoxicity, neuronal plasticity, synaptic remodeling and neurogenesis. Abnormalities in these processes have been implicated in schizophrenia pathogenesis. We have hypothesized that schizophrenia patients would have a higher prevalence of markers of low tPA activity than controls.

Methods: Laboratory markers of low tPA activity were analyzed in 70 schizophrenia adults diagnosed (DSM-IV) and 98 age-matched controls, consecutively selected at university hospitals.

Results: Markers of low tPA activity were highly prevalent among schizophrenia patients. All but two patients who were cocaine users at the time of the study, had positive markers (1–6, mean 2.1). Chronic patients and those studied during psychotic events had 3–6 markers (mean 3.1). Twenty-nine patients and 11 controls had hyperinsulinemia (44% vs. 11%). Twenty patients and 11 controls had hypertriglyceridemia (29% vs. 11%). Both insulin and triglycerides stimulate production of plasminogen activator inhibitor (PAI)-1, a major tPA inhibitor. Nineteen patients and six controls had hyperhomocysteinemia (27% vs. 6%), a condition that impairs tPA
catalytic activity. Fifteen patients (22%) but no controls had free-protein S deficiency, which reduces PAI-1 inhibition. Twenty-one patients (30%) but no control had 1–3 persistent antiphospholipid antibodies in medium or high levels. Such antibodies may inhibit tPA activity. Both PAI-1 polymorphism 4G/5G and heterozygous prothrombin G20210A were more prevalent in patients (60% vs. 48% and 2% vs. 1%, respectively), but difference lacked significance. PAI-1 polymorphism was highly synergistic with metabolic markers. Protein C deficiency was not detected at all.

Conclusion: Schizophrenia patients display a high prevalence of markers of low tPA activity. Future studies are needed to assess whether correction of tPA activity, with exercises and dietary recommendations or with anticoagulants, affects the evolution of the mental disorder.

Bibliography:

Aspects of Psychocardiology in the Congenital Heart Disease Patients Follow Up
Anastasiia Kasianova (1), Marianna Markova (2), Igor Lebid (1), Illya Yemets (1)
(1) Ukrainian Children’s Cardiac Center, Kyiv, Ukraine
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Modern cardiosurgery opportunities of highly qualified specialists help patients with congenital heart disease (CHD) to dramatically improve their health and life longevity, but at the same time a great number of patients still complain of weakness, fast tiredness, bad mood and low quality of life [1,2]. In order to have a complete understanding of the CHD patients’ life experience, it is important to include traditional markers of psychological maladjustment, health related quality of life and also their life experiences.

Aim: To identify medical and psychological peculiarities of low quality of life of adult patients of younger age after congenital heart surgery and work out specific psychosocial follow up programme for them.

Methods: The study involved 58 persons with surgically corrected inborn CHD in patients of 19+2,8 years of age. The psychodiagnostics included the study of the quality of life and the identification of signs of anxiety and depression in the patients.

Results: The study identified gender differences in the quality of life of young adult patients with CHD, namely every day activities of men is significantly limited due to their physical condition which either precedes or follows the worsening of their emotional status, while women have rather high indices of life quality. However, both men and women displayed a dramatic limitation of social contacts. 42% of male and 50% of female patients displayed the symptoms of anxiety and/or depressive disorders.

Conclusion: The implementation of active and timely psychodiagnostics and psychocorrection measures to help adult patients with the inborn CHD improve their quality of life after the surgery.

Bibliography:

A Comparative Study of Substitution Therapies - Suboxone/ Methadone as Major Predictive Factors in the Prevention of Infectious Diseases in the Population of I.V. Drug Users
Cristina Hudiţă, Lucian Vasilescu, Mălina Ioana Simu, Mihaela Bughoreanu, Gabriela Hendoreanu, Mihaela Alina Petrache, Bogdana-Elena Lazăr
C.E.T.T.T. “Sfantul Stelian”, Bucharest, Romania

Objectives: The growing number of I.V. drug users, the alarming early debut of substance abuse and dependency and the diversity of psychoactive substances, those are very actual challenges for the health system and society. This scientific paper has the objective to compare the impact of substitution treatment with Suboxone and Methadone on the prevention and decrease of the risk for infections (HIV, HCV, HVB, TBC).

Method: We compared the patients in treatment with Suboxone and Methadone.

Results: The results have significant differences between the patients in treatment with Suboxone and Methadone.

Conclusions: The substitution treatment decreases with more that 50% the risk behavior.
Cognitive Impairment and Dementia in Multiple Sclerosis
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Multiple sclerosis is the most common neurological disease of young adults that causes major disabilities. Psychiatric manifestations are frequent in these patients. Numerous studies have highlighted a variable intensity of depression, anxiety and cognitive dysfunction and these indicate an decreased quality of life in multiple sclerosis. Cognitive impairment represents some of the most difficult problems to deal in patients with multiple sclerosis. These symptoms may progress to the stage of dementia and are the consequence of primary lesions of axonal degenerescence and neuronal loss characteristic of disease progression, followed by cerebral atrophy. Many patients with multiple sclerosis experience complex cognitive difficulties which impact on every aspect of their life, affecting independence, social function and employment. Cognitive dysfunction revealed by neuropsychological tests affects around half of these persons. The most frequently affected cognitive abilities are: memory (reduced learning ability, impaired working memory), attention (concentration and maintaining difficulties of attention), executive functions. The diagnosis is difficult because cognitive symptoms may occur in the early stages of the neurological disease. The dementia treatment management in multiple sclerosis patients is not easy and few patients get treatment for their psychiatric disorder. The most important way of treatment is the early use of immunomodulatory medication, the disease modifying therapy, and, when is required, acetylcholinesterase inhibitors or N-methyl-D-aspartate receptor antagonists. Cognitive impairment and dementia therapy in multiple sclerosis is necessary, but, sometimes, represents a real challenge for specialists because of the specific features determined by the neurological disorder.

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Correlates of Depression and Anxiety in HIV-infected Caregivers in Rural Uganda
Itziar Familiar-Lopez (1), Sarah Murray (2), Horacio Ruisenor-Escudero (1), Michael Boivin (1), Judith Bass (2)
(1) Michigan State University, East Lansing, USA
(2) Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

Understanding correlates of depression and anxiety for HIV-positive women is essential for identifying women at risk of poor outcomes, especially among HIV-positive women caring for children in low- and middle-income countries (LMIC).

Objective: We assessed demographic, socio-economic, and social support as correlates of depression and anxiety among HIV-positive women living in rural areas of eastern Uganda.

Methods: Study participants were 388 HIV-positive women; most of who were the biological mothers (98%) of HIV affected children. Depression and anxiety were assessed using the Hopkins Symptom Checklist (HSCL-25), social support using an adapted version of the Perceived Social Support scale, and socio-economic status was measured using a factor score based on report of household possessions and housing quality. Multiple linear regression models were used to assess the association of depression and anxiety symptoms with socio-demographic predictors.

Results: Lower family support was significantly associated with higher depressive symptoms (b=-.10, t(286)=-2.61, p=.01), while higher socio-economic status predicted less depression (b=-.16 t(34)=-.47, p=.01) and anxiety symptoms (b=-.45 t(286)=-3.46, p=.001). No other caregiver socio-demographic predictors were significantly related to depression or anxiety symptoms.

Conclusions: We found that indicators of socioeconomic status were significantly associated with caregiver mental health among HIV-infected women in rural Uganda. Findings support strategies to improve maternal
mental health through broader development goals, such as family economic empowerment programs and strengthening family support for HIV-positive caregivers.

Bibliography:

Intimate Partner Violence: Comparison Between Psychiatric and Gynaecology OPD Patients
Khushboo Kansal, Sweta Parikh, Ganpat Vankar
B. J. Medical College, Ahmedabad, India

Objectives: To compare the prevalence and risk factors associated with domestic violence and its relation to psychiatric disorders in patients coming to psychiatric OPD and gynaecology OPD.

Methods: The study was conducted in the psychiatric and gynaecology OPD, Civil hospital. 100 non-psychotic women from each OPD aged 18 to 55 years were included. For those screened positive for Intimate Partner Violence (IPV) on any of the four screening tools: Hurt, insult, threaten and scream (HITS) (Sherin et al, 1998), Partner Violence Screen (PVS), Abuse Assessment Screen (AAS), Women Abuse Screening Tool (WAST)), further assessment was done. Comparison was done by using chi-square method, and SPSS was used for statistical analysis.

Results: Prevalence of IPV among psychiatric patients was 34% whereas 20% among gynaecology OPD patients. There was no significant difference in any of the socio-demographic parameters between the victims of IPV and those not having IPV. Alcohol use and lower literacy levels in men and women were associated with higher rates of abuse in both the OPD. A significant positive association was obtained between longer duration of mental illness and IPV. 59% (psychiatric OPD) and 83% (gynaecology OPD patients having psychiatric disorder) attributed their psychiatric illness to abuse.

Conclusions: Although the data shows apparent more domestic violence in psychiatric OPD patients than gynaecology patients but it is not statistically significant. Lower levels of literacy and alcohol use are associated with more IPV. Increasing the awareness that IPV is condemnable and increasing the level of education and literacy for both men and women is required. Awareness regarding IPV and its association with non-psychotic psychiatric illness is required on the part of psychiatrists.

Bibliography:

Oncologic Pathology: Developing Defensive Mechanisms
Cristina Bredicean (1), Adriana Pîrvulescu (2), Ion Papavă (1), Cătălina Giurgi-Oncu (1), Mădălina Cristianovici (3), Radu Romoșan (1), Anca Popescu (4), Marinela Hurmuz (4), Zsolt Popovici (5)
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(3) "Eduard Pamfil" Psychiatric Clinic, Timişoara, Romania
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Objectives: The incidence for cancer increased greatly over the last decades. Over the same period, medical progress in the field of oncology (including new developments in surgical interventions, chemotherapy and radiotherapy) led to increased survival rates for people diagnosed with cancer. Psychotherapy interventions, that have at their core the concept of defense mechanisms, play an important role. Defense mechanisms are unconscious psychic processes that have the role of protecting the subject from anxiety triggered by the possibility of imminent death. The presence of an oncologic pathology can be equivalent for the possibility of imminent death. The main objectives for this study are the identification of defensive mechanisms for individuals diagnosed with cancer compared with non-clinical subjects.
Method: Nineteen individuals diagnosed with cancer who were receiving chemotherapy were recruited for this study. A control group of non-clinical participants was also recruited. Subjects were included for the study according to inclusion/exclusion criteria. The evaluation was conducted during 2013 and consisted of the analysis of the following parameters: socio-demographic data (gender, age, level of education - demographic questionnaire), clinical data (diagnosis according to the ICD 10, level of functioning as assessed by GAF scale), and defensive mechanisms (DSQ scale).

Results: The group of individuals diagnosed with cancer demonstrated defensive mechanisms such as altruism and passive aggression, whereas the control group had as their main defensive mechanisms denial and acting-out.

Conclusions: There are differences regarding defense mechanisms between subjects with cancer when compared to the non-clinical group. It may be that defense mechanisms can be optimized through psychotherapy interventions as to increase resilience for individuals diagnosed with cancer.

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The Role of Type D Personality as a Risk Factor and The Psychopathologic Correlations of Severe Ischemic Disease in a Patient Sample from Timiș County
Virgil-Radu Enătescu (1), Ion Papavă (1), Radu-Ştefan Romoşan (1), Ileana Enătescu (1), Sorin Pescariu (1), Rosana Munteanu (2), Alexandra Toader (2), Cristian Mornoş (1)
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Objectives: The main objective of our research was studying the role of type D personality as a risk factor for severe coronary obstruction. Also, we intended to emphasize the psychopathological areas significantly correlated with the severity of ischemic coronary disease.

Methods: We performed a cross-sectional study on 161 patients with acute coronary disease hospitalized in the interventional cardiology unit from Institute of Cardiology Timișoara and a control sample of 84 subjects. DS -14 scale for Personality D scale conceived by Denollet was administered in studied subjects. The angiographic Syntax score comprised of 11 measures of lesion complexity was used for establishing the severity of the ischemic coronary disease. The psychopathological areas were evaluated using SCL-90.

Results: The negative affectivity scores of type D personality were significantly higher in subjects with coronary disease compared to healthy subjects (t=3.458, p=0.001). Multiple linear regression showed that the prediction factors significant for the severity of ischemic coronary disease were the following: type D personality (B=10.803; 95%CI=7.453–14.154); p<0.001) and female gender (B=-5.737; 95%CI=–8.656 – -2.818; p<0.001). Syntax score is significantly correlated with psychopathological areas from the SCL-90 scale: anxiety (r=0.737, p < 0.001), depression (r=0.656, p<0.001), somatization (r=0.585, p<0.001), phobic anxiety (r=0.561, p<0.001), psychosis (r=0.531, p<0.001) and paranoid ideation (r=0.528, p<0.001).

Conclusions: The etiopathogenetic perspective on ischemic coronary disease is very complex embedding the contributing role of psychological factors and personality traits. The significant correlation of anxiety and depression argues for the inclusion of a psychological intervention in the recovery plan of coronary patient.

Bibliography:

Why Do GPs Miss Some Psychiatric Disorders?
Sever Cristian Oană (1), Melinda Boroș (2)
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(2) Psychology Office, Bucharest, Romania

Objectives: Average recognition rates of psychiatric illness in primary care is about 50%. Why do the GPs fail so often to identify a psychiatric condition compared with a physical one?
Methods: In this prospective, small scale investigation (12 GPs), we used the interview method and a questionnaire for assessment of the diagnostic skills for anxiety, depression and alcoholism. We also had access to the data concerning the number of visits, referrals and investigation per patient in the previous 6 months and initial diagnosis established by the doctors.

Results: Most of these patients presented with medically unexplained symptoms. All of them were thoroughly investigated and reassured. Most of them (64%) were not offered a „psychiatric” explanation for their symptoms at the first visit and were not referred to psychiatric services. All the doctors fared at least satisfactory at a questionnaire about the diagnosis of anxiety, depression and alcoholism.

Conclusions: The more likely explanation is that the GPs simply do not „run” the mental soft of psychiatric diagnosis. In primary care settings the doctors automatically shift to System 1, fast, intuitive and „efficient”, and ignore System 2, slow, energy and time consuming. Another difficulty is that the diagnostic criteria are so different in psychiatry compared with physical medicine. We might conclude in an optimistic mood that, in spite of these difficulties, the performance of the GPs is actually no so bad. Yet, it is a lot to be done to improve their psychiatric diagnostic skills.

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Clinical and Immunological Correlates of Cognitive and Emotional Development in HIV Infected Children Living in Tororo, Uganda
Horacio Ruisenor-Escudero (1), Itziar Familiar (1), Judith Bass (2), Michael Boivin (1)
(1) Michigan State University, East Lansing, USA
(2) Johns Hopkins School of Public Health, Baltimore, USA

Background: HIV infection can affect behavior and neurodevelopment of young children. However, there is limited understanding of the significant factors associated with neurodevelopment in low-income countries.

Objective: We aim to identify clinical and immunological correlates of cognitive and emotional development among children living with HIV in Tororo, Uganda.

Methods: We analyzed baseline data from 111 HIV-infected children aged 2-7 years (56% males) enrolled in a parenting program intervention trial. Neurodevelopment in children was evaluated with the Mullen Early Learning Scales (MLES), the Color-Object Association Test (COAT) of memory, and the Achenbach Child Behavior Checklist (CBCL) for psychiatric symptoms. Simple linear regression models were used to assess the association between neurodevelopment test scores and clinical and immunological factors.

Results: Children receiving antiretroviral therapy (ARV) had higher COAT total memory scores (b=3.3, t(108)=2.01, p=.04). Higher weight for age was significantly associated to global cognitive ability according to the Mullen Composite Score (b=3.1, t(107)=3.36, p=.001), and the Visual Reception (b=1.7, t(107)=3.14, p=.004), Fine Motor (b=2.0, t(107)=3.14, p=.002), and Expressive Language (b=2.5, t(107)=3.43, p=.001) cognitive scales. The CD38 T cell activation protein was associated with lower Visual Reception (b=-.21, t(108)=-2.57, p=.011) and Expressive Language (b=-.24, t(108)=-2.35, p=.02) scores from the MELS. No other immunological or clinical predictor was significantly related to child neurodevelopment test scores.

Conclusions: Better neurodevelopmental outcomes were observed in children who were on ARV and who had higher weight-for-age. Higher CD8 activation was associated with poorer neurodevelopmental outcomes. Results suggest that children with HIV could benefit from increased access to nutritional services and early initiation of ARV treatment. Immunological markers of HIV infection that could be used to prioritize children who are at higher risk of developmental delays need further study.

Bibliography:

Correlation Between Depression and Substance Abuse in Infertile Psychiatric Outpatients
Iqbal Afridi (1), Rozeena Ameen (2), Manal Khan (1)
(1) Jinnah Postgraduate Medical Center, Karachi, Pakistan
(2) The Mind Center, Karachi, Pakistan
Objective: To assess the correlation between depression and substance abuse in an infertile psychiatric patient visiting an outdoor clinic.

Methodology: Cross sectional study from January 2008 to December 2013, on 7405 psychiatric outpatients. Out of these, 115 patients who fulfilled the ICD-10 criteria of infertility were selected. These patients were further studied in terms of substance abuse, patterns and frequency of substance abuse, educational and occupational status and associated depression.

Results: Out of all the consecutive psychiatric patients which were seen, 115 were infertile [65 males (0.9%) and 50 females (0.7%)]. The mean age was 40.72 with SD + - 14.25. Out of these, 55 [47.8% (55/115)] patients had substance abuse, 40 males (72.7%) and 15 females (27.3%). The pattern seen was, opioids 1 (0.9%), stimulants 1 (0.9%), all forms of tobacco 6 (5.2%), smoking 18 (15.7%), pan with tobacco 7 (6.1%), Naswar 20 (17.4%), chars 1 (0.9%) and a combination of substance abuse 1 (0.9%). The prevalence of depression among infertile patients according to this study was 64.3% (74/115) and amongst those who had substance abuse was 67.3% (37/55). Illiteracy ranked highest amongst educational status [44/115 (38.1%)] and the umbrella of unemployment [60/115 (52.1%)] ranked highest in occupational status.

Conclusion: It was seen that infertile patients are vulnerable to depressive disorder, either independently and also concomitantly, in association with substance abuse. The association of depression, infertility and substance abuse was note along with poor educational and occupational status, making a person susceptible to developing substance abuse.

Bibliography:

Arte, Imagem E Promoção Da Saúde: A Experiência Do Projeto Vidas Paralelas Saúde Mental No Contexto Do Brasil
Maria da Graça Hoefel, Juliana Barreto, Ricardo Alves Junior, Denise Severo
University of Brasilia, Brasil

O “Projeto Vidas Paralelas (PVP) Saúde Mental” caracteriza-se por uma experiência de promoção da saúde desenvolvida na cidade de Belo Horizonte, com sujeitos portadores de sofrimento mental usuários dos Centros de Atenção Psicosocial (CAPS) do Sistema Único de Saúde (SUS) do Brasil, em parceria com gestores das políticas públicas de saúde, Universidade Federal de Minas Gerais e profissionais do campo das artes e da saúde engajados no Movimento de Luta Anti-Manicomial da região. O projeto tem como premissa a importância do discurso da arte e seus efeitos no que tange a estabilização e promoção da saúde dos sujeitos portadores de sofrimento mental. O PVP Saúde Mental foi desenvolvido a partir da realização de Oficinas e encontros semanais voltados à troca de experiências e reflexões a partir das produções imagéticas (fotografias e vídeos). Cada participante foi convidado a “observar” a loucura na cidade, revelando suas formas e “enlouquecimentos” presentes nos lugares, desvelando também os ensinamentos que a loucura pode trazer. Estes foram alguns dos fios condutores do processo de desenvolvimento do projeto e desenvolvido ao longo das oficinas de cultura digital e dos encontros periódicos realizados em um espeço sociocultural denominado Galpão Cine Horto, situado em Belo Horizonte. Os resultados iniciais sinalizaram potencialidades expressivas da arte e da imagem enquanto elementos promotores da saúde. O PVP Saúde Mental contribuiu com o resgate da dignidade, o fortalecimento da auto-estima e a criação de novas possibilidades de diálogo e convívio a partir da expressão artística e cultural dos sujeitos portadores de sofrimento mental. Conclui-se que é de fundamental importância ampliar a construção de práticas interdisciplinares em saúde mental capazes de estabelecer novas relações e vínculos entre os sujeitos e o conjunto da sociedade.

Bibliography:

The Influence of Faith on Patients with Mental Disorders
Irina Chiriță (1), Cristina Tufan (1), Gabriela Elena Lupușoru (2), Mircea Lupușoru (2, 3)
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(2) „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania
Religion was widely considered an effective coping mechanism in literature (1, 2). In this study, we wanted to analyse religiosity among psychiatric patients and the way in which it could help them recover or at least ameliorate their illness.

Objectives: The highlight of the implications of religion as a coping mechanism among psychiatric patients. At this study participated 124 people, of which 60 were used as a control group, with ages between 20 and 77 years, 20 M and 40 F, and 64 were institutionalised patients, from a municipal hospital in Focşani, 30 M and 34 F, with ages between 21 and 73 years.

Methods: The methods used were the questionnaire and the interview. The questionnaires were used to measure religiosity, optimism, self-esteem and locus of control, and the interview was used to find out the patients’ pronostic. After the participants completed the four questionnaires, the control group was compared to the psychiatric patients’ group regarding religiosity, self-esteem, optimism and locus of control, and then we studied the manner in which the patients’ prognostic was influenced by religiosity and the other variables (optimism, self-esteem and locus of control).

Results: We discovered some significant differences between the patients and the control group, regarding both religiosity and the other variables. Psychiatric patients had a higher religiosity level, and this was negatively correlated with self-esteem and optimism. Also, we indicated that religiosity doesn’t stand by itself as guarantee for recovery after a psychic illness, but it influences recovery especially if it is sustained by optimism, self-esteem and locus of control, variables with which it highly interacts. The only variable that we can say it has by itself a main effect on recovery after psychic illness is self-esteem; this variable strongly interacts with optimism, and those two variables together also interact with religiosity.

Conclusion: Our main goal in realising this study was to offer a solution both to clinicians and psychiatrist, in order to help people who suffer from major psychiatric illness to develop a more positive approach towards life. Moreover, in the case of religious persons who hold a negative view towards life, it won’t be necessary for the clinicians to interfere with their religious views, but to work with other constructs, such as optimism and self-esteem, in order to determine religiosity to become a more effective coping mechanism.

References:

Female Circumcision as a Cause of Genophobia
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(2) Mansoura University, Gynecology Department, Mansoura, Egypt

Objectives: Genophobia, also known as coitophobia, is the fear of sexual intercourse. Circumcision of females or female genital mutation (FGM) is a cruel procedure, a cultural tradition, which is done to minimize sexual desire and to preserve virginity. The aim of this study was to assess the association between female circumcision and genophobia.

Methods: Cross-sectional comparative study for one year duration. 64 circumcised women and 34 non-circumcised women came to gynecology department asking for treatment from genophobia. Both groups were examined by Mini-International Neuropsychiatric Interview (MINI), Wechsler Adult Intelligence Scale-Revised, Hamilton Anxiety Scale, Hamilton Depression scales, and Female Sexual Function Index.

Results demonstrated that lower level of education, lower socio-economic stander in circumcised women than non-circumcised women. Anxiety and depression scores were higher with statistically significant difference in circumcised than non-circumcised women. Also, all sexual functions (libido, lubrication, orgasm, satisfaction and pain) were better in non-circumcised than circumcised women.

Conclusions: Sex is an important aspect of the human condition, and genophobia can have a devastating impact on those who experience it. Female circumcision increases women anxiety, depression and decreases her self-esteem. All these factors could play a vital role in development of genophobia.

References:
1. Mohamed Adel El-Hadidy: Associate Professor of Psychiatry-Faculty of Medicine-Mansoura University; Egypt. I worked in in Ministry of Health Egypt, Taif mental Hospital, Saudi Arabia and psychiatry department, Mansoura university hospital. He published 20 articles in local and International journals
Objectives: The convergence of the fields of Addiction Psychiatry and Addiction Medicine are increasingly relevant to addiction psychiatrists throughout the globe. Internationally, the World Psychiatric Association has fostered and developed communications and networking among psychiatrists dedicated to the science of addiction and the treatment of addictive disorders. The International Society of Addiction Medicine has recently emerged inclusive of physicians in all disciplines of medicine that are dedicated to the science of addiction and the treatment of addictive disorders. The objective of this presentation will be to illuminate the advantages of strengthening this partnership between the leadership of Addiction Psychiatry and Addiction Medicine worldwide.

Methods: The history of the development of addiction medicine commencing with its roots of origin in the American Society of Addiction Medicine will be described. Specific advances including establishing the foundation and fundamentals of addiction medicine, the development of patient placement criteria and professional credentialing and certification will be elucidated. Then the expansion internationally of addiction medicine will be reviewed.

Results: Individual and affiliate membership in ISAM have increased to thousands of addiction physicians throughout the world, with a large proportion being addiction psychiatrists. This has resulted in a significant advancement in the continuing education, enhanced competency, professional development and leadership skill development among addiction physicians and psychiatrists throughout the globe.

Conclusions: The growing partnership of Addiction Psychiatry and Addiction Medicine will foster:

- Important collaboration and networking between addiction physicians in various disciplines throughout the world
- Advancements in the science, research and clinical practice of the evaluation, diagnosis and treatment of addictive disorders
- Establishment of addictive disorders as a major public health crisis and regional, national and international policy priority
- Reinforcement of the central and imperative role of the addiction physician and the addiction psychiatrist in the response to this critical public health crisis

Bibliography:
2. Principles of Addiction Medicine, American Society of Addiction Medicine

Brazilian Case Files: Discussing the Construction of a Didactical Instrument for “Future Doctors” in Ouro Preto, Brazil
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Objectives: To discuss the elaboration of a manual of psychiatric clinical cases aimed to provide to medical students knowledge of common situations of mental health, in dialogue with primary health care system in Brazil; and to facilitate the learning process about social implications of mental disorders assistance by primary care physicians.

Methodology: From the appointments accomplished with students during a psychiatry clerkship at a community mental health service in Ouro, Preto, clinical cases were elaborated containing: clinical case report, two questions followed by answers about the main topic, key-words, learning goals, previous considerations as a brief literature revision and sociocultural contextualization. Cases were selected having as criteria the frequency of morbidity in Brazilian population in primary care services. Students were instructed to use the
semeiological terms, text cohesion and to think possible conductions in the primary care service, including self-care orientations and community non-medical services utilization.

Results: a manual containing 10 clinical cases was elaborated along two semesters in 2013/2014. It was possible to facilitate the participation of future general physicians of the primary health care services in the management of mental health patients by reinforcing their connection with the community mental health services. Categorical classifications systems used in international case files books were of little practical utility for social contextualization, in spite of being useful somehow for clinical discussion.

Conclusion: When compared to cases found in foreign books used as reference, it was evident the discrepancy between these ones and the real ones experienced at Brazilians services. Some characteristics of Brazilian mental health politics contribute to student’s perceptions about mental suffering as an important topic in primary care services. Further research is needed in order to find more clerkship-dependent contributors to positive or negative attitudes toward psychiatry and psychiatric patients.

Bibliography:

Current Cognitive Model of Obsessive-Compulsive Disorder: Is It Useful for Treatment?
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Objectives: The cognitive model of OCD proposes that obsessions are the clinical expression of normal unwanted intrusive thoughts/impulses/images (UITs), and this assumption has received support in a variety of cultural contexts1. The model also hypothesizes that the transition from UITs to obsessions first depends on individuals attaching dysfunctional misinterpretations to their UITs. Subsequently, patients engage in counter-productive neutralizing behaviors. Therefore, research must demonstrate that a decrease in OCD severity after cognitive therapy (CT) is accompanied by a decrease in the strength of dysfunctional interpretations of obsessions and in neutralizing strategies. Our objective is to provide data about this, due to the scarcity of published findings, especially regarding the use of purely CT techniques (i.e., without exposure and response prevention).

Methods: Sixty OCD patients (60% women; 34.23±13 years; YBOCS= 25.36±5.39) received individual CT (18 sessions over a 6-month period). They completed self-reports on dysfunctional beliefs about obsessions (OBSI2) and neutralizing strategies (Thought Control Questionnaire, TCQ3; White Bear Suppression Inventory, WBSI4) before and after CT.

Results: Pre-treatment: YBOCS (severity) and the three self-reports were significantly correlated (all p’s≤.05). Post-treatment: recovered patients (n=40) obtained lower scores than non-recovered ones on dysfunctional beliefs (OBSI: t58=4.37; p=.0001) and neutralizing strategies (WBSI: t58= 3.76; p=.0001; TCQ: t58= 2.36; p=.02), despite the lack of differences between the two groups at pre-treatment.

Conclusions: Findings support the validity of current cognitive conceptualizations of OCD and the efficacy of purely cognitive techniques in psychological treatment for OCD.

Bibliography:

Provider Payment Mechanism, Financial Incentives and Pathways of Mental Health Care in Primary Care
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Objective: The great majority of people with mental health needs - also many people with severe mental disorders - are only cared for in primary care (Goldberg et al. 2009). A large variation between countries regarding the diagnosis and treatment of psychological diseases in primary care can be found (Verhaak et al. 1993). The objective of this study is to explore the influence of provider payment mechanism and financial incentives on pathways of mental health care in primary care.

Method: The information presented here is based on the findings of the EU funded FP7 project “Research on Financing Systems Effect on the Quality of Mental Health Care – REFINEMENT” (No. 261459), in which eight European countries took part. Three methodological approaches were used for describing and analysing financing mechanisms and pathways of care: Reviewing the literature, collecting information on patient pathways and on specific examples of financial incentives and developing assessment tools for decision support.

Results: In most REFINEMENT countries GPs are the main service providers in the case of mental health problems. In several examples the influence of financial incentives on pathways of mental health care was described, e.g. incentivising time-intensive mental health activities and cooperation between primary care and specialist care by special fee-for-service payment; target payments to support policy aims and quality standards (e.g. focusing on treatment of physical comorbidity in people with mental health needs).

Conclusion: Provider payment mechanism and their inbuilt incentives can influence the pathways of mental health care and should be carefully assessed concerning their effect on continuity of care and cooperation between primary care and specialist psychiatric care.

Bibliography:

An Easy to Use Online Tool for Screening of Depression and Anxiety Disorders
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Objectives: Depression and anxiety disorders are disabling conditions that adversely affect a person's family, work or school life, sleeping and eating habits, and general health. Their impact on functioning and well-being has been compared to that of chronic medical conditions. Due to the increasing role of internet as an information source and due to the relatively high incidence of depression and anxiety disorders in general population it is clear that use of internet may help patients to obtain accurate information about these conditions. The presentation emphasizes the development of an easy to use online tool for screening of depression and anxiety disorders.

Methods: Hospital Anxiety and Depression Scale (HADS) was developed by Zigmond and Snaith (1) in 1983 and is commonly used by doctors to determine the levels of anxiety and depression that a patient is experiencing (2). The HADS is a fourteen item scale: seven of the items relate to anxiety and seven relate to depression. A web application using a Romanian translated and validated version of the HADS was developed by a team of psychiatrists and IT&C specialists and it is available for free use on depresiv.ro website.

Results: The application has 3 modules: demographic data, the HADS scale, and medical/psychiatric history. From its release in august 2014 it was used by more than 5500 persons.

Conclusions: As new technologies are introduced and become more reliable and accessible, mental health specialists are developing new and innovative methods through which to provide services.

Bibliography:

Computer-Mediated Psychotherapy. Present and Prospects. A Developer Perspective
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We define computer-mediated psychotherapy (CMP) as a computer application that: (a) is explicitly created to serve a psychotherapeutic purpose; (b) implements the principles and methods of bona fide psychotherapy; and (c) involves the patient into a range of psychotherapeutic activities. Relying on an extensive review of the literature, we found, from a developer perspective, clear reasons of optimism: the efficacy of CMP is comparable with that of traditional face-to-face therapies; its benefits exclude the costs and the demand is high. Hybridized forms show superiority over pure computerized therapies. CMP has the potentialities to produce substantial improvement of mental-health care system by: a) switching the focus of psychotherapy from symptom alleviation to enhancement of help seeking behavior; b) focusing on client as the agent of therapeutic change; and c) capitalizing on theoretical and methodological achievements from e-learning.

Bibliography:

Specificities of Level Structured Information
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Substance (mass), energy and information behave differently at temperatures close to absolute zero (−270, 3 Celsius). Energy disappears, stops its movement and is transformed into mass. Information is not influenced by temperature. This is the latest argument of astrophysicists regarding the differences between substance, mass and information. The levels of information are as following: statistic, related to inferior techniques and phenomenon, semantic, specific to robots genetic code of biology and intelligence, gnozic, that allows knowledge of the environment and simple decisions, specific to animal and artificial intelligence. This is when mirror neurons appear in animals and humans alike. On the other hand, the heuristic level, that characterizes humans, is based of linguistic coding, what is called silent speech with the possibility to imagine and process. The argument of humanization is the presence of indentations on internal surface of skull, specific to the Broca and Wernicke centers that together participate in interpersonal speech, the genesis of silent speech and abstract thinking. The possibility of optimizing structures is found in understanding the difference between these levels of complexity of information and an amorphous, general information, or between the different levels and chances of development and growth. Parts of the psychiatric mechanisms are explained by these structures of information. On the other hand, an interconnection between human thinking and technological systems can be facilitated by this knowledge. The access to specific changes in mental status or the human development can be followed through this information scale. Human behavior can be easily addressed by means of calculus if one can find its transmitters, non-verbal transmitters and also variations of physiologic parameters. There is a great gain in the chance of learning how to control biologic or mental functions by translating some parameters into a sensory system, technique called biofeedback.

Bibliography:

When Does Subliminal Affective Image Priming Influence the Ability of Schizophrenic Patients to Perceive Face Emotions?
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Background: Deficits in face emotion perception are among the most pervasive aspects of schizophrenia impairments which strongly affects interpersonal communication and social skills.
Methods: Schizophrenic patients (PSZ) and healthy control subjects (HCS) performed a two psychophysical task. One, the SAFFIMAP test, was designed to determine the impact of subliminally presented affective or neutral images on the accuracy of face-expression (angry or neutral) perception. In the second test, FEP, subjects saw pictures of face-expression and were asked to rate them as angry, happy, or neutral. In addition, the following clinical scales were used to determine the acute symptoms in PSZ: Positive and Negative Syndrome (PANSS), Young Mania Rating (YMRS), Hamilton Depression (HAM-D), and Hamilton Anxiety (HAM-A).

Results: On the SAFFIMAP test, different from the HCS group, the PSZ group tended to categorize the neutral expression of test-faces as angry and their response to the test-face expression was not influenced by the affective content of the primes. In PSZ the PANSS-positive score was significantly correlated with correct perception of angry faces for aggressive or pleasant primes. YMRS scores were strongly correlated with PSZ’s tendency to recognize angry face expressions when the prime was a pleasant or a neutral image. The HAM-D score was positively correlated with categorizing the test-faces as neutral, regardless of the affective content of the prime or of the test-face expression (angry or neutral).

Conclusions: Despite its exploratory nature, this study provides the first evidence for the fact that conscious perception and categorization of facial emotions (neutral or angry) in PSZ is directly affected by their positive or negative symptoms of the disease as defined by their individual scores on the clinical diagnostic scales.

Keywords: subliminal priming, face expression recognition, emotion, schizophrenia.

Bibliography:

Behavioral Medicine - a Solution for Health System in Romania?
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Nowadays we are fully aware of the “mind and body interaction” in medicine, respectively, in psychopathology. Stress and different emotional reactions contribute to the development, evolution and prognosis of many somatic diseases. In psychiatry there are multiple biological mechanisms that underlie psychic phenomena. Moreover, somatic symptoms are present almost, in entire psychiatric pathology. Psychosomatics is a subspecialty of psychiatry that address mostly on the stress and personality factors in order to improve the course of the psychosomatic illnesses. The etiopathogenesis of many chronic diseases includes both the biological and environmental factors. As follows, health problems are primarily viewed as behavioral in nature, as opposed to medical. It come out the behavioral medicine that uses the biopsychosocial model instead the medical model aims to modify the course of the illnesses by behavior, as opposed to using pharmacological treatment alone. Behavioral medicine addresses to many psychiatric disorders and somatic diseases that are determined, in part, by behavioral factors as stress, substance abuse, nutrition, sedentary life-style. It comes out that depressive and anxiety disorders, substance related disorders, diabetes, hypertension, obesity, cancer, aging, etc. are better managed by mixed interventions, including behavioral interventions. In this way some psychiatric disorders and somatic diseases come together in a single domain. Current research point out the epigenetics unifies the etiopathogenesis of the mentioned diseases. Epigenetics explains the interaction between the gene and environmental factors, a combination of factors that comes from the well-known diad „nature or nurture”. Epigenetics makes us to hope finding an appropriate treatment for many chronic diseases. In Romania, a country with many chronic disease due to the behavioral problems (cardiovascular diseases, substance abuse disorders, depressive disorder, etc.) the organization of the behavioral medicine services could be a viable solution for the health system in Romania.

Bibliography:

Medical Security Measures in Serbia: Form of Health Prevention in Cases of Mentally Abnormal Offenders
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Medical security measures are part of criminal law which is closely related to Forensic psychiatry, so they have interdisciplinary character. This type of criminal sanction is applied to mentally abnormal offenders, with main social purpose to prevent repeating of criminal acts caused by some mental disorder. Their second important goal is to enable human and psychiatric adequate treatment of offenders with serious mental abnormality, and instead of prison they go to appropriate psychiatric institution. The role of forensic psychiatrists in this field is very important. In the first place, forensic psychiatric expert opinion in criminal cases about insanity or diminished responsibility and evaluation of potential risk for repeating offence is a required fact for court act for applying medical security measure to these patients. Also, the treatment of these offenders is in the “hand” of forensic psychiatrics, and responsibility for evaluation that results of treatment are as well as we can interrupt some measure at all or change one type of measure with another one. The aim of this work is to present place of medical secure measures in Serbian criminal system, at first. By the law in Serbia there are 4 types of these obligatory measures which court can apply to mentally abnormal offenders. Also, it will be presented what is necessary to make valid, adequate and serious forensic psychiatric expert opinion even in the field of treatment mental disordered offenders and especially about evaluation potential risk for repeating offence because of mental disturbance. By our standing, nowadays in these evaluations forensic psychiatrists do not use some generally accepted standards and methods. Because of that, we will present some criteria which are minimum necessary for evaluation of risk for criminal recidivism of mentally disordered offenders, as a basic for making general standards in this scientific field.

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1. Ciric, Z.: Forensic psychiatry, Faculty of Law Nis, 2013.
2. Ciric, Z.: Medical security measures in actual criminal code of Serbia - Forensic psychiatric approach, Faculty of Law Nis, Memoir of papers, 2009.

Relationship Between Personality Types and Job Satisfaction Amongst Physicians
Irina Filip (1), Neeta Saheba (1), Bryan Wick (1), Diana Patriche (2), Amir Radfar (3)
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Objectives: Meaningful relationships between job satisfaction and personality type among physicians from different specialties can predict the success rate of the carrier of choice. Studies show that only 58% of physicians would choose medicine again as a career, only 47% would chose again the same specialty1. Multiple meta-analyses studies showed a relationship between job satisfaction and the type of personality one has. Identification of the personality traits supports the selection of physicians with the right personality to align with specific job requirements.

Methods: In this correlational, cross sectional research within a three month period, 100 participants who are practicing physicians and medical residents in USA were recruited. The consecutive sampling method through Survey Monkey was used. The data for this study were collected using Myers-Briggs Type Indicator (MBTI) and a physician satisfaction survey.

Results: MBTI is a useful tool to classify the types of personality using Jung’s psychological types of introversion/extroversion, sensing/intuition, thinking/feeling, judging/perception2. Based on initial data extrapolation of this ongoing study and consistent with literature, family practitioner, obstetrician and gynecologist would share the same desire of performing their task well and being efficient, organized, and dependable, while an anesthesiologist, surgeon, or psychiatrist would exhibit imagination, sensitivity, and intellectual curiosity, making them more open to experience. Anesthesiologists and surgeons are more extroverted, while psychiatrists and family practice physicians tend to be more empathetic, sympathetic, warm, and considerate3.

Conclusions: Finding meaningful associations between personality type, job satisfaction, and medical specialty will assist decision making process contribute to the career planning of medical residents and will be beneficial in providing quality service for the patients4. MBTI is a useful tool for predicting success rate of career of choice based on the personality type of participants.

Bibliography:
South African Psychiatrists' Scope of Practice and Social Contract
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Objectives: The purpose of this inquiry is to investigate the nature and extent of the implicit social contract between the members of the South African Society of Psychiatrists (SASOP) and the communities which they serve, as well as with health sectors, service administrations and the local medical and health fraternity in terms of which they operate.¹ ² E.g. in their defined geographical areas (national, regional, local, facility) and areas of interest (e.g. child and adolescents, old age, gender, forensic psychiatry). Two objectives included were to: (1) describe the current scope and principles of South African psychiatric practice, as well as components of SASOP’s existing social contract; and (2) define additional principles and components that should be included in SASOP’s social contract.

Methods: A program of dialogue and liaison will be started during 2015 to engage with SASOP members and the different parties included in local psychiatry’s social contract, such as their patients, the wider public, civic organizations and advocacy groups, the media, training institutions, local medical institutions and third party stake holders (e.g. administrators, managers and funders).

Results and Conclusions: Background information and results on the progress to date will be presented.

Bibliography:

Changes of Theory of Mind in Patients with Brain Tumors
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Objectives: Brain tumors represent nowadays a rather frequent pathology that can currently be diagnosed faster with imaging investigation techniques. Their therapy is also more complex being represented by surgical procedures, chemotherapy and radiotherapy. Both brain tumor pathology and their curative interventions affect cognitive functions, one of which is social cognition. Theory of mind is one of the components of social cognition and is defined by the ability to know what other people think and feel, basically this means to have the capacity to “read the minds” of those around us. Theory of mind is very important when establishing social relationships with others. This paper aims to identify how theory of mind changes in subjects diagnosed with brain tumors.

Method: The study sample included 42 subjects diagnosed with brain tumor and introduced in this research based on inclusion/exclusion criteria. Following parameters were analyzed: socio-demographic data (gender, age, level of education, professional and family status) were assessed using a demographic questionnaire, clinical data (diagnosis according to ICD 10 criteria, tests for theory of mind) and brain imaging data (cerebral MRI that highlights cerebral localization of the tumor and tumoral size). We mention that subjects were assessed prior to surgery and the emotions identified were grouped by Parrot’s classification of emotions.

Results: Changes in the ability to read the mind were revealed in the sense of a decrease compared to normal range. Changes in theory of mind were also correlated with tumor localizations.

Conclusions: The capacity to read the mind from the eyes is modified in subjects with brain tumors and correlates with tumor location.

Bibliography:
A Survey of Motion Tracking In Automated Neuromotor Rehabilitation after Stroke
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Objectives: Stroke is one of the leading causes of permanent disability worldwide. According to the WHO, each year 15 million people suffer a stroke, out of which 5 million are permanently disabled as a direct consequence. This poses a huge medical, social and economical burden on the society. Due to demographic trends (population ageing), soon, modern societies will become at impossibility to ensure caretaking through human therapists only. That’s why, worldwide, serious efforts are made to develop automated solutions for rehabilitation after stroke. Computer assisted rehabilitation could provide numerous advantages over classical rehabilitation, such as higher number of repetitions, semi-independent training, automated evaluation, duplication of traditional rehabilitation methods as well as novel approaches based on the high degree of sensitivity and precision of sensors and robotic devices. Our objective in this survey is to assess the state of the art technology in motion tracking systems for medical rehabilitation.

Methods: In this article we review some of the existing methods for motion tracking in rehabilitation: visual tracking (that determines the position by using acquired video images - with or using markers on the subject), non-visual (determining the current position using sensors such as inertial or magnetic sensors) and robot-aided methods (employed in rehabilitation processes that use a therapeutic robot) are examined, and we evaluate their advantages and disadvantages, with conclusions regarding which ones are more appropriate for different kinds of rehabilitation techniques and sessions. The existing state of the art solutions will be analyzed and their usability in rehabilitation will be evaluated based on their available documentation as well as on the existing documented scientific experiments.

Results: One of the key issues of computer assisted rehabilitation is tracking as accurately as possible the movement of the patient’s body, in general, or a disabled limb, in particular. This provides the key input for the automated rehabilitation solution: based on information about body or limb movement, the IT solution will trigger varied support actions or evaluate status and progress. The evaluated solutions need improvement in usability if they are to be used in rehabilitation on a large scale as patients recovering from stroke cannot always assume a certain position, therefore the equipment needs to be flexible. Apart from the cost of the necessary equipment - in order to install and use a performing tracking system specialized - assistance is needed thus, at the moment, it is near impossible for it to be used by the stand alone user.

Bibliography:

Brain Computer Interfaces for Neuromotor Recovery - Achievements, Issues and Trends
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Objectives: Neuromotor deficiencies affect large numbers of people, being a great burden to the patient as well as carers and society. Stroke prevalence and trends in modern societies motivate increasing efforts in researching areas that seem potentially beneficial to assist the recovery of these patients. One of these fields is that of Brain Computer Interfaces (BCI). BCIs offer new channels of communication between humans and computers, without requiring muscular or sensorial activity to control devices or receive information, as typical human - computer interfaces do. From the two directions of information flow (from brain electromagnetic signals to automated commands and from computer generated signals to the brain), the most researched and developed is the first one, with significant achievements in rehabilitation, amongst other fields: BCI can measure, analyze and interpret the electrical activity of the brain to detect patient’s intention of executing a movement or expressing a certain need. Upon such information, further supportive actions can be triggered. The objective of this article is to investigate the state of the art of BCI usage in rehabilitation.

Methods: We focused on the key aspects of accuracy, usability, ergonomics, costs and types of applications. We investigate a wide range of solutions, from entry-level commercial solutions targeting gaming and leisure to
sophisticated systems for research only. Each one is analyzed based on its tech-sheet, as well as its usage in rehabilitation practice and experiments, documented in the scientific literature.

Results: BCI systems have immense potential for providing key inputs for automated neuromotor recovery. They can allow patients to communicate to the outside world, trigger actions or even control robotic prostheses, supporting rehabilitation or providing assistance to partially overcome their deficiencies. While BCIs have not yet achieved satisfactory degrees of accuracy, usability, ergonomics, and costs to allow large scale usage in rehabilitation solutions, recent evolution and trends are encouraging.

Conclusions: We critically analyzed the usage of BCI in neuromotor recovery, indicating the achievements made in the field, the existing drawbacks and limitations, as well as development trends.

Bibliography:

Rehabilitation Solutions for Patients Suffering of Cerebrovascular Accidents
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This paper is based on the results of a research project regarding the design and development of an Intelligent Haptic Robot-Glove (IHRG) for the rehabilitation of the patients that have a diagnosis of a cerebrovascular accident. The scientific community has become increasingly interested in so-called Rehabilitation Robotics, a branch of the areas of Robotics and Mechatronics that addresses to the study of complex robotic systems aiming to restore the human functions for those people who suffer major trauma as a result of strokes and cerebrovascular diseases (CVA). Total loss or loss of range of motion, decreased reaction times and disordered movement organization create deficits in motor control, which affect the patient’s independent living. Recent studies have shown that intensive and repetitive training may be necessary to modify neural organization and recover functional motor skills. The paper presents some solutions realized in IHRG research project. We designed, implemented and tested different mechanical solutions, different motion transmission solutions and actuation systems (electric, pneumatic and shape memory alloy actuation systems) for the robotic glove dedicated to CVA patients. One solution of the intelligent glove consists of a thin glove determining a comfortable environment for exercises, seen like a suitable infrastructure for a lot of wires and sensors. The wires will help the patient to close or open the hand, for example, as long as the sensors will calculate real time the resistance force generated by the patient. This solution uses voice recognition such that the patient can send vocal commands to IHRG or can select one predefined program which will imply some exercises for a specific period of time. Another rehabilitation solution is based on teleoperation. In order to implement a good movement of the robotic glove, a tele-operated robotic hand was developed. The design is close to a biological hand. The robotic hand is made from a single piece of silicone, material with very close texture and resistance of real hands, which gives the ability to easily manipulate fragile objects. Other advantage is the study regarding the finger articulation positions to ensure optimal system functionality. Other design solutions are also considered and analyzed.

Smart Glove for Hand Rehabilitation
Adrian Bostan
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The human body it's a complex electrical system, after suffering a stroke or having a surgery and nerve damage, some problems could appear, loss of strength, shake, tactile loss, etc. In order to help improving these conditions, a smart passive or reactive glove could be used. The following paper will present a smart glove used in patient motor functions rehabilitation. The glove has attached sensor that can interpret the bending of each finger, the angle between each finger and the force used by each finger when closing the hand, also it can measure the rotation angle of the hand. Gestures and movement can be recorded from a healthy patient and analyzed in real time by complex algorithms; after, this data can be translated into movement if an active glove it's used. On the patient hand the system can perform an analysis and indicate motor functions of the hand in PC applications. By using two gloves, one glove with sensors only placed on the healthy hand, and the active
one the hand with degraded motor functions, the patient can actually "transmit" the movement from one hand to another, and in this way executing specific task recommended by the doctor.

ICT Evolutions Supporting the Development of Assistive Systems for Visually Impaired People
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Objectives: According to an international survey performed by the WHO, the number of visually impaired people raised in 2002 to about 161 million (2.6% of the world’s population), of whom 124 million had sight deficiencies, while 37 million were blind (legal or total blindness). Therefore, a large number of persons are suffering from a visual handicap which impedes accomplishing their daily activities. They would significantly benefit from an assistive device based on an alternative modality, that can complement or replace sight by another sense - auditory, haptic (tactile or kinesthetic), or a combination of both [1]. Following the technological boom from last few years, novelty devices are now available for research: micro-computers, mobile devices, sensors, 3D earphones, depth cameras, real-time eHealth bracelets, brain wave devices, cloud computing environments, all of them are currently used together for developing vision substitution systems.

Methods: Our article intends to present the most important examples on how nowadays ICT science and engineering last minute innovations are used to create complex architectures and outstanding solutions for developing effective assistive systems that can help the visually impaired people.

Results: Results of this review pinpoint major difficulties that still have to be overcome for assistive solutions to supplement the lack of vision, which is our dominant sense [2]. Still, the modalities of substituting a sensory channel are rather sequential, not involving multiple senses at the same time. To counteract the limitations of these methods, a clear benefit is brought by exploiting more parallel interaction channels simultaneously and continuously.

Conclusions: The use of combined modalities (haptic, auditory and auditory/haptic) to convey visual information is relatively recent, but it will have an ascending trend in the next years, because of the evident benefits of associating all possible communication and interaction channels using hi-tech modern tools. This approach will be applied in the development of assistive electronic devices that can address one of the major problems faced by the visually handicapped people - assistance for their daily life, cardinality, autonomy, mobility and prevention of dangerous situations.

Bibliography:

Brain Computer Interface for Fuzzy Control
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The main idea of this paper is the movement control of a robot based on non-invasive brain computer interface. Due to the compact nature of such systems, the detection and classification techniques have to be extremely simple in order to be stored in the small memory of the microcontroller of the control system. The paper presents one such technique which is based on Fuzzy classifications of the EEG data using certain statistical features from the signal. The Brain-Computer Interfaces (BCI) technology augments the capabilities of the user of enabling interaction with computers through a modulation of the brainwaves. By analyzing online brain electrical activity, researchers have designed brain-actuated devices that provide alternative channels for communication, entertainment and control. In the first step, the brain signals are acquired through non-invasive methods. A BCI is implemented using inexpensive general purpose clinical EEG acquisition hardware as the base unit, a synchronization module to allow the EEG hardware to be operated precisely in time and to allow recording of EEG signals. Then, the signals are amplified and sampled. Once the signals are acquired, the accuracy of the signal is improved. This paper presents a system that involves signal acquisition, feature extraction, the fuzzy controller and the robotic system. This paper presents a novel feature extraction procedure for extracting features from the electroencephalogram (EEG) recorded from subjects. Fuzzy networks are used to perform the predictions for EEG data. Then, features are derived from the mean squared error in prediction. A fuzzy "if-then" rule is generated for each cluster. For a given cluster, belonging to a specified class, the generated fuzzy rule is implemented. A control interface to translate human intentions into
appropriate motion commands for robotic systems is developed. The experimental procedures consist of EEG signals extraction, optimizing the signal, wireless transmission and robot control.

**Engineering the BCI&FES Systems to Improve Rehabilitation in Disabled People Due to the Central Nervous System Disorders**

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It is estimated that stroke is the second single most common cause of death in Europe: accounting for almost 1.1 million deaths each year. Anyway, this is the half number of those suffering a stroke, the other half needing post-stroke rehabilitation programs. Worldwide, 15 million people suffer a stroke annually. Functional Electrical Stimulation (FES) is a technology that uses small electrical pulses to artificially activate peripheral nerves causing muscles to contract, and this is done so as to restore body functions. Electrical stimulation in stroke patient is an efficient tool for the maintenance of muscle trophism, helping to reduce the appearance of edema and fibrosis in paretic muscles, and allowing the patient voluntary access to these muscles when combined with cognitive activation. Brain-Computer Interfaces (BCIs) provide a hands-free means of controlling electrical devices, and have significant potential for the operation of neuroprosthesis. In the motor imagery (MI) task, the user is asked to imagine a movement of either the right or left hand. By doing so, a locally confined response can be detected in the EEG signal. After calculating a classifier, the system can detect which limb was imaginary moved by the user. The method of common spatial patterns (CSP) is used to discriminate among the two motor imagery tasks. This method weights each electrode according to its importance for the discrimination task and suppresses noise in individual channels by using correlations between neighbouring electrodes. New results on engineering FES&BCI systems aiming to restore hand functionalities in stroke patients will be presented. The clinical tests have been conducted at the Rehabilitation Hospital of Iasi, Romania and their results suggest that the proposed FES&BCI system induces cortical reorganization that leads to improved hand rehabilitation in stroke patients.

**Bibliography:**


**Mobile Agents for Healthy Minds**

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The paper presents a mobile agent based medical application which identifies the current status of a subject depending on some inputs received via mobile phone. These inputs were analyzed using fuzzy logic and other evolutionary development paradigm in order to reflect the current status of the subject (tired, bored etc.). Some possible activities will be also suggested to the user in order to increase his capacity of work or concentration. The mobile agents are sent to the mobile phone of the subject. They collect data regarding subject’s state, this information being further sent to a private cloud to be analyzed. This data is processed using fuzzy logic and determining one of his state: tired, bored, ill, exhausted etc. For this reason, a fuzzy controller is implemented, having the role to generate a recommendation to the human subject. The collected data could be the number of hours the subject sits at the desk, plays games, works without any break or spends in front of a computer. All these data are collected on a centralized application located in a personal cloud, which offers confidentiality and a lot of space for all data. The security of the mobile agent is a critical aspect. For this reason the mobile phone will accept for execution only an agent with a trusted certificate. To fulfill this request, a Java implementation is used since the agent can be encapsulated in a signed jar file. The processing power is huge in cloud and this power will be used to make the entire amount of fuzzy computations which are
necessary for the fuzzy controller to infer a recommendation. The cloud can be also used to maintain data for a period of time (some weeks for example) and to do some data comparisons between all these periods. This recommendation will be available after the defuzification process. The final process (the defuzification) implies to take a decision, in our case a recommendation for the subject. For example, it is suggest to the subject to take a break for 10 minutes. Since it is a very common habit for any subject to ignore the recommendation, the system sends another message after 5 minutes explaining to the subject which are the risks if the recommendation is ignored. As future work, a collaboration between more mobile agents will be taken into consideration. This aspect can be very usefully for a company that wants to create a working strategy for its employees.

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Introduction: After centuries of slavery and dearth we must attest African misfortunes such as EBOLA. Pandemic contamination of viral Zoo noses hemorrhagic disease named EBOLA with more than 17000 affected and about 9000 mortality more than 50% in a few months with high contagion risk is a shaking event. Self protection worries for in health service groups is second problem. Do you know about the present situation of those people living with their relatives under one roof? They have been under psycho social boycott because of contamination anxiety. Their feeling of loneliness is stressful and also depressant.

Background: Community based psycho social support is an urgent duty after initial activities. Group Cognitive - behavioral psychotherapy & psychological debriefing prevent PTSD. Both of two methods were executed on PTSD symptoms of Bam earthquake survivors. Also Greif psychotherapy will be done if needed. Goals & Methods: To survey this method on EBOLA unaffected persons who live in affected area in Sierra Leone. About 150 - 200 person with age between 14 years old and above, Two trained experts of psychology were preferred from Sierra Leone local will be responsible for screening and interventions under the group's psychiatrist supervision. Subjects at first must pass 21 days self control of fever. CAPS/ Beck questionnaires before and after interventions to investigate symptoms of DSM-IV criteria of PTSD and pathologic grief ratio.

Data & Results: Our international project under assigned in ministry of health of IRAN in collaboration with another disciplines. God willing we are going to start on2015 March/April hopping all conditions allow us to begin this hard work.

Bibliography:

Work Stress and Its Management

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Introduction: Working is a social behavior that causes happiness, self esteem, autonomy earning livelihood, increase one’s psychic ability to communicate society, also important indicator of psychological health but sometimes everyone may be tired from his or her job and its atmosphere then seeking remedy. In this manner the stress is happened really. Stress after stimulus perception and cognitive processing and then HPA pathway, sympathetic effects on end organs and it may be solved by satisfactory response so there is no problem but when we cannot solve it so negative stress exist that so it is called distress and in fact will cause medical problems or psychological disorders. In addition social and security or financial problem may exist after individual stress side effects.

Method & Results: reviewing of articles has showed working stress is the main of social industrial organizations such as offices and factories inability reason. Work place leaving, repetitive sick leave, job disabling and beforehand retirement request generally derived from unsatisfactory of job. Statistically much more of nurses and other health worker suffers medical or psychological disorders. It depends on many conditions: psychic ability, vulnerability level, Neurotransmitter and hormonal level. Exegetic factors such as physical or chemical agents, environmental, biological or ergonomic factors, Immunity and directorship factors.
Discussion and conclusion: According to several studies results Life style changing, psychological interventions academic cognitive behavioral methods, pragmatically ABCD algorithms are so effective in its management. 

Bibliography:

Valproic Acid-Associated Hyperammonemic Encephalopathy: Report of Three Cases
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Objectives: Valproic acid is a widely and safely used mood stabilizer, but severe adverse effects may occur. Hyperammonaemic encephalopathy (HE) is a rare but severe and potentially fatal complication of VPA treatment. The mechanism by which valproate induces hyperammonemia remains incompletely understood but is likely to relate to the urea cycle. Herein we present three cases presented with acute mental status change and hypersomnolence due to hyperammonemia at therapeutic valproate levels without signs of liver failure and were successfully treated by discontinuation of VPA.

Methods: The ages of three cases were 37 years, 38 years and 54 years, respectively. Case 1 was diagnosed with bipolar disorder, case 2 and 3 were diagnosed with schizoaffective disorder. Although valproic acid levels and hepatic enzyme levels were in normal, increase of ammonia was common to all patients. In these patients, the hyperammonemia occurred during the initiation of therapy and were quickly reversible upon discontinuation of therapy. The patients showed a complete recovery within a couple of days.

Results: The mechanism by which valproic acid and its derivatives produce hyperammonemia appears to be multifactorial and not well elucidated. It has been shown that valproate indirectly inhibits carbamoyl phosphate synthetase I (CPS I) in the urea cycle by decreasing synthesis of N-acetyl glutamate, the activator of CPS I, causing the breakdown in the urea cycle and subsequent increase in ammonia. Also it been reported in inherited metabolic disorders such as X-linked ornithine transcarbamylase deficiency. Conclusions: We conclude that hyperammonaemic encephalopathy must be considered as a possible side effect of valproic acid and it is usually reversible with discontinuation or dose reduction.

Bibliography:

Perceived and Unperceived Costs of the Major Depressive Episode in Romania
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Objectives: This prospective, 10 weeks, multi-center study evaluates the functional status of patients diagnosed with Major Depressive Disorder.

Methods: 889 adult patients from 36 centers, diagnosed with Major Depressive Disorder using the DSM-IV TR criteria were included. Patients were in their first episode or in a recurrent episode. Sheehan Disability Scale was used to evaluate 3 interconnected domains: work/school, family life and social life. In the same time we have evaluated the number of days considered as unproductive or lost at work weekly and monthly by the patients. Results: 53% of the patients consider that the most distressful depressive symptoms have the highest impact on their family and social functionality. 17% consider they are losing more than 21 days per month and 29% consider they have more than 21 unproductive days per month at work. These values improve under treatment, but still, a third of them consider they are unproductive between 6 to 10 days per month at work.
Conclusions: More than half of the patients appreciated the impact on family and social functionality as high, more than the ones that evaluated as high the impact on their work. Further research is needed, but starting from this single consideration we can affirm that if we translate the lost unproductive days at work in terms of lost productivity, this consequently could mean money loss for the individual and the system. One option for improving could be to increase the level of knowledge in recognizing the first signs of depression and a better stress management at work.

Keywords: depression, cost, prospective study, functionality, stress.

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Treatment Adherence - Independent Protective Factor for Functionality in Major Depressive Disorder
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Objectives: The aim of this multicenter, non-interventional, prospective study was to assess the functionality of treated patients with major depression (1), taking into consideration that even minor levels of depression are associated with a loss of productivity.

Methods: 1191 patients were assessed, from 64 Romanian centers (in and out patients) in urban areas. The patients, both genders, were in their first episode or in a recurrent episode but without treatment for at least 6 months. The lack of adherence caused by other pathologies and factors was excluded.

Results: 44% of the responders affirmed they did not respond to a previous treatment so they had a new episode. 34% interrupted treatment earlier because they felt better and ended up having a new depressive episode. 4% did not tolerate the treatment. 52% had recurrent depressive disorder and 33% had the symptomatology for more than 12 months. 71% of the patients in their first episode and 61% of the patients with recurrent depression had a very good improvement after 10 weeks of treatment with one antidepressant.

Conclusions: Adherence to treatment is associated with psychological factors and it has been demonstrated to be a protective factor for quality of life due to the fact that the treatment was effective only if it has been taken. A better quality of life is linked with less symptoms due to the functionality improvement, thus adherence becomes itself a protective factor and maintains an adequate level of everyday living for the patient. Psychoeducational and motivational interventions play an important role in improving treatment adherence (2). Keywords: depression, prospective study, adherence, antidepressant, functionality.

Bibliography:

Major Depressive Disorder Patient’s Profile, in a Sample of Romania Depressive Patients from a Prospective Non-Interventional Study
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Objectives: 20% of the major depressive disorder diagnosed patients will have a chronic evolution. Thus, it is very important to identify symptoms in their early stage. This is a multicenter, prospective, non-interventional study that characterizes the Romanian adult patients’ depressive symptomatology.
Methods: The study included 889 adult (18-65 years old) patients diagnosed with first episode of Major Depressive Disorder or Recurrent Depressive Disorder in acute episode because they had stopped the previous treatment at least 3 months before. DSM-IV TR criteria were used 1. They were enrolled in 36 centers (in and out patients). The prospective evaluation lasted 10 weeks (acute phase study) and it had 4 visits. The symptoms’ severity was evaluated using the QIDS-C16 scale.

Results: The average score of the QIDS-C16 scale at baseline was 16.8 (standard deviation 4.25) which corresponds to a severe symptomatology of the disorder. The symptoms with the highest intensity at baseline were depressed mood and focusing/decision making deficit. In the same time 95% of the participants accused moderate or severe insomnia. 54% of the patients had recurrent depression.

Conclusions: This research shows a profile dominated by depressed mood, inability to focus or to make decision, sleep problems, feelings of guilt, impaired cognition and fatigue. Many of these symptoms are considered as a “normal” consequence of every day stress and this is why people ask for psychiatric help after a longer period of time. This period of untreated depression could influence the evolution - more severe, recurrent episodes and an increased resistance to medication.

Keywords: depression, profile, prospective study, insomnia, impaired cognition

Bibliography:

The Major Depressive Disorder or Anxiety Disorders that Associates Cardiovascular Diseases are a Major Burden for the Health System

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Objectives: The aim of this retrospective, non-interventional study is to evaluate the association between Major Depressive Disorder or anxiety disorders and cardiovascular comorbidities among patients admitted between 01-01-2011 and 30-11-2014 in “Prof. Dr. Alexandru Obregia” Hospital, Bucharest.

Methods: We have reviewed the charts of 21 022 patients diagnosed with either depressive or anxiety disorders. In the same time, we have evaluated the comorbidities associated with these disorders: obesity, increased cholesterol, increased triglycerides, mixed dyslipidemia, diabetes, cardiomyopathy and hypertension.

Results: 45% of these patients had more than 1 admission in the hospital. 73,5% are patients with at least 1 comorbidity. One third has hypertension and in an almost equal proportion they have diabetes, mixed dyslipidemia and cardiomyopathy. Smoking is a risk factor present in 11% of our patients. 17,19% have other comorbidities.

Conclusions: Almost two thirds of the study lot have at least 1 cardiovascular risk factor (although there were identified at least 7 risk factors and comorbidities). Most of them have hypertension. Almost half of these patients required at least a second admission in the hospital. There is a reciprocal connection between depression, anxiety and cardiovascular risk factors (with a pathological common hyper-activation of the HPA pathway and inflammation cascade) that maintains both types of symptomatology increases the burden for the health system. Thus, we can appreciate that the next step for reducing costs and increase productivity is primary prevention using screening instruments to detect early and small signs of the mental disorders, psycho-education regarding cardiovascular disorders prevention as well as lifestyle changing through national programs.

Keywords: depression, anxiety, cardiovascular, comorbidity, burden.

Bibliography:
Impact of Chronic Back Pain on Substance Abuse - a Case Series  
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Background: Pain forms an integral part in presentation of multiple medical morbidities. Significant pain has been noted to be associated with strong affective symptoms. Pain and substance abuse frequently co-occur, posing a challenge with providing adequate pain management while balancing risk of dependence, particularly to opioid analgesics.

Objective: The authors present a report of a case series examining factors influencing service-seekers with a history of chronic back pain and ongoing opioid medication abuse. The need for addictions specialists to review adequate pain management, while addressing dependence and recovery, is being emphasized upon.

Method: We report a comparison of variables including pre-existing and pre-disposing social and psychological factors to opioid dependence. 20 subjects attending an addictions management service with a tertiary psychiatric hospital were interviewed with a structured questionnaire and followed up over a period of 3, 6 and 12 months, evaluating factors perpetuating misuse versus those aiding recovery.

Conclusions: Despite the management of pain in accordance to the WHO analgesia ladder, opioids remain the most potent and most abused of analgesics. Pre-existing vulnerability to mood disturbances and resorting to self-medication are frequent observations. Early identification of opioid seeking behavior and prompt referral for treatment reduces the period of medication misuse and dependence and predicts better prognosis.

Bibliography:

An Unusual Dual Diagnosis - a Clinical Case  
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We are reporting the clinical case of a patient, a 41 year old woman who was diagnosed in her twenties with a primary syphilis complex. Since June 2014 she progressively manifested personality changes, paranoid delusions and deterioration of cognitive and sensitive functions. She had multiples admissions between June 2014 and December 2014 to different hospitals for various diagnoses: schizophrenia, depression, borderline disorder, hypocondriac disorder and conversive disorder. The patient was admitted for depressive syndrome, severe anxiety and suicidal ideas. As an orphan child, she was early institutionalized, physically and emotionally neglected and had a poor socio-economical situation, all representing possible ethiopathogenic factors determining: cognitive and affective disorders, psychosomatic manifestations, emotional and behavioral disorders, adaptation disorders and emphasized personality traits. She was partially remissed with Mirtazapine 60mg, Venlafaxine 300mg, Buspiron 20mg and Olanzapine 20mg. Two months later she was adherent to treatment without any suicidal ideas. Comorbid personality disorder and psychotic disorders always represent a major challenge for everyday practice. The aim of this paper is to emphasize the relevance of differential diagnosis in patients developing multiple psychiatric symptoms in such an unusual comorbid context (latent syphilis) and the importance of subsequent BPD as a pathomorphosis of different subsyndromal interferences.

Keywords: differential diagnosis, dual diagnosis, borderline personality disorder, latent syphilis stage, taxonomy limits.

Stigmatization of Mental Health Practitioners - a Romanian Perspective  
Alexandra Barbilian, Lavinia Anton, Karla Meder, Dan Prelipceanu  
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The stigmatization of mental illness is a worldwide issue that affects not only the consumers of mental health services, but mental health professionals as well. This article concerns the latter. The WPA Action plan for 2008-2011 included as one of its goals the improvement of the image of psychiatry and psychiatrists among the general public and health professionals. Stigma is a problem with far-reaching consequences for psychiatrists and other medical personnel that work with patients with mental disorders: a higher rate of depression and
stress related disorders, a lower subjective quality of life, a lower self-esteem and a higher job discontentment among the aforementioned groups are only a few of the issues. Moreover, the same phenomenon leads to a lower level of recruitment of students to a career in mental health and to lower government financing of psychiatric services. The aim of this paper is to provide an overview of how stigma affects mental health practitioners in Romania and the main consequences it has on the Romanian mental healthcare system.

Keywords: stigma, mental health, Romanian mental health services

Psychosis Associated with Neoplasia - Case Series
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The etiopathogeny of schizophrenia-like psychosis includes the more recent theory of excessive glutamate release determined by N-methyl-d-aspartate receptor (NMDAR) antibodies [1, 2]. Current literature describes cases of psychosis induced by malignancies through this mechanism. A psychiatric syndrome has multiple etiologies, among which general medical conditions are frequent. The need for a thorough differential diagnosis is therefore of great importance, both for the short and long term resolution of the case. We selected a series of six cases of female patients of different ages who presented with psychotic episodes associated with different types of malignant processes, some diagnosed prior to the onset of the psychosis and others during their admission to the psychiatric department. Follow-up evaluations after the oncologic resolution of the malignancy showed sustained remission of the psychotic manifestations in three of the cases, two of the patient deceased shortly after the diagnosis of the malignancy and one patient failed to return for evaluation. A closer look into the mechanisms by which organic diseases lead to psychiatric manifestations could provide valuable insight into the etiology of endogenous psychiatric illnesses. Also, a complete medical overall view of every patient is necessary in an interdisciplinary approach to every case.

Bibliography:

A Patient with Anorexia Nervosa and Elements of Pervasive Development Disorder - a Challenge of the Prognosis
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Background: Anorexia nervosa is characterized by willful and purposeful behavior directed towards weight loss, preoccupation towards body weight and food, peculiar patterns of handling food, intense fear of gaining weight, disturbance of body image perception and amenorrhea. The pervasive developmental disorders are early-onset conditions characterized by delay and deviance in the development of social, communicative and other skills. The individual lacks interest in the social environment but unusual behavioral responses to the inanimate environment are typical, including various motor mannerisms, resistance to change and idiosyncratic interests and preoccupations. Comprehensive reviews of neuropsychological functioning in eating disorders have been conducted by Duchesne et al.(2004) and Lena et al.(2004). Four domain-specific reviews have been published on central coherence (Lopez et al., 2010) and set-shifting (Tchanturia et al., 2005 and Roberts et al. 2007). The latest research developments since 2004 cover three main areas with consistent findings: central coherence, executive functioning and visual space processing and memory.

Objective: The objective of this presentation is to observe the prognostic of the patient and whether there will be a rebound of the Anorexia Nervosa due to the presence of pervasive disorder elements. Methods: A 17 year old patient that was admitted in the Child and Adolescent Department of “Prof. Dr. Al. Obregia” Psychiatry Hospital in Bucharest on 11.06.2014 underwent physiological, mental and psychological tests (KID-SCID, Empathy Quotient, Systemizing Quotient) that supported the Anorexia Nervosa diagnosis. The KID-SCID test emphasized elements of pervasive disorder but we did not enunciate an autism spectrum disorder diagnosis. The patient has been observed over a period of 4 weeks.

Results: This case will be included in a study in the Child and Adolescent Psychiatry Clinic, at Prof. Al. Obregia Hospital in Bucharest. The purpose of the study is to identify the patients with Anorexia Nervosa and elements of pervasive development disorder of the total of our Anorexia Nervosa patients without other symptoms.
Conclusions: The results we obtained show that the presence of pervasive disorder elements worsen the prognosis.

Keywords: Anorexia nervosa, pervasive, negative prognosis, adolescents

Bibliography:

Socio Cultural NGO& Charity Partnership Role on Mental and Spiritual Health Promotion in IRAN

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Introduction: charity in meaning of merci with love and generosity is higher than races, nationalities, boundaries and ideologies thus it will be admirable in front of every one’s.

Method & Results: reviewing articles and also library and internet study emphasis on construction and development of famous grand universities and centers of health services by charity & endowment mental based foundations for example high quality hospitals and clinics and research centers with excellent financial cost benefit ratio such as Harvard University and Nobel Prize foundation. There also are hundreds or thousands charity centers similar to these two mentioned centers around the world especially and traditionally hospitals for psychiatric chronic patients. From centuries ago in IRAN based on Islamic religiousness “VAGHF” had gotten essential place for charitable disseminated activities For example hospitals, clinics and universities had been built side of mosques and holly shrines. Rab, e, Rashidi is a grand complex had built by Rashidadeen in 800 years ago in Tabriz (An aged city in west province of IRAN). Recently in IRAN has been increased number of centers for elderly and children without any effective parents or family and also hospice center for psychiatric patients because of religion and spirituality orders.

Discussion & Conclusion: mental health beside the spiritual health based on Islamic view help our society to stand on its feet. Despite of high GMP for Iranian people but governmental long time strategic plans do not allow to spend easily. Thus NGO’s must help governmental programs by charity activities especially in mental health fields which these activities in promotion and enhancement ways fortunately. At the end according to studies that we reviewed four activities are recommended: making charity cultural view, people capacity building and awareness strengthening by groups setting and also social decision making structures and benevolent appreciation

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Emotional Disorders vs. Manifestations Typical for Certain Stages of Development in Childhood

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Objective: In this analysis we try to identify not only the frequency for positive diagnosis of emotional disorders with childhood onset, but also which behaviours are correctly diagnosed as normal behavioural tendencies for children of this age group.

Methods: Data was collected from the Department of Child and Adolescent Psychiatry of “Prof. Dr. Al. Obregia” Hospital in Bucharest, during a period of 10 months (January to October) in 2014. The lot was comprised of patients aged 4 to 10.

Results: Parenting style has great importance in the social and emotional development of the child. Emotional disturbances seem to be more frequent between ages 4-7. There seems to be no indication that frequency of positive diagnosis for emotional disorders correlates to the patient’s sex.
Conclusions: Normal development in childhood represents the essential condition to obtain and develop biological and psychological attributes necessary for a responsive and creative integration during an individual’s lifetime. According to ICD-10, emotional disorders with childhood onset are exacerbations of states and reactions considered normal for that certain age. The concept of abnormality refers, mainly, to how these integrative processes diverge from the accepted norm. There are situations, however, in which abnormal manifestations in a child may occur as a result of abnormal situations in the family (recurring fights, divorce, afflictions of parents such as depression) or at school. As such, we argue in favour of developing a parenting style adequate to the needs of the child. Diagnosing emotional disorders during childhood is important as it may prevent the development of antisocial, even aggressive, behaviours in adolescence through certain therapeutic methods such as psychotherapy and inflicting changes in parenting style.

Bibliography:
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Diminished Level of Impulse Control and Acute Suicide Risk in a Population of Depressed Male Inpatients
Ana-Maria Exergian, Alexandru Michire, Andra Morășan
„Prof. Dr. Alexandru Obregia” Clinical Hospital for Psychiatry, Bucharest, Romania

Objective: Recent studies have shown that trait impulsivity and trait aggression are important suicide risk factors. The goal of this study was to test the hypothesis that a diminished level of impulse control increases acute suicide risk in patients suffering from depression. In this paper impulse control was defined as a combination of four factors: trait impulsivity, trait aggression, low tolerance to frustration and irritability during the depressive episode.

Methods: This study was conducted on a group of 50 male inpatients admitted in the 3rd Department of „Prof. Dr. Alexandru Obregia” Clinical Psychiatric Hospital in Bucharest in a period of one year. All patients hospitalized for a “Severe depressive episode” were included. The patients were divided into groups based on voluntary versus involuntary hospitalization which was used as the outcome variable.

Results: Both trait impulsivity and trait aggression were significantly correlated with acute suicide risk in the group studied. Statistical analysis of the data showed that irritability during a depressive episode and the presence of low tolerance to frustration are other factors that increase acute suicide risk in depressive patients. A score that took into account these four variables was also significantly correlated with acute suicide risk.

Conclusions: Statistical analysis of the data suggests that trait aggression, trait impulsivity, low tolerance to frustration and irritability during a depressive episode are valid acute suicide risk factors in patients with depressive episodes. Also, a score that takes into account these elements can differentiate between those patients with and without acute suicide risk.

Bibliography:

Inhaled Loxapine Clinical Experiences in Our Clinic
Mircea Sanda
"St. Maria" Psychiatry Hospital, Craiova, Romania

Introduction: Psychomotor agitation is often associated with aggression and violence. It is important to identify agitation early and achieve results quickly in order to prevent aggressive behavior. Strategies may include verbal de-escalation, reduced stimulation, medications, or a combination of approaches. The antipsychotic drug loxapine, in IM formulation being the first choice in psychiatric emergencies in countries where it is still marketed (i.e. France), in a new inhaled formulation was recently approved in the acute treatment of agitation in patients with bipolar disorder or schizophrenia. Loxapine inhalation powder (Adasuve®) uses the Staccato® drug delivery system to immediately deliver the drug into the bloodstream reaching the maximum plasma loxapine concentrations within 2 min.

Objective: To present clinical outcomes of using Inhaled Loxapine in the treatment of agitated patients in our clinic during 1 year of experience.
Method: We present the clinical outcomes of patients treated with Inhaled Loxapine in our acute unit characterizing the patients’ history and the circumstances of present admission, the evolution using specific scale to assess agitation, and management of episodes.

Conclusion: Inhaled loxapine was generally well tolerated and provides a novel new option for use in the acute treatment of agitated patients with bipolar disorder or schizophrenia, combining a rapid onset of effect with a noninvasive route of administration. Allows rapid control of these unstable patients who can suddenly turn into aggression or violence, facilitating the therapeutic alliance between the patient and physician in order to decrease the coercive measures like involuntary medication, mechanical or physical restraint.

Bibliography:

Physical and Mental Instability: a Comparison Between Normal and Depressive Students in Dormitory
Seoyoun Kim
Korea International High School, Jeju, Korea

Objectives: Most students regain their psychological stability while living at home with their parents. However, boarding students find psychological, physical problems because they don’t receive care from home. This study examined physical, emotional stress in dormitory students.

Methods: Between October and November 2014, 124 students were enrolled (male; 74 students, female; 50 students) at Korea international school (KIS) in Jeju, Korea. By Zung self-rating depression scale, two groups were divided; normal and depression groups. I evaluated this following circumstance by each groups: (1) individual school life (breakfast, snack, school class time, self studying time, exercise time, sleeping time), (2) physical health (neurologic, ophthalmic, auditory, respiratory, cardiovascular, gastrointestinal, urologic, dermatologic). Statistical analysis was performed using the chi-square test.

Results: 45.9% of all enrolled students scored in mild to moderated depression range. Female students were more prevalent depression rate (female; 54%, male; 41%). There was nearly no statistical difference in physical symptoms, except for dyspepsia (28.4%/47.4%), arthralgia (17.9%/36.8%), low back pain (40.3%/59.6%) in normal and depression groups respectively (P<0.05). Normal range group students had more study time (3.2/2.9 hours) and exercise time (77.2/67.4 minutes).

Conclusions: Our study showed there was nearly no nearly difference of physical symptoms between both groups. However, it informed that the group having depression has more problems on motor symptoms because the group lacks amount of exercise due to psychological instability. It appears that we need to pay more attention and care to this group hereafter because the lack of physical activity due to psychological instability can worsen student’s health.

Bibliography:
2. Health status of male preparatory school students lodging at a dormitory in Japan (Environmental health and preventive medicine 4, 30-33, April, 1999)

Comparison of Physical Health and Mental Status in Korea High School Students Lodging at a Dormitory
Seoyoun Kim
Korea International High School, Jeju, Korea

Objectives: In Korea, most people have believed that the graduation from famous university was very helpful to their future lives. because they long for the entrance of famous university, they want to live in famous high school dormitory to study hard. This renowned high school is divided into general and international high school. Because of strict school life and massive amount of study students do, students have huge physical and mental problems. Our study provides a comparison between physical health and mental status at a dormitory.

Methods: Between October and November 2014, 213 students (KIS; 123, SHS; 90) were enrolled. The study included the following: (1) individual school life (breakfast, snack, school class time, self studying time, exercise time, sleeping time), (2) physical health (neurologic, ophthalmic, auditory, respiratory, cardiovascular,
gastrointestinal, urologic, dermatologic), (3) Zung self-rating depression and anxiety scale. Statistical analysis was performed using the chi-square test.

Results: There was no statistical difference between students from two schools of individual school life, self-rating depression and anxiety scales (P>0.05). Depression and anxiety scale showed mild depressed students (44.7%/40%) and mild to moderate anxiety students (17.8%/16.6%) in KIS and SHS respectively. But for physical symptoms, KIS students were significantly troubled than SHS students: tremor (16.3%/1.1%), tinnitus (36.6%/10%), loss of hearing function (10.6%/2.2%), coughing (54.5%/40%), sputum (45.5%/31.1%), hoarseness (25.4%/11.1%), chest pain (21.1%/7.8%), edema (8.1%/1.1%), epigastric pain (20.3%/8.9%), vomiting (24.4%/8.9%), skin eruption (15.4%/6.7%) (P<0.05).

Conclusions: Our study showed there was no mental status differences between both schools. But like psychosomatic symptoms, physical symptoms were more frequent prevalence in KIS students. This result can be construed that KIS students are more troubled in terms of physical symptoms due to geographic isolated situation, separated duration with family, strict school life in KIS. This conclusion draws the fact that more interest and detail care in school life will be necessary.

Bibliography:
2. Health status of male preparatory school students lodging at a dormitory in Japan (Environmental health and preventive medicine 4, 30-33, April, 1999)

Anxiety and Depression in a Cohort of 12-Month Follow-Up Patients After Heart Transplantation
Roberto Sánchez González (1), Eva Baillés Lázaro (1), Josep Maria Peri (1), Anna Bastidas (1), Félix Pérez Villa (2), Antonio Bulbena (1), Luis Pintor Pérez (1)
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Purpose: Assessment of anxiety and depression with Hospital Anxiety and Depression Scale (HADS) in a cohort of 12-month follow-up patients after HT.

Methods: Assessment of 37 adult patients enrolled between 2006 and 2013 in HT program of Hospital Clinic of Barcelona. We analyzed the following variables during waiting list phase: age, sex, years of disease progression, etiology of cardiopathy, axis I disorders applying structured clinical interview for DSM-IV, HADS, and description of psychopharmacological treatment. HADS was also measured one year after HT.

Results: Demographic and clinical characteristics: On average, the 37 patients of the sample were aged 53.65 ± 9.77 years. 26 were male (70.3%) and 11 female (29.7%). The mean of cardiac disease progression was 11.11 ± 8.15 years. A 54.1% of patients presented an ischemic cardiomyopathy and a 21.6% a non-ischemic cardiomyopathy. Psychiatric evaluation: Axis I diagnoses were present in a 27% of the sample (10 patients), all of them included in depressive, anxiety, sleep and adjustment disorders. Waiting list period: the mean score of HADS was 10.68 (SD = 5.51), with a mean score of 6.08 (SD = 3.5) in anxiety subscale and 4.59 (SD = 2.83) in depression subscale. 12-month follow-up: the mean score of HADS was 7.73 (SD = 5.28), with a mean score of 4.84 (SD = 3.32) in anxiety subscale and 2.89 (SD = 2.59) in depression subscale. T-test showed statistically significant differences on the three scores of HADS between the two assessments.

Conclusions: Although scores of HADS in our sample were lower than the cut-off points for the screening of psychiatric morbidity (<12 points for total score and <8 for subscales), there was a significant decrease in anxiety and depression symptoms 12 months after HT.

Bibliography:

Diagnosis and Treatment of Münchausen Syndrome by Proxy. A Subtle Type of Child Abuse Prevention
Jose-Luis Jimenez-Hernandez (1), Mercedes Lopez-Rico (2), Dolores Crespo-Hervas (3)
Objectives: First, to identify clinical specifications for adequate diagnosis of Factitious disorder on another before named Munchausen Syndrome by Proxy (MSbP). Second, to provide extended guidelines in order to make a correct psychiatric treatment. Third, to investigate MSbP perpetrators behavior in the hospital setting. After, to check a common psychopathological profile also regarding MSbP psychiatric comorbidity.

Method: Nineteen cases of MSbP, ages 3 months to 13 years, are described by a retrospective type investigation to show the way that diagnosis was made. A semi-structured interview has been done to 15 mothers diagnosed of MSbP in their own 19 children. A theatrical performance titled "Münchausen " by the National Dramatic Center of Madrid has been used to show the special characteristics of this factitious disorder in family context.

Results: Of 54 initially suspected MSbP patients with Meadow’s alarm signals only 19 victims were confirmed. The persistence of symptoms ranged from 10 months to 6 years before the correct diagnosis was made. All 15 perpetrator mothers had a common psychopathological profile because they had shown an addictive-like behavior inside hospital. As we looked for psychiatric co-morbidity we founded 53% of other addictive problems (substance use disorder, alcoholism, gambling disorder, addiction to sex and kleptomania), 33% personality disorders (borderline and histrionic) and 27% depressive disorders (suicide attempts). In "Münchausen" play, we are witnesses of the most severe symptoms that may be seen in a family with factitious psychopathology.

Conclusion: It should be considered that correct diagnosis and psychiatric treatment of MSbP are totally necessary for stopping this subtle type of child-abuse. The greater motivation of Münchausen perpetrator mother is to get rewards from being in hospital setting with her child as patient by proxy. It is suggested that theatre can be useful for teaching social child abuse detection and prevention.

Bibliography:

Pharmacological Intervention in Mixed Insomnia Patients Diagnosed with Dementia
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Objective: Insomnia is a common symptom in patients with dementia. Both dementia and sleep neurobiology, there are implicated neurotransmitters as: acetylcholine, serotonin, histamine, GABA, glutamat, dopamine. The study started from the observation that the Guide of Treatment issued the Health Ministry about the treatment of insomnia in dementia, doesn’t always ensure the adequate solution for the dementia patients’ insomnia. Often the, management of treatment is guided after the principle “seeing and doing”, together with improvement of somatic and environmental conditions (e.g. trazodone can cause circulatory collapse at the patients with hypotension).

Methods: This study is retrospective, observational comprising a group of 30 patients aged between 55-90 years, diagnosed with dementia and who had mixed insomnia admission.

Results: Socioeconomic reasons, 15 patients didn’t receive antidemential drugs. All the patients received anxiolytics for adapt to the environment. 21 patients presented psychotic symptoms or aggressive behavior for receiving antipsychotic drugs and of them, 15 patients received mood stabilizers. Not all have been from the beginning hypnotics, this being done according to the severity of symptoms presented at admission, the patients age, the somatic disorders, the course of treatment is gentle, progressive, not a radical. Couldn’t make correlations between the results of diagnostical measures (the computer scanner and MMSE) and presence and severity of insomnia.

Conclusions: The treatment is difficult and requires corroboration pharmacological and non- pharmacological measures, adapted to each case. The regimen should be taken in account the etiology of dementia, the specific therapeutic possibilities for each etiology, the socio and environmental factors, the family and the society. 

Bibliography:
Depression, Somatization and Health Anxiety in Hypochondriasis Compared with Panic Disorder in a Liaison Psychiatry Unit
Andreaia Mihaela Vasilescu, Raluca Pretorian
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Hypochondriasis and panic disorder are two psychiatric conditions leading to increased demands of care in emergency room and liaison psychiatry. Health anxiety, somatization and depression are the main psychopathological dimensions involved in both conditions. This study aims to evaluate those three dimensions in a group of patients diagnosed with hypochondriasis compared with a group of patients diagnosed with panic disorder and a control group of somatic patients without psychiatric comorbidities. The study was performed on 50 patients with hypochondriasis, 50 patients with panic disorder and 50 somatic patients, evaluated in liaison psychiatry at the University Hospital of Bucharest. The psychological questionnaires used were HAQ (Health Anxiety Questionnaire) (Lucock and Morley, 1996) for health anxiety -21 itemi, BDI –SF (Beck’s Depression Inventory - Short Form) for depression -13 itemi and Somatization subscale of SCL 90 (Symptom Chek List 90 Revised) for somatization -12 itemi.

Results: The score somatization: 15.08 in the group hypochondriasis, significantly higher comparing with the group panic disorder (9.96) and the group somatic patients (5.8). The score depression: 13.02 in the group hypochondriasis, significantly higher comparing with the group panic disorder (6.98) and the group somatic patients (4.1). The score health anxiety: 44.28 in the group hypochondriasis, significantly higher comparing with the group panic disorder (17.04) and the group somatic patients (10.14).

Discussions: Hypochondriasis seems to be a more severe condition, with higher scores in depression, health anxiety and somatization compared with panic disorder, and in panic disorder compared with somatic patients.

Conclusions: The three dimensions - health anxiety, somatization and depression- should be distinguished as essential elements in evaluation and treatment of hypochondriasis and panic disorder.

Bibliography:

Characteristics of Attempted Suicide in the Emergency Service of a Hospital
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(2) San Jorge Hospital, Huesca, Spain

In Spain, non-fatal suicidal behavior occurs in a greater proportion in comparison to other behaviors with a fatal outcome. There are many causes for this behavior and it is important to become familiar with them, if they are to be prevented. The aim of this study is to establish the prevalence and characteristics of non-fatal suicidal behavior and suicidal ideation in the Emergency Service of a Hospital. To accomplish this observational research, a database was created with the SPSS program. The sample included patients who had been to the Emergency Service of the Hospital between June 2013 and August 2014 and after the first examination, had then been required to collaborate with the Psychiatric Service. 2,708 patients were evaluated. The most common reason of their visit was “suicidal attempts and ideation” (20.3%). Of those who had been evaluated, 60.5% were women. The most common age range was between 40-49 years old (32.4%) The principal diagnosis among the sample group, was Bipolar and Depressive Disorder (F30-F39) with a frequency of 36%, followed by Anxiety and Adjustment Disorders (F40-F48). Personality Disorders (F60-F69) diagnosis appeared in 15% of cases and Schizophrenia and Psychotic Disorders (F20-F29) in 3,6% of cases(1). Finally, 20.7% of the sample required hospital admission; although, the most frequent number (34.4%) were referred to their local Mental Health Centre.

Conclusion: In Spain, the risk of suicidal ideation is more frequent among women, according to results investigated on similar studies, which concurred with the results of this study(2). The Nock study, which was carried out in 17 countries, concluded that “to be female and young” (between 18 and 49 years old) were the
highest risk factors to suicidal behaviour, again this result concurred with our study (2). About the diagnosis; the study didn’t concur with similar studies carried out in other parts of Spain, where Personality Disorder appeared to occur more frequently (3).

Bibliography:

The Management of Children with Angelman Syndrome
Magdalena Budişteanu (1), Sorina Mihaela Papuc (2), Aurora Arghir (2), Andreea Tutulan-Cunita (2), Diana Barca (3), Bogdan Budişteanu (3), Tudor Harsovescu (4), Dana Craiu (3), Catrinel Iliescu (3)
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Objective: Angelman syndrome is a neurodevelopmental disorder, characterized by a complex phenotype including autism, severe mental retardation, ataxic gait, severe speech delay, epilepsy, sleep disorders. It is caused by a variety of genetic mechanisms which all interfere with the expression of the UBE3A gene on chromosome 15q11-13. We present our experience regarding the management of children with Angelman syndrome. Our study focused on the multidisciplinary approach, as well as outcomes of different interventions, with the purpose of better understanding the evolution of this complex condition that will allow for a better patient management.

Methods: 20 children clinically and genetically diagnosed with Angelman syndrome were evaluated in our department of pediatric neurology of the “Prof. Dr. Alex. Obregia” Clinical Hospital for the establishing of the management plan. A multidisciplinary team, including pediatric neurologist, pediatric psychiatrist, physical therapist, psychologist, psychopedagogist, was constituted for this purpose. According with their clinical features, for all children was established a therapeutic plan which aimed at improving psychomotor retardation and behavior problems, controlling epileptic seizures, and preventing complications. The children were followed up during a 6-year period.

Results: All children received physical treatment, with improvement of the motor development. All children received cognitive interventions, including picture exchange communication system (PECS), behavior therapy, and sensorial stimulation. However, in the field of cognitive development, less good results were obtained, despite of an intensive stimulation program. Physical therapy and cognitive stimulation have proved to be very important for improvement of the psychomotor delay. The antiepileptic treatment controlled the seizures in 82% and partially controlled the epilepsy in 9%.

Conclusions: Angelman syndrome is a severe neurodevelopmental disorder, with a complex clinical picture. A multidisciplinary approach is mandatory for improving the life quality of these patients.

Acknowledgment: PN 09.33.02.03; COST BM1208: „European Network for Human Congenital Imprinting Disorders”

Bibliography:

Recognising Pseudobulbar Affect - a Challenge
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Pseudobulbar affect (PBA), also known as Involuntary emotional expression disorder is an underdiagnosed condition that consists in episodes of crying, laughing or both (1). The expressed emotion is typically
incongruent with the patient’s underlying mood and it is always a result of structural brain damage involving lesions of the circuitry that regulates emotional motor output (2). This disorder occurs in a wide range of neurodegenerative diseases and neurological conditions including Parkinson’s disease, Alzheimer’s disease and other dementias (3), stroke (4), amyotrophic lateral sclerosis (5), traumatic brain injury (6) and multiple sclerosis (7) but unfortunately it’s usually mistaken for another disorder of mood or affect leading to failure of receiving the appropriate treatment (8). Until recently the only choices for PBA treatment were selective serotonin reuptake inhibitors (SSRIs) used in low-dose or tricyclic/heterocyclic antidepressants (TCAs) (8). Recently a combination of 20mg dextromethorphan hydrobromide - the active treatment, and 10mg quinidine sulfate - an enzyme inhibitor that increases the bioavailability of dextromethorphan, became available as a specific treatment of PBA (9). PBA is a debilitating condition affecting both patients and caregivers. An accurate differential diagnosis leading to recognition of PBA and proper treatment may have significant impact on improving their quality of life.

Bibliography:

Optimism, Self-Esteem and Medical Addressability Levels in Patients with Alcohol Addiction
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Objectives: Alcohol Addiction is an important public health problem. This study evaluates self-esteem and optimism for a lot of subjects with Alcohol Addiction and establishes statistical correlations with addressability levels towards mental health and emergency services, with the number of attempts to stop alcohol consumption and with the age of the first alcohol abuse episode. Self-esteem and optimism are affected in Alcohol Addiction (1, 2) and they influence the age of the first alcohol abuse episode and the medical addressability levels.

Methods: For this study, 46 patients with Ethanol Addiction were selected. The subjects were transversally evaluated with Rosenberg self-esteem Scale and LOTR Scale (Life Orientation Test - Revised). The age of the first alcohol abuse episode and the number of attempts to discontinue alcohol consumption, but also the number of medical emergency interventions and the number of admissions into a psychiatric hospital were established.
Results: 44% of the subjects presented with low self-esteem and 78% with low optimism. The self-esteem levels correlated directly with the age of the first alcohol abuse episode and indirectly with the number of emergency medical interventions need. Optimism levels correlated directly with the age of the first alcohol abuse episode and with the number of attempts to stop alcohol consumption and indirectly with the number of emergency medical interventions need.

Conclusions: Self-esteem and optimism are important in the evolution of Alcohol Addiction with an impact on emergency services addressability, age of the first alcohol abuse and the number of attempts to stop alcohol consumption.

Bibliography:

The Presence of ADHD Symptoms in Parents of Children with Autism Spectrum Disorder Comorbid with ADHD and its Influence on Child Outcome
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Introduction: The presence of ADHD symptoms among parents of children with ADHD is the subject of several genetic and epidemiological studies. So children from parents with ADHD have a 7 time’s higher risk to develop the disorder compared to healthy children (Moss, 2007). Regarding TSA-ADHD comorbidity in children, this was recently recognized by DSM 5. Therefore studies on parents of children with this comorbidity are fewer in the literature. It seems that the presence of specific ADHD symptoms in mothers increases the risk of ADHD 6 times and 2.5 times the risk of TSA in offspring (Musser, 2014). Objectives: To evaluate the presence of ADHD symptoms in parents of children diagnosed with ASD comorbid with ADHD and to establish the relationship between these symptoms and the child outcome.

Method: We evaluated 52 children aged between 2 and 5 years diagnosed with ASD comorbid with ADHD using ADOS (Autism Diagnostic Observation Schedule) and ADHD RS (Attention Deficit Hyperactivity Disorder- Rating Scale IV) at baseline and after 1 year of applied behavior therapy. We evaluated the presence of ADHD symptoms to both parents of these children with ASRS (Adult ADHD Self-Report Scale Symptom Checklist) and to a control sample (both parents of 52 children with typical development).

Results: In clinical sample 48.5% of mothers and 48.5% of fathers have ADHD symptoms; the differences compared to control group were statistically significant. ADHD-RS total score in children is lower for subjects whose fathers don't have ADHD symptoms. The symptomatology of autistic spectrum measured by ADOS total score is more severe among mothers with no suggestive symptoms of ADHD in adults.

Conclusions: The presence of ADHD symptoms in parents of children with ASD comorbid with ADHD may influence the child development therapy.

Bibliography:

A Clinical Evidence of Neuronal Hiperconnectivity in Autism Spectrum Disorders: Stroop Effect in Young Patients with Asperger Syndrome and Those Diagnosed with Attention Deficit/Hyperactivity Disorder
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Introduction and objective: In Autism Spectrum Disorder (ASD) the core problem is the difficulties in social communication and understanding social cues. Modern studies have demonstrated the presence of neuronal...
hyperconnectivity, synaptic hyperreactivity and increased basal neuronal activity. This fact explains increased response time to external stimuli and tendency to focus on a single stimulus, with blocking other stimuli to limit the overactivation. This can be evidenced by Stroop Effect, which refers to the response time at application of 2 simultaneous but contradictory stimuli and which assess the perceptive and executive functions. The aim of this study is the assessment of the Stroop Effect in young patients with Asperger Syndrome in comparison with those with Attention Deficit/ Hyperactivity Disorder (ADHD).

Methods: We assessed 12 patients diagnosed with Asperger Syndrome and 12 with ADHD by application of a Stroop Test.

Results: The results are in progress. We expect an increased response time to simultaneous contradictory stimuli in patients with Asperger Syndrome, compared to those with ADHD. Other studies have also demonstrated an amplified Stroop Effect in patients with Asperger Syndrome. In ADHD, executive functions deficit occurs through an primary hypoactive synaptic transmission in reticular activating system, while in ASD, results by inner neuronal overactivation followed by synaptic fatigue.

Conclusions: Increased Stroop Effect seems to explain that ASD people tend to focus on a single social stimulus, such words that they are hearing, while they tend to block the social nonverbal stimuli, such gaze, mimicry and gestures. This signals act simultaneously and can sometimes be contradictory, therefore require longer processing time in ASD people.

This work is done in the Sectoral Operational Programme Human Resources Development financed by the European Social Fund and the Romanian Government by contract no. POSDRU / 159 / 1.5 / S / 137390.

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Bipolar Disorder and Borderline Personality Disorder - Differences and Similarities
Camelia Petcu, Patricia Constantinescu, Adelina Barbu
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Objectives: Bipolar disorder (BD) and Borderline personality disorder (BPD) are two different conditions sharing a variety of common features, such as impulsivity and emotional dysregulation, thus presenting difficulties in their differential diagnosis. The relationship between BD and BPD remains controversial. Differential diagnosis is complicated by the fact that a small number of patients may experience comorbidity of both conditions. This paper aims to reveal where potential areas of discriminations lie between BD and BPD and to examine whether BPD should be considered part of the bipolar spectrum.

Methods: This paper is focusing on recent studies that have rated clinical differences between the two entities, including phenomenology, family history, onset pattern, treatment response, comorbidity, and their correlations with clinical observations.

Results: Studies comparing patients with BD and BPD found significant differences between the two, results that challenge the notion that BPD is part of the bipolar spectrum. Based on literature, BD is often under-recognized and under-diagnosed, but in recent years, studies in the areas of both BD and BPD, found evidence of the BD over-diagnosis and that BPD is a significant contributor to over-diagnosis. DSM, fifth edition, reconsider diagnostic criteria for BD, changing the view over the risks of false-positive and false-negative diagnosis and the possibilities in which a diagnostic error can be corrected by longitudinal observation.

Conclusions: Developments in the study of the neurobiology of BPD and the evidence of mood stabilizers efficacy in the treatment of BPD patients, suggest that many borderline patients have common features with bipolar patients. The interest in the clinical interface between the BD and BPD remains considerable. An eventual reframing of the BPD as belonging to the bipolar spectrum will bring therapeutic benefits.

Bibliography:

Psychiatric Symptoms Associated with HIV Infection and Brain Tumor - a Case Report
Ioana Anca Andrei, Alina Alexandra Frunză, Roxana Elena Conoro, Maria Gabriela Puiu, Bogdan Eduard Patrichi, Mirela Manea
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In 22% - 30% of asymptomatic patients with HIV infection subtle neuropsychological impairment can be found. Mental health problems can be considered risk factors for HIV infection, whether coincidental or a result of HIV infection and its complications. Neuropsychiatric symptoms occur with a range of severity varying from subclinical to specific disorders that include the more frequent Minor Cognitive-Motor Disorder and HIV-associated dementia. The prevalence of Minor Cognitive-Motor Disorder has been estimated at 20% - 30% for asymptomatic patients and at 60% - 90% for late-stage patients. A 43 year old female patient presented to the Emergency Unit in our hospital for psycho-motor retardation, bradypsychia, latency in responses, partial incoherence, attention deficit and concentration impairment, depressive mood, hypersomnia. The patient had no personal or family history of psychiatric illness and no known general medical condition upon admission to our clinic. Her general state rapidly deteriorated, the patient presented fever, a mild stiff neck, somnolence and was rated 13 points on the Glasgow Coma Scale. The computed tomography of the head revealed a basal nuclei tumor. The patient was transferred to the Neurosurgery Unit of the National Institute for Neurology and Neurovascular Diseases, where she diagnosed with HIV infection and it was decided that the tumor is inoperable. An understanding of the epidemiology of HIV-related psychiatric disorders can help clinicians estimate the likelihood of such symptoms to be part of an HIV infection and help them minimize further spread of the virus and its devastating effects on the brain and body.
Psychotherapy and Psychopharmacology in the Treatment of Depression and Anxiety Disorders
Camelia Petcu, Adelina Barbu, Adriana Dumitriu, Cristina Tomescu
"Prof. Dr. Alexandru Obregia" Clinical Hospital for Psychiatry, Bucharest, Romania

Objectives: A review over evaluation of the effectiveness, benefits and risks of psychotherapy and psychopharmacology in the clinic of anxiety and depression disorders.

Methods: The paper include a selection of relevant studies in actual literature and clinical-anamnestic observations and correlations concerning the effectiveness of therapeutic strategies addressing the symptoms, suicide prevention and restoring the patient's improvement in terms of social, vocational and interpersonal functioning in anxiety and depression disorders.

Results: Any type of psychotherapy implies changes in patient self-image, depression therapy aims to make behavioral changes, promote well-being, social support and symptom relief, interpersonal therapy, behavioral activation, cognitive problem solving, training social skills and supportive counseling. Critics of pharmacotherapy have argued that antidepressant only removes the symptoms of depression, but does not treat dysfunctional attitudes that underlie the symptoms of the patient. However the results of combination therapy compared with psychopharmacology only questioning the effectiveness of psychotherapy especially in treatment-resistant depression.

Conclusions: Depressive and anxiety disorders are highly prevalent and associated with high levels of use of economic costs and significant loss of quality of life for both patients and their families. There are effective treatments for depressive and anxiety disorders, including various forms of psychotherapy and antidepressants. Although both treatments proved to be effective, it is not clear how effective each of them are in all kinds of depressive and anxiety disorders. Combination therapy is usually recommended, but support for combination therapy is limited due to high costs. Systematic review could not provide clear evidence for the combination of pharmacotherapy and psychotherapy and different psychotherapeutic interventions for depression have comparable benefits.

Bibliography:

Difficulties in Obtaining an Adequate Therapeutic Response in a Patient Diagnosed with Anorexia Nervosa and Asperger Syndrome
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Background: Anorexia nervosa is an eating disorder debuting especially during adolescent years. The distribution for gender is 10:1 female. This eating disorder is characterized by a morbid concern with the weight and shape of the body and severe disturbance in the eating habits. Anorexia nervosa manifests itself through self-imposed famishing and the refuse to maintain a normal body weight according to the age and height of the person in question, all associated with the intense fear of gaining weight. The average age for the debut of this illness is 15-17 years old. Asperger Syndrome is a pervasive development disorder characterized by deteriorated social behavior and social interactions, by the existence of restrictive, stereotypical hobbies, specific to autism spectrum disorder and diminished empathetic capability - both in understanding and expressing emotion, but these children have good language and cognitive skills.

Objective: The objective of this presentation is to bring into focus the clinical particularities of Anorexia Nervosa in adolescents and the diagnosing challenges when we found Anorexia Nervosa and Asperger Disorder traits in the same patient. Methods: A 14 year old patient that was admitted in the Child and Adolescent...
Department of "Prof.Dr. Al. Obregia" Psychiatry Hospital in Bucharest on 5th October 2014 underwent physiological, mental and psychological tests (KID-SCID, ADOS) that supported the Anorexia Nervosa and Asperger Disorder diagnoses. The patient has been observed over a period of four weeks.

Results: This case brings a distinctive particularity in contrast to our other Anorexia Nervosa diagnosed patients due to the association of a pervasive development disorder. The particularity here was the implementation of an intensive treatment plan containing neuroleptics, selective serotonin reuptake inhibitors, mood stabilizers and Trihexyphenidylum, observing the diminishing of the symptoms' intensity (symptoms for both disorders) for a long period of time.

Conclusions: The results emphasize our conviction that a complex and early clinical and therapeutical approach by involving the medical team and the family is good for the patient even though in this case, due to the “weight” of the pathology, a satisfactory evolution was obtained after a longer period of time. Keywords: Anorexia nervosa, Asperger Disorder, treatment, particularities, difficulties, adolescents.

Bibliography:

The Emotional Distress Lived by the Mother in the Perinatal Period: Risk Factor for the Child Development

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This paper analysis the impact of the mother emotional distress throughout the pregnancy and the postnatal period over the psycho-emotional development of the child and over the parent-child relationship. The appearance of a child in a woman’s life brings, beginning with the awareness of his presence in the womb, multiple psychological transformations beside the inherent physical ones. The awareness of the state of pregnancy, birth and the first bonds with the baby immediately after birth and beyond represent key-moments in the course of a woman’s life which have a direct impact over the balanced development of the child. Parental engagement assumes a gradual process of acceptance and understanding of the relationships with own parents, of emotional ventilation of new and old affects regarding the inner child and the conceived child. The child is open for all that comes from the mother and his personality structure develops on the base of these primary relationships since conceivement. The authors present an overview of the difficulties which can emerge through this process regarding the mother and, parallel, the way they manifest over the child. This perspective is meant to put the focus on the relationship, on the mother-baby dyad regarding the prevention and therapeutically intervention actions of professionals (1, 2).

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Objectives: Within the Western world, it has been estimated that between 20 to 45 percent of traumatic spinal cord injury (SCI) patients experience depression (North 1999, Kirschblum et al. 2007). In low and middle-income countries, however, the psychiatric profile SCI patients is not well characterized. This cross-sectional study investigated psychosocial outcomes of traumatic spinal cord injury (SCI) patients in Sri Lanka. The qualitative aspect of this study explored patients' lived experiences and coping strategies. The ensuing quantitative aspect tested the emerging hypothesis that self-perceived disability and spirituality and/or religiosity (S/R) predict depression in this patient population.
Methods: This study took place at Ragama Rheumatology and Rehabilitation Hospital, the sole rehabilitation facility for SCI patients in Sri Lanka. Focus groups (N=23) were conducted, and translated questionnaires, including the Benefit Through Spirituality/Religiosity Scale, Sheehan Disability Inventory (SDI) and Beck Depression Inventory (BDI-II) were administered to 61 consenting individuals. Results: Respondents described traumatic SCI as a life-altering event. Consequences of SCI were reflected in a 41% prevalence of clinically significant depressive symptoms and a mean of 21.9 (SD=8.97) on a scale from 0 to 30 on SDI. Patients with depression reported significantly greater self-perceived disability (t= -2.93; p <.01) compared to non-depressed peers. Linear regression analyses indicated self-perceived disability as a predictor of depression severity (β=.48, p < .001), and S/R as a protective factor (β=-.28, p <.05).

Conclusions: This research is the first of its kind to investigate psychiatric implications of SCI in Sri Lanka. The prevalence of depressive symptoms among this patient population emphasizes the need for rehabilitative programming to focus on patients’ psychological well-being. S/R practices should be respected as aids to rehabilitation and future therapeutic efforts should promote functional independence.

Bibliography:

Schizophrenia Associated with Multiple Sclerosis
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Introduction: Schizophrenia is a severe mental disorder, which is among the leading causes of disability globally, having a substantial impact on the quality of life for patients and their families. Multiple sclerosis is an inflammatory disease in which the insulating covers of nerve cells in the brain and spinal cord are damaged, resulting in a wide range of signs and symptoms, including physical, mental, and sometimes psychiatric problems. Similarities in clinical course, age of onset, geographical distribution, and immunological responses of patients with schizophrenia and multiple sclerosis suggest that these two common illnesses of young adults may belong to a similar class of disorders.

Objectives: The following paper shows a case study involving a schizophrenic male patient aged 30 years diagnosed with multiple sclerosis a year ago, after he developed motor deficit, double vision and nocturnal enuresis. Associated comorbidities include morbid obesity (BMI=50), pituitary adenoma, drug and alcohol abuse. The objective is to investigate and emphasize any relationship between schizophrenia and multiple sclerosis aiming to correctly separate and classify psychiatric and neurological symptoms and trying to review every genetic and medical condition that could lead to both of the diseases.

Methods: Thorough medical history, evaluating the symptoms, endocrinological and immunological investigations, imaging techniques (MRI) stand as precious instruments in analysing the disorders' evolution.

Results: The fact that the onset of both of the diseases was around the same time, and that there was history of virus infections could lead to connections between schizophrenia and multiple sclerosis.

Conclusions: As recent studies show that there is genetic overlap between schizophrenia and multiple sclerosis that appears to be driven by immune system-related genes, this case is a rich source for further investigations into this new territory.

Bibliography:
Introduction: Japanese National University Council of Health Administration Facilities has investigated about Japanese university students who take a leave of absence and drop out with mental disorders every year since 1978. Purpose: By seeing actual situation, we will be able to offer them better help.

Methods: Students who take a leave of absence and/or drop out in 79 Japanese National Universities were investigated.

Results: 10.7% of the students who took a leave of absence in the 2012 school year (from April to March) had some mental disorders. 4.1% of the students who dropped out had them. As for ICD-10, the largest population had F3, and the second largest one had F4.

Bibliography:

Mental Health in Primary Care: an Evaluative Study of Healthcare Professionals' Perspectives in a Medium-Sized Brazilian City

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Introduction: The Brazilian psychiatric reform proposes new technologies for mental health care aiming to substitute the psychiatric hospital for decentralized services within the community. These experiments can only take place with the intense participation of the primary healthcare (PC). This investigation occurred in a city where health care to mental suffering patients was centralized in one psychiatric hospital and one Psychosocial Community Centers (CAPS). In the attempt to displace these treatments, the City Health Department implemented additional teams in some Primary Healthcare Centers (PHC), composed by a psychiatrist, a psychologist and a social worker, which should assist the professionals of Family Health Program (FHP).

Objective: Understand and evaluate mental health care in the professionals’ perspective on two of these PHC.

Methodology: This is a qualitative study in which semi-structured interviews were performed with sample purposely composed by four professionals from each unit. The interviews were transcribed and analyzed in hermeneutics perspective. Results: It was found that the mental health demand in PHC is huge and includes patients from various ages and social classes. Issues as the medicalization as the only approach of psychic suffering, the exceeding reference to specialized services and the reinforcement of stigmas indicate inadequate assistance. The main difficulties were the unpreparedness of FHP’s professionals and the absence of integration in the health care system.

Conclusion: The attempt of implementing additional teams in the studied PHCs allowed, temporarily, the decentralization of mental health care. However, this wasn’t maintained. Psychiatrists leaving the PHCs and the lack of training of FHP’s professionals contributed to the excess patient referrals to CAPS and automatic prescription renewals. These aspects are consequences of structural problems that relate to important national discussions, linked to public health management problems and to the barriers in human resources policy in public service.

Bibliography:

Depression and Physical Pain - a Review

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Depression and physical pain are considered to be linked together in a mutually augmenting, complex relationship which affects the quality of life. The most frequent physical symptoms reported by patients suffering from depression are headache, lumbar pain, abdominal pain, nonspecific thoracic pain and
generalized muscle pain. The intensity of the pain present in major depressive disorder predicts the time needed to obtain remission, the overall clinical resolution and healthcare costs [1]. Various predisposing factors have been identified for the presence of physical symptoms in depression: low education levels, lack of introspection, severe comorbid somatic illnesses, alexithymia, low quality of life and stigmatization of psychiatric disorders [2]. In chronic pain and depression the serotonin, noradrenalin, dopamine, glutamate, gamma-aminobutyric-acid (GABA), brain-derived neurotrophic factor (BDNF) and P-substance are activated, so the simultaneous existence of the two can be explained. The serotonin and noradrenalin partially mediate the inhibition of pain through their effect on the descending pain circuits of the central nervous system (CNS) [3]. The emotional aspect of the pain response is coded by the cortical limbic system, including the Hypothalamus-Pituitary-Adrenal (HPA) axis, which mediate the relationship between pain, memory and mood [4]. Development and personality traits can lead to depression and pain in response to stressful life events. Recent studies suggest that antidepressant medications have an analgesic effect, but the question of whether this effect precedes the antidepressant one is yet to be answered. All these factors that influence the complex relationship between depression and pain converge into a low quality of life in the long term prognosis of these patients.

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Bibliography:

Factors Related to Suicide Attempts in a Sample of Patients with Schizophrenia
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Introduction: The mortality rate in schizophrenia is 4.5 times higher than in the general population. Suicide is one of the main causes of premature death in this affection. To our knowledge, no systematic study has yet investigated suicide attempts in an Romanian population with schizophrenia.

Objectives: The objectives of this study were to assess the frequency and characteristics of lifetime suicide attempts in Romanian schizophrenic inpatients and to determine the correlated socio-demographic, clinical and therapeutic variables.

Methods: A total of 134 patients with a DSM-IV diagnosis of schizophrenia who attended the inpatient department of the „Saint Nicolae” Psychiatric Hospital of Romania were included. Were also assessed the main demographic and lifetime clinical variables, the number, the used methods and the causes of suicide attempts. We subdivided the sample into two subsamples according to the presence or absence of suicidal attempts. We analyzed and compared the demographic, clinical and therapeutic variables.

Results: One third of the patients had attempted suicide at least once. The number of suicide attempts varied from one to five with an average of 1.7. The most used methods were hanging or using sharp objects, medication overdose, defenestration, followed by organophosphate poisoning. The main reported reasons of suicide attempts were depressive symptoms (60%), stressful life events (46%) and presence of delusions and/or auditory hallucinations (32.5%). Significant differences were found in terms of duration of untreated psychosis equal to or more than one year (P<0.001), smoking in men (P=0.03), positive symptoms score on the PANSS (P<0.001), scores of Simpson-Angus scale (P=0.029) and poor medication compliance (P=0.02).

Conclusion: Interventions for reducing of suicide attempts should focus on clinical variables and need to integrate an early diagnosis of the disease, reduce positive psychotic symptoms and tobacco consumption, correct extrapyramidal signs and not the least to improve medication compliance.

Bibliography:


Alcohol Withdrawal Delirium in a Young Male Patient - Case Report
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Objectives: Delirium tremens is the most severe form of alcohol withdrawal, being a medical emergency through complications and high mortality rate. Symptoms usually occur within 48-72 hours of alcohol withdrawal and are the result of altered mental status and sympathetic overdrive.

Material and methods: We present the case of a 24-years old male patient, without severe concurrent illnesses, who addressed the psychiatry hospital for significant agitation, cognitive disruption, hallucinations, marked sweating and tremor of the hand, head and trunk, within 3 days of alcohol abstinence.

Results: The physical examination revealed high fever, diaphoresis, tachycardia and hypertension due to autonomic hyperactivity, pain in the right upper quadrant, ataxia, tonic-clonic seizure in alcohol withdrawal context, and signs of multiple trauma requiring differential diagnosis (tongue hematoma, anterior epistaxis, right epicranian hematoma, left 5th metatarsal and toe fracture). The blood panel showed increased liver enzymes, electrolyte imbalance and anemia while CT scan revealed bilateral cortico-subcortical cerebral atrophy and no signs of cerebral trauma. The detailed psychiatric examination highlighted persistent depressive mood, anxiety, irritability, fatigue, anhedonia, hypobulia, mixed insomnia, hypoprosexia, low tolerance to frustration and visual and tactile hallucinations. The psychological evaluation was carried out later, confirming the severe depression and finding an intelligence quotient of 78-80. Medical treatment with benzodiazepines, anticonvulsants, sympatholytic drugs, intravenous fluids, vitamins and supportive therapy was started, with slow favorable evolution.

Conclusions: Delirium tremens is not very likely to appear in patients younger than 30 years because the physiologic substrate for these severe alterations requires time to develop. The particularities of this case consist of young age, the relatively small number of risk factors for delirium, low intelligence level and very severe evolution.

Bibliography:

Early Diagnosis, Therapeutic Approach and Ethical Aspects in Psychosis Onset
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Objectives: Early diagnosis and therapy were always challenging for clinicians, trivial symptoms at the beginning of disease make from the intervention a medical and also an ethical approach. The assessment of the moment of appropriate pharmacological treatment is most important issue. Long term goal is facilitation of correct diagnosis and early appropriate therapy in ethical background.

Methods. We propose an analytical and comparative approach of prodromal and early psychotic syndromes in order to obtain diagnose clarifications in psychosis onset and discuss the currently known risks and benefits of early intervention as respects to ethical issues. The paper include a theoretical part based on a selection of relevant scientific aspects from literature about prodrom, onset symptoms and treatment of psychosis and about ethical issues of pharmacological intervention; and also an applied part of clinical and anamnestic observations and correlations.

Results: Early intervention in psychotic disorders represents an appropriate approach in psychiatric practice. The earliest clinical stages of psychotic disorders are non-specific and multidimensional with initial stages of other disorders. Treating the patients before severe and less reversible symptomatic and functional impairment were installed ensures a better prognosis, early treatment may prevent or delay psycho-social decline.
Conclusions: Most mental disorders notably psychotic have their onset in early adult life and are chronic diseases. The diagnostic uncertainty is related with stigma and ethical aspects, but is in contradiction with need for care and treatment. Follow-up is necessary for supporting the treatment and for diagnosis clarifications with implications in early diagnosis and appropriate therapy and also in long-term prognostic of psychotic diseases, pathology affecting young active population. Ethical issues have to deal further with stigma, pessimism, silence surrounding the mentally ill.

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Professional Values and Needs Among Trainees in an University Center in Romania
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Introduction: Personal values and needs guide people’s work, motivate them and determine their career’s direction. In the context of migration phenomenon and burnout syndrome, understanding trainees’ values and needs may be important.

Objectives: The objectives of this study were to investigate the professional values and needs among trainees in Târgu Mureș.

Methods: In this study we included 195 resident doctors of various specialties. A questionnaire based on Maslow’s hierarchy of needs was applied. The following items were highlighted: medical specialization, residency year and level of job satisfaction. The questionnaire was organized in 5 groups of needs, each group containing 4 items. The participation was volunteer-based.

Results: Trainees in Târgu-Mureș most value a permanent job and they consider appropriate working conditions to be the most important needs in their profession. Distance and difficulty of work are considered to be less important. In surgical specialties, social needs were less valued. The overall job satisfaction level for a trainee is considered to be low.

Conclusions: Physiological needs and security values are the most important aspects in trainees in Târgu-Mureș.

Keywords: professional, values, needs, trainees.

Bibliography:

Approach of Somatic Disorders in the Pediatric Population of Galați County
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The study aims to give insight into the benefits and the gaps of the multidisciplinary approach providing a better understanding and development of future guides concerning somatoform disorders in children. A retrospective study was performed on a group of patients with somatic complaints that are not otherwise justified by a medical condition. A number of results came out of the preliminary analysis of data. Often patients were sent into the psychiatry department before the exclusion of all medical factors that could justify the complaints. On the other hand, there are many cases where, after excluding a medical condition and sending a child to the psychiatry department for suspicion of somatoform disorder, symptomatic treatment is still continued. There are also cases where the child leaves the hospital with an unconfirmed diagnostic of organic disease without being referred to a psychiatry department. The child and family believe and will use the
diagnostic to justify future signs and symptoms and the correct therapy is deferred. There are many factors leading to this kind of dysfunctional approach and maybe the most significant is the one of stigmata. In this case, the pediatrician plays a very important role in explaining the motives and benefits of the psychiatric consult, thus facilitating an earlier evaluation and planning for a treatment strategy. While a multidisciplinary approach may have distinct advantages, our study highlights the importance of establishing clear channels of communication to co-ordinate care, as well as the importance of a shared understanding of Somatic Disorders. This work is done through POSDRU financed by the European Social Fund and the Romanian Government by contract no. POSDRU/159/1.5/S/137390.

Bibliography:

Awareness Survey for New Psychoactive Substances among Japanese University Students - The second Report
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Introduction: Abuse of new psychoactive substances is one of the serious social problems in Japan. Many abusers suffer from acute intoxication and are taken to emergency hospitals. They also become delusional state and are treated at psychiatric facilities1). Some cause traffic accidents under the effect of those substances. Those substances are easily available even among students.

Objective: To see how much Japanese university students have appropriate knowledge and are aware of the danger of new psychoactive substances.

Subjects: 2nd to 4th grade students of Department of Agriculture, Ibaraki University.

Methods: Questionnaire survey was conducted in April 2014 (The similar survey about illegal drugs was performed in 20092), too, but new psychoactive substances were not included, as they were not widely spread at that time). Data were analyzed by SPSS.

Results: Only about half of the students had enough knowledge and are aware of the danger of new psychoactive substances.

Conclusion: We should educate students so that they can keep away from new psychoactive substances.

Acknowledgement: The author strongly appreciates Professor Fukumi Saito, Toshie Hirohara, Misato Iijima, Nasa Ikuta, Miari Ishizu, Kana Goto, Narumi Nihei, and Hiroko Uhara for their contribution and cooperation for this research.

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Word Use and Psychopathology: Quantitative Analysis of the Works of a Novelist
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(2) Nihon University Hospital, Tokyo, Japan

Objectives: Word count as a tool for identification of abnormal mental processes has utilized in psychopathology research. In the present study, we used advanced computerized techniques to explore time course features of word use related to psychiatric disorders.

Methods: We classified the 14 texts of novels written by Natsume Soseki (1867-1916), who suffered from periodic psychiatric conditions, using hierarchical cluster analysis and principal component analysis based on the counts of postpositional particles and auxiliary verbs. Then, we compared relative frequencies of parts of speech in the statistically classified groups.

Results: The works were classified into groups corresponding to the time period at which they were written. When compared between the two groups of early six and late eight works, interjections were more frequent in
the early groups, while conjunctions were more frequent in the late groups. Nouns, pronouns, adjectives, verbs, or adverbs did not differ significantly in the relative frequencies between the two groups. However, when compared within the late group, the pronouns were more frequently used in the latest group of four works than in the rest of four works.

Conclusions: The results imply that use of these function words were associated with the writer’s conditions, with the early condition of predominant dysphoria using more interjections and less conjunctions, while the latest condition of considerable self-occupation using more pronouns.

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Factors Associated with Insomnia in Thyroid Disorder
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(2) Yonsei University College of Medicine, Seoul, South Korea

Objectivers: The aims were to know the frequency and clinical characteristics of insomnia and related variables in thyroid patients.

Methods: Structured interviews with the Korean Version of the Insomnia Severity Index (ISI-K) were performed for 90 thyroid patients.

Results:
1) Insomnia was found in 21 (23.3%) of thyroid patients.
2) Thyroid patients with insomnia had significantly more comorbidities of physical and psychiatric illnesses, more hyperthyroidism, higher T3, longer than 60 minutes of sleep latency (p<0.05 respectively).
3) Among ISI-K, total scores, scores for initial sleep, sleep satisfaction and distress were significantly higher in thyroid patients with insomnia (p<0.05 respectively).
4) Total scores of ISI-K had significant correlation with psychiatric illness, A1 (initial) with thyroid disorders and thyroid medication, A2 (middle) with shift work, B (satisfaction) and C (interference) with psychiatric illness, E (distress) with occupation and physical illness (p<0.05 respectively).

Conclusions: Insomnia was not rare in thyroid patients. According to presence of insomnia, clinical characteristics including sleep quality as well as quantity seemed to be different.

Bibliography:

Health & Illness Related Intrusive Thoughts
Sandra Arnáez, Gemma García-Soriano, Amparo Belloch
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Objectives: To explore the presence, frequency, contents and unpleasantness of health intrusive thoughts (IT) in non-clinical individuals.

Methods: 333 university students (73.3% women; age=20.96±4.85years) completed a self-report instrument developed to evaluate the frequency (from 0 ‘never’ to 6 ‘frequently during the day’) of a list of 51 ITs related with health and illness (Health Intrusive Thoughts Inventory).

Results: Results indicate that almost all participants (98.97%) reported having experienced at least one health-IT in their life. Subjects experienced a great variety of health-IT contents, although these ITs were experienced, as a mean, with a low frequency (0.81±0.62). Forty-nine percent of the subjects reported having experienced health-IT with a frequency of once or twice a month or more. The IT content experienced with higher frequency was: “This discomfort is not normal” (1.53±1.27). The health-IT reported as the most unpleasant by a higher frequency of participants (6.6%) was the intrusion of “Dying in pain and suffering”. These health-ITs were appraised between unpleasant and somewhat unpleasant (1.83±1.06). Sex differences appeared on the frequency, content and disturbance of the ITs.
Conclusions: A great variety of health related intrusive thoughts are experienced by university students provoking some unpleasantness. Health-ITs1,2,3 deserve more attention, as these ITs could be a vulnerability variable for the development of illness anxiety disorder. Therefore, health-IT might be a relevant variable to help primary care health professionals to discriminate between physical complaints due to a medical condition or an illness anxiety disorder.

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Validation of Gujarati Version of the Cardiff Anomalous Perception Scale
Khushboo Kansal, Ganpat Vankar
B.J. Medical College, Ahmedabad, India

Objectives:
1) To validate the Gujarati version of The Cardiff Anomalous Perception Scale (CAPS).
2) To measure prevalence of anomalous perceptions in general population.

Methods: The occurrence, frequency, intrusiveness and distress for perceptual abnormalities among the general population and psychotic patients were compared on Gujarati version of The Cardiff Anomalous Perceptions Scale (Vaughan et al, 2006). The nonclinical sample was nursing students and clinical sample of psychotic patients was taken randomly from OPD and IPD in psychiatric department of general hospital. SPSS was used to compare the samples for total number of items endorsed, intrusiveness, frequency, distress caused by each symptom. Cronbach’s alpha was calculated for the reliability of the test. Test-retest reliability was also determined. Criterion validity was assessed by comparing CAPS score of nonclinical population with clinical sample.

Results: Psychotic patients had statistically significant CAPS total score compared to general population sample [mean 13.4 (S.D=8.9) vs1.932 (S.D=3.202)] and on all the CAPS subscales. Cronbach’s alpha was 0.855 which suggests that the test is internally reliable. The prevalence of perceptual anomalies in general population was found to be lower than that found in western population.

Conclusions: The sample of psychotic patients had significantly higher mean scores than the nonclinical sample on all the CAPS subscales, suggesting that the CAPS successfully measures anomalous perceptual experience in a group of patients known to experience high levels of perceptual distortion, thus, validating the scale. Also, perceptual anomalies are not limited to psychotic patients, though there are variations among east and west.

Bibliography:

The Influence of Adult Attachment on Attitudes and Behaviours Related to Treatments and Treatment Providers in Psychiatric Patients with Depression and Anxiety
Gheorghiţa Camelia Adams, Cara Spence, Lloyd Balbuena, Lachlan McWilliams, Stephen Adams, Dawn De Souza, Vu Pham, Vernon Bennett
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Objectives: Previous research has shown that insecure attachment style impacts the interaction with the health care system. For instance, individuals with anxious attachment tend to over-report their medical symptom and over-utilize health services, while those with avoidant attachment display the reversed pattern. In this study we extend this research to psychiatric patients by examining the role of adult attachment on views and experiences with various treatments and health care providers.

Method: Individuals between the ages 18 and 65 referred to psychiatrist, were mailed a questionnaire prior to the initial assessment targeting beliefs and experiences with medication, therapies and care providers.
Individual attachment was assessed using two self-reported instruments, Experience in Close Relationships (ECR) evaluating dimensions of attachment and Relationship Questionnaire (RQ) evaluating attachment categories. Psychiatric diagnoses were evaluated with Mini-International Neuropsychiatric Interview (M.I.N.I.). Previous medication trials, counselors seen and communication with physicians were regressed against ECR anxiety and avoidant scores and RQ profiles.

Results: Eighty-two subjects met the inclusion criteria and were included in the final analysis. ECR anxious attachment predicted a higher number of counselors seen in the past (IRR: 1.41, p <.001) as did the RQ preoccupied and fearful styles (IRR: 2.28, p <.001 and IRR 1.65, p=.03 respectively). Neither the ECR dimensions nor the RQ styles predicted previous medication trials. ECR avoidant attachment predicted problematic communication with physicians ($B = 0.42, p < .01$) as did the RQ fearful style ($1.02, p = .01$). All regression models were adjusted for age and gender.

Conclusion: In keeping with previous findings, we found that individuals with increased attachment anxiety tend to over utilize psychological treatments while individuals with attachment avoidance are particularly at risk for communication difficulties. In summary, individual attachment appears to selectively impact the engagement and utilization of relational treatments but not of biological treatments.

Bibliography:

Social Status Among People Living for at Least 10 Years with Schizophrenia or Schizophrenia Spectrum Disorders
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Introduction: Loneliness, lack of company and relationships, social isolation or poor social support, limited or lack of psycho-education for patients and their families, unemployment, insufficient daytime activities, a bad ability to live independently are factors that predict a poor recovery and a poor quality of life for people living with schizophrenia or other spectrum disorders.

Objective: This study sought to identify whether there are differences and what are these consisting of, regarding social status between the initial stages and after at least ten years of evolution of schizophrenia and spectrum disorders.

Methods: We evaluated two groups of adult patients with schizophrenia and spectrum disorders: schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder. The first group included patients within the first two years of evolution of their disorders, and the second group patients with a history of ten years or more since having been diagnosed. We assessed demographic characteristics, psychiatric and medical history, social status by using a short questionnaire and the presence of cognitive impairment by applying MOCA test.

Results/Conclusions: Most people affected by schizophrenia spectrum disorder live in poverty, fail to achieve educational goals, have limited social contacts outside their family, are unemployed and have a poor ability of self-care and independent daily functioning. These are a consequence of their psychotic disorder, of an inadequate lifestyle and probably of stigmatization and limited or lack of mental health education measures addressing the other members of the society among which these people are living. These people and their families should be better cared for in appropriate environment and provided with all necessary social services.

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Bibliography:
Obsessive Compulsive Disorder and Secondary Anorexia

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Introduction: Obsessive-Compulsive Disorder (OCD) is an easily recognizable chronic disorder, characterised by intrusive thoughts that overwhelm the mind and cause extreme anxiety and/or clinically significant repetitive, compulsive behaviours (either overt or mental). Because people with OCD often create rituals around their food, this condition may associate with anorexia, especially if the ritualistic behaviors lead to weight loss. The International OCD Foundation describes eating disorders and OCD as part of the same spectrum of anxiety-related behaviors. In fact, one condition may be a pre-cursor for the other.

Objectives: The following presentation describes the case of a patient recently diagnosed with obsessive-compulsive disorder, noteworthy because of its severity of impact on daily functioning consequently leading to extreme weight loss due to negativism to food. In this case, the anorexic food behaviour is tightly connected with the fear of food contamination with dust or germs. The purpose is to emphasize the relationship between eating disorders and obsessive compulsive disorder and therefore to early diagnose, before the symptoms overwhelm the patient.

Methods: Thorough medical history, evaluating the symptoms, the time taken up by obsessions each day and/or compulsions and establishing impact on daily functioning, eating behaviours and the body-mass index (BMI) as well as constantly weighting the patient stood as precious instruments in thoroughly analysing the disorders’ severity level and complexity.

Results: After receiving specific psychotropic treatment and psychotherapy, the patient became aware of her conditions and was willing to cooperate, but in the short and medium term, there was significantly improvement regarding the obsessions and compulsions, but slight improvement in eating behaviours and weight gaining.

Conclusions: Eating disorders in relationship to OCD is still in its infancy stages. The etiology behind both of these disorders still needs further investigation. Nonetheless, diagnosis and mainstay treatment involves a careful evaluation of physical and psychological health.

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Social Vulnerability of Rural, Low-income Women is linked to Psychiatric Disturbance in Pregnancy

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Objectives: The first objective of this study was to analyse the social and demographic circumstances of a rural, low-income community in Southeast Brazil. The second was to investigate relationships between this environment and psychiatric symptoms occurring during pregnancy, in order to identify possible targets for intervention. A paucity of literature contains examination of the peculiarities of these conditions in rural communities within developing nations. This is important, given the deleterious effects of psychiatric disturbance upon mother and foetus, and the opportunity for prevention. (1,2)

Methods: 94 pregnant women and 38 non-pregnant controls were included. All were attendees of a primary health care centre, where the study was based. Socio-demographic data were collected including indicators of economic status, antenatal care, nutrition and intelligence. Symptoms of anxiety and depression were quantified using the Hamilton Anxiety Scale (HAM-A), and the Beck Depression Inventory (BDI), respectively.
Statistical analysis employed SPSS: Statistical Package for the Social Sciences: v17.0. Student t, Mann-Whitney and Chi-squared tests were applied appropriately. The Spearman coefficient (r) evaluated correlations. Significance was accepted where p≤0.05. This study was approved by the Research Ethics Committee of the overseeing Federal University.

Results: Pregnant and control groups experienced similar low-income conditions. Intelligence correlated negatively with BDI outcome in pregnant women (r= -0.22, p=0.003) and controls (r= -0.394, p=0.01). Negative correlation occurred with HAM-A score in pregnant women (r= -0.26, p=0.01), but not controls. Household income and food insecurity correlated with depressive and anxious symptoms in pregnancy, whereby difficult social circumstances were linked to greater symptomatology. Increasing age at first pregnancy correlated negatively with depressive symptoms.

Conclusions: Social vulnerability and precarious healthcare occur during pregnancy. Difficult social circumstances appear to be related to psychiatric symptom manifestation in pregnancy, amongst low-income, rural dwellers. These environmental factors may be targets for management of antenatal psychiatric disturbances.

Bibliography:

Increasing Knowledge About Obsessive-Compulsive Disorder: the Effects of a 2-Hour Seminar for Community Participants
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Objectives:
1) To analyze the knowledge about and stigma associated with OCD in Spanish community individuals and secondary-level teachers;
2) to explore the effects of a 2-hour educational OCD-seminar on the participants’ attitudes about OCD, their knowledge about the disorder, and the perceived usefulness of the seminar.

Methods: Two groups of 85 community participants (age: 51.95±16.68 years) and 19 teachers (age: 45.32±7.02 years) attended two different seminars especially designed for these populations. Both seminars described OCD symptoms and interference, highlighting differences with non-clinical rituals. They provided information about where to find help and tried to reduce stigma associated with OCD. Knowledge and stigma associated with OCD were assessed before and after the seminar. The seminar was also evaluated in terms of perceived utility and relevance.

Results: More than 50% of participants in both groups mistakenly identified OCD symptoms with worries about everyday problems. Stigmatizing attitudes were only shown by 2-5% of participants. After the seminar, participants identified OCD symptoms better, knew more about mental-health services, and had fewer stigmatizing attitudes. The seminar was evaluated as interesting and helpful.

Conclusions: Results show that participants’ knowledge about OCD could be increased through a short educational seminar. Increasing knowledge about OCD in community samples and professionals in contact with potentially vulnerable participants (i.e., teachers) could help to reduce stigma associated with OCD, shorten delays in seeking treatment1, 2, and, therefore, reduce personal and financial costs of OCD.

Acknowledgments: GVA-PROMETEO/2013/066 and MINECO-PSI2013-44733-R.

Bibliography:

The Role of Disgust Sensitivity and Propensity Dimensions as OCD Vulnerability Variables
Objectives: The objectives of this study are to analyze the relevance of disgust (sensitivity and propensity) in obsessive-compulsive disorder (OCD) and examine the role played by disgust in comparison with other relevant OC vulnerabilities (personality, OC symptoms and beliefs) in predicting OC symptoms.

Methods: Sixty-seven subjects distributed in three groups (OCD group (n=17), a matched subclinical OCD group (n=25) and a non-clinical (n=25) group) completed a set of questionnaires appraising: anxiety (BAI), depressive (BDI-II) and obsessive-compulsive symptoms (Clark-Beck Obsessive-Compulsive Inventory, C-BOCI), disgust (Disgust Propensity and Sensitivity Scale Revised, DPSS-R)1, dysfunctional beliefs about thoughts (Obsessive Beliefs Spanish Inventory-Revised, OBSI-R)2 and Emotionality (HEXACO-Personality Inventory-Revised)3.

Results: One-way ANOVA indicated that the OCD group scored higher than the other groups on depressive and OC-symptoms, emotionality traits, and dysfunctional beliefs. The OCD and subclinical OCD groups scored higher than the non-clinical group on anxiety symptoms and disgust sensitivity. A hierarchical regression analysis with C-BOCI as dependent variable was conducted to assess whether sex, gender, emotionality, disgust propensity and sensitivity, or dysfunctional beliefs predicted OC-symptoms. Results showed that the variables predicted 68.1% of C-BOCI variance, with disgust sensitivity, emotionality, importance of controlling thoughts and responsibility entering the final equation model (F (6, 50) =17.79; p=.001).

Conclusions: The present study sheds some light on the role that disgust sensitivity and propensity play in OCD, and provides support for disgust sensitivity (i.e., perceived harmful consequences of experiencing disgust) as a relevant vulnerability variable to consider when conceptualizing and assessing OCD in primary care services.


Bibliography:

Correlations between Clinical and Psychological Variables in Patients with Rheumatoid Arthritis
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Rheumatoid arthritis (RA) is a systemic autoimmune disease with a multifactorial etiology, a debilitating evolution and a potentially severe extra-articular impairment. A lot of factors such as pain, functional impotence, sleep disturbances, asthenia, frequent hospitalizations, administration of medication and the side effects will have a great impact on the patients’ quality of life.

Objective: Assessment of quality of life in patients with RA depending on treatment particularities, that means Conventional Disease Modifying Antirheumatic Drugs or Biological Disease Modifying Drugs. We included 50 patients, diagnosed with RA according to American College of Rheumatology criteria. The study assessed the impact of RA on patient’s quality of life, with respect to the demographic characteristics of the group, the duration and activity degree of the illness, the presence of the depressive and anxiety symptoms, fatigability and sleep disturbances. We assessed the patients with RA from a rheumatologic perspective (number of painful and tumid joints, functional assessment, X-ray exams) and from a psychiatric one. We analyzed correlation between quality of life scales(QOL), depressive and anxiety symptoms measured with Hamilton Depression Rating Scale and Hamilton Anxiety Rating Scale, fatigability level (assessed by using a subscale of Functional Assessment of Chronic Disease Therapy) and sleep disturbances (Leeds Sleep Evaluation Questionnaire). The majority of patients had duration of illness between 1 and 5 years (35%) and the fewest patients (16%) had more than 10 years of disease but this did not influence the total QOL scores. Both anxiety and depressive symptoms were negatively correlated with the subdomains of QOL scores. These conclusions give us an argument for the importance of periodical psychiatric evaluation and treatment in patients with RA in order to reduce the disabilities and to increase the quality of life. Considering that both anxiety and depression are treatable medical conditions, a screening may be mandatory.

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Diagnostic and Clinical Particularities of Obsessive-Compulsive Disorder in Children and Adolescents
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Obsessive–compulsive disorder (OCD) affects children and adolescents, as well as adults. OCD is an anxiety disorder characterized by intrusive thoughts that produce, apprehension, fear or worry (obsessions), repetitive behaviors aimed at reducing the associated anxiety (compulsions), or a combination of such obsessions and compulsions. This paper present a case of an eight year old patient of Child and Adolescent Psychiatry Clinic, „Prof. Dr. Alexandru Obregia” Psychiatry Hospital, Bucharest, admitted for obsessive thoughts, compulsive acts, opposition, inflexible adherence to useless objects and angry fits after the parents interrupt unwanted behaviors of the child. The data obtained from family history, clinical examination, paraclinical investigations results and mental state evaluation were significant for DSM V-TR and ICD 10 diagnostic criteria for Obsessive Compulsive Disorder and Oppositional Disorder. In view of case particularity, we speculate that the presence of comorbidities and loaded family history suggest chronicity of the disease and diagnosis stability in adulthood.

Keywords: obsessions, compulsions, opposition, family history.

Bibliography:

Gender Differences of Stressors, Coping Strategies and Symptom Severity in Patients with Panic Disorder
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Objectives: The objective of this study is to examine the differences between the female patients with panic disorder (PD) and male patients with PD in stressors, coping strategies and symptom severity. Methods: 503 patients with PD who met the diagnostic criteria in Structured Clinical Interview for DSM-IV from two psychiatric clinics were included in this study. Stressors were evaluated by Cochrane Life Events Inventory and the following instruments were applied: Coping scale (Folkman & Lazarus, 1985), Panic disorder severity scale (PDSS) and Albany Panic and Phobia Questionnaire (APPQ). To investigate the gender difference in stressors, coping strategies and symptom severity among patients with PD, we analyzed data from 269 female and 234 male patients with PD. SPSS version 21.0 were used for statistical analysis.

Results: Female patients with PD are influenced by trouble with parents, economic problem, single pregnancy and abortion. Male patients with PD compared with female are affected by sex difficulties, promotion or change of responsibilities at work and alcohol-related problem. Our results found that compared with male patients, female patients with PD develop escape-avoidance behavior. On the other hand, male patients with PD compared with female develop seeking social support coping style. Finally, the result showed that female patients with PD have higher situational agoraphobia subscale score and interoceptive avoidance subscale score in APPQ than male patients with PD.

Conclusions: These findings suggest that gender plays an important role in stressors, coping strategies and symptom severity among patients with PD. It suggests to implement gender-specific intervention strategies considering the gender differences in clinical approach among patients with PD.

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White Matter Dysconnectivity in Panic Disorder with Early Sexual Abuse History: a Preliminary Study
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Background: People who have experienced childhood abuse are more likely to experience frequent or generalized anxiety or panic disorder (PD). Although previous studies have used magnetic resonance imaging (MRI) to demonstrate structural abnormalities of brain in subjects with PD, no study about the brain white matter (WM) connectivity differences between PD with and without early sexual abuse. The objective of this study is to compare the brain WM connectivity between PD with and without early sexual abuse history.

Methods: Twelve right-handed patients with PD [12 women; 35.91±10.29 (mean±SD) age] who met the diagnostic criteria in Structured Clinical Interview for DSM-IV were examined by means of MRI at 3 Tesla. We divided the patients with PD into two groups with and without early sexual abuse to compare the WM connectivity. Panic Disorder Severity Scale (PDSS), Beck Depression Inventory (BDI) and Anxiety Sensitivity Index-Revised (ASI-R) were administered in PD patients.

Results: Tract-based spatial statistics showed that fractional anisotropy (FA) values in PD with sexual abuse history were significantly higher than PD without abuse in the right internal capsule, superior corona radiata, sagittal stratum, fornix. The scores of PDSS, BDI, ASI-R were significantly correlated in the above-mentioned WM regions.

Conclusion: This preliminary study suggests that early sexual abuse could influence the connectivity among emotion related limbic structures in PD.

Bibliography:

Long-Term Effectiveness of a Mindfulness-Based Cognitive Therapy Program as an Adjunct to Pharmacotherapy in Patients with Panic Disorder; a One-Year Follow-Up Study
Sang-Hyuk Lee, Kyung-Min Kim
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Background and objectives: Mindfulness-based cognitive therapy (MBCT) has been widely used to treat patients with depressive disorder to prevent relapse. Also a recent study presented that MBCT is an effective adjunct to pharmacotherapy in patients with panic disorder. It is possible that the mechanism of this effect is that MBCT improves key factors such as worry, anxiety sensitivity and phobia. Therefore, the long-term effectiveness is crucial in testing the durability of MBCT. This study aimed to examine whether MBCT is long-term effective as an adjunct to pharmacotherapy in the treatment of patients with panic disorder.

Methods: We examined data from 16 patients diagnosed with panic disorder. All patients were treated with pharmacotherapeutics and were assigned to MBCT program for a period of 8 weeks. They were assessed for Patient self-report scales (Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Anxiety Sensitivity Index (ASI), Albany Panic and Phobia Questionnaire (APPQ)) and Clinician-rated scales (Panic disorder severity scale (PDSS)) prior to initiating treatment (0 week), at posttreatment (8th week), and at one-year follow-up. SPSS version 21.0 were used for statistical analysis.

Results: A repeated Measures ANOVA demonstrated that MBCT program produced statistically significant decreases in anxiety scale scores at 0 week, 8th week, and follow-up: BDI (Δmean (0week-1year f/u) =24.88, p=0.00), BAI (Δmean=9.11, p=0.012), PDSS (Δmean=7.50, p=0.006), APPQ-A (Δmean=3.42, p=0.012), APPQ-P (Δmean=2.75, p=0.022), ASI-P (Δmean=3.00, p=0.015).

Conclusions: The present results demonstrate the long-term effectiveness of MBCT as an adjunct to pharmacotherapy in the treatment of patients with panic disorder. Also, it is possible that clinic patients who are diagnosed with panic disorder tend to maintain their gains 1 year after termination of MBCT. However, well-designed, randomized controlled trials are needed.

Bibliography:
Association Study between 5-HTTLPR Polymorphism and Agoraphobia in Korean Patients with Panic Disorder
Sang-Hyuk Lee, Minkuk Kim
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Objective: Serotonergic dysfunction is quite evident in panic disorder. We investigated whether the serotonin transporter polymorphism (5-HTTLPR) may play a role in the pathogenesis of agoraphobia in patients with panic disorder in Korea. Methods: The 5-HTTLPR genotype was analyzed in 263 patients and 207 healthy controls. The diagnosis of panic disorder according to DSM-IV criteria was verified using Structured Clinical Interview for DSM-IV (SCID). The presence of Hardy-Weinberg equilibrium was tested by a χ² test for goodness of fit. Allele and genotype frequencies in patients with panic disorder and healthy controls were evaluated using the χ² test Results: The distribution of the genotypes of the S/L polymorphism did not differ significantly from those predicted by Hardy-Weinberg equilibrium in patients as well as the controls. There was significant difference in the distribution of genotype between panic patients with agoraphobia and panic patients without agoraphobia. That is, panic patients with agoraphobia had less frequent distribution of SS genotype of 5-HTTLPR (p=0.009). Also, we replicated previous western reports which indicated significant difference in the distribution of COMT genotype between patients with panic disorder and healthy control (p=0.005). Conclusion: This result suggests that the serotonin transporter gene polymorphism may play a role in the pathogenesis of agoraphobia in Korean patients with panic disorder.

Bibliography:

Brain White Matter Connectivity Associated with Treatment Response to Paliperidone ER Treatment in Patients with Schizophrenia
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Objectives: The objective of this study is to examine the baseline white matter (WM) alterations of patients with schizophrenia could be related to treatment response after paliperidone extended-release (paliperidone ER) treatment.

Methods: Forty-one right-handed patients with schizophrenia who met the diagnostic criteria in Structured Clinical Interview for DSM-IV and 17 age- and sex- matched healthy control (HC) subjects were included in this study. Brain magnetic resonance scans at 3 Tesla were conducted at baseline. Voxel-wise statistical analysis of the fractional anisotropy (FA) data was performed using Tract-Based Spatial Statistics (TBSS). Patients with schizophrenia were assessed for the clinical severity of their psychotic symptoms using the Positive and Negative Syndrome Scale (PANSS), the Scale for the Assessment of Positive Symptoms and the Scale for the Assessment of Negative Symptoms at baseline and 8 weeks. To assess the correlation analysis, the baseline imaging data were analyzed using the TBSS General Liner Model regression analysis with the treatment response as a factor in patients with schizophrenia.

Results: The group comparison of FA by TBSS showed that the patients with schizophrenia show lower baseline FA values in the extensive WM regions compared with HC. Among the patients with schizophrenia, the baseline FA values of the corpus callosum, anterior, superior and posterior corona radiata, internal capsule, external capsule, left superior longitudinal fasciculus and fronto-temporal WM regions showed significant negative correlations with the PANSS treatment response.

Conclusions: The current study suggests that the treatment response after paliperidone ER treatment may be associated with the baseline fronto-temporo-limbic WM connectivity in patients with schizophrenia, and it could be used as a predictor of treatment response to paliperidone ER treatment after studies with large samples verify these results.

Bibliography:
Comorbidity and Functional Impairments for Children with ADHD

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Nowadays, ADHD is a frequent disorder among children and it can be of three types: hyperactive impulsive, inattentive or combined. However, there is often the case where the patient can also have symptoms related to other illnesses or conditions [1][2]. In addition to identifying and treating ADHD, patients should also benefit from medical and psychological care for other disorders, due to the correlations between diagnostics.

Objectives: The objective of this study is to reveal the correlation between ADHD and the functional difficulties in certain areas of daily life. Methods: The Weiss functional impairment rating scale – parent report (WFIRS-P) was used to assess the children behavior in areas like: family, learning and school, child’s self-concept, social activities and risky activities. The study was carried out at Child and Adolescent Psychiatry Department, "Prof. Dr. Al. Obregia" Psychiatry Hospital.

Results: The WFIRS-P test was applied on a sample of 100 parents. Parents’ answers revealed the presence of various problems in the functional areas which were not only caused by ADHD alone, but by other coexistent disorders, as well. We found that the main functional areas which were affected are: learning and school, family and social activities.

Conclusions: Clinical activity reveals that apart from the specific symptoms of ADHD, patients can also have other symptoms which reveal: learning disability, oppositional disorder, conduct disorder, anxiety or depression. In addition to the pharmaceutical treatment, the patient and his family should also benefit from psychological aid. Appropriate extra-school activities can significantly improve the health outcome of the patient.

Disclosure: This work received financial support through the project entitled "CERO – Career profile: Romanian Researcher", grant number POSDRU/159/1.5/S/135760, cofinanced by the European Social Fund for Sectoral Operational Programme Human Resources Development 2007-2013”.

Bibliography:

Multidisciplinary Approach in Patients with Alcohol Withdrawal Delirium

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Objectives: Alcohol withdrawal delirium is one of the most severe medical emergencies. Less than 10% of patients with alcohol withdrawal will ever develop delirium while tonic-clonic seizures may appear up to 3% of these patients (1). In this study, we outline the importance of multidisciplinary approach in patients under these circumstances.

Methods: A transversal descriptive study was conducted using the medical information from patients’ files which was stored in a database and analyzed. The study was performed between August and October 2014 and included 31 male patients who were admitted in the psychiatric clinic and were diagnosed with alcohol withdrawal delirium, based on ICD-10 diagnostic criteria (2).

Results: The average age of the enrolled patients was 47.51±5 years, 64% were living in the rural area, and 67% of the patients were at the first admission in the psychiatric clinic. More than 80% of the patients required multidisciplinary consults, either medical (n=58) or surgical (n=17). The most requested medical specialties were gastroenterology (61%), neurology (38%), infectious disease (19%) and cardiology (16%) while the surgical ones were otorhinolaryngology (22%), oral and maxillofacial surgery (9%), plastic surgery (9%) and orthopedic surgery (3%), since patients have been involved in various types of trauma. Laboratory values were abnormal
regarding the blood serum chemistry for most of the patients (74%) with delirium but only 29% presented abnormal values in the complete blood count.

Conclusions: Alcohol withdrawal delirium is a multi-functional problem and it is shown that multidisciplinary intervention is likely to provide the most successful management.

Bibliography:

The Impact of Depression in Patients with Rheumatoid Arthritis – A Case Study
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Objectives: Rheumatoid arthritis is a chronic inflammatory disease which consists of recurrent joint pain, swelling and deformities. The prevalence of depression in patients diagnosed with rheumatoid arthritis ranges between 9.5% and 41.5%. Our aim is to draw attention to this important issue which has a serious impact on quality of life of these patients.

Methods: We present the case of a 58-years old male patient diagnosed with rheumatoid arthritis in 1999 and treated with corticosteroid and biological therapy, who addressed the psychiatry clinic for depressive mood, cognitive impairment, fatigue, influence delusion, auditory hallucinations and two suicide attempts.

Results: The psychiatric examination revealed depressive mood, fatigue, low tolerance to frustration, dysarthria, bradylalia, bradykinesia, auditory hallucinations, influence and persecutory delusions, cognitive dysfunction, insomnia and suicide attempts. The psychological evaluation showed severe depressive configuration and somatic symptoms. Magnetic resonance imaging underlined cortical and subcortical cerebral atrophy, while electroencephalogram was in normal limits. After 3-week successful treatment with atypical antipsychotics and mood stabilizers, patient was discharged. The particularity of this case consists of a severe psychiatric and neurological impairment despite the relatively good control of the systemic disease activity, complete blood count, blood serum chemistry, and cardiovascular exam being in normal range.

Conclusions: Depression has a high prevalence in patients with rheumatoid arthritis and is associated with poor outcome, suggesting that the optimal care for these patients should include early detection of depression and its clinical signs and, above all, the initiation of the appropriate medical treatment, with significant positive impact on quality of life in patients with rheumatoid arthritis.

Bibliography:

Early Intervention and Relapse Prevention in First Episode Psychosis: a Romanian Sample
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Introduction: Early intervention in psychotic disorders might improve outcomes if more therapeutic efforts are focused on the early stages of the illness. Early intervention in first episode psychosis has two distinct elements: early pharmacological treatment and phase-specific psychotherapy.


Material and Methods: The study sample comprised of 51 inpatients at first contact with psychiatric services, admitted in the Timisoara Psychiatric Clinic during december 2009 and march 2014, diagnosed with acute or transient psychotic disorders, according to ICD-10 diagnostic criteria. The sample was divided into two groups (and followed-up over a period of 6 months): 27 inpatients who received only pharmacological treatment (oral or intramuscular Haloperidol, oral olanzapine and oral risperidone) and another (n=24) where patients were
administered both pharmacological and phase-specific psychotherapeutical treatment. Both sample groups were assessed with the BPRS, SCL-90 and PANSS scales (upon admission and near discharge).

Conclusion: We found that patients who received both pharmacological and therapeutic interventions showed lower mean PANSS scores at discharge when compared to the subjects who were administered only pharmacological treatment, but there weren’t significant statistical differences between the two study groups (p=0.071). Early pharmacological and psychotherapeutical intervention might aid in lowering relapse rates.

Bibliography:

Comorbid Anxiety Disorders in Depressed Patients: Implications and Outcome

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Introduction: The association between depression and anxiety disorders is documented in both clinical and epidemiological studies and is considered a common occurrence, rather than an exception.

Objectives: The aims of the study are to assess the comorbidity rate of anxiety disorders with depression and the impact of the comorbid states on the outcome and global level of functioning.

Material and Methods: 107 inpatients with depressive episodes (single episodes or depressive episodes that are part of recurrent depressive disorder or bipolar affective disorder, according to ICD-10 criteria), admitted to the Timișoara Psychiatric Clinic between January 2001 and September 2014 were included in this study. 64 subjects (59.81 %) had comorbid anxiety disorders (generalized anxiety disorder, panic disorder, agoraphobia, social phobia or other specific phobias, obsessive-compulsive disorder). Upon admittance and near discharge all patients were assessed with the following rating scales: HAM-D, HAM-A, SCL-90 and GAF.

Conclusion: We found that comorbidity of anxiety disorders with depression was associated with higher symptom severity and a lesser degree of global functioning both at baseline and during final assessment. Patients without comorbid anxiety disorders showed higher remission rates. Comorbid anxiety disorders might reduce remission rates in depressed patients and have a negative impact on the long-term outcome.

Bibliography:

Chronological Changes of Function Word Use in Fictions of a Suicidal Writer

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Objectives: Function words, in contrast to content words, contain less lexical senses but rich affective and relational senses. A number of investigators have indicated changes of function word use in a variety of psychiatric disorders. The aim of the present study was to determine whether time course features in Japanese function words could be seen in the texts written by a writer who suffered from psychiatric condition.

Methods: One hundred and two fictions written by Akutagawa Ryunosuke (1892-1927), who received psychiatric treatments and committed suicide, were examined using hierarchical cluster analysis and principal component analysis based on the frequencies of the particles and auxiliary verbs. Results: The 102 works were classified into two clusters consisting of 44 (cluster A) and 58 (cluster B) works, and the latter cluster into two clusters consisting of 25 (cluster B1) and 33 (cluster B2) works. The former cluster were classified into 18 (cluster A1) and 26 (cluster A2) works. Each cluster was associated to psychiatric conditions. Twenty five works (100%) in cluster B1 and 18 works (55%) in cluster B2 were written in the healthy condition. Twenty two works (85%) in cluster A2 were written in psychiatric conditions. Eighteen works (100%) in cluster A1 were written in psychiatric conditions. In particular, 11 works (61%) in cluster A1 were written in psychotic condition.

Conclusions: These results support that the function words can provide powerful insight into affective and
social processes. The findings suggest that linguistic marker for psychopathological conditions can be developed through quantitative text analysis based on the use of Japanese particles and auxiliary verbs.

Bibliography:

CERQ Scale: Illness Prevention and Diagnostic Guidance in Affective Disorders?
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Introduction: Cognitive emotion regulation refers to the way the individual is able to cope with stressful events. Objectives: Identifying differences in cognitive emotion regulation of remitted bipolar (after a depressive episode), remitted unipolar patients and a healthy control group.

Methods: This study was conducted in Timișoara, Romania, between October 2009 and September 2014 and consists of outpatients from the Timisoara Psychiatric Clinic and the Timisoara Mental Health Center, diagnosed with either bipolar disorder (n=36) or recurrent depressive disorder (n=42), according to ICD-10 criteria and a healthy control group (n=70). For assessing cognitive emotional regulation we used the Cognitive Emotional Regulation Questionnaire (CERQ), which comprises of five positive and four negative emotional response strategies (subscales).

Results: Statistically significant differences (p<0.001) between the patient groups and the control group were found in the following subscales: “self-blame”, “rumination”, “catastrophizing”, “blaming others” (negative emotional response strategies – higher mean scores than the control group), “positive refocusing” and “putting into perspective” (positive emotional response strategies – lower mean scores than the control group).

When comparing the two patient groups, we found statistically significant differences in the following subscales: “self-blame” (higher mean scores for unipolar subjects), “blaming others” (higher mean scores for bipolar subjects), “positive refocusing” (higher mean scores for unipolar subjects) and “putting into perspective” (higher mean scores for bipolar subjects).

Conclusions: The negative cognitive emotional regulation strategies used by unipolar and bipolar patients seem to differ significantly between the individual patient groups and between the patient groups and the healthy subjects group and may be an insight to the medium and long-term outcome, thus potentially guiding therapeutic strategies in newly diagnosed cases.

Bibliography:

Quality of Life in Patients with Post-Stroke Depression Vs. Depression and Epilepsy
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Objectives: assessment of risk factors and life quality in post-stroke depressed patients vs. epileptic depressed patients.

Methods: We studied 29 patients diagnosed with stroke or epilepsy, admitted to INNBNV Bucharest between July 1st and August 31st 2014. We used Hamilton Scale for Depression and SF-36 questionnaire. We excluded vascular epilepsy, cognitive dysfunction and aphasia.

Results: The sample included 16 patients with stroke and 13 with epilepsy. The patients were between 24 and 88 years old. Most of them were male, from urban region. According to Hamilton scale, most of the patients with stroke had severe depression and most of those with epilepsy had mild depression. Life quality of patients diagnosed with depression and epilepsy was better than the one of those diagnosed with post-stroke depression. All patients with stroke had cardiovascular risk factors, opposed to those diagnosed with epilepsy.
who had no such risk factors. We considered marital status as a psychological risk factor for depression. Most of the patients diagnosed with stroke were married and the rest of them were widowers. According to Hamilton, all of the widowers diagnosed with stroke had severe depression, and 54% of married patients had severe depression. In the epilepsy sample, most of divorced or unmarried patients (85%) were diagnosed with mild or moderate depression.

Conclusions: Patients with stroke had more severe depression compared to those with epilepsy. Patients with depression and epilepsy had a better life quality than those with depression after stroke. One of the explanations of the higher severity of depression in patients with stroke could be the association of cardiovascular, psychological and neuroinflammatory mechanisms involved in depression and stroke as opposed to epilepsy. Further studies are needed to establish whether stroke is an independent risk factor for depression and to demonstrate the importance of neuroinflammatory mechanisms in depression.

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Side-Effects of Benzodiazepines in Psychiatric Outpatients
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Objective: Despite knowledge of possibility of developing dependence in long term use, and limited evidence to their efficacy, benzodiazepines continue to be among the most commonly prescribed drugs. The most common adverse effects are: drowsiness, sedation, dizziness and ataxia. The purpose of this study was to determine the frequency of adverse effects of benzodiazepines in psychiatric outpatients.

Methods: The study included consecutive patients attending outpatient unit at the „Saint Nicolae” Psychiatric Hospital over a period of 2 months. Patients were asked to fill in the questionnaire on adverse effects of benzodiazepines.

Results: In study were included 178 patients, 54% men. 80% patients used benzodiazepines at least once in their lifetime, 64% of women and 93% of men. Benzodiazepines were used in the last seven days by 39% of women and 86% of men. The benzodiazepines most used were alprazolam 40%, and diazepam 20%. 10% of men used more than one benzodiazepine daily. The mean number of adverse effects in both men and women were 4.6. The most evident difference in side-effects was the high prevalence of dizziness in women (31%) and low in men (7%). One third of women and one quarter of men stopped using benzodiazepines. The number of side effects was equal in those who stopped to use the drugs, and in those who continued the usage.

Conclusion: The prevalence of benzodiazepines use in psychiatric outpatients is very high. Although most of the patients experience side effects, they continue to use benzodiazepines. A justification for such a behavior could be given by the loss-gain balance, meaning that even if they are aware of the unwanted side-effects, the gain could be considered more important.

Bibliography:

The Relationship Between Optimism and Addictive Behaviour in Gambling Games
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Objective: The gambling addiction is considered one of the newest and most aggressive forms of addiction. The gambler’s personality is a risk factor for the development of this type of addiction. Therefore, the main objective of this research is to identify and quantify the relationship between optimism and the gambling addictive behaviour in subjects who are addicted to casino-type gambling games.

Methods: By using a quantitative/qualitative exploration method, three specific hypotheses were revealed: the intensity of the relationship between optimism and addictive behaviour, as well as the differences regarding
the addictive behaviour depending on gender and age as moderating variables. For evaluating the correlation variables we have used a questionnaire for the assessment of optimism vs. pessimism as personality traits and a questionnaire for assessing the magnitude of the gambling addictive behaviour.

Results: In the research sample were included 12 subjects who are addicted to casino-type gambling, of which 66.7% were males, which demonstrate that men are more prone to this addictive behaviour. The statistical assessment of the intensity of the relationship between optimism and addictive behaviour has revealed a value of the r Spearman correlation coefficient which is statistically significant, rs = 0,80, p < .01, which means that there is a direct relationship between these two variables. The statistic analysis for the influences of gender and age as variables on the addictive behaviour hasn’t found any significant differences regarding the magnitude of the behaviour.

Conclusion: The results of the present study indicate that gender and age has no influence on addictive behaviour in gambling games. Optimism, a relatively positive personality trait, is in direct relationship with the addictive behaviour. Exaggerated optimism facilitates the distortion of reality as far as the chances of winning go.

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Comorbid Obsessive Compulsive Disorder and Social Function in Patients with Chronic Schizophrenia
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Objective: Obsessive-compulsive disorder (OCD) is known to be common psychiatric comorbidity associated with poor prognosis in schizophrenia. Comorbid OCD in schizophrenia can lead to a considerable psychosocial dysfunction and can influence significantly quality of life and social functioning in patients. This study aimed to evaluate the prevalence of OCD, and the relationship among obsessive-compulsive symptoms (OCS), severity of psychopathology, and social functioning in patients with chronic schizophrenia in South Korea.

Methods: We interviewed 138 symptom-stable inpatients who had been on a constant dose of antipsychotics for at least 1 month prior and diagnosed as chronic schizophrenia. Subsequently, patients were classified according to the existence of OCD as evaluated using the SCID-I and the DSM-IV. The Korean versions of Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Positive and Negative Symptom Scale (PANSS), the Scale to Measure Subjective Well-Being under Neuroleptic Treatment (SWN), and Personal and Social Performance (PSP) were performed. Comparison between two groups was done, and regression analysis was used to evaluate association between social functioning and OCD in chronic schizophrenia.

Results: The prevalence of OCD in chronic schizophrenia patients was 18.1%. There was no significant difference in comparison of patients taken atypical antipsychotics between two groups (χ2=2.477, p=0.790). Schizophrenics with comorbid OCD showed earlier onset of schizophrenia disease (t=-2.762, p=0.007), higher scores of PANSS (general psychopathology: t=6.340, p<0.001; total: t=3.614, p=0.001), and lower measure of PSP (t=-8.741, p<0.001) and SWN (t=-2.298, p=0.025) as compared to those without comorbid OCD. Social functioning in PSP was affected with positive (β=-0.339, p<0.001) and negative symptoms (β=-0.155, p=0.020) in PANSS and Y-BOCS (β=-0.526, p<0.001)

Conclusion: Comorbidity of OCD was relatively more frequent in patients with chronic schizophrenia. OCS might impact on personal and social performance as well psychotic symptoms. Longitudinal study with large samples will be needed to confirm our result.

Bibliography:
Comparative Evaluation of Average Length of Stay According to the Presence/Absence of Depression and Severity of Depression in Patients with Cardiovascular Disease

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Introduction: Currently, worldwide, depressive disorders are the fourth cause of disability, and it is estimated that in 2020, will reach the second question, after cardiovascular diseases (1). Currently, in the speciality literature, most authors recognize that there is a connection and perhaps a causal relationship between depression and cardiovascular disease morbidity and mortality (2). Objective: The aim of this paper was to estimate the impact of depressive disorders on the average length of stay in cardiac patients with depression to cardiac patients without depression and to highlight the importance of early diagnosis and treatment of depressive disorders in people with cardiovascular disease.

Method: The study is prospective, observational, performed in a single centre. Patients were followed for a period of 1 year from baseline. Were established four study visits: at baseline, 3 months, 6 months and 1 year. At all visits was pursued average length of stay of patients. Patients hospitalized in the Department of Cardiology from Colentina Clinical Hospital, Bucharest, were identified by consulting the records and with the consent of the physician cardiologist. At baseline and at each study visit was conducted a psychiatric examination, using clinical interview according to ICD-10 and DSM-IV; and an assessment of the severity of the depression using scales: Hamilton Depression Rating Scale with 17 items, semi-structured version, HAM-D (Hamilton Rating Scale for depression, HRSD), Montgomery-Asberg Scale for depression MADRS (Montgomery-Asberg depression Rating Scale, MADRS), Beck depression Inventory - second Edition, BDI - II (Beck Depression Inventory-Second Edition, BDI-II). At baseline and at each study visit was conducted also clinical cardiology and laboratory examinations (laboratory tests, ECG, echocardiography). Were analyzed in terms of track parameters and their evolution, the group of patients with cardiovascular disease and depression, compared with the group of patients with cardiovascular disease without depression.

Results: Average length of stay of patients with heart disease and depression throughout the study was 7.67 in patients with depression and 3.84 at patients without depression. At baseline, increasing average length of stay in cardiac patients with severe depression is about 1.7 times higher compared to patients with heart disease without depression, at 6 months and at 12 months the increase was about 4 times higher. In our study, the rate of hospitalization for patients in the study (186 patients) was 36.02% at the end of follow-up (1 year). There is a very high statistically significant correlation (p <0.001) between increasing severity of depression and increased average length of stay as a result of increasing severity of heart disease associated with depression. So increasing severity of depression is correlated with increasing severity of heart disease and increase average length of stay.

Conclusions: Comorbidity depression - cardiovascular diseases, contributes to worsening symptoms, prognosis and increased mortality in heart disease patients. The results of this study and future studies will allow the development of effective strategies for prevention and treatment of depressive disorders in patients with cardiovascular disease, to improve the prognosis of these diseases and improve the quality of life of patients with comorbidity depression-cardiovascular diseases.

Bibliography:

Psychopharmacological Treatment of Bipolar Disorder

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Introduction: Bipolar Disorder (BD) is a chronic illness and patients require longterm multi-disciplinary management. Psychopharmacological therapy remains the mainstay of this treatment. Among mood
stabilizers, Lithium and other anticonvulsants, such as carbamazepine and valproic acid, have been extensively studied and their effectiveness has been demonstrated in the treatment of acute mania and in maintenance phase. The use of antipsychotics is also very important in the management of acute episodes especially in manic phase, but their effectiveness in long-term relapse prevention is still uncertain.

Purpose: The main objective of this study is to describe the clinical characteristics and profile of psychopharmacological treatment of patients with BD admitted in a acute psychiatric unit during a 5 year period.

Methods: A descriptive and retrospective analysis evaluating hospitalizations between 2008 and 2013 was performed. The following variables were studied: age, sex, length of stay, number of previous hospitalizations, axis II comorbidity, current episode diagnosis and pharmacological treatment at discharge. Incomes of patients aged between 18 and 65 years who met DSM-IV-TR criteria for BD were included. Patients with substance-related disorders (except nicotine and caffeine), severe organic disease and/or mental retardation, were excluded.

Results: Sample description: a total of 217 hospital admissions have been analyzed. A 65% were women. The mean age was 42.61 years (SD 11.94 years). An average of 27.83 days of hospitalization (SD 22.81 days) and an average of 6 previous incomes for each patient (SD 8.2 incomes) was observed. Comorbidity with personality disorder was found in a 11% of the hospitalizations. Diagnosis: 49.8% were diagnosed of BD-I with a manic episode; 17.1% BD-I with mixed features episode; 16.1% BD-I depressive episode; 8.8 % BD-I single manic episode; 2.8% BD- II; and a 5.6% non-specific episode. Treatment with mood stabilizers at discharge: a 45.2% of the incomes received Valproic Acid as a main mood stabilizer, a 37.8% Lithium and a 12.9 other mood stabilizers (including Lamotrigine, Carbamazepine, Oxcarbazepine, Pregabalin or Topiramate). A 5.1% of the incomes not received treatment with mood stabilizers at discharge. Antipsychotic treatment at discharge: a 30% of incomes received Olanzapine, 27% Quetiapine, 10.6% Risperidone and a 21.8% other antipsychotics (including Aripiprazole, Amisulpride, Ziprasidone, Haloperidol, Paliperidone, Clozapine and long-acting injectable antipsychotics). A 10.6 % of incomes not received antipsychotic treatment at discharge. Other: a 19.8% of hospitalizations received antidepressant treatment and a 54.4% benzodiazepines at discharge.

Conclusions: In this sample we found that the highest percentage of incomes in BD corresponds to manic episodes, followed by mixed episodes. Depressive episodes and BD-II supposed a 25% of the incomes. According to the guidelines recommendations, within the different psychopharmacological treatments we found that the most commonly used antipsychotics are Olanzapine and Quetiapine, and the main mood stabilizers are Lithium and Valproic Acid.

Bibliography:

The Rate and Comorbidity of Depression and Anxiety Disorders in Primary Care

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Objective: to evaluate the rate and comorbidity of depressive and anxiety disorders in primary care (PC).

Methods: A cross-sectional study was performed and 998 consecutive adult PC patients (678 (67.9%) women and 320 (32.1%) men) were enrolled into the study. The mental state of patients was evaluated by trained investigator (J.P.) by using MINI International Neuropsychiatric Interview (MINI). The 4 most common anxiety disorders (generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, and posttraumatic stress disorder) were evaluated separately and in one “anxiety disorders” diagnosis when MINI results assessed.

Results: According to the MINI, 160 (16.1%; 95% CI, 13.8–18.3) of the sample had only one current mental disorder (or major depressive episode (MDE ), or one of four anxiety disorders): 38 (11.9%; 95% CI, 8.4–15.4) of men and 122 (18.0%; 95% CI, 15.1–20.9) of women. 152 (15.1%) patients had MDE (118 (17.4%) of women and
Depressive and anxiety disorders are prevalent in primary care. The rate of current major depressive episode and coexistent generalized anxiety disorder as well other anxiety disorders is high. Practical recommendations: PC physicians should be recommended to screen their patients for mental disorders and for co-morbid mental illness even one mental disorder already confirmed.

Bibliography:

**Dual Patients and Cocaine Dependence: the Route of Administration as a Factor of Clinical Severity**

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Introduction: Differences in the effect of cocaine based on the route of administration have been an interest of researchers and clinicians for the past few decades. A great tendency to suffer worse social and employment situation, higher rates of substance use disorder and a higher prevalence of organic and psychological problems have been found among intravenous drug users.

Objectives: To explore the relevance of cocaine route of administration among cocaine dependent patients with other comorbid psychiatric disorder admitted in a dual diagnosis unit in clinical severity. Subjects and Methods: All the cocaine dependent patients with other comorbid psychiatric disorder consecutively admitted to a Dual Diagnosis Unit where included in the study. Patients were divided in two groups according to main current route of cocaine administration: intravenous and smoked; (IVSm-CUD group) and those who consume by snorting (Sn-CUD group). Global Assessment of Functioning (GAF) and an adapted and validated Spanish version of PSYMON Scale (GEP) were used as a measure of severity of illness at admission.

Results: A total of 159 subjects were included, mainly men (68.6%) with a mean age of 37±7.7 year. Mean length of admission was 24.4±21.1 days. Fifty-four (34%) patients were classified in the IV-Sm-CUD group. The most common comorbid psychiatric diagnoses were psychotic disorders (41.3%), personality disorders (35.2%) and depressive disorders (6.7%). These patients also show higher prevalence of antisocial personality disorder (14’8%), previous suicide attempts, a familiar history of psychiatric illness (64’7%) and substance use disorders (80’5%), and higher prevalence of HIV, HCV and HBV comorbidity. Clinical severity at admission according to GAF and GEP scales was also higher in this group.

Conclusions: Intravenous or smoked cocaine was associated with early onset of cocaine use, higher comorbidity with opioid dependence, greater psychopathological severity and worse social adjustment compared to those who use cocaine by snorting.

Bibliography:

**Diagnosing Attention - Deficit/Hyperactivity Disorder in Adults - a New Perspective**

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Objectives: Considering the new aproach in DSM V, ADHD (attention-deficit/hyperactivity disorder) is now considered a valid diagnosis in adulthood. The new perspective led to scientific debates concerning diagnosis, treatment strategies, evolution. This review offers an image of the current scientific opinions regarding ADHD diagnosis.

Methods: PubMed was searched using keywords like adult ADHD, attention deficit, impulsivity, hyperactivity, to find articles published between 2000 and 2014 from which 50 articles were selected according to their relevance to the selected topic.

Results: The persistence of ADHD symptoms in the areas of attention deficit, impulsivity and hyperkinesia in adult life may interfere with functionning. Like any other psychiatric diagnosis, the ADHD diagnosis is based on several steps: first, the patient goes through a clinical examination to assess his present mental state, but also his psychiatric history; then, any correct examination nowadays implies a standardised evaluation with specific rating scales: ASRS, Barkley’s adult ADHD symptoms checklist, DIVA, CAADID, Weiss Functional Impairment Rating Scale. Other elements can be assessed by neuropsychological testing (selective attention, cognitive flexibility, impulsivity, intelligence quotient). Beyond clinical evaluation, in research, several other methods can be included: functional IRM, spectroscopy, etc. Subject of intense research in recent literature, the differential diagnosis of ADHD is to be considered. Some of ADHD symptoms can be misinterpreted as belonging to other diagnostic entities: anxiety disorders, bipolar disorder, depression, personality disorders (antisocial, borderline personality disorder), substance use disorders, etc.

Conclusions: Taking into consideration the strategies presented, based on the latest scientific data, we have to take into consideration the adult ADHD diagnosis. Exploring this pathology, the persistence of symptoms in the adult life, is a necessity in order to improve the evaluation and treatment of some of our patients and, as a result, their quality of life.

Bibliography:
Objectives: Investigating the Major Depressive Disorder (MDD) Romanian patients’ profile: indicators, associated conditions and therapeutically behavior.

Methods: The data collection of this prospective study was between 1.09 and 20.10.2014 by 92 doctors, who filled in 740 patient files (for the main sample) and 55 doctors that filled in another 89 patients file (for the boost sample). Random selection was applied within each region. For the boost sample, random selection was applied.

Main sample: Each doctor was required to fill in files for 3 “new” patients (at the first prescription for MDD) and 5 “chronic” patients (previously diagnosed and treated). Weighting by patient type x region x workplace was applied. ESOMAR international code was respected. Results: On average, a psychiatrist treats 273 patients in a regular month, out of which 113 MDD patients. Romanian MDD patient is represented by a middle age female (68% are female and 50% up to 50 years old) with a severe to moderate depression due to endogenous cause (80% mild to moderate and 68% endogenous). Main complications/risk factors are anxiety (71%) and insomnia (67%), followed by stress (49%). Most of the patients are already in treatment mainly for more than 3 episodes. The patients already in treatment show a good adherence to treatment (86%), a good evolution (82%). If these data are applied to the general MDD population, the error margin is +/- 3.6%.

Conclusions: Romanian MDD patients that are in treatment are mostly chronic patients that show a good evolution. It seems that there are many patients diagnosed with MDD, but in Romania only the previously treated accept pharmacological treatment. This needs to be validated by further research. Special thanks to Market-Insight Solution that did the research and provided these data. For more data contact: office@market-insight.ro

Keywords: MDD, indicators, therapeutically behavior, associated conditions, research.

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Metacognitive Ability and Understanding Mental-Health Symptoms: the Case of Obsessive-Compulsive Disorder
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Objectives: Metacognition is related to the individuals’ ability in understanding their mental processes1. Nonetheless, the relevance of metacognition in the distress associated with obsessive-compulsive symptoms (OCD) has not been investigated yet. The aim of this study was to analyse the relationships between OCD, metacognitive ability, and affective states.

Methods: Two-hundred non-clinical subjects (80.7% women; age: 26.80±11.79 years, range = 18-62) participated in the study.

Instruments. The Spanish Metacognition Questionnaire (SMQ) is a 28-item self-report questionnaire that measures three dimensions of metacognitive ability: planning and monitoring, memory confidence (lack of), and self-focusing on thoughts. The Obsessive-Compulsive Inventory-Revised (OCI-R)2 is an 18-item self-report questionnaire that assesses distress caused by obsessive-compulsive (OC) symptoms. Positive and Negative Affect Scale (PANAS)3 is a 20-item self-report questionnaire that assesses Positive Affect (PA) and Negative Affect (NA).

Results: Correlation analysis revealed significant and moderate associations between variables. The SMQ-planning/monitoring subscale correlated with OCI-R ordering (r=.20), and SMQ-self-focusing on thoughts correlated with obsessing (r=.24) and neutralizing (r=.20) OCI-R symptom dimensions. Nonetheless, the SMQ-memory confidence did not show relationships with any OCI-R symptoms. Regarding to the associations among SMQ-dimensions and Affect, the planning/monitoring dimension correlated with positive affect (r=.25), whereas memory confidence correlated with negative affect (r=.27) and was also negatively related to positive affect (r=.26). Finally, self-focusing on thoughts dimension has no associations with affect. No differences were observed between the correlation sizes of SMQ-subcales and the OCI-R and PANAS subscales.

Conclusions: Results suggest that metacognition might be an important variable related to OCD and their associated negative affect, especially regarding to the self-focusing on thoughts and planning/monitoring dimensions. The implications of metacognition in the OCD patients’ ability to understand and then to communicate their symptoms to general practitioners, merits to be investigated in depth. Acknowledgments: Study supported by MINECO-PSI2013-44733-R and PROMETEO-2013/066
Incompleteness and Not Just Right Experiences: Do They Explain Obsessive-Compulsive Symptoms?
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University of Valencia, Valencia, Spain

Objectives: (a) To analyse associations among feelings of incompleteness (INC), number and severity of Not Just Right Experiences (NJREs), and obsessive-compulsive symptom dimensions (OCD-SD); and (b) explore whether INC and NJREs predict OCD-SD in non-clinical individuals.

Method: A group of 267 non-clinical participants (74.5% women; 27.29±11.79 years) completed self-reports on INC1, NJREs2, and OCD-SD3.

Results: Bivariate correlations showed significant associations among INC, NJREs and OCD-SD, ranging between r=xy.243 to r=xy.542. Regression analyses indicated that INC predicted all the OCD-SD, explaining higher percentages of variance in washing (13.8%), obsessions (15%), hoarding (16.1%), ordering (29.6%), checking (18.5%) and neutralizing (9.6%) symptoms. By contrast, NJREs were less important in explaining OCD-SD, since the number of NJREs only predicted washing (3.8%), ordering (3.6%), checking (5.7%) and neutralizing (2.5%) symptoms, and the severity of NJREs only explained obsessions (5.5%), hoarding (4.1%) and checking (2.3%) symptoms.

Conclusions: Both the INC and NJREs (number and severity) were related to all OCD-SD. Moreover, incompleteness feelings were more important than NJREs in explaining OCD symptoms. Therefore, experiencing INC feelings when doing daily activities might be a predictor of OCD and should be considered in early detection of OCD in primary health-care services. Acknowledgments: Study supported by MINECO-PSI2013-44733-R and PROMETEO-2013/066.

Bibliography:
patients’ daily activities (15%). Regarding which healthcare professionals the patients consulted first, 46.3% selected a general practitioner, whereas 29.5% selected a Psychiatrist, and the same percentage selected a Clinical Psychologist.

Conclusions: There is great variability among OCDS in the different time stages involved in the help-seeking process. Primary care plays a determinant role in detecting OCD symptoms, given that most patients consider general practitioners to be their primary references to consult about their mental-health problems.

Acknowledgments. Study supported by MINECO-PSI2013-44733-R and PROMETEO-2013/066

Bibliography:

White Matter Alterations Associated with Suicide Attempt in Patients with Panic Disorder
Borah Kim, Sang-Hyuk Lee
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Objectives: Panic disorder (PD) is associated with an increased risk of suicide attempt (SA). However, no study has examined the neural correlates of SA in PD yet. The goal of our study was to evaluate alterations in white matter (WM) and gray matter (GM) according to the history of SA in patients with PD.

Methods: Twelve patients having PD and a history of SA (PD+SA) and 24 patients having PD without a history of SA (PD-SA) were included in this study. All subjects were assessed on the scale for suicide ideation (SSI), PDSS, and BDI. Two groups were matched for age, sex, and scores on the Beck Depression Inventory (BDI) and Panic Disorder Severity Scale (PDSS). Voxel Based Morphometry 5 toolbox and Tract-Based Spatial Statistics were used for imaging analysis.

Results: Although no GM volume differences were observed between the two groups, increased fractional anisotropy (FA) values for WM tracts were found in the PD+SA group than in the PD-SA group. The regions with increased FA included the internal capsule, splenium of the corpus callosum, superior and posterior corona radiata, thalamic radiation, sagittal stratum, and superior longitudinal fasciculus. FA values of the internal capsule and corpus callosum were significantly correlated with SSI scores in the PD+SA group.

Conclusions: Our data suggest that specific disruptions to WM integrity involving areas that regulate affect and behavior might confer biological vulnerability to SA in patients with PD.

Bibliography:

Association of the Human microRNAs miR-22 and miR-491 Polymorphisms with Panic Disorder
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Objectives: The possible involvement of microRNAs (miRNA) is recognized recently in psychiatric disorders. Several miRNA polymorphisms were found to be associated with panic disorder in European samples. However, the effect of miRNA polymorphisms on panic disorder has not been reported in Asian samples. We evaluated the implication of miR-22 and miR-491 polymorphisms for the susceptibility of panic disorder in a Korean population.

Methods: Genotyping was performed at four polymorphic variants in the pri-miRNA regions of miR-22 (rs8076112 and rs6502892) and miR-491 (rs4977831 and rs2039391) in 341 Korean patients with panic disorder and 229 healthy control subjects. To evaluate the phenotypes of panic disorder, the Panic Disorder Severity Scale (PDSS), the State Trait Anxiety Inventory (STAI), and the Anxiety Sensitivity Index - revised (ASI-R) were administered.

Results: Three single-nucleotide polymorphisms were found to be associated with panic disorder: rs8076112 tagging miR-22, and rs4977831 and rs2039391 tagging miR-491.
The rs8076112C/rs6502892C haplotypes of miR-22, and rs4977831G/rs2039391G and rs4977831A/rs2039391A haplotypes of miR-491 were significantly overrepresented in patients with panic disorder than in healthy control subjects. In combination analysis, miR-22 rs8076112AC/rs6502892CC and rs8076112CC/rs6502892CC, and miR-491 rs4977831AG/rs2039391AA were more frequent in patients with panic disorder. Among phenotype assessments, STAI scores were significantly associated with miR-491 rs4977831 and rs2039391 respectively in subgroup with nonagoraphobic phenotype.

Conclusions: Our findings represent the first report to show possible associations of miR-22 and miR-491 with genetic susceptibility of panic disorder in a Korean population.

Bibliography:

Comorbidity of Gambling and Opioid Addiction
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Objectives: Objective of the study was to assess the propensity for gambling in opioid-dependent individuals treated with methadone substitution therapy.

Methods: The study involved 129 opioid-dependent patients. To assess the tendency to the gambling and risk behavior Iowa Gambling Task (IGT) test was used. IGT test was conducted twice: before and after administration of methadone. 124 healthy individuals matched for age and gender were included to the control group.

Results: Before the administration of methadone 23% opioid-dependent patients chose the risky gambling game strategies, but after administration of methadone only 17% played risky. Healthy individuals were playing for the first time in 16% chose a risky game, but when they played once again only 5% chose gambling strategies.

Conclusions: The opioid-addicted subjects’ increases tend to gambling and risk behavior compared to healthy subjects. After administration of single dose of methadone there was statistically significantly decreased tendency to risk gambling.

Bibliography:

Effectiveness of a Primary Care Center-Based Pilot Project: a New Role in Primary Mental Health Care
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Objectives: Primary health care in Bangkok metropolitan were serviced by 68 public health centers placed all around Bangkok. There are not primary mental health center in Bangkok. The purpose of the study was to create pilot project of primary mental health services in public health centers through involvement with primary care team members and local health volunteers.

Methods: From 2013, we developed continuous mental health care in level of primary health care centers in 2 public health centers. Process include of training public health center nurses, pharmacists, health volunteers which included knowledge of general psychiatric disorders, screening tools, psychotropic drugs, home visit services and introduction of psychiatric rehabilitation. Then we set extended OPD every month, psychiatrist
from psychiatric hospital went to assess patients detected in community. General practitioners of public health center observed and learn how to assessment, diagnosis and treatment from psychiatrist.

Results: In two years of this service, two public health centers could detect 115 new psychiatric patients and old psychiatric patient from psychiatric hospital could be referred to receive continuous care by primary care team members. There were about 40-50 patients came to extended OPD each times. Public health nurse could supervise health volunteers to detect psychiatric patients and visit patients at their homes. Public health centers’ pharmacist had confident and familiar with psychotropic drugs. Public health centers’ director signed to increase items of psychotropic drugs to services patients in their communities.

Conclusions: This study demonstrates effectiveness of pilot project training in primary care team in public health centers. And the implementation with the other public health centers is worth for further research.

Keywords: Mental health, Primary care

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Demographic Features, Socioeconomic Conditions, Physical Health and Lifestyle Effects on Alzheimer Disease

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Objective: This study has been aim to demonstrate the effects of demographics, features, socioeconomic conditions, physical health and lifestyle on Alzheimer’s disease.

Methods: 59 patients who have been diagnosed with Alzheimer’s disease according to DSM-IV diagnostic criteria and 59 healthy patients that have been referred to Bakirköy Mental Health and Neurological Diseases Training and Research Hospital have been included to study. All of the applicants’ ages were 65 or over. MMSE, geriatric depression scale, global assessment scale, functional assessment scales have been applied to the patients. With the geropsychiatric interview form all the participants have been evaluated in terms of demographic features, socioeconomic conditions, physical wellbeing, nutrition and life style. Patients with dementia diagnose and healthy control subjects have been compared.

Findings: Distribution of genders, percentage of social security and ratio of living with a family member between patient and control groups were statistically significant (p> 0.05). In patient group number of educational years was lower (p=0.000), ratio of being single or widow was higher (p=0.000), number of children was higher (p=0.002), ratio of having monthly payment lower than 1000 YTL(400 USD) was higher (p=0.000), ratio of having property was lower (p=0.000), having deceased members within the family was higher (p=0.000). Loss in visual and auditory senses was statistically higher in patient group (p=0.000). Ratio of having physical illness (p=0.016) and use of medication (p=0.010) were higher in patient group. History of past operations (p=0.014) and general anesthesia (p=0.022) were higher in dementia group. History of dementia within family history was higher in dementia group. Ratio of alcohol usage was higher in dementia group (p=0.012). Healthy life style behaviours scale total score (p=0.000), physical activity (p=0.000), health responsibility (p=0.000), nutrition (p=0.019) and stress management (p=0.000) subscale scores were higher in dementia group. Among global deterioration scale scores, funtional evaluation staging scores, Bartel scores, healthy life style behaviours scale total scores, physical activity factor scores, Lawton Broady scores, health responsibility factor scores, nutrition factor scores, spiritual development scores, interpersonal relations factor scores, stress management factor scores; we found that bartel scores (p< 0.05) were the most representative scores in terms of identification of dementia patients.

Conclusion: Having higher education status, high socioeconomic levels, having no dementia history within the family and no deceased members of the family, healthy auditory and visual sensations, no history of general anesthesia and adopting healthy life style behaviours like regular physical exercises, high health responsibility, healthy nutrition and stress management might be preventive against development of Alzheimer Disease. Small number of participants, having answers for scales like healthy life style behaviours from patient relatives with asking retrospective questions, collecting data by gathering information from patient relatives rather than looking at patient’s retrospective medical records, multifactorial nature of Alzheimer’s Disease was one of the problems against developing a healthy risk profile of the disease. In order to identify precise risk factors, developing guidelines for prevention of the disease and identification of preventions; we need to investigate
wide range of risk factors in multi-institutional prospective studies with greater number of population that includes all the medical data from their middle ages, detailed physical and mental follow ups. As we are the psychiatrists, despite its restrictions we think that our study brings attention to a subject that we give limited attention and plays a key role in identification of risk factors and establishing protective measures in a disease that grows in number and causing serious communal and socioeconomic problems.

Key words: Dementia, Alzheimer disease, risk factors, life style

**HIV Infection Comorbid with Psychiatric Disorders: Six Case Reports**

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Hatice Kizilkaya Ir R. Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul, Turkey, Acquired immune deficiency syndrome (AIDS) is a neuromedical disorder associated with infection human immunodeficiency virus (HIV) [Grant et al., 2000]. According to the data of Turkish Ministry of Health and Social Services in 2012 there were total of 5740 cases (Male:4093, Female:1635, Unknown:12).

1024 of the cases were AIDS disease and 4716 HIV seropositive (Hacettepe Univesitesi HIV/AIDS Tedavi ve Araştirma merkezi 2013).

Cases: First case is 26 years old male who admitted to the hospital in 2014 due to social isolation, suspiciousness, loss of appetite, depressive mood, aggressivity to the objects, self destructive behaviors, negativism, persecutory delusions, auditory and visual hallucinations for the last 3 months. He was mild mental retardation (IQ:59). He had history of multiple substance abuse since childhood. He was treated for tuberculosis 3 years ago. He has used bonzai since last year. He committed suicide twice by hanging and strangling. There was no neurological and physical problem. He was found HIV+ four years ago. There was neither parenteral drug abuse nor blood transfusion. His mother told that the patient had experienced anal coitus when he was 13 years old. He was diagnosed substance-induced bipolar disorder (depression with psychotic features).

Second case is a 52 year old man, was admitted after a variety of drug overdose in 2012. He lived alone, after taking the pills. Then he was taken to our inpatient psychiatric unit. He had grown up in Istanbul and retired. He developed depressive symptoms after he learned that he was HIV seropositive 8 months ago. He began ruminating about his HIV seropositivity and how alone and isolated he felt. He worried about potentially devastating complications. He had no psychiatric history until then. Although he was devastated by this knowledge, became acutely depressed, and felt hopeless about his future, he did not seek any individual counseling or begin to see a therapist. He had had series of brief affairs and sexual experiences with men. With a diagnosis of adjustment disorder with depressed mood, Third case is a 51 year old man, divorced who was HIV seropositive 5 years ago and hospitalized with diagnosis of bipolar disorder I manic episode in 2012. He had his first attack at the age of 28. He was heterosexual. Hyper-sexuality during manic phase may probable be the cause of HIV seropositivity. Fourth case is a 42 years old, single man. He admitted to our hospital with psycho-motor excitation, inflated self esteem, grandiosity, referential ideas, auditory hallucinations (e. g. He was talking telepathically with Holland Queen), insomnia, logorrea in 2012. He abused cocaine for 8 years and cannabis and extasie for a short time. He did not use any substance or alcohol until 6 years. His first complaints began 10 years ago with insomnia, bizarre behaviors, absurd speech and suicidal thoughts and admitted to our hospital in 2002. He was treated for diagnosed substance- induced bipolar disorder (mania with psychotic features). Then he had hospitalizations in Holland where he went for education and in 1994. At the last admission he was also HIV seropositive. He was informed about the result of HIV seropositive. He was cool and calm. His sexual choice may be the cause of HIV seropositive. Fifth case is a 43 year old man, admitted to our hospital with symptoms of anxiety and depression in 1987. Depressive mood, psycho-motor retardation, guilty thoughts and preoccupations were present. He had mutilated his penis due to auditory hallucinations and made a fire in his house and brought to emergency with comatous state. Transfusion was necessary for severe blood loss. After discharge from psychiatric hospital he continued drink alcohol heavily. He killed his wife due to auditory hallucinations. He was hospitalized and treated with the diagnosis of other alcohol induced disorder (with psychotic features) in a forensic psychiatry hospital in Berlin for 2 years. Then he was sent away to Turkey when he was found HIV seropositive. The patient did not know that he was seropositive at the admission to our hospital. He have drunk alcohol heavily, about a bottle per day for 14 years. He went to Germany to work at the age of 26. Sixth case is a 25 years old man whose signs were suicidal ideations and sudden affective lability for 3 months in 2014. He was spending a lot of money. His libidinal drives were increased. He stole some goods. He first attempted suicide when he was 13. He was...
diagnosed as adjustment disorder with depressive mood and behavioral disturbance. He was homosexual. Seven months ago after assigning a new job in another city, he developed depressive mood and was given alprazolam 1mg/day, olanzapine 5 mg/day. He used cannabis 4-5 times. He learned that he had HIV(+) 2.5 years ago. He was not under treatment for 1.5 year.

Discussion: Six case of psychiatric disorders including substance-induced bipolar disorders, adjustment disorders, bipolar disorder I-manic episode, other alcohol induced disorder are presented in this manuscript. Psychiatric disorders are relatively common in people with HIV disease and serves to worsen the patient’s functional capacities. The problems caring for patients infected with HIV extend beyond the medical and the psychiatric complications of the disorder.

Bibliography:

Familiar Mediterranean Fever and Psychiatric Disorders

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Introduction: Familiar Mediterranean Fever (FMF) is a genetic disease characterized by recurrent febrile episodes and inflammation of serious membranes and polyserositis such as peritonitis, arthritis, pleuritis (1). In this case report, five FMF patients who have comorbid psychiatric diseases are presented.

Case 1: 29-year-old male patient who has been hospitalized at the emergency for suspiciousness, disinterest, decrease in social relationships and not to talk. Patient who has been treated and followed up with schizophrenia diagnosis for 2 years, has been hospitalized once. The patient had FMF disease for 16 years.

Case 2: 47-year-old male patient who suffering FMF for 27 years, has been hospitalized 17 years ago first time with the diagnosis schizophrenia. The patient has hospitalized forth time to be protected and treated for forensic matters.

Case 3: 45-year-old male patient who suffering FMF for 25 years, has been treated for 20 years for schizophrenia. The patient has been hospitalized fourth time with the thoughts of being killed, anxiety, mentioning that his dead father was calling him. He was thinking that he was pregnant. He was staying in bed in his room all through the day, he didn’t want to talk and eat.

Case 4: 32-year-old male patient who suffering from FMF for 15 years, has been hospitalized at the emergency with the thoughts of worthlessness, loss of interest and will, not to want to go to work, decrease in the self-confidence and suicide ideas. Suffering psychiatric problems for 3 years, the patient was in the outpatient follow-up. He has been hospitalized with the diagnosis of major depression due to the increase of complaints in the last month and suicide plans.

Case 5: 24-year old male who has been admitted to hospital due to irritability, aggressiveness to objects, suicide ideation for 2 months and diagnosed major depression. He was using cannabis rarely. He had stressful life events such as problematic relationship with his girlfriend recently and his father’s death due to lung carcinoma 3 months ago. He was diagnosed FMF at the age of 14 and neurofibromatousis at he age of 17.

Discussion: Comorbidity of psychiatric disease and FMF is rarely seen. We could not find any manuscript reporting FMF and psychiatric disorders. Three of our patients were schizophrenia and 2 were diagnosed major depression. Mostly unexpected stomach pain and also chest pain, artritis and eruptions of skin are the symptoms of FMF and it causes patients to feel anxiety, insecurity and helplessness. Thus it can be seen as a facilitator for the occurrence and increase of psychiatric symptoms. The necessity of using drugs regularly, side effects of drugs and complications of the medical diseases cause psychological burden. Patients with psychiatric disorders can have difficulty in explaining their problems or be given less attention to patient’s complaints. It is a risk for prognosis for FMF in patients with psychiatric disorders who need to use drugs lifetime and are noncompliance to FMF treatment because compliance to psychiatric treatment is also poor in these patients. Multidisciplinary approach provides prognosis to be better in those patients.

Bibliography:
Objectives: Investigating the schizophrenia Romanian patients’ profile: specific schizophrenia indicators, associated conditions and therapeutically behavior because of the lack of specific data in our country.

Methods: The data collection of this prospective study took place between 1.09 – 20.10.2014 by 92 doctors, who filled in 641 patient files for the main sample. The main sample was stratified by geographical region (6 regions and Bucharest). Random selection was applied within each region. Weighting by patient type x region x workplace was applied. This sampling corresponds to an error margin of +/- 3.87% if the results are applied for all schizophrenic patients in Romania. ESOMAR international code for social research practice was respected.

Results: On average, a psychiatrist evaluates 48 patients with schizophrenia, 43 being chronic patients. On average, 30 patients are treated with oral medication and 13 with injectable treatment. The newly diagnosed with schizophrenia are younger patients (average age of 29 years old) with a more severe presence of symptoms (48%), mostly positive symptoms (53%). The chronic patients with schizophrenia present generally mixt symptomatology or negative symptoms. The main psychiatric comorbidities associated are: insomnia (47%), anxiety (46%), major depressive episode (25%), cognitive impairment (24%) and weight gain (23%). The non-compliance rate is 17% but the good evolution from the previous visit is 22%. Most of them are treated in monotherapy with an antipsychotic (54%).

Conclusions: Romanian patients with schizophrenia profile are in the accordance with the international data and their treatment schema is made by taking into account the symptoms, treatment compliance, previous treatments, comorbidities and personal response to treatment. Special thanks to the Market-Insight Solution that did the research and provided these data to us.

Keywords: Schizophrenia, indicators, therapeutically behavior, associated conditions.

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Alcohol and Tobacco Addictions in Adult Romanian Population
Silvia Florescu, Marius Ciutan, Ingrid Laura Firuleasa, Georgeta Popovici, Cristian Vlădescu
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Background: It is still under debate if alcohol and tobacco addictions are determined mainly by individual psychological, genetic vulnerability, by the family, social environment, or by the quality of medical and social preventive or curative services.

Objectives: To measure the level of tobacco and alcohol abuse and dependence for adult population in Romania by age groups and gender and the associated services use for alcohol addiction.

Methods: Cross sectional study relied on face to face household interview conducted from 2005-2007, using Composite International Diagnostic Interview (CIDI), resulting in 2357 respondents. Were considered DSM IV lifetime (LT), 12 months and 30 days abuse and dependence for alcohol and tobacco, LT and 12 months services use.

Results: Weighted LT tobacco dependence is 15,9% for men (age group 15-64) and 8,7% for women, 12,3% in total. 12 months tobacco dependence is 5,4% for men and 2,6% for women, 4% in total while 30 days tobacco dependence is 3,4% for men and 1,5% for women, 2,4% in total. DSM IV LT alcohol abuse is 6,3% for men, 3,2% in total. The percent of those never making treatment contacts was approximately 83% for alcohol abuse dependence (AAD), around 75% for alcohol abuse (AA). The median duration of delay until first treatment contact was 5 years for alcohol abuse with dependence (AAD), 15 years for alcohol abuse (AA). Conclusions: People with substance use disorders often do not perceive the need for treatment; they or their families seek...
treatment only after their disorders became already severe. Despite educational campaigns, primary care improved interventions and treatment advances, tobacco and alcohol addictions still remains a public health problem in Romanian adult population, not very accurately measured and not appropriately managed.

Bibliography:

Attitude towards Trauma. The Genocide and Society
Samvel Sukiasyan (1), Samvel Khudoyan (2), Vazgen Poghosyan (2), Gayane Shahverdyan (3), Ara Chalikyan (4), Igory Zhmurin (5), Margarit Tadevosyan (1)
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Introduction: Genocide is a targeted activity organized by the state or other authority, social system, motivated by the partial or complete destruction of national, ethnic, racial, religious, political, or any other group [1]. The first well-known Genocide in human history is the Armenian genocide in Turkey during 1894-1923. Genocide is an important component of Armenian modern history and politics, also is considered as the most relevant extraordinary traumatic psychological factor.

Goal: We aimed to study the psychological impact of Genocide on Armenians next generation because it can be transferred to those using psychogenetic mechanisms and to form their physical and mental health as suggested [2].

Method: A pilot study among people living in Armenia using the developed initiative group of questionnaires was undertaken. From 200 distributed paper and electronic questionnaires in total 141 were returned. The responders were asked about their perception, notion, understanding of the phenomena of Genocide.

Results and Conclusions: The results obtained showed that the Genocide is the emotional significant fact for Armenians determining their attitude towards the Turks and Azerbaijanis. In the hierarchy of 10 factors of national identification and association of Armenians in grandchildren and great grandchildren of the Genocide victims “the memory about the Genocide” factor is the fifth. Therefore, it should be noted that the problem is still unsolved, the gestalt is incomplete, and the Genocide is of current importance at all levels. Even many further historical quite dramatic and significant events do not decrease the influence of the Genocide. The scale of loss and intensity of traumas experienced from the previous Armenian generations might suppose that consequences of the Genocide are present in the life of current Armenians. Its psychological mechanism is uncovered by translation through generations that determines the functioning both individuals and family in a number of generations. Connection with the past, understanding of the past events of the ethnos history are the key factors for further achievements.

Bibliography:
Improving the Role of Nursing Stuff in Mental Health - Twining Light Project in Montenegro
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In the next text the authors will explain the activities in Twining Light Project in psychiatry hold in Montenegro
The purposes of the Project were: To improve the level of knowledge of staff working in mental health services, with special emphasis on nursing staff Development of new services within existing services strengthening intersectoral collaboration Education on psychotherapeutic techniques with emphasis on CBT and family therapy Development of guidelines for good clinical practice for certain psychiatric entities Making proposals to improve the existing curricula in the psychiatry lectures in middle and high schools of medicine Provide staff training on the prevention of burn-out, „syndrome“ Raising the level of knowledge of existing nursing staff in mental health services in Montenegro by training 18 med. sestara and technicians of trainers who will educate the rest of the staff Establishing of the National Centre for Promotion of Mental Health and International Cooperation Training eighteen nurses and technicians for coaches Study visit to Netherlands Training of other staff by coach through seven two-day workshop in the period December 2013 - March 2014. Establishing the first ACT (Assertive Community Team) in psychiatry.

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The Relation Between Sleep-Wake and Working Routines, Coping, and Well-Being in a Brazilian Rural Population
Felipe Gutiérrez Carvalho, HCPA - UFRGS, Chronobiology, Porto Alegre, Brazil
There are studies which suggest the association between late chronotype and poorer health-related outcomes, including mental health issues. Some characteristics of the working schedule, and the capacity of adaptation to stressful events, can possibly mediate this phenomenon. This study took place in a rural region at Brazil. Our population is composed of 586 women (mean age = 43,23 years). It is a cross-sectional study, in which we aimed to evaluate the individuals well-being as a primary outcome, taking into account working routines, chronobiological parameters, and coping to life adversities. Participants answered a questionnaire on demographic aspects and working routines, WHO-5 - well-being index, the General Self-Efficacy Scale, and The Munich Chronotype Questionnaire. In the univariate analysis, our findings suggest correlation between well-being and age (Pearson’s r=0,095 p=0.022), working end time (Pearson’s r=-0,109 p=0.009), sleep onset time (Pearson’s r=-0,139 p=0.001), sleep duration (Pearson’s r=0,096 p=0.021), midpoint of sleep (Pearson’s r=-0,121 p=0.004), general self-efficacy score (Pearson’s r=-0,329 p=0.000). In the final regression model (adjusted r²=0.126; F=14.753; p=0.000), which were included all the variables that presented correlation (p≤0.2), only sleep onset time (β=-0.118; p=0.007) and self-efficacy score (β=0.318; p=0.000) showed significant associations, and working end time (β=-0.075; p=0.058) showed a trend. In the final regression, when considered the interaction among all the variables, the association with worse well-being was restricted to sleeping later and worse coping abilities. Therefore, the weak association of midpoint of sleep can be understood probably because the sleeping end time on working days is determined by the working routines. So, the stronger association of the sleeping onset time can probably represent in a better way the individuals’ physiology. Besides, better coping abilities ease the influence of the sleep-wake pattern on well-being.
Romanian National Psychiatry Conference
Conferință / Conference

Tulburările de personalitate - actualități diagnostice
Personality Disorders - Diagnostic Updates
Aurel Nireștean, Emese Lukacs, Tudor Nireștean, Adrian Ioan Horvath, Istvan Zsolt Szasz
Clinica Psihiatrie II, Târgu-Mureș, Romania


Cuvinte cheie: tulburările de personalitate, diagnostic, factori socio-culturali

Personality disorders always reassert themselves as a field of controversies. Nowadays, the psychiatric and social complications of the patients’ behaviour with personality disorders are of a particular diversity and severity. They may be favored, masked or shaped by the social and cultural environment. Therefore, the earliness and accuracy of the diagnosis become especially important. This must be an elaborated process, clinically and psychometrically well-founded, but culturally and morally conditioned.

Key words: personality disorders, diagnostic, socio-cultural factors

Prezentări orale / Oral Presentations

Aspecte psihiatrice ale infcției hiv-sida
Psychiatric Aspects of Hiv Infection and Aids
Roxana Stoean
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Pacienții HIV pozitivi prezintă un risc crescut pentru o varietate de afecțiuni psihice. Studiile au arătat că pacienții cu tulburări psihiatrice au adesea rate scăzute de aderență la terapia antiretrovirală, iar tratamentul corespunzător al patologiei psihiatrice duce la o creștere a completanței la terapia specifică infecției HIV-SIDA. Infecțiile virale pot cauza modificări persistente și progresive ale funcțiilor cognitive și afective. Dezechilibrele induse de virusuri în funcționarea rețelelor neuronale se datorează, în parte, răspunsului gazdei la citokinele proinflamatorii rezultate în cursul infecției sau al leziunilor cerebrale. Cercetările au arătat că mediatorii bolilor psihice și ai neuropatogenezei virusului HIV implică structuri cerebrale, neurocircuite și sisteme de receptori similare. Studiile epidemiologice au indicat că mai mult de 60% dintre indivizii infectați cu HIV vor prezenta cel puțin o tulburare psihică majoră în decursul evoluției infecției.

Acest articol prezintă informațiile obținute din literatura de specialitate, asupra aspectelor psihiatrice asociate infecției HIV-SIDA, referitoare la epidemiologia, prezentarea clinică și recomandările generale privind abordarea terapeutică a afecțiunilor psihice la pacienții HIV-pozitivi.

Cuvinte cheie : HIV, SIDA, tulburări psihice

Patients infected with HIV are at an increased risk for a variety of mental disorders. Studies have shown that people with psychiatric disorders often have very low rates of adherence to antiretroviral treatment regimens, and that conversely, treatment for psychiatric disorders improves adherence. Thus, appropriate screening, prevention, and treatment of psychiatric disorders prior to or concurrent with HAART (highly active antiretroviral treatment) can enhance patient compliance.

Viral infections can cause persistent and progressive changes in emotional and cognitive functions. The viral-induced imbalances in neuronal network functioning may precipitate or accentuate psychiatric conditions in vulnerable individuals, in part, as a function of the host response to proinflammatory cytokines resulting from infection or brain injury. Research indicates that the mediators of psychiatric illnesses and HIV-neuropathogenesis utilize similar brain structures, neurocircuity and receptor systems. Epidemiological studies suggest that >60% of HIV infected individuals will suffer from at least one major psychiatric disorder during the course of infection.
The purpose of this article is to present the informations obtained from a focused literature review on psychiatric aspects associated with HIV infection and AIDS, to discuss current data regarding: their epidemiology, their clinical presentation, and the general recommendations made on the therapeutic approach of psychiatric disorders in HIV-infected patients.

Keywords : HIV, AIDS, psychiatric, disorders.

Aspecte clinice și socio-demografice ale pacienților cu tulburări legate de alcool și internare nevoluntară
Clinical and Socio-Demographic Aspects of Patients With Alcohol-Related Disorders and Involuntary Admission

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Introduction: Alcoholism is losing control of consumption followed by negative effects on the body and leading to various forms of injury: physically, mentally and socially. Patient’s behavior can become extremely aggressive, often alcoholics requiring hospitalization in a emergency psychiatric unit. These admissions may be involuntary when psychiatrist take in consideration suicide or homicidal risk of these patients.

Objectives: The aims were evaluation of clinical and socio-demographic characteristics of involuntary hospitalized patients with alcohol-related pathology.

Methods: Retrospective study is being conducted in the Hospital of Psychiatry and Neurology Brașov and include all patients admitted during 2013-2014, with alcohol-related pathology.

Results: From a total of 221 patients, 49 (22%) had involuntary hospitalization, 71% were men. In 49% cases the age ranged from 26-45 years and between 46-65 years was 37% cases. 65.30% were unemployed. The main comorbidities were personality disorder (19%), bipolar disorder (9%) and adjustment disorder (3%). A significant proportion (78%) had treatment with antipsychotics, haloperidol in 82% cases and olanzapine in 12%, frequently as an injectable form. In 67% cases patients were extremely agitated and required restraints.

Conclusions: According to the study, those prone to involuntary hospitalization are male, unemployed, unmarried and from rural areas. Psychiatric comorbidities are common. The need for physical restraints reveals aggressiveness and potential hazards of these patients.

Key words: alcohol, involunatry admission, restraint
The modern psychiatry is challenged by many uncertain issues: When psychosis induced by drugs transforms to schizophrenia?

Time when Bipolar Disorder becomes Schizo-Affective Disorder? OCD with poor insight or "Schizo-obsessive Schizophrenia? Flash-Backs or Hallucinations? Dissociations or Delusions? There is a large comorbidity between PTSD and schizophrenia and the psychotic symptoms are present during the posttraumatic course. There are relative frequent psychotic breakdowns.

The traumatic events that precede or go together with schizophrenia are evaluated gain 94%. The comorbidity between PTSD and schizophrenia is estimated between 15 and 53%. It is obvious that appearance of psychotic symptoms during PTSD complicates the clinical presentation and impairs the prognosis.

Part of the cognitive impairments and the affective disturbances are common to the two entities. There are subgroups of patients with a peculiar information processing system than make them sensible to the impact to stressing events. Those patients confront with intrusive memories of both neutral and stressogenic events. My presentation intends to discuss neurobiological, genetic, clinical and assessment tools for the investigation of the diseases.

Will be presented also modern research and evaluation issues.
Obiective: Diagnosticul și tratamentul precoce au fost întotdeauna o provocare pentru clinicieni, simptome banale și aparent benigne de la începutul primelor stadii de boală fac din intervenția terapeutică o abordare atât medicală cât și etică. Evaluarea momentului adecvat de intervenție farmacologică în context etic este un aspect important.

Obiectivul pe termen lung este facilitarea diagnosticului corect și al terapiei adecvate precoce care pot influența favorabil prognosticul tulburărilor psihotice pe termen lung.

Metodă: Ne propunem o abordare analitică și comparativă a sindroamelor prodromale și psihotice timpurii cu scopul de a obține clarificări diagnostice în debutul psihozei și discutăm riscurile și beneficiile intervenției precoce din punct de vedere etic. Lucrarea include o parte teoretică bazată pe o selecție din literatură de specialitate cu privire la prodrom, simptome de debut, tratamentul psihozei și aspecte etice ale intervenției farmacologice și o parte aplicată de observații și corelații anamnestice și clinice.


Concluzii: Tulburările psihotice prezintă debutul și impactul maxim în perioadă de adult tânăr și au o evoluție adeseori cronică. Incertitudinea diagnosticului se leagă de stigmă și de aspectele etice, dar este în contradicție cu nevoia de îngrijire și tratament. Urmărirea longitudinală este necesară pentru susținerea tratamentului și clarificării diagnosticului cu implicații în diagnosticul precoce, terapia adecvată și prognosticul pe termen lung al psihoezi, patologie care afectează populația tânără și activă. Aspectele etice se confruntă cu stigmă, pesimismul și tăcerea care înconjoară boală psihică.

Objectives: Early diagnosis and therapy were always challenging for clinicians, trivial and apparently benign symptoms at the beginning of first stages of disease make out the intervention a medical and also an ethical approach. The assessment of the moment of appropriate pharmacological treatment is most important issue and also the opportunity of this intervention in ethical background. Long term goal is facilitation of correct diagnosis and early appropriate therapy that could favorable influence prognosis of psychotic disorders.

Methods: We propose an analytical and comparative approach of prodromal and early psychotic syndromes in order to obtain diagnose clarifications in psychosis onset and discuss the currently known risks and benefits of early intervention as respects to ethical issues. The paper include a theoretical part based on a selection of relevant scientific aspects from literature about prodrom, onset symptoms and treatment of psychosis, ethical issues of pharmacological intervention and an applied part of clinical and anamnestic observations and corelations. Results: Early treatment in psychotic disorders represents an appropriate approach in psychiatric practice. The earliest clinical stages of psychotic disorders are non-specific and multidimensional with initial stages of other disorders. Treating the patients before severe and less reversible symptomatic and functional impairment were installed ensures a better prognosis as long-term untreated psychosis may cause neuronal impairment, early treatment may prevent or delay psychosocial decline. Conclusions: Most mental disorders notably psychotic have their onset and maximum impact in early adult life and are chronic diseases. The diagnostic uncertainty is related with stigma and ethical aspects, but is in contradiction with need for care and treatment. Follow-up is necessary for supporting the treatment and diagnosis clarifications with implications in early diagnosis, appropriate therapy and also in long-term prognostic of psychotic diseases, pathology affecting young active population. Ethical issues have to deal further with stigma, pessimism, silence surrounding the mentally ill.
Episodul depresiv major sau tulburările de anxietate care sunt comorbide cu patologia cardiovasculară sunt o pavară pentru sistemul de sănătate

The Major Depressive Disorder or Anxiety Disorders that associates cardiovascular diseases are a Major Burden for the Health System

Victor Marinescu
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Obiectiv: Scopul acestui studiu retrospectiv și non-intervențional a fost să evaluateze impactul asocierii comorbide dintre episodul depresiv major, tulburările de anxietate și bolile cardiovasculare la pacienții internați între 01-01-2011 și 30-11-2014 la spitalul “Prof. Dr. Alexandru Obregia” din București.

Metodă: Am analizat înregistrările a 21022 pacienții diagnosticați cu tulburare depresivă și anxioasă. În același timp, am evaluat și comorbiditățile asociate: obezitate, hiper-colesterolemie, trigliceride crescute, dislipidemii mixte, diabet zaharat, boală cardiacă ischemică, cardiomiopatie și hipertensiune arterială.

Rezultate: 45% din pacienții au avut mai mult de o internare, iar din aceștia 73,5% au cel puțin o comorbiditate. Tot din pacienții cu internări multiple o treime au hipertensiune arterială și tot atâția, aproape în proporții egale suferă de: diabet zaharat, dislipidemie mixtă și cardiomiopatie. 11% din pacienții sunt fumători. 17,19% au alte comorbidități.


Cuvinte cheie: depresie, anxietate, cardiovascular, comorbiditate, pavară, psihiatrie


Objectives: The aim of this retrospective, non-interventional study is to evaluate the association between Major Depressive Disorder or anxiety disorders and cardiovascular comorbidities among patients admitted between 01-01-2011 and 30-11-2014 in “Prof. Dr. Alexandru Obregia” Hospital, Bucharest.

Methods: We have reviewed the charts of 21,022 patients diagnosed with either depressive or anxiety disorders. In the same time, we have evaluated the comorbidities associated with these disorders: obesity, increased cholesterol, increased triglycerides, mixed dyslipidemia, diabetes, cardiomyopathy and hypertension.

Results: 45% of these patients had more than 1 admission in the hospital. 73,5% are patients with at least 1 comorbidity. One third has hypertension and in an almost equal proportion they have diabetes, mixed dyslipidemia and cardiomyopathy. Smoking is a risk factor present in 11% of our patients. 17,19% have other comorbidities.

Conclusions: Almost two thirds of the study lot have at least 1 cardiovascular risk factor (although there were identified at least 7 risk factors and comorbidities). Most of them have hypertension. Almost half of these patients required at least a second admission in the hospital. There is a reciprocal connection between depression, anxiety and cardiovascular risk factors (with a pathological common hyper-activation of the HPA pathway and inflammation cascade) that maintains both types of symptomatology increases the burden for the health system. Thus, we can appreciate that the next step for reducing costs and increase productivity is primary prevention using screening instruments to detect early and small signs of the mental disorders, psycho-education regarding cardiovascular disorders prevention as well as lifestyle changing through national programs. References: 1. Diagnostic and Statistical Manual of Mental Disorders: American Psychiatry Association Press, Washington D.C. Text revision, 2000. 2. P. Hjemdahl, A. Rosengren, A. Steptoe – Stress and Cardiovascular Disease, 2011. Keywords: depression, anxiety, cardiovascular, comorbidity, burden. Psychiatry
Comorbiditatea cu depresia atât a afecțiunilor psihice cât și a celor somatice este bine cunoscută și are implicații în prognosticul și tratamentul tulburării afective.


tai propune evaluarea frecvenței comorbidităților psihice și somatice pacienților cu tulburare afectivă depresivă și implicațiile acesteia asupra tratamentului.

Rezultate: Între tulburările psihice comorbide tulburării afective depresive au fost identificate mai frecvent tulburarea de panică, tulburarea anxioasă generalizată, dependența de alcool și nicotină, tulburarea neurocognitivă, tulburarea de personalitate serioasă B și C. Între afecțiunile somatice identificate s-au remarcat: hipertensiunea arterială, cardiopatia ischemică, diabetul zaharat, obezitatea, hepatita cronică, accidente vasculare ischemice. Se vor prezenta și implicațiile terapeutice ale acestor comorbidități.

Concluzii: Cunoașterea afecțiunilor comorbide și a interacțiunilor medicamentoase este importantă pentru elaborarea unui plan terapeutic eficient.

Comunicarea în psihiatrie – „mai mult” înseamnă neapărat „mai bine”?

Ion Bulacu, Iuliana Guita-Alexandru

Introducere: Succesul sau eșecul unui tratament psihiatric sunt influențate de o multitudine de factori, dintre care menționăm cunoștințele insuficiente legate de boală, ideile preconcepute ale pacientului sau apanătorilor, teama de stigmatizare, efectele secundare ale tratamentului, costul medicamentelor etc. Nu în ultimul rând, barierele de comunicare între medici și beneficiari pot bloca din start șansa urmării unui tratament eficient.

Material și metodă: Pentru a evalua concordanța între mesajele transmise de medic și modul în care ele sunt receptionate de pacienți și apanători, am aplicat un chestionar diferit pentru cele 3 categorii de respondenți. Cele 3 seturi distinctive de întrebări au fost completate cu ocazia a 60 de consultații de psihiatrie, în regim de ambulatoriu de specialitate.

Rezultate: Analiza comparativă a rezultatelor chestionarelor a arătat diferențe majore între informațiile pe care medicii au crezut că le-au transmis și ceea ce a fost receptionat de fapt de pacienți și apanători. În mod paradoxal, cu cât explicațiile medicului au fost mai elaborate și detaliate, cu atât a fost mai redus bagajul de informații cu care beneficiarii au plecat acasă.

Concluzii: Se impune pentru fiecare dintre noi o autoevaluare a modului în care comunicăm cu pacienții și a beneficiului real pe care îl oferim prin cuvinte. De asemenea, adaptarea limbii „medicină” la capacitatea de înțelegere a omului obișnuit, fără pregătire medicală, este obligatorie.
Introduction: The success or failure of psychiatric treatment are influenced by a variety of factors, including: insufficient knowledge about the disease, the patient or caregivers preconceptions, fear of stigma, side effects of treatment, cost of medicines etc. Last but not least, communication barriers between physicians and beneficiares can block the chance of following effective treatment.

Materials and methods: To assess the concordance between messages sent by doctors and how they are received by patients and caregivers, we have applied a different questionnaire for the three categories of respondents mentioned above. These three distinct sets of questions were completed at 60 psychiatric consultations, in ambulatory regimen.

Results: Comparative analysis of the questionnaire results has shown major differences between the information that doctors thought they've sent and what was actually received by patients and caregivers. Paradoxically, the more medical explanations were elaborated and detailed, the less volume of adequate information was taken home by beneficiares.

Conclusions: It is necessary for each of us to have a self-assessment of how we communicate with patients and which is the real benefit that we offer through our words. It is also mandatory to adapt the „language of medicine” to the common people understanding abilities (without medical training).

Utilizarea serviciilor de urgenţă de către pacienţi cu tulburări din spectrul schizofreniei

Medical Emergency Department Utilization By People With Schizophrenia Spectrum Disorders

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Objective: For some patients the emergency department is often the first contact with mental health services. This study sought to identify the main causes of utilization the emergency services of patients with schizophrenia spectrum disorders.

Methods: We evaluated all adult patient with schizophrenia spectrum disorders treated in emergency department during 2014. Demographic characteristics, mental and somatic history, chief complaints were assessed. We included only patients for whom psychiatric consult was requested.

Results: Of the 274 patients with schizophrenia spectrum disorders (schizophrenia, delusional disorders, brief psychotic disorder, schizoaffective disorder, schizophreniform disorder) 63% was diagnosed as having suicide attempt (especially by drug ingestion), 12,6% had alcohol or psychoactive substances-related disorders and the rest had different medical comorbidities.

Conclusion: according to scientific reports, schizophrenia spectrum disorders have multiple somatic comorbidities. This is due to the psychiatric disorder itself, side effects of medication or improper life style. In our case, the main reason for presentation in emergency department was suicide attempt. Perhaps, an essential feature of these patients is the neglect health in general. This may explain why, despite being a general hospital, the main reason for admission was psychiatric not a somatic one.
Conceptul teoretic privind schizofrenia are o importantă componentă cognitivă, recunoscându-se validitatea modelelor iniţiale clinice ce au denumit boala “dementia praecox”. Cele mai importante modele etiopatogenice sunt reprezentate de modelul alterării neurodezvoltării, pre-, intra- şi postnatal, în combinaţii variabile cu vulnerabilitatea genetică, prezentă aleatorio şi corelată în special cu modificarea alelică a Neuroregulin-1 (NRG-1) şi DISC-1, respectiv de modelul vulnerabilităţilor multiple genetice, cognitive şi sociale.

Cu cât vulnerabilitatea de tip neurodezvoltare este mai puternic exprimată, cu atât deficitul cognitiv pare a fi mai important, dar este semnificativ corelat cu prezenţa unor indicatori biochimici ce sugerează hiperfuncţia glutamatergică (manifestări epileptiforme) sau cu atrofia precoce a zonei granulare subventriculare, care anulează mecanismele neurogenetice şi care este direct proporţional legată de volumul ventriculomegaliei.

Neurogeneza este alterată şi prin pierderea capacităţilor funcţionale ale sistemului histaminic şi alterarea internerunonilor acetilcolinergici ce nu pot asigura o organizare structurală neuronală la nivelul cortexului în sistemele columnare. Se creează astfel o disconectivitate primară, obiectivată prin simptome negative, deficit cognitiv şi manifestări motorii diverse. În cazul modelului genetic, NRG-1 şi DISC-1 anticipează atrofia sistemului hipocampic şi disfuncţia talamo-corticală.

Aceste modele pot face combinaţii diverse cu modele neurodegenerative “tradiţionale” asociate schizofreniei, modelul bolii Alzheimer sau al demenţei din boala Parkinson. Din punct de vedere farmaco-clinic, apariţia fenomenelor extrapyramidale poate fi un marker valid ce anticipează ambele tipuri de evoluţie neurodegenerativă.
psihoendocrină, obiectivată pe de o parte prin hiperactivitatea axei hipotalamo-hipofizo-cortico-suprarenalienice, corelată cu tendința de răspuns exagerat la factorii de psihostres prin hipercortizolemie, iar pe de altă parte prin implicarea hiperprolactinemiei, mai frecvent ca o consecință a terapiei cu unele medicamente antidepressive sau antipsihotice. Nivelul înalt al cortizolemiei este legat de vulnerabilitatea neurobiologică a structurilor implicate în cogniție și depresie (hipocamp, cortex cingulat, cortex frontal, amigdala cerebrală).

Femeile prezintă forme clinice particulare, reprezentate de sindromul disforic premenstrual, depresie pe parcursul sarcinii, depresia minoră instalată imediat post-partum (post-partum blues), depresia psihotică post-partum și depresia corelată cu climacteriul. Particularitățile terapeutice ale depresiei la femei sunt reprezentate de riscuri precum: apariția obezității, diabetului zaharat și sindromului metabolic atât pentru antidepresive, cât mai ales pentru substanțele antipsihotice; creșterea incidenței bolilor cardiovasculare și a riscului de stroke, risc anticipat de nivele înalte de prolactină.

Cea mai severă formă de depresie caracteristică femeii este reprezentată de psihoza post-partum, ce poate fi anticipată prin antecedentele heredo-colaterale și patologice pozitive pentru depresie, adicție și comportament hetero- sau autoagresiv, sindromul disforic premenstrual și depresia instalată pe parcursul sarcinii la o persoană ce nu a mai prezentat în antecedente un alt episod depresiv.

Conștientizarea particularităților clinice și farmacologice ale depresiei la femei permite elaborarea unor strategii preventive primare și secundare.

Interest in the study of depression in women is primarily justified by epidemiological data, which reveal a 2-3 times higher frequency of depressive disorder in women and an unfavorable evolution significantly higher than in men. There is an obvious specific, linked to marked psychoendocrine vulnerability, revealed on the one hand by hyperactivity of the HPA axis, correlated with the trend of exaggerated response to distress through hypercortisolemia, and on the other involving hyperprolactinemia, more frequently as a consequence of therapy with some antidepressant or antipsychotic drugs.

High levels of cortisol is related to neurobiological vulnerability of the structures involved in cognition and depression (hippocampus, cingulate cortex, frontal cortex, amygdala).

Women have particular clinical forms of depression, like premenstrual dysphoric syndrome, depression during pregnancy, minor depression installed immediately postpartum (postpartum blues), psychotic post-partum depression, and depression linked to climax. Therapeutic peculiarities of depression in women are the risks such as: obesity, diabetes and metabolic syndrome, when antidepressants and antipsychotics are used; increased incidence of cardiovascular disease and stroke risk, predicted by the high levels of prolactin.

The most severe form of depression in is the post-partum psychosis, which can be anticipated by positive family and pathological history for depression, addiction and hetero- or self harm behavior, premenstrual dysphoric syndrome or depression installed during a pregnancy in a person who has never experienced an another depressive episode.

Awareness of the clinical and pharmacology particularities of depression in women enable the development of primary and secondary preventive strategies.

Schizofrenia cu simptome obsesiv-compulsive - o nouă entitate nosologică?
Schizophrenia with Obsessive-Compulsive Symptoms - a New Nosological Entity?
Brîndușa Ecaterina Foçșeneanu
Bucharest, Romania

Schizofrenia cu simptome obsesiv-compulsive a căpătat un interes crescut în ultimii ani, în special datorită datelor epidemiologice care sugerează că prevalență să este mai mare decât se credea anterior. Scop: De a identifica o nouă entitate de schizofrenie, cea schizo-obsesivă, pe bază corelațiilor clinice, imagistice și psihologice dintre cele două tulburări. Metodă: Acest studiu teoretic trece în revistă principalele rezultate ale cercetărilor efectuate în ultimii 30 de ani. Rezultate: Am găsit că ratele ridicate ale prevalenței acestei comorbilități implică factori de risc comuni (corelații neuroanatomic și neuropsihologice) și că există o relație cauzală între aceste două tulburări, cea obsesiv-compulsivă precedând, de regulă, schizofrenia. În ceea ce privește statusul independent nosologic de schizofrenie -tipul schizo-obsesiv, am identificat căteva criterii externe (sintomatologia negativă, alterarea psiho-socială, corelații neuropsihologice și neurobiologice, precum și date imagistice) care diferențiază această entitate nosologică de tulburarea obsesiv-compulsivă și de schizofrenie, luate separat.
Conclusions: The reasons for this particular association between schizophrenia and obsessive-compulsive symptomatology still remains unclear and further researches are necessarely for a better understanding.

Keywords: Schizophrenia, obsessive-compulsive symptoms, schizo-obsessive disorder

Adherence la tratament - un factor protectiv independent pentru funcționalitate în episodul depresiv major

Treatment Adherence - Independent Protective Factor for Functionality in Major Depressive Disorder

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Objectives: The aim of this multicenter, non-interventional, prospective study was to assess the functionality of treated patients with major depression, taking into consideration that even minor levels of depression are associated with a loss of productivity.

Methods: 1191 patients were assessed, from 64 Romanian centers (in and out patients) in urban areas. The patients were on their first episode or in a recurrent episode but without treatment for at least 6 months. They receive agomelatine before entering the motorization. The lack of adherence caused by other pathologies and factors was excluded.

Results: 44% of the responders affirmed they did not respond to a previous treatment so they had a new episode. 34% interrupted treatment earlier because they felt better and ended up having a new depressive episode. 4% did not tolerate the treatment. 52% had recurrent depressive disorder and 33% had the symptomatology for more than 12 months. 71% of the patients in their first episode and 61% of the patients...
with recurrent depression had a very good improvement after 10 weeks of treatment. No adverse effects were registered.

Conclusions: Adherence to treatment is associated with psychological factors and it has been demonstrated to be a protective factor for quality of life due to the fact that the treatment was effective if only it has been taken. A better quality of life and less symptoms causes functionality improvement and adherence becomes itself a protective factor and maintains an adequate level of everyday living for the patient. Psychoeducational and motivational interventions play an important role in improving treatment adherence.


Registrul de Cazuri pentruPsihoze Timişoara. 20 de ani de activitate
The Case Register for Psychosis Timisoara. 20 years of activity

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La Clinica Psihiatrică Timişoara, România a fost iniţiat un registru de cazuri pentru psihoze în care au fost înregistrate anual aproximativ 100 de cazuri în perioada 1985-2004. Total=1618. Cazurile au fost selectate pe baza criteriilor ICD-9, 10 şi a listelor de simptome din PSE-9 şi SCAN.

Cazuistica a fost urmărită ambulator prin dispensarizare şi evidenţierea internărilor, realizându-se bilanţuri anuale şi analize periodice. La bilanţul din 2014, la 10 ani de la ultima înregistrare, situaţia se prezenta astfel: în evidenţă, cu date accesibile şi cunoscute: 658 cazuri; unică internare: 499; decedaţi: 87; plecaţi din localitate: 79; scoşi din evidenţă:295. S-a urmărit în special stabilitatea şi metamorfoza diagnosticelor şi evoluţia clinico-socială, în funcţie de parametrii socio-demografici iniţiali.

Concluzia: stabilitatea diagnostică cea mai mare o are diagnosticul iniţial (primul an) de schizofrenie. Cazuistica schizoafectivă se sublîmparte în: cazuri ce au evoluat spre schiz-bipolar şi schiz-depresiv; - cazuri ce au evoluat spre schizo-afectiv după mai mulţi ani (uneori după 5-10 ani) de evoluţie cu diagnosticul de schizofrenie sau tulburare afectivă. Diagnosticul de tulburare delirantă persistentă (F 22/ICD-10) este o entitate coerentă şi stabilă într-un număr semnificativ de cazuri. Atrage atenţia şi o importantă cazuistică ce prezintă delir religios.

In the Psychiatric Clinic from Timisoara - Romania was created a case register for psychoses with approximately 100 cases registered each year during 1985-2004. Total number of cases=1618. The cases were selected according to the ICD 9 and 10 criteria and the PSE-9 and SCAN symptoms checklist. The cases were monitored in the outpatient and inpatient psychiatric system and were evaluated periodically. In 2014, 10 years after the first registration, the following data were revealed: cases still monitored in 2004, with available and accessible information about them:658; patients with only one hospitalization: 499; deceased patients: 87; patients who left Timisoara: 79; patients who are not monitored anymore: 195. The stability, changes of diagnoses and the socio-clinical evolution of the cases during time were assessed, based on the initial socio-demographic parameters.

Conclusion: the highest diagnosis stability has the initial (first year) diagnosis of schizophrenia. The schizo-affective pathology can be dived in: cases which evolved to schizo-bipolar and schizo-depressive pathology; cases of schizo-affective disorder which evolved after many years (sometimes after 5-10 years) to schizophrenia or bipolar disorder. The diagnosis of Persistent delusional disorder (F22/ICD-10) was a coherent and stable one in a significant number of cases. It was interesting to notice a large amount of cases with religious delusion.

Modelul integrativ în tratarea comorbidităţilor somatice la un caz de tulburări de personalitate
Integrative model in treatment of somatic comorbidities in a case of personality disorder

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Cazul de față ilustrează dificultatea de tratare a unei boli somatice grave cu risc vital (pneumonia) în contextul unei boli psihice asociate și escaladarea rapidă a comorbidităților somatice. Cazul cercetat s-a constituit într-un proiect de explorare și înțelegere a structurii personalității, a comportamentului relațional, a interdependenței în asistență medicală comprehensivă, a patologiei mintale și somatice, a descoperirii factorilor de risc și a unor opțiuni realiste de psihoprofilaxie și reabilitare. Examinarea și intervenția medicală pentru orientarea unor modalități de asistență recuperatorie au necesitat abordarea integrată a stării de sănătate fizică și psihică. Particularitatea cazului este prezența bolii psihice grave la un pacient care nu poate fi internat și tratat decât în momentul complicării cu o boală somatică la fel de gravă și cu risc vital. Boala de fond din sferă psihiatrică îngreunează tratamentul intercurenței respiratorii.

This case illustrates the difficulty of treating a serious somatic diseases in the context of life risk (pneumonia) associated with mental illness and rapid escalation of somatic comorbidities.

The particularity of this case is the presence of mental disease at a patient that can not be hospitalized and treated only when appears a somatic complication with vital risk. The underlying illness of the psychiatric sphere hampers the respiratory intercurrence.

Aspecte medico-legale in toxico-dependente

Forensic issues in drug addiction

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Consumul de substanțe psihoactive reprezintă în zilele noastre una din cele mai mari provocări cu care se confruntă umanitate. În afara efectelor nocive ale toxicodependențelor asupra stării de sănătate fizică și psihică ale individului trebuie analizate și implicațiile legale care apar frecvent la marii consumatori. Conform literaturii internaționale de specialitate pentru a înțelege legătura infracțiuni-consum de droguri au fost propuse patru categorii:

- infracțiuni produse sub influența substanțelor psihoactive, ca urmare a consumului acut/chronic
- infracțiuni comise pentru a obține drogul sau bani pentru achiziționarea acestuia
- infracțiuni prevăzute în legislația în vigoare referitoare la utilizarea, posesia, cultivarea, producerea, importarea, traficul de droguri precum și conducerea sub influența substanțelor psihactive.

Metoda: Studierea literaturii de specialitate.

Rezultate: În Europa majoritatea rapoartelor privind infracțiunile la regimul drogurilor se referă la consumul de droguri sau la posesia de droguri pentru consum personal estimându-se că peste un milion de astfel de infracțiuni au fost raportate în 2012, ceea ce înseamnă o creștere cu 17% în comparație cu 2006. Infracțiunile legate de oferta de droguri raportate au crescut cu 28% din anul 2006, ajungând la peste 230 000 în 2012. Aspecte medico-legale importante apăr și în cazul consumatorilor de etanol, acestea fiind reprezentate de conducerea sub influența băuturilor alcoolice, vioanță domestică, furturi, violuri sau chiar crime.

Concluzii: În viitor, ampoarea consumului de substanțe psihoactive este îngrijorătoare. Odată cu creșterea numărului de consumatori și implicațiile medico-legale vor fi din ce în ce mai numeroase și mai diverse.

Usage of psychoactive substances is nowadays one of the greatest challenges facing humanity. Besides the harmful effects of addiction on physical and mental health of the individual, legal implications that frequently occur in large consumers must be analyzed too.

According to international scientific literature to understand the connection between drug use and crime were proposed four categories:

- crimes committed under the influence of psychoactive substances as a result of acute/chronic consumption
- crimes committed to get the drug or to get the money for buying it.
- crimes committed on the illicit drug market regarding providing and distributing them.
- crimes stipulated in legislation regarding usage, possession, cultivation, production, importation, drug trafficking and driving under the influence of psychoactive substances.
Method: research literature

Results: In Europe most reports regarding drug offences refers to drug use or possession of drugs for personal use. It is estimated that over one million crimes of this type were reported in 2012 which means an increase of 17% compared to 2006. Crimes related to supplying drugs increased by 28% in 2006, reaching over 230 000 in 2012. Important forensic issues for consumers appear in case of ethanol consumers, which is represented by driving under the influence of alcohol, domestic violence, theft, rape or even murder.

Conclusions: In the future extent of psychoactive substance use is worrisome. With the increasing number of consumers, the forensic implications are becoming more numerous and more diverse.

Influenţa medicaţiei antidepresive asupra performanţei cognitive la șobolani vârstnici

The Influence of Antidepressant Medication on Cognitive Processes Performance In Old Rats

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Antidepresivele sunt folosite pentru tratarea și prevenirea recâderii depresiei. Inhibitorii selectivi ai recaptării de serotonină și inhibitorii recaptării de serotonină și noradrenalină sunt preferați antidepresivelor triciclice datorită tolerabilității mai bune, efectelor anticolinergice scăzute. Fluoxetina este un antidepresiv din clasa inhibitorilor selectivi ai recaptării serotoninine. Trazodona este un antagonist serotoninergic și un inhibitor al recaptării serotoninine cu efecte anxioleptice. Scopul studiului este de a stabili efectele fluoxetinei și trazodonei într-un model comportamental la șobolani.

Metodă: S-au folosit șobolani rasă Wistar de sex masculin vârstnici (18 luni) împărțiți în 3 grupe de câte 6. Șobolanii au fost tratați timp de o luna astfel: Grupul I (control): ser fiziologic 0,3 ml/100g; Grupul II (FLX): fluoxetina 10mg/kgc; Grupul III (TZD): trazodona 5mg/kgc. Influența asupra memoriei spațiale a fost evaluată prin determinarea comportamentului de alternanță spontană într-o sesiune de 8 minute cu ajutorul testului T-maze. Alternanța a fost definită ca intrarea consecutivă în 3 brațe diferite. Rată alternanței a fost calculată folosind formulă: numărul de alternatii/numărul total de intrări minus 2.

Rezultatele au fost exprimate sub forma mediei valorilor +/- deviația standard, prelucrarea statistica s-a realizat folosind ANOVA unifactorială și programul SPSS 17.0 pentru Windows. Experimentele au fost aprobate de Comisia de Etică a Universității ”Gr.T. Popa”, în conformitate de reglementările internaționale.

Rezultate: Tratamentul de o lună cu fluoxetină și trazodonă a determinat creșterea procentului de alternanță spontană semnificativ statistic (p<0.05) comparativ cu lotul martor. În aceste model experimental trazodona a avut efecte superioare fluoxetinei.

Concluzii: Administarea cronică a celor două antidepresive a determinat îmbunătățirea memoriei de scurtă durată la șobolani vârstnici. Trazodona a avut rezultate mai eficiente decât fluoxetina asupra performanței cognitive în cadrul testului T-maze.

Cuvinte cheie: fluoxetina, trazodona, T-maze, șobolani.
Results: The chronic treatment with fluoxetine and also with trazodone over one month resulted in an increase of spontaneous alternation percentage, statistically significant (p<0.05) compared to Control group. In this behavioural experimental model trazodone proved more intense effects than those of fluoxetine. Conclusions: We demonstrated that the chronic administration of these two antidepressants determined an improvement of short-term memory performances in old rats. Trazodone seems to be more efficient in facilitating extinction learning than fluoxetine in the T-maze test.

Keywords: fluoxetine, trazodone, T-maze, rats.

Dependența de internet - o problemă de actualitate

Modern society is developing in interdependence with communication means and in this context, Internet was created in accordance with advanced needs to manage an increased quantity of data and transmitting them in time from one user to another.

Today Internet is as a phenomenon, having positive implications (faster data access, rapid means of communication), and implications that negatively affect the individual and encourages social withdrawal.

Objectives: discuss following issues.

Internet addiction can be broadly defined as a compulsive loss of control impulses related to the use of the Internet (social networks, online games) which essentially involves psychological dependence and symptoms are comparable to other addictive behaviors.

Method: research literature.

Results: There isn’t one single category of addicts, but many. We can talk about: addiction information (Information overload) - the most important category, the so-called surfers’ infomaniaci; virtual networking addiction (addiction Cyber-relationship) - in this category includes individuals addicted to social networking; compulsive behaviors on the Internet (Net Compulsions) - in this category includes those who play gambling or compulsive utilizes shopping sites or online auctions; virtual sex addiction (Cybersex addiction) - compulsive use of pornography on the Internet with a negative impact on intimate relationships in everyday life; computer addiction (addiction Computer) – it is represented by excessive use of software or games offline. This type of addiction lead in time to a poor social adjustment, with decreased performance at work or school.

Conclusions: Although the Internet has become one of the most important sources of information, uncontrolled
use and in excess, may be considered pathological, so we can talk about Internet addiction. This dependence can have a negative impact on socio-professional performance of the individual, the family relationships but also on physical and mental health.

**Tratamentul în tulburările neurocognitive - o analiză de cohortă**

*Treatment of Neurocognitive Disorders - a Cohort Analysis*

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**Obiective:** Obiectivul principal al studiului a fost acela de a analiza caracteristicile demografice, de diagnostic și de evaluare psihologică a unui grup de pacienți cu tulburări neurocognitive pentru a observa diferitele pattern-uri de tratament utilizate.

**Material și metodă:** Datele cu privire la un grup de 69 de pacienți înscriși la o clinică ambulatorie și diagnosticați cu un tip de tulburare neurocognitive (Alzheimer, vasculară sau mixtă) au fost analizate în mod retrospectiv. Pacienții au fost evaluat psihologic cu ajutorul testului Mini Mental Status Evaluation. Apoi au fost analizate tratamentele recomandate și comparate cu ultimele ghiduri în vigoare.

**Rezultate:** Varsta medie a pacienților din grupul studiat a fost de 76.4 ani (intervalul de varsta fiind cuprins între 36 si 91 ani). Majoritatea pacienților au fost de sex feminin (N=44, 63.8%), în timp de sexul masculin a fost reprezentat de 25 pacienți (36.2%). În ceea ce privește mediul de proveniență 44.9% dintre pacienți provin din mediul rural, iar 55.1% trăiesc în mediul urban. Dintre tipurile de demențe, tipul mixt (DM) a fost cel mai frecvent diagnosticat - 73.9%, urmat de demența Alzheimer (DA) - 21.7% și demența vasculară (DV) – 4.4%. Evaluările psihomètrice au arătat o medie a scorului MMSE de 13.6 puncte la nivelul întregului grup. Aproape jumătate (49.2%) dintre pacienții au fost încadrati la gradul de demență moderată (MMSE 11-20), 40.6% - demența severa (MMSE 0-10) și doar 10.2% au fost diagnosticati cu demență ușoară (MMSE 21-26). Tratamentul cel mai utilizat în grupul studiat este reprezentat de antagonistul de receptor N-Metil-D-Aspartat (NMDA) - memantine, care a fost recomandată la 67.2% dintre pacienți, în timp ce inhibitorii de acetilcolinesteraza au fost recomandați în doar 29.9% din cazuri (galantamina – 19.4%, rivastigmine – 4.5%, donepezil – 6.0%). De asemenea, tratamentul combinat a fost utilizat în 2.9% din cazuri.

**Concluzii:** În timp ce statisticile arată DA ca fiind cel mai frecvent tip de demență, studiul nostru a evidențiat faptul că o combinație între DA și DV reprezintă majoritatea pacienților în grupul studiat. Memantine a fost cel mai frecvent administrat medicament la pacienții din grup. Acest fapt corelează cu ultimele ghiduri de tratament ce recomandă antagoniștii de receptori NMDA pentru tratamentul fazelor moderate-severe ale tulburării.

**Objective:** The main objective of this study was to analyze the demographic, diagnostic and psychological evaluation on a group of patients with neurocognitive disorders in order to discuss different treatment patterns.

**Material and Method:** Data regarding a group of 69 patients registered at an outpatient clinic diagnosed with a type of neurocognitive disorder (Alzheimer’s, vascular, mixed types) according to DSM-IV-TR and DSM 5 criteria was retrospectively analyzed. The patients underwent psychometric evaluation - Mini-Mental Status Evaluation. Then their treatment was compared to most recent guidelines.

**Results:** The mean age of the patients was 76.4 years old (age range between 36-91 years old). Most of them were females (44 [63.8%]) whereas males were only 25 (36.2%). As for the provenience environment, 44.9% come from a rural environement, whereas 55.1% live in an urban area. Among the types of dementia, the mixt type (MD) had the greatest occurrence - 73.9%, followed by Alzheimer’s dementia (AD) – 21.7% and by vascular dementia (VD) – 4.4%. Psychometric evaluations showed an average MMSE score of 13.6 points. 49.2% of the patients were considered to have a moderate degree of cognitive impairment (MMSE scores between 11-20), 40.6% - severe cognitive impairment (MMSE scores between 0-10) and only 10.2% had mild cognitive impairment (MMSE between 21-26). The most used substance for treatment was the NMDA receptor antagonist memantine (67.2%) while the acetylcholinesterase inhibitors were recommended in 29.9% of the cases (galantamine - 19.4%, rivastigmine - 4.5%, donepezil - 6.0%). Also, combinations were used only in 2.9% of the cases.

**Conclusion:** While statistics show that AD is the most common type of dementia, our study reveals that a combination of AD and VD is present in the majority of the patients in the studied group. Memantine was the most common prescribed treatment for our patients. This correlates to the lastest guidelines that recommend NMDA receptor antagonists for the moderate-severe stages of the illness.
Influența mediului familial disfuncțional asupra dezvoltării identității de sine și de sex-rol a adolescenților

The Influence of Dysfunctional Family Environment on the Development of Self and Sex-Role Identity in Adolescence

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Scopul acestui studiu este de a evidenția legătura dintre tipul de mediu familial și dezvoltarea identității de sine și de sex-rol a adolescentului și modul în care dezvoltarea identității de sine și a identității de sex-rol se realizează pentru cele două genuri, în cazul a trei tipuri de medii familiale diferite. Cercetarea a fost realizată pe un număr de 180 de participanți împărțiți în 3 eșanțioane - adolescenți proveniți din familie biperentală, adolescenți proveniți din familie monoparentală și adolescenți instituționalizați. Instrumentele utilizate pentru colectarea datelor au fost Ego Identity Scale (EIS) și Bem Sex-Role Inventory (BSRI). Analiza rezultatelor cercetării a subliniat faptul că adolescenții proveniți din familie biperentală au un nivel de maturitate identitară mai ridicat decât adolescenții proveniți din familie monoparentală, aceștia din urmă având la rândul lor un nivel al maturității identitare mai ridicat decât cel al adolescenților instituționalizați. Adolescenții proveniți din familie biperentală sunt mai orientați spre identitatea specifică sexului biologic, decât subiecții cu familie monoparentală. În ceea ce privește adolescenții proveniți din familie monoparentală și adolescenții instituționalizați, a rezultat faptul că există diferențe semnificative între identitatea de sex-rol a celor două genuri. Adolescenții proveniți din familie biperentală de gen masculin au un nivel de maturitate identitară semnificativ mai ridicat decât adolescenții proveniți din familie monoparentală de gen masculin. Cercetarea aduce informații utile celor care lucrează cu adolescenti proveniți din medii familiale disfuncționale sau din centre de placament și subliniază impactului negativ pe care divorțul părinților îl are asupra dezvoltării ulterioare a identității copilului în contextul unei familii monoparentale, consecințele acestui fenomen fiind aproape la fel de grave ca și cele ale instituționalizării. Concluzionăm faptul că mediul familial disfuncțional poate reprezenta un important factor de risc pentru dezvoltarea unei confuzii identitare în cazul adolescentilor, confuzie care poate conduce ulterior spre probleme emoționale și de adaptare, și chiar spre dezvoltarea anxietății sociale.

The aim of this study is to highlight the connection between the type of family environment and the adolescent ego and sex-role identity development and also to study the way in which the ego and sex-role identity development are achieved for both genders in each of the three samples. The research was conducted on a total of 180 participants divided into three samples - adolescents coming from biperental families, adolescents coming from monoparental families and institutionalized adolescents. The instruments used for data collection were Ego Identity Scale (EIS) and Bem Sex-Role Inventory (BSRI). The analysis of the research results revealed that adolescents coming from biperental families have a higher level of identity maturity than adolescents coming from monoparental families, the latter having a higher level of identity maturity than institutionalized adolescents. Adolescents coming from biperental families are more oriented to the identity that is specific to their biological gender than subjects with monoparental families. There were statistically significant differences though between males and females coming from monoparental families in terms of sex-role identity development, the same conclusion being revealed for the institutionalized adolescent group. Males coming from biperental families have a significantly higher level of identity maturity than males coming from monoparental families. The research brings useful information to those who work with adolescents coming from dysfunctional families or those who work with institutionalized adolescents and emphasizes the negative impact that parental divorce has on the future development of the child's identity in the context of monoparental families, because the consequences of this phenomenon are almost as serious as those of institutionalization. We conclude that dysfunctional family environment can represent an important risk factor for the development of identity confusion in adolescents. This confusion can conduct to emotional and adaptation problems and even to the development of social anxiety.