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3rd of May

PcA1-1

Biobanking, Biomarkers, and Multi-Omics in Psychiatry: a Comprehensive Perspective

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ABSTRACT DESCRIPTION

Psychiatric genetic has made tremendous progress over the last two decades. Large-scale collaborative efforts and major developments in molecular biological technologies, in particular genome-wide association studies (GWAS) have helped identify well over a hundred vulnerability genes for schizophrenia at genome-wide and thus robust levels of significance. With an ever increasing sample size for GWAS in bipolar disorder or major depression totaling several tens of thousands of patients and control individuals, the number of identified risk genes for these disorders is expected to rise as well. The polygenic background susceptibility identified by GWAS is complemented by studies interrogating rare genetic variation such as copy number variants (CNVs) or by whole genome sequencing approaches. Large consortia on pharmacogenetics or imaging genetics are adding to our knowledge of the genetic architecture of psychiatric illness. Biobanking initiatives are paving the way for powerful in-depth biological studies.

Notwithstanding these scientific successes, the challenges facing the psychiatric genetic community are manifold: Can findings readily be translated from bench to bedside? How to communicate them to physicians, patients, their relatives, and the general public? What are the ethical, legal, and societal implications of genomic research?

Following an update on the state-of-the art of psychiatric genetics and biobanking, this workshop will discuss the aforementioned challenges. Novel “multi-omic” approaches will be presented and their future impact on biomarker development appraised. The usefulness of widely marketed direct-to-consumer tests including pharmacogenetic tests will be discussed. Finally, latest studies on people’s attitudes towards genetic research in psychiatry and its introduction to clinical settings will be presented.

Pca1-2

Epigenomics of Psychiatric Disease

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ABSTRACT DESCRIPTION

Putative epigenetic misregulation of genes sheds a new light on numerous epidemiological, clinical, and molecular complexities of psychiatric and other common human diseases. Perfect DNA sequences may be useless or even harmful if not expressed in the appropriate amount, at the right time of the cell cycle, or in the right compartment of the nucleus. Epigenetic modifications of DNA and histones, more so than DNA sequence-based ones, can explain a series of general non-Mendelian features of major psychiatric disease: discordance of identical twins; relatively late age of onset and coincidence of the first symptoms with changes in the hormonal status in the organism; sexual dimorphism; parental origin effects; fluctuating course and sometimes partial or even full recovery. Apart from the general epigenetic aspects of non-Mendelian irregularities, epigenetic mechanisms may also provide a new perspective on the neurochemical and neurodevelopmental findings as well as identification of the molecular effects of environmental and stochastic factors. The epigenetic theory does not reject the role of DNA sequence variation but rather suggests that in complex psychiatric diseases the contribution of epigenetic factors may be substantial, and that DNA sequence variation should be investigated in parallel with epigenetic regulation. I will discuss the key theoretical principles of psychiatric epigenomics and review recent experimental activities dedicated to identification of inherited and acquired epigenetic changes in common psychiatric diseases.

4th of May

SA1-2

Human Rights, Mental Health and Changes in the Role of Psychiatry

Dainius Pūras

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UN Special Rapporteur on the Right to Health

ABSTRACT DESCRIPTION

Psychiatry and human rights have a complicated history of relationships.

Now, when mental health is emerging out of shadows globally as a health and development priority, it is of crucial importance to reach agreement between all major stakeholders on how to invest in mental health promotion and treatment of mental health conditions.

Lessons should be learned from examples of systemic failures when resources have been invested in ineffective mental health systems that rely on legacy of large residential institutions, separated psychiatric hospitals, excessive use of biomedical interventions and wide-spread use of coercion. For example, in some European countries that joined the EU in 2004-2007, EU structural funds have been used to strengthen the ineffective care systems and thus development of good quality community based services was halted.

Modern psychiatry should address human rights as a priority. Psychiatric profession, as an influential actor in the mental health scene, should reconsider some basic positions with regard to human rights in mental healthcare.

Following issues should be addressed:

- power asymmetries in mental health services;

- excessive use of biomedical model and biomedical interventions;

- issues related to informed consent, implementation of the Convention on the Rights of Persons with Disabilities and whether arguments based on concepts of dangerousness and medical necessity justify wide-spread use of non-consensual measures in practice of psychiatry.

It is important for leadership of psychiatric profession – nationally, regionally and globally – to openly discuss emerging issues within profession and with other actors and to consider changes in position with regard to critical issues.

The presentation will argue that attempts to preserve the status quo and imbalances, such as power asymmetries, overreliance on biomedical interventions and “exceptions” paving the way to wide-spread use of non-consensual measures, are not contributing to progress in psychiatry and to good image and reputation of the profession.

SA1-3

Intimate Partner Violence and Sexual Violence against Women: A World Psychiatric Association New Competency-Based Curriculum for Psychiatrists, Residents and Medical Students

Donna E. Stewart

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ABSTRACT DESCRIPTION

Intimate partner violence (IPV) and sexual violence (SV) affect 30% of our patients, especially women, and are key contributors to many mental health problems including depression, anxiety, PTSD, somatization, chronic pain, sexual problems, sleep and eating disorders, suicide and self-harm, substance abuse and other risky behaviours. A new World Psychiatric Association (WPA) competency-based psychiatric curriculum for practising psychiatrists and trainees on IPV and SV with teaching aids including PowerPoints, case vignettes, a teaching video and references with abstracts that address definition, epidemiology, how to ask, and evidence-based treatments of victims will be presented. This curriculum has been approved by the WPA Executive Committee and is now posted on the WPA website at <http://www.wpanet.org>. It is being implemented by many medical schools and mental health organizations.

SA1-4

Monitoring of Human Rights in Mental Health Care Institutions in Europe

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ABSTRACT DESCRIPTION

Many mental health care institutions belong to a list of places, where persons could be deprived of their liberty. A number of patients in psychiatric hospitals and social care homes are placed against their will.

Deprivation of liberty creates risks for violation of human rights, therefore effective control of such institutions in order to prevent various types of ill-treatment is essential. Several types of monitoring are applied in European countries. 47 European countries are parties to "European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment". According to this convention monitoring of various places of detention, including mental health care institutions, is performed. On the national level the role of monitoring performed by National Preventive Mechanisms is gradually increasing.

Reports produced by various monitoring bodies still show the existence of a wide spectrum of problems in many European countries. Issues, such as, safeguards surrounding involuntary hospitalization, the use of restraint measures, treatment regime, and material conditions are still require increased vigilance.

SL1-1

SCMHE Project: Purpose and Methodology: The Role of Parental Attitudes on Children Mental Health

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ABSTRACT DESCRIPTION

The School Children Mental Health in Europe (SCMHE) project aimed to build up a set of indicators to collect and monitor children's mental health in an efficient and comparable methodology across the EU countries. It concerned primary schools children aged 6 to 11 years.

Three informants were used: parents, teachers and children. Instruments were selected according to the easiness to translate them: SDQ (Strengths and Difficulties Questionnaire) for parents and teachers and DI (Dominic Interactive) a video type self administered instrument for children. In addition Parenting Scales were included measuring laxness, over-reactivity, verbosity, autonomy and care together with main parent's socio-demographic variables, parental

psychological distress (MH5) and child' school achievements as evaluated by teachers. A two-step procedure was used: schools randomization then six children by class in each grade.

Information was available on 7,072 Children from six countries (Netherlands, Germany, Romania, Bulgaria, Lithuania, and Turkey) .The participation rate of the children with parents in the participating schools was about 66.4%; 4611 mothers did respond and kept for these analyses. Most of the social variables : mother education, profession, age, number of children , psychological distress , including country appurtenance are correlated to each of the five Parental attitudes; child's gender is correlated to autonomy promoting and marital statute with low caring. Each attitude except verbosity is significantly correlated to the presence of any child diagnostic as predicted by SDQ proposed algorithm (R.Goodman). In a multivariate analysis mother psychological distress (OR=2.37), not being single child, being a boy (OR 2,63) , single parenthood (OR 1,66) predict any diagnostic together with overreacting which corresponds to harsh parenting (OR=1.86) and country differences mostly disappear.

Since some parental attitudes seem so much linked to child mental health, parenting support programs should be implemented in a culturally appropriate manner.

SL1-2

Children's Mental Health across 8 Countries: Results from Self-Evaluation Using the DI

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ABSTRACT DESCRIPTION

Background: Worldwide, approximately one in eight children or adolescents suffer from a mental disorder. The present study was designed to determine the cross-national prevalence of mental health problems in children aged 6 to 11 across eight European countries including Italy, France, Germany, the Netherlands, Lithuania, Bulgaria, Romania, and Turkey.

Methods: Data were drawn from the School Children Mental Health in Europe (SCHME) study to which was added data from related study conducted in France. Self-reported child mental health was assessed using the Dominique Interactive (DI), a computerized instrument designed to identify the probable presence of DSM-IV mental disorders. In addition, socio-demographic characteristics of parents and children were collected. The sample included 6,318 children.

Results: Overall and per their own evaluation, 23.1% of children were identified as having at least one mental disorder ranging from 16.1% in the Netherlands to 27.2% in Bulgaria. The prevalence of internalizing disorders ranged from 11.7% in the Netherlands to 24.7% in Turkey with an average of 19.5% across countries. The prevalence of externalizing disorders was lower with an average of 8.8%, ranging from 6.2% in Romania to 14.7% in France. Girls were more likely to report internalizing disorders including specific phobia and generalized anxiety disorder, while boys were more likely to report externalizing disorders but there were no gender differences with regard to depression.

Conclusions: There are important differences in self-reported mental health across Europe. Controlling for a number of sociodemographic and parental variables, children in France and in Bulgaria were more likely to report externalizing or internalizing disorders as compared to children in other European countries.

SL1-3

Children's Mental Health in Lithuania – Possibilities and Challenges

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ABSTRACT DESCRIPTION

Introduction: Survey of School children mental health Europe (SCMHE) gave possibility for preparation of the screening and diagnostic instruments, cross-country comparisons and collaboration.

Method: Primary school children aged 6 to 11 years were investigated in 7 European countries: Bulgaria, Germany, Italy, Lithuania, Netherlands, Romania and Turkey (2009-2011), 9084 children participated. Child mental health was assessed using the Dominique Interactive (DI) and the parent- and teacher Strength and Difficulties Questionnaire (SDQ). Parental attitudes, caring behaviour and socio-demographics were collected. A total of 1,152 Lithuanian children participated, among them 11.7 % from a non-L family.

Results: Main findings of the survey will be presented. As expected teachers report more externalised problems and less internalised problems than parents. Children report more internalised problems than parents and teachers. Boys have consistently more externalised problems than girls and this is the reverse for internalised problems. Children with problems requiring some sort of mental health care were about 9.9% (in LT 14.4%). Overall 26.72% of non-L versus 17.19 % of L children reported having an internalizing disorders ($p=0.01$) mainly due to separation anxiety (16.39% versus 10.15%, $p=0.04$). Odd ratio (OR) for child reported internalizing disorders are 3.29 (1.34-8.06) once adjusted for other factors: being a girl, parental unemployment and to a lesser extent low caring parental attitude. In addition, 31.9% of non-L reported suicidal thoughts versus 22.03% of L children ($p=0.002$).

Conclusions: Data from LT showed more serious problems in many investigated areas comparing with the other countries. Intersectorial action remains a complex and challenging area of policy development and practice. Being a non-national minority in Lithuania is a serious risk factor for child mental health. These findings suggest further studies are needed to inform local policy-makers on targeted prevention and intervention.

SL1-4

Unmet Need for Specialty Mental Health Services in Children across Europe Children Access to Care in SCMHE

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ABSTRACT DESCRIPTION

Objective: The aim of the current study is to examine the determinants of use of mental health services for children across Europe, with a specific focus on differences in the availability of mental health resources.

Methods: Data were drawn from the School Child Mental Health in Europe (SCHME) project, a cross-sectional survey conducted in seven countries including Netherlands, Italy, Germany, Lithuania, Bulgaria, Romania, and Turkey in 2010. Parent- and teacher- reported child mental health status was based on the Strengths and Difficulties Questionnaire. Socio-demographic characteristics of parents and children, as well as academic performance and use of mental health services in the previous 12 months were collected. Countries were categorized into high-

(HMHR) versus low-mental health resources (LMHR) groups. Sample comprised 4,894 children enrolled in school in the seven countries.

Results: Across Europe, only 25.63% of children with a disorder had received mental health services in the previous 12 months; 31.5% in HMHR versus 18.9% in LMHR ($p=.001$). The presence of any disorder, maternal psychological distress, gender, living in a single-parent home and low academic performance were determinants of service use. The effect of resources group remained significant when controlling for all predictors ($OR =1.41$ $p=.0019$). Determinants differed between groups with an effect of maternal psychological distress in high-resources countries and gender in low-resources countries.

Conclusions: The findings point to a substantial portion of unmet need across Europe and to major differences in access to care to in low versus high resources countries. Overall, the results suggest that efforts are needed to address the serious level of unmet need in children with mental health problems, especially in low-resources countries.

SZ1-1

The Evaluation of a National Level Strategic Mental Health Program: Case Finland

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ABSTRACT DESCRIPTION

In Finland, a governmental initiative was taken in 2005 to develop a national level strategic mental health plan or program. A task force involving researchers, developers, and mental health professionals, published the Mieli 2009 ("Mind 2009") program in 2009 for a road map for promoting mental health and developing better services during 2009 – 2015.

The Mieli 2009 program had four thematic initiatives: 1) improving client orientation; 2) improving earlier intervening and activity; 3) integrating and developing mental health and substance abuse services; and 4) developing legislation and steering regarding national mental health and substance abuse service needs.

When the Mieli 2009 program ended in 2015, its successfulness and effectiveness were thoroughly evaluated by both qualitative and quantitative methods. While most national and aggregate-level data, related to for instance suicide incidence, alcohol consumption or psychiatric hospital use, were indicative of improvements in mental health, promotive or preventive interventions and strategies for earlier activity had not been very successful. Some integration of services had occurred, but steering or national-level management of the mental health systems, had not developed in a notable amount.

Altogether, a need for strategic planning of services as well as the promotion of mental health still exists.

SZ1-2

Is There a Nordic Approach to Ethical Questions?

Marianne Kastrup

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ABSTRACT DESCRIPTION

In recent years have witnessed an upsurge in the attention paid to the ethical aspects of our profession. Several reasons may be given including the technical advances within the medical field;

the profound secularization that has taken place in society and therefore also is reflected in medicine;

the pluralism seen in modern Western societies with a diversity of ideologies simultaneously present;

and the increasing respect for the autonomy of the patient with a consequent alteration of the therapist-patient relationship.

Within the psychiatric profession we have witnessed the emergence of several guidelines. Many have focused upon the universality of ethical principles, and the WPA Madrid Declaration is a good example of a set of principles that have been adopted by psychiatric associations worldwide.

The question is whether we have a particular Nordic approach to the ethical aspects of our profession?

The Nordic countries have a long tradition of collaboration. The countries have many similarities with ethical implications such as a long history of democracy, constitutions securing the freedom and rights of their citizens.

We generally believe in basing our society on a welfare model with a well-founded public system for as well education as health providing easy and equitable access to health services for all citizens.

With globalization such rights are however increasingly challenged and the paper will discuss the implications this has on the Nordic system with particular reference to equity in access to services.

SZ1-3

The Mental Health Care System in Latvia

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ABSTRACT DESCRIPTION

Physicians with 3 basic specialties are working in psychiatry in Latvia – psychiatrists (283), psychotherapists (38) and narcologists (58). Psychiatrists have 2 sub-specialties – child and adolescent and forensic psychiatrists. Part of psychiatrists has certificates in psychotherapy or narcology. There is insufficient number of psychiatrists in Latvia due to ageing of psychiatrists, increased retirement and emigration of young doctors to EU countries. The situation is even worse with psychiatric nurses.

There are 85893 patients with psychiatric disorders (F00 – F99, ICD-10) who are registered in Latvia in 2016 (4,3% from entire population), who have been consulted by psychiatrists. Most of them are „severely mentally ill patients” 22,7% (F2), 25,7% (F0), 20,7% (F7). Register data show a slight increase in first time registered patients with organic mental disorders, neurotic and affective disorders from 2015 to 2016. GPs consult approximately 150 000 patients per year, mostly neurotics. According to data from research project 10,2% of patients of family physicians in Latvia currently suffer from depression. Narcologists treat 9149 patients with substance use disorders in 2015.

Latvia is in the 3rd place in Europe with respect to suicides rate; data from Estonia are better, but in Lithuania – worse. High suicide risk has been observed in cases of unidentified and untreated depression, other mental and social problems.

Outpatient care in Latvia for persons with mental disorders is provided by outpatient mental care centers, outpatient departments in hospitals and psychiatrist's practices. An important role in the psychiatric care is played by GPs who must be the first ones who approach patients in early stages of the psychiatric diseases. Unfortunately Latvia has one of the lowest financing for GCM per inhabitant in Europe. It also affects mental health care, for example – expenses for governmental compensate medicines in the Baltics – 60 Euro/2014/inhabitant (in Lithuania 74 Euro, in Estonia 93 Euro).

Latvia is in the fifth place in Europe by the number of psychiatric beds (12,6 / 10000), in Lithuania this number is 10,7, in Estonia 5,5. The said amount of psychiatric beds includes also the long term (chronic) psychiatric beds and compulsory psychiatric beds.

Positive developments in Latvia psychiatry during the last 5-10 years are continuation of the process of deinstitutionalization and destigmatisation, improvement of access to psychiatric outpatient services, opening of modern Acute Psychosis clinic in Riga Centre of Psychiatry and Addiction Disorders, second outpatient mental health care centre in Riga, renovation of regional psychiatric hospitals.

SZ1-4

Current Issues in Estonian Psychiatry

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ABSTRACT DESCRIPTION

Estonia is still struggling with the financial contingency of the health care system. Waiting – lists are getting longer and the Health Insurance is trying to cut the costs by technical means, ignoring the medical necessities. The Psychiatric Association has been trying to safeguard the interests of the speciality and advocate for better services (i.e. for better availability of treatments for long – term patients). The digitalisation in health care is moving on fast; from this year on it is possible for the family doctors to consult a psychiatrist by via e-consult system. The government has introduced new treatment modalities – free of charge – for alcohol use disorder and is also taking steps to control the market in the sales of liquor that has been very liberal until now. The new mental health has been put on a hold, but there have been initiatives for some more narrow areas. i.e. in forensic psychiatry. There is a debate going on about who can provide psychotherapy and whether it should be linked to medical treatment. Shortage of specialists in health care is already an old story, with little prospects for improvement. Psychiatry is one of the most problematic areas and the situation is getting worse as for the last 3 years there have been very few applicants for the trainee posts.

WE1-1

Sport Psychiatry – a Developing Field

Thomas Wenzel

(Austria)

ABSTRACT DESCRIPTION

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 workshop will focus on teaching models developed by the section focusing on issues for both professional athletes and in general and school sports that are of primary importance as present curricula or post graduate training neglect this new discipline.

WE1-2

Physical Exercise Impact on Cognitive Functions for Patients with Depressive Disorder

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ABSTRACT DESCRIPTION

Cognitive impairment is frequently observed in patients suffering from depression and is associated with poor response to treatment (Potter et al. 2004; Story et al. 2008; Roiser et al. 2012). Impaired cognition has been estimated to occur in around two-thirds of depressed patients (Abas et al. 1990; Butters et al. 2004; Afridi et al. 2011). Although certain symptoms of psychiatric disorders — such as depression, delusions and anxiety — are alleviated by current drugs, cognitive deficits are not usually improved, and may even be worsened (Millan, 2006; Hill et al., 2010). Strength and aerobic training could influence depressive symptoms through different biological mechanisms, such as enhanced serotonergic activity, neurotropic factors, or endorphin levels. (Ernst, 2006).

The aim of the research was to evaluate the cognitive functions before and after the physical exercises for patients with depressive disorder. The survey involved randomly selected subjects (n=31) with diagnosed depressive disorder, aged 26 – 86. Participants had physical exercises three times a week for three weeks. The subjects were assessed using physical activity questionnaire, geriatric depression scale and ANAM4 (Automated Neuropsychological Assessment Metrics) program before and after the research. The survey results showed, that there were statistically significant lower reaction time of cognitive function tests (simple reaction time, two choice reaction time, mathematical processing and go/no go) after physical exercises for patients with depressive disorder ($p < 0,05$). Age was statistically significantly related to worsening of reaction time of cognitive tests' results ($p < 0.05$). There were found statistically significant differences between younger and older participants. Participants of 55 years of age and younger showed better results after physical exercises ($p < 0.05$).

In conclusion: physical exercises can improve cognitive functions for patients with depressive disorder.

PA2-2

Integrating Medical and Psychiatric Care

Paul Summergrad

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ABSTRACT DESCRIPTION

Patients with psychiatric illness have high rates of co-morbid medical illness, early mortality, and increased total healthcare costs. In this talk Prof. Summergrad will review data on co-morbidity, mortality and cost of care. Models for care integration and collaboration will be reviewed, as will burden of disease data from a US and Global Perspective.

SA3-1

How to Advance Collaboration between the Person and the Psychiatrist

Tsuyoshi Akiyama

Japanese Society for the Elimination of Barriers to Mental Health, Tokyo, Japan

ABSTRACT DESCRIPTION

If one voice message can be formed between the person and the psychiatrist, the message will be heard harmoniously by society. In order to be one voice, the person and the psychiatrist should reduce misunderstanding, stereotyping, prejudice and possibly even stigma between each other.

Another issue. If recovery of the person is set as ultimate purpose of care, the leading part is the person. The person can speak about experience of personal recovery, while the psychiatrist takes care of science of the treatment. The psychiatrist can not speak about experience and the person usually does not speak science. The psychiatrist should learn how to play a good supporting role.

For collaboration, the psychiatrist may preach the scientific knowledge, however science is little relevant to experience. The psychiatrist may answer to questions. If a psychiatrist can answer to questions together with a service user, the answer can cover both experience and science and should be more helpful.

The psychiatrist may ask the service user to share the tip to use psychiatric service with potential users. How to find a good psychiatrist, how to ask questions, etc.. This may reduce stigma against and hesitancy to use of psychiatric service and lead to earlier intervention opportunities.

In order to counter deviated and misleading information dissemination through internet, the service users may share their stories on internet. What appeals is always personal stories and bad stories can be countered only by balanced stories.

The users may be encouraged to evaluate the psychiatric service and the psychiatrist's practice as well and the psychiatrist may give suggestions how psychiatric service quality may be evaluated.

After these steps of collaboration have been achieved, the person and the psychiatrist may reach a better position to speak with the policy makers with one voice.

In Japan, the person's organization, and the Japanese Society for the Elimination of the Barriers to Mental Health just started to work toward these goals of collaboration.

SA3-3

Being with the Patient – the Role of Relationship in Psychiatry

Gordon Harper

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ABSTRACT DESCRIPTION

Erik Erikson, in the 1950s, defined clinical evidence as evidence arising from a relationship. In Psychiatry today, we discuss relationships much less, even though relationships remain central to clinical practice. The change has been driven partly by scientific progress – overwhelmingly measuring changes within the individual – and partly by administrative systems that want easily measurable, “objective” ways to define care. In the meantime, the role of relationship is increasingly discussed in human services outside of Psychiatry. In this presentation, the use of relationship-based data in Psychiatry will be reviewed – past, present, and future – and recommendations made.

SA3-4

Integration of Systemic Family Therapy Approaches into Integral and Comprehensive Model of Mental Health care System

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ABSTRACT DESCRIPTION

Some ideas from systemic family therapy can enrich the process of knowledge creation in a system, specifically in mental health care system.

Knowledge creation occurs not incoherently, but according to certain rules (SECI model) (Nonaka and Takeuchi, 1995).

SECI (Socialization- Externalization, Combination, Internalization) – the model coined by Japanese authors (Nonaka, Byosiere, Borucki and Konno, 1994).

The essence of the model: knowledge is created in the interaction between explicit and implicit knowledge.

SECI cycle occurs at every ontological level. There four main levels; each consequent level represents the higher level of knowledge creation:

- Individual
- Group
- Organizational
- Environmental

The management of the knowledge creation is management of the context and conditions under which knowledge is created, shared and delivered in a way that can be used to achieve the goals of the organization or any system.

Ba – it is the term coined by Nonaka, Toyama and Byosiere, 2001. Knowledge creation process is based on this platform.

For the individuals Ba is a group, and for the groups Ba is organization. Wider environment becomes Ba for the organizations. Dialoguing Ba of the externalization stage is created consciously, selecting individuals who have certain contextual information or certain abilities, hoping that their communication will contribute to knowledge creation.

In systemic family therapy a reflective process is used in order to achieve changes in the system, e. g family. Some of its principles, like reflecting and dialogical approach can enrich knowledge creation processes especially in hierarchical organizations that doesn't do well with the externalization phase.

In order to achieve more effective knowledge creation in hierarchical organization it is meaningful to enrich the process with the factors that support dialogical atmosphere as it enables the conversion of implicit knowledge into explicit, and it will help the organization/system to achieve its' purposes.

SL3-1

Psychosocial Rehabilitation & Recovery: Current Updates

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ABSTRACT DESCRIPTION

The last few decades have seen a tremendous increase in the efforts aiming at improving current psychiatric services and incorporating a number of new innovations and initiatives in different areas of mental health. Rehabilitation Psychiatry like many other specialities is also emerging as an important sub speciality in almost all countries. But it is still a neglected speciality within the context of mental health services. There are a number of barriers in its development and expansion even in many developed countries that generally include lack of directions / policies for service delivery in psychosocial rehabilitation, limited financial resources, lack of opportunities for professional training and capacity building in the field of psychiatric rehabilitation.

Recovery has emerged as a new model in the practice of psychosocial rehabilitation and is currently advocated as concept, as a model and as a preferred way of empowering patients. However, recovery is viewed differently by patients, their families and even by different professionals involved in mental health care.

This paper describes an overview about the concepts and practices in areas of psychosocial rehabilitation & argues for formulating ideas for incorporating different aspects of recovery process in establishing rehabilitation services especially in the deprived, less resourced and low income countries.

SL3-2

Recovery and Inclusion How the Twain Should Meet

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ABSTRACT DESCRIPTION

New models of person centred care, focusing on supporting personal recovery processes, are becoming more and more mainstream in current mental health care practices. However, there are still several gaps to overcome. The first is the gap between treatment and rehabilitation, or in other words, the gap between a clinical psychiatric view, focussing on symptomatology, and a social psychiatric view, focussing on social functioning. The second is the gap between mental health care in general, and the community. In many countries, most resources go to clinical services, and not to community services. Still, we learn from many different studies, that there is a direct relation between mental health and social functioning. A supportive social network, meaningful activities and valued social roles are important recovery factors. The third gap which will be addressed in this presentation is the gap between the experiences of service users and the practice of professionals. Service users often evaluate mental health services as not being adequately responsive to their needs. How to bridge these gaps? I will argue that we need an approach which might be called 'inclusive psychiatry'. This is a comprehensive approach which starts with full understanding of the needs and perspective of a client/patient, which comprises of both therapeutic and social interventions, and which focuses on supporting someone with (re)integration and participation in the community. Persons who experience a psychiatric illness, always face internal and external disruptions. The challenge is to help to overcome all of these disruptions, which is the focus of 'an inclusive psychiatry'.

SL3-3

How to Embed Novel Recovery Concept and the CHIME Framework into Routine Practice of Mental Health

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ABSTRACT DESCRIPTION

The personal recovery process in mental health field is identified according to synthesis of studies as Connectedness – Hope – Identity – Meaning in life – Empowerment (CHIME) framework. During the research project (2015), we focused on interventions, which could allow achieve through mental health practitioners (support workers) activities every component of recovery process described in CHIME framework. For research, structured interview based on INSPIRE measure and CHIME framework was conducted in two different regions in Estonia with mental health service users who have long-term working alliance with support worker.

Connection and relationship qualities such as support worker's personal characteristics, attitudes, implementing presence practice ideas, influencing each other reciprocal way, practicing equality and facing stigmatization in the social field and society, finding meaning in mental health experience has an impact to personal recovery process.

Persons with psychiatric disability live in the context where fellow citizens, employers and even social field professionals have not accepted internally the non-discriminatory values. Inclusive rhetoric is not an answer to the persons' everyday life situations, instead different interactions focusing on persons' potential should resonate together, and this should be recognized in political level, education and social field practice.

SL3-4

Psychosocial Rehabilitation for Persons Suffering from Severe Mental Disorders in Lithuania: Implementation and Efficacy of Integrated Services for Recovery in an Environment of Limited Resources

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Adomas Bieliauskas

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ABSTRACT DESCRIPTION

The Lithuanian mental health system is currently in the process of transforming from mainly medication and hospital based treatment to integration of services into the community. As a recent step services of psychosocial rehabilitation have been established as an insurance-funded service and many centres have already been created. Through a case vignette and background information the presentation aims at giving an introduction into local rehabilitation practice, its limits and opportunities. Study-results from monitoring one year of practice at the Vilnius Municipal Mental Health Centre are also shared.

WZ3-1

Psychiatry and Heart Disease

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ABSTRACT DESCRIPTION

Depressive and anxiety disorders are common in primary care settings and prevalent in patients with chronic medical illnesses. In patients with existing cardiovascular disease, depression predicts morbidity and death. There is strong evidence for poor post-myocardial infarction (MI) prognosis in patients with depression or depressive symptoms. Approximately 15–20% of acute MI patients have a major depressive disorder and, as multiple longitudinal studies have shown, depression post-MI often persists. Cardiac death risk in the six months after an acute MI is approximately four times greater in patients with depression compared with post-MI nondepressed patients.

We are understanding more about the link between coronary heart disease and post traumatic stress disorder. In a 2013 study of twins, PTSD was found to be independently linked to increase the risk of incident coronary events outside of the influence of genetic factors and behavioural factors.

In addition, many of the psychotropic medications prescribed impact on the QT interval, making dosing and use of some antidepressants and antipsychotic medications, in combination with other classes of medications, and underlying heart disease, life threatening.

This presentation will underscore some of the important themes in Psychiatry and Heart Disease and allow ample time for questions and answers to stimulate audience participation.

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WT3-1

Is Digital Gaming a Future Platform for Treatments?

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ABSTRACT DESCRIPTION

New technologies, such as use of Internet and gaming, have been mostly viewed from the perspective of harmful use. It has been found that harmful use of the Internet is a global phenomenon and fairly common among adolescents and young adults. One of the main reason for problematic use has been gaming on the Internet. Recently, applications have been developed for monitoring progress in treatment, also virtual games have been devised for treatment purposes and videogames originally created for entertainment purposes have been studied as methods of treatment in psychiatric and brain disorders. In New Zealand a virtual game for treating adolescent depression based on cognitive behavioral methods was studied in a randomized controlled trial. The researchers found that the SPARX was an effective method in treating adolescent depression in primary care. Likewise, Super Mario was found to induce structural brain plasticity and gray matter changes implying that an entertainment-focused game might be used in treatment of e.g. PTSD. Additionally, a driving game has been found to attenuate cognitive decline in elders. So far the evidence is scarce and the number of studies small and more research is needed on the subject. Anyhow, it seems feasible to translate traditional evidence-based treatments into gaming formats for therapeutic change.

WE3-1

Development on Somatic Symptom Disorders

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ABSTRACT DESCRIPTION

Objective and Background: Somatic Symptom and Related Disorders (SSRD) are common across all age groups. SSRD are associated with high rates of psychiatric, medical comorbidities, and perceived functional disability as well as overuse of intensive medical services and resources. SSRD management varies between clinicians and represents a significant gap in the care of these patients. Early correct SSRD diagnosis and treatment in all age groups prevent the unnecessary use of medical resources and assure positive outcomes with symptom resolution. The SSRD diagnostic and treatment approaches are different across the age groups. Diagnostically, children present with a different risk factor profile and the course of illness than adults. Majority of mental health clinicians are uncomfortable treating SSRD due to the lack of training during residency and the absence of standardized treatment guidelines. As a result, SSRD patients often do not receive appropriate psychiatric treatment and continue "doctor shopping."

Methods: In this workshop, the presenter will use psychogenic non-epileptic seizures (PNES), a conversion disorder, as a clinical model for SSRD to discuss the differences and similarities of management in the pediatric and adult populations.

Results: 1) To present data reflecting developmental differences in PNES epidemiology, risk factors, course of illness, diagnostic and treatment approaches. 2) To discuss specific clinical techniques for the initial multidisciplinary diagnostic presentation to the children and adults with PNES using case examples. 3) To increase the knowledge and clinical skills necessary for the effective multidisciplinary PNES management.

Conclusions: This workshop will help participants improve their knowledge and develop the practical clinical skills necessary for the effective management of children and adults with SSRD, specifically PNES.

KA5-1

New Research on Personality Disorders

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ABSTRACT DESCRIPTION

Personality disorders (PDs) have appeared in every edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM). With the advent of DSM-5, support has increased for a new dimensional model, to better suit the variability of pathological personality profiles in the population, in contrast to the traditional and more familiar categorical system. An Alternative Model for DSM-5 Personality Disorders (AMPD) was therefore developed, situated in Section III (Emerging Measures and Models) of DSM-5. The development of this model will be described and the ways in which it compares to the Research Domain Criteria of the National Institute of Mental Health, and to the developing PD diagnostic system proposed for the 11th Edition of the International Classification of Diseases, will be discussed. Borderline Personality Disorder will be conceptualized and described utilizing the AMPD, as an example of this new approach.

KA5-2

Effects of Prenatal Stress on Child Brain Development - Implications for Later Mental Health

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ABSTRACT DESCRIPTION

Accumulating evidence consistently shows that early life stress (ELS) sets in motion irreversible trajectories by influencing the psychobiological programming of the developing brain with serious negative health consequences persisting to adulthood. It has been clearly shown that ELS is a risk factor for various physical and psychiatric illnesses. In fact, epidemiological data suggest that 32% of all psychiatric disorders and 44% of childhood-onset disorders are explained by the effects of ELS. Stress taking place before birth, i.e. maternal stress in the prenatal period, reportedly also affects fetal central nervous system development. However, not all infants exposed to early stress have negative consequences as it may be, that in some developmental stages and some individuals, moderate stress exposure increases resilience.

In 2010, we established a unique and genuinely multidisciplinary pregnancy cohort, the FinnBrain Birth Cohort Study (www.finnbrain.fi) in order to study child brain developmental trajectories, long-term health effects of prenatal and early life stress exposure, and the relevant biological mechanisms. Now we have successfully collected the baseline sample of over 4000 families (comprising nearly 11,000 individuals) and performed repeated assessments (multimodal brain imaging, collection of biological samples, neuropsychological assessments, questionnaires) during pregnancy, infancy, and early childhood and the follow-up of the Cohort has been planned to continue for several decades. In this presentation I will talk about what is known about the effects of early stress on brain development, present some findings from the FinnBrain study and discuss their implications for later mental health.

SL5-1

Depression in the Primary Care: Findings from the National Research Programme BIOMEDICINA 2014-2017

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ABSTRACT DESCRIPTION

Worldwide the prevalence of depressive disorders in primary care has been estimated to be between 10-20%, but there are sparse studies from Eastern Europe. Recent study found 12-month prevalence of 7.9% of major depression in the general population of Latvia, but the Latvian National data arrays show that general practitioners (GP's) diagnosed only 4634 unique patients with a diagnosis of mood disorder in 2015.

During one week all patients aged 18+ who visited GP for medical reasons at 24 primary care facilities all over the country, were invited to participate in the study. Study subjects were interviewed with structured sociodemographic questionnaire. The MINI (Mini International Neuropsychiatric Interview) was conducted over the telephone by psychiatrist not more than 2 weeks after visit to GP.

Out of total 1585 consenting patients, 1485 were interviewed with the MINI. According to MINI 10.2% (8.7-11.8; here and further 95% confidence intervals) had current and 28.1% (25.9-30.4) had lifetime depression. Odds ratio (OR) adjusted by all sociodemographic factors for current and lifetime depression was higher in women, 1.92 (1.22-3.00, $p=0.005$) and 1.97 (1.49-2.62, $p<0.001$), respectively. Education lower vs. higher than secondary had 1.97 (1.11-3.47, $p=0.02$) times odds of current depression. Higher odds both for current and lifetime depression were identified for respondents who are divorced or live separated, 1.83 (1.25-2.69, $p=0.002$) and 1.76 (1.35-2.29, $p<0.001$). Gastroenterological diseases as a reason to visit GP had the highest OR for both prevalences, 3.14 (1.69-5.83, $p<0.001$) and 1.76 (1.35-2.29, $p<0.001$). Being absent at work 15 days and more during last 3 months was associated with 2.32 (1.28-4.21, $p=0.006$) times higher odds for current depression compare to those who did not have absent days at work.

Prevalence of depression in primary care is in line with other European studies. Certain factors are associated with higher odds of morbidity with depression.

SL5-2

Psychiatry and Primary Care in Southern Europe

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ABSTRACT DESCRIPTION

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) in primary care is crucial, since 24-46% of patients attend their GP due to problems related to mental health.

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, rehabilitation services were developed, including hostels, supported housing and vocational services. In the third step, the direct responsibility for psychiatric services was transferred in 2015 from the state to the four national health providers. In most Southern Europe countries, GPs in primary care 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.

In order to enhance the GPs' attitude, knowledge and skills, several collaborative models between psychiatrists and GPs are implemented in Southern Europe, including telemedicine in Italy and Balint groups in Portugal. There is good evidence, both, from randomized controlled trials and from descriptive studies that this collaboration may improve the primary care of patients suffering from depression, anxiety and somatization disorders.

SL5-3

Psychiatry and Primary Care in Northern Europe

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ABSTRACT DESCRIPTION

There are considerable similarities, but also differences, in health services in general in Northern Europe. Services are funded in Nordic countries by taxes, but the responsible organization may vary between countries from state, county and municipality. Treatment systems differ greatly between Nordic and Baltic countries, where the responsibility may either be public or insurance-based. Finland has the most decentralized health care and psychiatric services, whereas in Norway the state bears the economic and organizational responsibility. Common psychiatric illnesses are treated mostly in primary health care. Physicians have been educated to diagnose and treat depression more effectively than previously. This may partly be responsible in decrease in the rate of suicides. Treatment guarantees guide the policies of referring patients to specialized health care. Compared to other Nordic countries Finland has more difficulties in accessing primary care and therefore delays in starting adequate treatment are fairly common, but access to occupational health care is considerably better for employees. The ratio of primary care physicians per psychiatrists is much smaller in Finland than in other Nordic countries. Consequently, more patients are being treated within specialized than would actually be necessary. Baltic countries suffer from brain drain, which effects negatively the provision of care. Psychotropic medications for common mental disorders Primary and occupational health care physicians. In Finland, some specialized nurses have been transferred to primary care or nurses in primary care have been trained to take care of psychotherapeutic treatments within primary health care.

SL5-4

Psychiatry and primary care in the USA

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ABSTRACT DESCRIPTION

During the last several decades, great progress in the diagnosis and treatment of mental disorders has been made. The discovery and use of effective psychotropic medications, advancement in neuroscience, establishment of community mental health system and mental health laws, and utilization of psychosocial rehabilitation have significantly impacted the treatment outcome of mental disorders. Despite the facts there are these effective treatments, there are still critical issues negatively impacting the prevention and treatment of mental disorders. Barriers for utilization of mental health services include perceptions and attitudes toward mental disorder (social stigma and discrimination), cultural differences in dealing with mental disorder, inaccurate assessment and diagnosis, lack of resources, fragmented mental health delivery system, lack of trained mental health professionals, and inadequate treatments. Due to the lack of access of mental health treatment including shortage of psychiatrists, primary care physicians frequently assume the role as the providers for people with mental health issues. Currently, the process of health care reform is swiftly moving forward globally, many countries are experiencing a variety of rapid changes in the mental health system of care. As we all know, "There is no health without mental health", there is urgent need to "Integrated Primary and Mental Health Care: Reconnecting the Brain and the Body." Integrative and collaborative care between psychiatrists and primary care physicians can improve patients' both physical and mental health and at the same time lower overall health care costs. For example, recent studies have shown that concurrently treating behavioral and physical conditions, not only leads to better control of depression, diabetes, and heart disease, but also has been shown to reduce health care costs. Recent developments and recommendations on future directions pertaining to psychiatry and primary care will be presented.

FZ5-1

Legal and Ethical Aspects in the Care of the Elderly with Mental Disorders – Assessing of Capacity

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ABSTRACT DESCRIPTION

The physician who deals with elderly with or without mental disorders has to cope with a number of ethical dilemmas and medical challenges in caring them, assuring them the best quality of life as it is possible.

The short review of ethical aspects in forensic geriatric psychiatry has only introduced some of the complex matters raised by forensic consultation, assessment of their capacity and expertise.

With the increasing prevalence of dementia, issues of competency have become very important. Society is interested in maintaining the autonomy and well-being of its aging citizens and to protect them from risks and dangers caused by their declining capacities.

Some of our patients, particularly older people with dementia, may not be able effectively to represent their interests and manage their affairs. This is particularly problematic for patients who are alone and where there is a conflict between individual and carers' interests.

We discuss about the mental capacity and global and specific competence and also about the non-competence due to mental disorders, especially dementia. Testamentary capacity and undue influence are constructs rooted in both the legal and medical domains, thus inviting a collaborative approach to its definition and assessment. Assessing testamentary capacity in the terminal phase of an illness or at a person's deathbed is fraught with challenges for both doctors and lawyers. Assessing capacity is also important in preparing an advance directive, for an advance directive to be valid, the person must have capacity.

The incompetent person cannot understand, appreciate and decide on specific issues of one's daily life. When the patient is non-competent or partially non-competent the others should make the decisions on his behalf.

Older people with mental disorders are particularly vulnerable to neglect and abuse, they may experience the double jeopardy of stigmatization due to mental disorders and due to being old. In some clinical situations, a conflict between different ethical principles may occur, and professionals and caregivers need to be aware of this. It is necessary to ensure relevant education and further training of forensic psychiatric experts, who need to constantly expand their professional knowledge and experience. The psychiatrist can be between what may be legally right and what may be ethically right.

FZ5-2

East European Educational WPA-Servier Academy-an Important Source for Psychiatric Journals of the WPA Zone 10

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ABSTRACT DESCRIPTION

Work on a post WPA representative for Eastern Europe, as well as the Ambassador of the European College of Neuropsychopharmacology provided me with additional possibilities for using new methods and training of young psychiatrists models.

As part of the educational program of the WPA an East European Educational WPA- Servier Academy was established in 2013. It was decided to create a "bank" of our psychiatric journals of the WPA zone 10 in order to improve the exchange of scientific information. On the basis of the recommendations of the National Societies 12 young researchers from different countries were selected (Russia, Belarus, Ukraine, Georgia, Armenia, Azerbaijan, Kazakhstan).All of them were equally fluent in Russian and English languages.

Within following years, members of this group of young psychiatrists attended major European congresses -EPA and ECNP and were reviews of the most interesting issues, discussed at the Congresses. These reviews were passed at the regular meetings of the Presidents of the National Societies in the "bank" chief- editors of psychiatric journals in Eastern Europe for future publications.

The works published in 13 different journals of the 7 countries of the WPA Zone 10. The number of publications already incalculable, but the total amount has passed figure 65 in the first 3 years.

At the final stage of training the best "academics" we have already begun to act as lecturers at various symposia, including abroad.

This work is highly appreciated presidents of the EPA and the ECNP, members of the Board of the WPA and the presidents of the national psychiatric societies. The Group of new members (second convocation) of the EEE WPA- Servier Academy continued their work in 2016-2017 at the EPA &ECNP Congresses.

We are confident that the regular distribution of such scientific information among psychiatrists in the former Soviet Union will promote the development of educational programs on the continent, will raise the professional level of specialists.

FZ5-3

The Prescriber in Context

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ABSTRACT DESCRIPTION

As pharmacotherapy has come to play a larger part in child psychiatry, discussions of new findings may give impression that the only relevant relationship is that between the pill and relevant circuits in the patient's brain. But both patient and prescriber are embedded in contexts. These contexts are framed by development, by how symptoms and treatments are understood, and by relationships among patient, significant others, and treaters, including relationships among treaters. In this presentation these contexts will be reviewed, along with their implications for treatment.

FZ5-4

Changing World, Changing Practices: How Do Psychiatry Trainees Adapt? The Example of French Psychiatry Trainees Regarding E-Psychiatry

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ABSTRACT DESCRIPTION

Introduction & Objective: Nowadays, technology is almost always within immediate reach; changing everyday life: shopping, banking, socialization, education, healthcare,... Medicine is reshaped by technology in all areas, including psychiatry training and care. The French psychiatric trainees association has decided to conduct a study to evaluate the uses, needs, and expectations of French junior psychiatrist regarding e-psychiatry.

Methods: We conducted an online Survey, sent by email to all psychiatry residents in France. A total of 646 responses were collected between June and November 2015, which represents an answer rate of 50.4%. We explored 3 areas: pedagogy, clinical practice and security.

Results: More than 90% of trainees own at least two personal connected items among computer, laptop, smartphone, and touchscreen tablet. Regarding pedagogy, the most used resources are books (33%), online scientific papers (27%), mobile applications and professional websites (20%).

As for clinical practice, junior doctors are in favor of the promotion of web-based programs and mobile mental health technologies, even though a majority did not know their existence (56%) nor their indications, and had never used any of them (91%) at the moment of the study.

When it comes to professional electronic devices, trainees are far less connected: more than 20% do not have access to computerized tool on their workplace. Thus, 48% of trainees declared receiving professional data on their personal devices. Two questions then arise: data security and the increased risk of burnout. Indeed, 65% of respondents access data at home outside of working hours, or even during holidays.

Conclusion: E-psychiatry opens the field of possibilities, whether in education or clinical practice. However, it is of the utmost importance to raise awareness about the potential risks, and to train junior psychiatrists to use these tools in the best possible way.

WE5-4

The Current Role of Empathy in Psychiatric Education

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ABSTRACT DESCRIPTION

Psychiatric Education has currently two main roles:

1. The dissemination of the Evidence Based knowledge and of researches concerning the physiopathology of mental disorders and the mental health practices to treat them accordingly.
2. The promotion and development of person centered perspective and integrated cares in mental health and related topics, to take into account the patient's personal subjective perception and needs respecting his rights and values.

These two roles are converging in their intention to improve mental health care for the patients and bring better support to professional and non professional care-givers to increase their efficiency and reduce their exposure to burn out or to unemotional handling of their therapeutic tasks. However, to integrate and balance these two roles can be quite challenging, at least from a methodological point of view:

- Whereas a disorder centered approach, is generally required for the research studies to get the most objective Evidence Based data we want to be disseminate,
- A person-centered approach is crucial to attend the patient and take care of his needs rights and values in their subjective, cultural and spiritual dimensions.

The integration of these two conflicting aspects can be seen as the most challenging issue in current psychiatric education, because, may be more than other medical disciplines, Psychiatry and Mental Health are exposed to the negative effects of disorder centered approach. Because of the uncertainty about the very nature of psychiatric disorders, and of the competing theory to approach their etiology and physiopathology, mental health classifications on which are based the psychiatric disorders categories, have to neglect key aspects of the person's mental health status (such as subjectivity for instance), in order to catch up the paradigm on which are based the medical classifications in other medical disciplines. The first stake of a person-centered psychiatric education is to tackle this issue, to integrate disorder centered EB knowledge dissemination with a struggle to avoid that an abusive reductionism leaves us "with half a science" (Strauss) and nosographical references too artificial to be well adapted to clinical practices with clinical patients.

After briefly presenting the first task of psychiatric education (dissemination of EB knowledge and research) this intervention will discuss how the Person-centered Integrative Diagnosis (PID) model has been constructed to deal with this stake. It is based on the previous International Guidelines for Diagnostic Assessment (IGDA) constructed on the results of a series of focus groups (involving psychiatrists, health professionals and other health stakeholders as patients, families and advocates) and of a survey realized by a global network of national classification [12]. One of the main findings of this systematic work is that the patients' perception, values and experiences of illness and health are key components of their health status and can be provided only if dimensions and narratives (idiosyncratic formulations) are added to traditional descriptive procedures. Through narratives, the physician has to access the patient's conscious and unconscious feelings and representations. He does not lean only on what he observes of the patient's behavior or physical condition, but has to use his empathy to go behind the screen of

the visible. The intervention will discuss the nature and the steps of the empathic process involved in this effort to access the patient's subjectivity, in various clinical situations.

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SA6-1

In the Shoes of Refugees: Forced Displacement and Mental Health

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ABSTRACT DESCRIPTION

“Warfare in different parts of the world has led to a humanitarian emergency: forced displacement of millions of people. In 2015 UNHCR estimated that over 60 million persons were forcibly displaced, the highest number since World War 2 (UNHCR 2015). This means that there has been an increase by about 1/3 over the last 10 years and an increasing number among them are unaccompanied minors. By the end of 2015, 1 in every 122 humans was someone who had been forced to flee his home. Furthermore, in 2016, this number rose to 65.3 million. Among them were nearly 21.3 million refugees, over half of whom were under the age of 18. If this were the population of a country, it would be the 23rd most populated country in the world and 3rd such in Europe (UN, 2016). Today, nearly 34,000 people are forcibly displaced every day (UNHCR, 2016).

Forced displacement of people due to warfare may be considered as a psycho-social earthquake. Especially after the deaths of thousands of people in the Mediterranean in the last couple years has brought this issue sharply into the focus of the whole world. While the deaths of the forced displaced people on across the borders of the whole world in the first nine months of 2014 was slightly over 4 000; it reached the same number of human loss only in the Mediterranean region in 2015.

Refugees fleeing with few possessions leading to neighboring or more developed countries face many life threatening risks on the way, as they have nowhere to turn. A refugee is a person who has lost the past for an unknown future. Experiences of loss and danger are imprinted in their selves. It is shown that, in the short/medium term, 60 % suffer from mental disorders, e.g., posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, psychosis, and dissociative disorders. In the long term, existing evidence suggests that mental disorders tend to be highly prevalent in war refugees even many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socio-economic factors.

In fact, “we are seeing here the immense costs of not ending wars, of failing to resolve or prevent conflicts.” Once more, psychiatry and mental health workers are facing the mental health consequences of persecution, general violence, wars, and human rights violations caused by the current prevailing economy-politics and socio-politics. So, a serious challenge here is both consolidating the psychiatric/medical help, and avoiding the medicalization of social phenomena at the same time. This presentation will discuss the issue of forced displaced people considering it as a humanitarian tragedy with some examples of its mental health consequences.

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SA6-2

"Not Only the Climate..." – A Plea for Mental Ecology

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ABSTRACT DESCRIPTION

Health data, especially those generated in countries of dramatic societal transition and collected in the WHO European "Health for all" database during the last decennia show clearly that physical and mental health is indivisibly linked together and exist in continuous interaction. The parallelism of societal stress and figures of premature mortality even show that individual health is interrelated to public health. Furthermore, experiences from e.g. the internal warfare in the Balkan countries indicate that the mental health of a population, its tendencies to regressive reactions, its resistance to totalitarian developments and, thus, its democratic potential is linked to the status and maturity of mental health in a society. Therefore, efforts on health promotion seem important especially in times of societal crises and stressful changes and have to be implied both on an individual as on an aggregate level.

The public health development of last years as shown in health surveys of especially eastern European stressfully transitional societies and confirmed by new data emanating from on south European countries and their risk populations, as well as collected research evidence on psychosocial determinants of health presented by the World Health Organisation, have identified the determinants of health as following: Sense of existential cohesion, social connectedness and significance, self-determination and absence of helplessness as well as individual dignity and integrity.

In order to promote these determinants of health, culturally and individually a person centred and multidimensional approach is demanded, both on an individual level as well as aggregated on a societal level with focus on risk populations.

Thus, concrete strategies have to address these named health determinants differently in the different stressful processes as well as in different potentially pathogenic individual or societal environments – easily accessible and with low threshold, on a community level where people are existentially, culturally, psychologically and socially at home.

Risk populations have to be supported differently, e.g. immigrants, elderly, people on working places, males in one type of society, females at risk in another one, adolescents, mentally vulnerable or unemployed persons. A person centred way of salutogenic and health promoting action seems inevitable. Hereby a societal engaged psychiatry has an important part to play, following the role that environmental and climate experts have taken for a longer time in their attempts to mitigate the climatic and environmental consequences of adverse policy changes and political decisions.

This would mean that the psychiatric profession offers a pool of expertise to describe the panorama of problems, to analyse risks, to warn for adverse mental health developments, to provide and disseminate an impact awareness of political decisions and to assess the mental health consequences of political decisions to be expected.

Today, notifying political regressive tendencies in the worlds around, we notice, that the political discourse and decision-making processes badly need professional mental health expertise, knowledgeable about human beings basic human needs and a public value directed to it. . Not only environmental and climatically disasters have to be avoided. Even risks for “mental tsunamis” cannot be excluded.

SA6-4

The Fusion Of Psychiatry And Social Science

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ABSTRACT DESCRIPTION

"This dichotomy, security-satisfaction, is of profound significance for psychopathology." "There is a reason for psychiatrists having to deal with many important topics other than patients suffering mental disorders." Thus wrote Harry Stack Sullivan around 1940 to advocate the fusion of psychiatry and social science.

Currently the human kind seems facing serious crises. Globalization, terrorism and other visible crises will be discussed by other presenters. I will discuss two possibly more fundamental crises. Recession of democracy and artificial intelligence.

More than seven decades after the world war, we are not observing happy development of democracy. Only in limited areas like western Europe, north America, Oceania and far east Asia, we observe good practice. Countries in these areas enjoy economic superiority. Is economic superiority a pre-requisite of democracy? Now some of these countries feel threat to their economic superiority. Are people electing less democratic leaders because of this insecurity?

Artificial intelligence. Globalization is often blamed as reason of poverty of laborers. This is human versus human. However, robot, artificial intelligence and their combination will make a more eradicating threat to human beings. In chess and other complicated games, human beings can not win against artificial intelligence. Artificial intelligence is already used in employee evaluation, economic analysis and soon for driving. Within a decade, we will observe the dominant use of artificial intelligence / robot. Then there will be a very large gap between those who control artificial intelligence and those who need to compete with, or worse, are controlled by artificial intelligence.

The idealism of democracy and human dignity may be fundamentally questioned in the near future. What can we do for the current world crises as psychiatrist?

SL6-1

Controversies in Depression from a Woman's Health Perspective

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ABSTRACT DESCRIPTION

Women's mental health, especially depression, often has social origins and can only be understood by considering the social, cultural, economic, biologic and personal context of their lives. But psychiatry has largely focused on individual psychopathology and biological factors often from a male perspective. Looking at depression, as an example, which disproportionately affects women, this presentation will explore and critique some current understandings of depression from a woman's health perspective. Hormonal aspects, violence, reproductive choices, family, work, cultural factors and access to treatment will be mentioned as contributing factors to depression in women. We conclude that women are more than reproductive machines and a broad look at the context of women's lives is needed to understand and treat depression.

SL6-2

Peculiarities of Women Suicide Attempts: Lithuania Data from Pilot Study

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ABSTRACT DESCRIPTION

Introduction. Women are more likely than men to report suicidal ideation and attempts. Women's greater vulnerability to suicidal behavior is likely to be due to gender related vulnerability to psychosocial stressors. Men and women differ in their roles, responsibilities, status.

Methods. The study was performed in the Psychiatry department at the University hospital of Lithuanian University of Health Sciences. All individuals after suicide attempt were invited to participate in the study. Inclusion criteria: individuals had to be not less than ≤ 18 years of age, signed an informed consent form (n=425). Exclusion criteria: concomitant medical or neurological illness, any intellectual disability. The study was supported by Lithuanian Council of Science (No: MIP-047/2015).

Results. In compare with male, female suicide attempters were: older in age (mean age 40.92 ± 14.59 vs 37.44 ± 12.70 ; $p=0.009$), had higher education level (≥ 12 years of education – 58.69% vs 41.31%; $p=0.01$), often were unemployed (59.68% vs 41.32%; $p=0.01$), had low incomes per month (60.47% vs 39.53%; $p=0.00005$), were sober at the time of suicide attempt (65.24% vs 34.76%; $p=0.0002$), often had used intoxication as method of suicide attempt (65.86% vs 34.13%; $p<0.00001$) and had no potential alcohol problems (CAGE ≤ 1 -69.52% vs 30.48%; $p<0.001$). Suicide attempts in women, compare with male, was not associated with marital status (married – 54.88% vs 45.12%; $p=0.31$), history of self – harm (prior suicide attempt – 5.90% vs 44.10%; $p=0.37$), urbanization (urban – 54.05% vs 45.95%; $p=0.91$).

Higher education (OR 1.64), unemployment (OR 1.57), low incomes (OR 2.51) had significantly increased the risk of suicidal attempt for women.

Conclusions. Our data suggested that women, who had attempted suicide was 40.92 ± 14.59 years of age, having ≥ 12 years of education, unemployed, with low income per month. Increased risk for suicide attempt in women was found in association with higher education, unemployment, low incomes.

SL6-3

PTSD Symptoms Developed after the Pregnancy Loss via Miscarriage or Pregnancy Termination

Palmyra Rudalevičienė

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ABSTRACT DESCRIPTION

This presentation is more due to psychotherapy – as the main treatment option.

Pregnancy loss, a potentially traumatic event that many women opt not to share with others, can result in posttraumatic stress disorder (PTSD), suggesting that screening for the disorder may be beneficial following miscarriage or termination of pregnancy. There have been many debates, in Lithuania, over this topic, however, the cases even are not registered. They have been left for psychiatrist's responsibility, if at all.

An understanding of the type and frequency of emotional reactions to pregnancy loss is important in order to target appropriate support to those that need it. There is stigma around this topic, in the society, women have be left on their ones, and they even were not seeking help, but did bear the symptoms.

Sixty tree, years ago abortion was legalised by the Soviet regime in Lithuania. Since then there have been an estimated more than, two million abortions in the country, while currently there are a bit less than three million residents in the country, at all. The phenomena without the causes for this high number of abortions having ever been tackled remain unresolved.

There are many reasons for abortions, whether they are financial or social problems, like insecure relationships. But particularly frequent are a lack of self-esteem, the inability to talk to one's partner or even total subjugation to that partner. The environment is of particular importance, and only too often society seems cold and indifferent towards the individual, and there is a lack of family love. These are factors that drive women to abortion: they have mothers and fathers and a man whom they love, but when they ask their close ones for help and advice these people turn their backs on them.

Termination of pregnancy is stigmatized both in society and psychiatry and is due to political and ethical debates. Therefore abortion may result in traumatized psyche as a complication. Trauma affecting a woman's thoughts, feelings, dreams, fantasies, intentions, and relations change her attitude to life as such, to her nearest, also to the values and eventually to herself. The consequences occurring as uncontrolled chain reaction affect her family life, career and communication; they break her as personality and lead towards destruction. There is always a risk of suicide. In psychiatry, termination of pregnancy is very important as it can be a reason for developing psychopathology. The identified psychopathological symptoms meet the diagnostic criteria of post-traumatic stress disorder. Psychopathology is distinguished by its personal, spiritually painful and stigmatized character. During my psychiatric clinical practice I have met, and documented, five hundred female patients suffering from this.

I am going to present one case, of the lady, who, in some way, was an example- as 'she became a teacher for me, demonstrating what the psychopathology is about, and how to identify it'. The lady was a professor at the University, a mother of the two children, but was not understood at all, by her husband, and both kids, even by professionals, who were treating her, she developed an emotional distance from her family members. This is more, a case report of psychotherapy, spiritual case, however medical, too.

Case presentation demonstrates: PTSD symptoms developed, after the termination of pregnancy. Treatment includes both medical-with psychotropic medication, psychotherapy, spiritual consultations, individual human approach.

SZ6-1

Modern Understanding of Psychosis

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ABSTRACT DESCRIPTION

The word "schizophrenia" still signals, to some, that we are dealing with a brain disease, a disease that should be challenged and treated by biological measures. There is however a change in the way we perceive these disorders that we name by the term "psychosis; there is now a shift towards a more reflective, integrative psychosocial and psychobiological perspective, with important new findings on the neurobiological basis in psychosis.

There seems to be a kind of dysregulation of the dopamine signal system in the brain during a psychotic episode. Most antipsychotic medication targets this dysregulation. In biological psychiatric circles one have thought that this is a kind of inborn "error" in some people, I e that psychosis has a biological genetic "cause".

This dysregulation in the dopamine/glutamate system is somehow connected to the HPS-axis (stresshormon axis), the disturbances in the brains signal substances can be (are?) a result of external stress. And if this dysregulation in the brain's signal system persists over time, it will be "attacked" by the body's own defense system, an autoimmune reaction. These changes seems to be reversible in "at risk mental states, ARMS", and in first episode psychosis (FEP), but at some point seem to become more irreversible.

The new research presented above underlines the importance of psychosocial interventions, stress reduction strategies and psychotherapies aiming at finding the meaning behind the psychotic expressions in each individual case. As demonstrated by research on trauma and adverse life events, psychosis is connected to serious things happening in young persons' lives, in their past and present.

This research also contributes to the understanding of serious mental disorders as dimensions, not cathegories.

SZ6-2

Children and Adolescents with First Episode Psychosis: Relations between Psychosocial Adversities and Specific Psychotic Experiences.

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ABSTRACT DESCRIPTION

Introduction: Experiencing a first episode of psychosis (FEP) at young age plays an important role in one's future life, considering its peculiarities. Since a growing emphasis on relationship between childhood adversities (CA) and increasing risk of psychosis is given, we aimed to explore associations between different types of CA and specific psychotic symptoms in FEP patients.

Method: Case histories of 91 FEP patients (ICD-10 F20-29, F30-33) aged 10-17 years, hospitalized for the first time during the years 2009-2015 were surveyed retrospectively. Data about psychotic experiences (Hallucinations, Delusions, Paranoia, Grandiosity and Negative Symptoms), mood symptoms and CA (bullying, sexual, physical and emotional abuse), also other psychosocial risk factors were collected by analyzing findings of the clinical examination and observations, psychological testing results. Correlations were assessed using phi coefficient.

Results: Comorbid psychiatric disorders showed association with sexual abuse ($\varphi=0,25$; $p=0,017$). Bullying ($\varphi=0,355$; $p=0,025$), physical ($\varphi=0,382$; $p=0,016$) and emotional ($\varphi=0,339$; $p=0,032$) abuse among girl showed association with paranoia while bullying among boys were associated with Negative Symptoms ($\varphi=0,28$; $p=0,046$). Sexual abuse among those who do not consume alcohol were associated with Grandiosity ($\varphi=0,303$; $p=0,018$). No differences between family composition, learning abilities, extracurricular activities etc. have been found ($p>0,05$).

Conclusions: Our findings supplement the evidence of the link between childhood adversities and psychosis while showing specific relations between different childhood adversities and psychotic symptoms. However, any firm conclusions cannot be made considering small size of the sample. Further prospective studies are required to prove specific relations.

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SZ6-3

Effectiveness of the Combined Antipsychotic and Brain Synchronization Therapy in Patients with First Episode Psychosis

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ABSTRACT DESCRIPTION

Background: Brain Synchronization Therapy (BST) is widely used in the management of resistant schizophrenia. Meanwhile, there is less research regarding efficacy of BST in first episode psychosis.

Aim: This study aimed to assess the effectiveness of BST combined with antipsychotic medications in patients with first episode psychosis.

Method: This cross sectional prospective study was conducted between June 2015 to December 2015, on 50 patients with first episode psychosis, their age ranges from 18 to 40 years. The patients received their treatment in the form of antipsychotic medications and 3 sessions of BST every week with maximum 12 sessions. Clinical outcomes were measured using Positive and Negative Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression (CGI) at admission and discharge.

Results: The results showed statistically significant reduction in PANSS score (127.51 SD 12.66 on admission to 68.39 SD 10.92 on discharge with 46.26% percentage of change), BPRS score (72.65 SD 8.95 on admission reduced to 34.41 SD 6.5 with 52.40% percentage of change) and CGI score (5.5 on admission reduced to 1.5 on discharge with 71.14% percentage of change).

Conclusion: The combination of BST and antipsychotic medication is an effective strategy in the acute treatment of first episode of psychosis, adding BST to medications seemed to be an acceleration of treatment response which could be of cost benefit importance in developing countries.

SZ6-4

Neurophysiological Correlates of Auditory Processing Deficits in Schizophrenia

Clement Donde

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ABSTRACT DESCRIPTION

Introduction: Schizophrenia is one of the most severe psychiatric disorders. Along with current pathophysiological hypotheses, a growing interest is emerging for low-level sensory function deficits. In the field of auditory processing, patients with schizophrenia display impaired abilities to discriminate length, intensity, pitch and stream of non-verbal sounds. This interest is predicated on the demonstration that these lower order deficits can lead to the higher-order cognitive disturbances and symptom dimensions found in schizophrenia (Javitt & Sweet, 2015). For example, pitch discrimination impairments contribute to impairment in the perceiving social intent as conveyed through speech intonation patterns or prosody.

Objective: to better explore the neurophysiological correlates of basic auditory dysfunction hypothesis in order to enrich this pathophysiological model of the disease.

Methods: we conducted a systematic review and meta-analysis of tone matching impairment in schizophrenia (Dondé et al., 2016). We also carried out an exploratory study on a sample of patients to explore correlations between basic auditory processing, auditory source-monitoring and clinical dimensions. For that purpose, we assessed subjects with a battery of psychometric scales and auditory tests exploring pitch, length, intensity and source-monitoring discrimination abilities.

Results: We highlighted a large significant disturbance in tone-matching ability in patients as compared with controls in our meta-analysis. Correlation analyses were used to look for interlinks between auditory abilities and symptoms in patients included in our exploratory study.

Discussion: Basic auditory impairments offer new understanding of cognitive processes involved in schizophrenia and may ultimately result in the identification of relevant biomarkers. In this way, the research field of auditory processing shows promises in schizophrenia care, as it tends to fill gaps between neurobiological impairments evidences and translational applications.

WT6-1

Challenges of Managing Co-Morbid Medical and Psychiatric Disorders

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ABSTRACT DESCRIPTION

Patients with psychiatric illness have high rates of co-morbid medical illness, early mortality, and increased total healthcare costs. What is less well appreciated is that this co-morbidity often complicates the clinical management of these conditions and that medical disorders can directly produce psychiatric illnesses. In this workshop Prof. Paul Summergrad will review data on co-morbidity, mortality and ways in which this medical psychiatric illness can affect clinical decision making and care. Common clinical examples will be reviewed along with implications for our understanding of the etiology of psychiatric disorders.

WT6-2

Acute and Transient Psychotic Disorder: Clinical Features in Children, Adolescents and Adults

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ABSTRACT DESCRIPTION

Introduction: First episodes of psychosis usually manifest at a young age. The analysis of clinical features of psychosis in various age groups is essential in order to make an accurate diagnosis and provide a timely treatment. The goal of this retrospective research is to investigate Acute and transient psychotic disorder's peculiarities of children, adolescents and adults.

Methods: The medical records of 172 patients had been analyzed as part of the retrospective study. The study included patients, hospitalised at a Psychiatry ward of the LSMUL KK during the period of 2010-2014, with the first occurrence of the psychotic disorder and a F23 diagnosis (acute and transient psychotic disorder, ICD-10). Socio-demographic data, positive and negative symptoms had been analysed and compared among various age groups. The statistical analysis was conducted using IBM SPSS Statistics 22.0 and Excel 2010 programs.

Results: In a sample of 67 patients, 56.7% were females; the age mean – 22.63 years; the majority lived in urban areas (80.6%), and were secondary school/university students (49.3%). About one third of patients (34.3%) reported having family members with mental disorders and nearly half of subjects (44.8%) reported substance abuse. Most patients were outside of suicide risk factor (70.1%). There was no statistical significance between age and positive or negative symptoms. Half of patients (56.7%) had had hallucinations. Auditory type of hallucinations was the most common type. Delusions manifested in 94.0% of patients. The most common were delusions of persecution, reference, and delusion of poisoning.

Conclusions: 18-25 year old patients were more likely to live alone and therefore have less support ($p = 0.009$). Social isolation as a negative symptom occurred statistically significantly more frequent in the age group I rather than II or III ($p = 0.018$). The beginning of acute and transient psychotic disorder was gradual in age group I ($p = 0.02$). There was no statistical significance between age and positive or negative symptoms.

WT6-3

Psychosis Related to Alzheimer Disease

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ABSTRACT DESCRIPTION

Introduction and Theoretical Foundation: Alzheimer's disease (AD) has a prevalence of 10-30% in the population > 65 years, and it is the most prevalent type of dementia. The core pathophysiological mechanism of AD is the accumulation of amyloid- β peptide and tau protein due to the failure to clear it in the brain interstices. Over 80% demented patients have neuropsychiatric symptoms during the course of the disease. The neuropsychiatric symptoms in dementia can be classified in three main syndromes: psychotic, emotional and behavioral. Psychotic symptoms are subdivided into delusions and hallucinations; affective, into agitation, irritability, depression and anxiety; and behavioral, into euphoria, disinhibition, aberrant motor behavior and apathy. The patients that develop psychosis seem to have a more severe phenotype.

Methodology: A search was conducted on Pubmed and COCHRANE using as keywords "Psychotic Disorders" and "Alzheimer's Disease". Additional articles were gathered and chosen by their relevance and number of citations.

Discussion and Conclusion: There is psychosis report in AD (AD + P) since the first case description of Alzheimer by Alois Alzheimer. Delusions can be subdivided into paranoid and misidentification. Among paranoid delusions, theft delusion is the most prevalent. Paranoid delusions, in opposition to misidentification delusions, occur in earlier stages and are not associated to significant cognitive decline. Among hallucinations, visual are the most common. AD + P is prevalent and more severe than AD without psychosis, has greater institutionalization rates, more rapid progression, association with aggression and agitation and burden to caregiver. It is important to be aware of nonpharmacological management. In the pharmacological treatment, it is important to outweigh risk versus benefit."

WT6-4

Forced Normalization in Patients with Epilepsy

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ABSTRACT DESCRIPTION

Seizure disorders and psychiatric presentations are complex, interrelated conditions. There is a higher incidence of psychosis (9%) in people with seizures, when compared to the general population (1%). A relationship between seizure control and psychotic symptoms in some patients with intractable epilepsies was described in the middle of the 20th century by H. Landolt. Multiple reports have appeared in the literature since then. The observation that the EEG recordings of these patients normalized during the psychotic episode led to coin the term “forced normalization” to describe this phenomenon. Some believe that this antagonism between psychosis and epilepsy may explain the therapeutic effect of electroconvulsive therapy (ECT) for psychotic disorders. This phenomenon, also known as “alternative psychosis,” is by no means common. The case report and literature overview is presented.

WE6

The Impact of Psychiatric Disorders and Medications on Sexual Dysfunction

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ABSTRACT DESCRIPTION

Sexual Dysfunction is prevalent among psychiatric patients and may be related to both the psychopathology and the pharmacotherapy. For instance, sexual dysfunction has been reported in as many as 30-60% of patients with schizophrenia treated with antipsychotic medications, up to 78% of individuals with depression treated with antidepressants, and up to 80% in patients suffering from anxiety disorders.

In this workshop, the bio- psycho-social model of the normal phases of sexual function: desire, arousal, ejaculation and satisfaction will be presented, followed by an update of sexual dysfunction and treatment approaches in patients with schizophrenia, depression, anxiety disorders, eating disorders and personality disorders.

Awareness of the prevalence and of the hypothesized mechanisms of sexual dysfunctions in psychiatric patients would improve the attitude of the treating physician towards sexual difficulties in those patients and result in increased compliance with treatment and quality of life on the patients' part.

5th of May

SA7-1

Pharmacogenetics: do You Have Your DNA-Passport?

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ABSTRACT DESCRIPTION

Adverse drug reactions are responsible for 5-7% of hospitalizations each year. Interindividual variation in drug metabolism is a factor affecting successful drug therapy. Predicting the capacity of patients to metabolize drugs based on their DNA profile, targeting genetic polymorphisms in drug metabolizing enzymes will allow prior adjustment of drug therapy to fit their personal genomic profile. With over 5,000 articles per year being published on genomic markers to guide drug therapy, there is a huge potential to use these to improve therapy. A number of these markers are ready for clinical implementation. Among these, the cytochrome P450 (CYP) enzymes that are involved in the metabolism of 80% of all drugs. For CYP2D6, involved in the degradation of 25% of drugs, 5-10% of the population is deficient due to inheritance of two inactive CYP2D6 variant alleles. Such a deficiency can be tested upfront, and drug therapy can be adjusted to personal DNA profile, thereby decreasing adverse drug reactions and improving effectivity of therapy.

Our 10 year experience in implementing pharmacogenetics in the Netherlands will be illustrated, covering the value of clinical evidence, education, availability of testing, laboratory and clinical guidelines, quality, feedback from clinicians and patients, reporting as well as financial and ethical aspects. Successes as well as unexpected challenges will be addressed. Also European initiatives such as the European Pharmacogenetics Implementation Consortium (www.eupic.net), the IFCC Task Force Pharmacogenetics and the European Society for Pharmacogenomics and Personalized Therapy (ESPT) (www.esptnet.org) will be highlighted.

The Erasmus MC provides since 2015 DNA passports for guiding medication, addressing a pre-emptive genotyping approach. With this passport, one can visit any pharmacy in the Netherlands to obtain medication adjusted on genomic profile for over 80 drugs. The question is, therefore: "Do YOU have your DNA-passport?"

SA7-2

Genomic Alterations and Intellectual Disability: Unigene Results

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ABSTRACT DESCRIPTION

Background. Intellectual disability affects about 1–2% of the general population worldwide, and this is the leading socio-economic problem of health care. The evaluation of the genetic causes of intellectual disability is challenging because these conditions are genetically heterogeneous with many different genetic alterations resulting in clinically indistinguishable phenotypes. Genome wide molecular technologies are effective in a research setting for establishing the new genetic basis of a disease. The first Lithuanian experience in genome-wide CNV detection and whole exome sequencing gained during UNIGENE project will be presented.

Results. More than 100 patients with unknown etiology of intellectual disability were enrolled in the UNIGENE project. New technologies allowed to establish the genetic diagnosis in ~20% of the patients. Few rare pathogenic variants causing intellectual disability using high throughput NGS technique have been discovered. New phenotypic observations of recognizable syndromes added new insights for further delineation of the known disorders. Clinical characterization of the patients with novel pathogenic variants expanded the clinical spectrum of syndromes.

Conclusions. The genetic heterogeneity of intellectual disability requires genome wide approaches, including detection of chromosomal aberrations by chromosomal microarrays and whole exome sequencing capable of uncovering single gene pathogenic variants. This study demonstrates the benefits and challenges that accompany the use of genome wide molecular technologies and provides genotype-phenotype information on patients with rare genetic alterations.

SA7-3

Interface of Polymorphisms of Serotonergic System Genes with an Attempt to Commit Suicide

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ABSTRACT DESCRIPTION

Introduction. We have analyzed one of the most common polymorphism C-1019G of the 5HTR1A receptor gene and two biallelic polymorphisms in intron 7 of the A218C and A779C genes. The 5HTR1A gene encodes a G protein-coupled receptor for 5-hydroxytryptamine (serotonin). It plays a role in the regulation of dopamine and 5-hydroxytryptamine (serotonin) level in the brain, and thereby affects neural activity, mood and behavior. The tryptophan hydroxylase (TPH1) catalyzes the oxigenation of tryptophan to 5-hydroxytryptophan, which is then decarboxylated to serotonin.

The aim of our study is to investigate the association of the serotonergic system genes SNPs (rs6295, rs1799913, rs1800532) within suicide attempters.

Methods. The study included 146 patients with F10(n=72/322) and F30-39(n=74/322) diagnosis hospitalized in the Psychiatry department of the Hospital of the Lithuanian University of Health Sciences after attempted suicides. Psychiatric disorders were identified according to ICD-10-AM criteria. A random sample (n=322) was formed according homogeneity from Kaunas population. The DNA was extracted from blood; its concentration was measured by spectrophotometry. HTR1A and TPH1 SNPs (rs6295, rs1799913) were analyzed by real-time PCR. The results were calculated statistically by approved logistic regression and p<0.005 was considered as significant.

Results: Suicide attempters with affective disorders (F30- F39) and HTR1A (rs6295) G/G genotype and suicide attempters with mental or behavioural disorders due to alcohol use (F10) and TPH1 (rs1799913) G/T genotype had a significantly higher risk for suicidal risk.

The univariate logistic regression analysis to predict a suicide risk. Table 1.

Genotype	Diagnosis	OR (95% CI)	P value
<i>rs6295</i> G/G vs C/C	F30-39	2.158 (1.028-4.528)	0.042
<i>rs179991</i> G/T vs G/G	F10	2.018 (1,061-3,839)	0.032
<i>rs1800532</i> G/T vs G/G	F10	2.018 (1,061-3,839)	0.032

Conclusions. Our data confirmed pathogenetic link between HTR1A and TPH1 SNPs (rs6295, rs1799913, rs 800532) genotypes for the patients with diagnosis F30-39, F10 and a suicide factor.

SL7-1

Contemporary Questions of General Psychopathology and the Clinical Picture of Mental Disorders

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ABSTRACT DESCRIPTION

The aim and task of general psychopathology is investigation of general regularities of mental disorders, the nature of typical psychopathological processes, as well as pathogenesis. K. Jaspers believed, that general psychopathology was an introduction to psychiatry, he also tried to draw a distinction between psychopathology and the clinical picture of mental disorders. At present it is apparent, that both psychopathology and the clinical picture of mental disorders have both theoretical and practical significance. The basis of general psychopathology: the syndrome, contains both psychopathological characteristics of the present condition, and information about the past and further development of the disease in its structure. The study of syndromes and their dynamics allow solving of problems of progression and regression, as well as substantiating of some aspects of pathogenesis.

It should be emphasized, that identification of syndromes is extremely necessary for successful studies in psychopharmacology and the problems of biological psychiatry. Age-related factor is of special significance: the same psychopathological syndrome may look different in various age groups. Besides each age group is characterized by definite types of syndromes: in childhood they are fears and a trend towards pathologic fantasy generation; in adolescence they are body dysmorphic disorder and polymorphism of psychoses; in old age it is characteristic delusion of detriment.

The question of association between the specificities of the syndrome and the degree and intensity of personality changes seems insufficiently studied. Recognition of syndromes equivalents is of special value, as well as the evaluation of deformation of symptom complexes, associated with various reasons. The problems of development of endogenous psychoses after exogenous provocations, and the possibility of development of endoform psychoses in a case of medical and inflectional illnesses are also very important.

The aims and tasks of clinical psychiatry are closely associated with the contemporary state and successes of general psychopathology. The solution of the problems as follows seem important: a) the study of pathokinesis, characteristic of the nosology; b) determination of prognostic value of separate syndromes, appearing during the course of illness; c) investigation of specificities of syndromes deformation depending on the preceding course of illness and the degree of intensity of personality changes, d) the investigation of personality changes, characteristic of nosological form and its separate variants, e) the study of the degree of reversibility of psychopathological syndromes under the influence of modern psychopharmacological medication.

SL7-2

Burnout Syndrome and its Peculiarities in Health Workers

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ABSTRACT DESCRIPTION

The goal of this research is to study the influence of coping behavior models on the manifestation of burnout syndrome (BS) in health workers.

Materials and methods: The study has involved 150 health workers – the staff of the Belarusian in-patient chest departments, 29 doctors and 121 nurse aged 21-60, work experience from 2 to 40 years. The mean age of respondents has been 38.7 years, the mean work experience – 18.3 years. The burnout syndrome has been studied by means of the technique for studying BS in health workers based on K. Maslach and S. Jackson's model adapted by N. E. Vodopyanova. The coping behavior models have been studied by means of S. Hobfall's SACS questionnaire adapted by N. E. Vodopyanova and E. S. Starchenkova.

Results and discussion: The results obtained by means of the technique for studying the burnout syndrome have enabled to define the values of three subscales (emotional exhaustion, depersonalization, the reduction of personal achievements), evaluate the level of burnout according to each factor, and define the phases and degrees of burnout. It has been revealed that emotional burnout is somehow developed in 100 health workers, which is 66.7% of the sample.

Conclusions:

1. This is the first study in Belarus to investigate the specifics of determination of the burnout syndrome in the context of medical profession in the integrated manner and conceptually reveal it.
2. It has been found that most examined health workers have the BS to varying degrees.
3. The study has identified the peculiarities of the influence of coping behavior models on the BS development in health workers: passive and maladaptive models replace constructive models. They worsen the psycho-emotional state of health workers and make it difficult for them to achieve successful professional and social adaptation.

Key words: burnout syndrome, health workers, coping behavior models.

SL7-3

Psychopathological Structure and Clinical Manifestation of Endogenous Depressions

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ABSTRACT DESCRIPTION

Objective of the study: To analyze the psychopathological structure of endogenous depressions, to establish the associations of its structure with the course and prognosis of the disease.

Material: 124 inpatients with the diagnosis of recurrent depressive disorder (out of the annual total of 409 treated at the university clinical department in August 2014 – July 2015) – 92 females and 32 males, aged from 19 to 82 (average \pm SD 55.37 ± 13.11).

Methods. Mainly psychopathological clinical and clinical-catamnestic ones, in addition rating scales MADRS and CGI, psychological examination.

Results: 6 types of depression singled out: anxious (52.42%), anesthetic (4.03%), melancholic (13.71%), hypochondriac (22.58%), apathetic-adyndamic (4.84%), and dysphoric depression (2.42%). All cases of depression were of severe level, with MADRS fluctuating between 30–39 scores (35.6 ± 7.9), and CGI-S – 5.4 ± 0.9 . All types had long duration of episodes (from half to 3 years), some cases much longer. The clinical pictures and psychological peculiarities of separate types were analyzed, as well the diagnostic and prognostic significance of the established typology was discussed. The worst prognosis was found in anesthetic depression. Alcohol and benzodiazepines abuse was another negative factor.

Conclusions: Classic forms of depression were rare. In the most of cases complex polymorphic symptoms prevailed (senestopathic, hypochondriac symptoms, depersonalization, obsessions, phobias, various overvalued ideas). Long duration and severe course were characteristic. Our study showed the increasing complexity of endogenous depressions, frequent relapses and deteriorations, poor prognosis and growing resistance to antidepressants.

SZ7-1

The TIPS Early Intervention in Psychosis Study. Background, Organisation and First Ten Years' Follow-up Results

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ABSTRACT DESCRIPTION

The early Treatment and Intervention in Psychosis (TIPS-I) project was a prospective clinical trial designed to examine whether it was possible within a sectorized catchment area to reduce the duration of untreated psychosis (DUP), and whether earlier treatment in first-episode psychosis would improve the course of the disorder.

The study involved three sites: Rogaland county, Norway (370,000 inhabitants), Ullevål sector, Oslo, Norway (190,000) and Roskilde county, Denmark (100,000). The patients are treated with the same psycho-social and medical protocol across all three sites. The inclusion period was 1997–2000, with a 10-year follow-up period.

An extensive education and information system has been carried out in Rogaland, while Ullevål and Roskilde are control sectors that rely on existing detection and referral systems for first-episode cases. Details are provided in Johannessen et al. (2001b) and Larsen et al. (2001).

The average DUP in Rogaland was reduced from 114 in 1993-94 to 26 weeks in 1997-2000. The earlier detected patients were younger and had better premorbid adjustment, less severe psychosis, with more frequent drug abuse. (This latter characteristic probably reflects developments regarding drug abuse in the area). The TIPS study has concluded that it is possible in a quasi-experimentally study to reduce DUP and compared its effect on outcome (Larsen et al 2001, Melle et al 2004, Larsen et al 2006, Melle et al 2006). At two-year follow-up, early detection had a positive effect on course of symptoms and functioning, especially negative symptoms (Melle et al. 2006). At 5 year follow up three-quarters of patients were in remission (Larsen et al. 2008; Melle et al. 2009). The early-detection group had better outcomes for negative, cognitive and depressive components on the PANSS-scale. Patients from the early-detection sector had more regular contact with friends; i.e. 57% vs 36% saw friends at least monthly. The TIPS study showed that the combined use of Detection Teams and Information Campaigns was successful in bringing FEP patients early into treatment (Joa, Johannessen et al. 2008).

At the 10-year follow-up, the groups no longer differed on most of the symptom dimensions, but significantly more patients from the early-detection sectors (4,5 weeks median DUP vs 16 weeks in the comparison sectors) were fully recovered.

SZ7-2

A Changing Landscape: Brain Stimulation Therapies

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ABSTRACT DESCRIPTION

Introduction: Brain stimulation therapies are influencing brain directly with electricity, magnets, or implants to treat different psychiatric disorders.

Electroconvulsive therapy (ECT) is the oldest and most researched with widespread experience of use. Many chemical aspects of brain function are changed during ECT, causing changes in brain chemistry that can reverse symptoms of certain mental illnesses with severe symptoms.

Repetitive trans-cranial magnetic stimulation (rTMS) is a noninvasive, nonconvulsive neurostimulation treatment of depression, with focus on resistant types on medication treatment. Recent studies suggest that rTMS is modulating the function in applied both locally and in the associated regions, leading to a change of cortical metabolism and regional blood flow, and release of neurotransmitters such as serotonin and dopamine, and causing neuroendocrine effects on hormones in the axis of the hypothalamic- pituitary – suprarenal glandula.

Other stimulation therapies – vagus nerve stimulation, magnetic seizure therapy, and deep brain stimulation, are also considered as new treatment options with considerable potential.

Aim: The aim of this study is to review scientific studies on efficiency of brain stimulation therapies used as treatment of mental disorders.

Method: Review of the published studies and researches for brain stimulation treatments.

Results: The results of most studies has founded that ECT is considered as most efficient brain stimulation therapy. However, there are risks and side effects which are limiting its use, beside good treatment results.

Use of TMS therapy is wide spreading, considering rTMS as effective treatment, without major safety concerns. rTMS has been shown to be a safe and well-tolerated procedure that can be an effective treatment for patients with depression. However, common protocols of applications should be established in order to standardize its use.

Beside promising results, more studies should be carrying out in order to better evaluate efficiency of other stimulation therapies.

SZ7-3

Psychotherapeutical Process and Knowledge Enablement: Reflective Team in Work with Families of FEP Patients

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ABSTRACT DESCRIPTION

Knowledge creation is a social process; and it is based of acquisition and transformation of new knowledge. All knowledge is created by the individuals who bring specific details into the process of knowledge creation.

Knowledge creation occurs not incoherently, but according to certain rules (SECI model). SECI (Socialization- Externalization, Combination, Internalization) – the model coined by Japanese authors (Nonaka, Byosiere, Borucki and Konno, 1994; Nonaka and Takeuchi 1995). This is a spiral knowledge creation model that is based on continuous cycle of knowledge creation. The essence of the model: knowledge is created in the interaction between explicit and implicit knowledge. The management of the knowledge creation is management of the context and conditions under which knowledge is created, shared and delivered in a way that can be used to achieve the goals of the organization or any system.

During the First Episode Psychosis (FEP) there is a disturbed communication between family members. The therapeutic challenge is how to re-establish communication, and this can be done using the Reflecting team. The idea of reflecting team comes from systemic family therapy. Teams in it are used in order to introduce changes into the system- family. From such a perspective family therapy can be seen as a process on continuous knowledge creation occurring in individual and family level; in this process new meanings, new knowledge, competences, values appear. Methods that evaluate enablement of knowledge in knowledge creation models can be used in order to enrich the family therapy process working with families of FEP patients.

SZ7-4

Decoding the Music in Music Therapy: The Effect of Depression on Musical Expression and Emotional Processing

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ABSTRACT DESCRIPTION

Randomized controlled trials have shown that music therapy is effective in the treatment of depression, but further studies are required to explain the working mechanisms of a music-based psychotherapeutic intervention. The design and implementation of such a study is further complicated by the lack of consensus among therapists as to what constitutes conventional working practice. One potential way to introduce greater objectivity and facilitate research in music therapy is through the adoption of computational analysis. One of the criticisms of existing methods of computational analysis for music therapy is the lack of established links between computationally retrieved results and clinically relevant issues. The aim of this study is to bridge the gap between research and common clinical practice – to link computationally extracted musical features with psychological phenomena. 20 depressed and 20 healthy participants (without prior music therapy experience or professional training in music) were asked to perform a free improvisation on a keyboard. Depressed clients were patients at the psychiatric hospital in Vilnius, and the control group was matched in sex and age. All participants completed Geneva's emotional music scale, Beck's depression inventory and Hospital anxiety and depression scale. The experiment was expected to reveal lower musical activity levels (event density and RMS) and reduced emotional processing in the depressed population. Preliminary results on the effect of depression on musical expression and emotional processing will be presented and the implications of this study will be discussed.

SA8-1

Farmers' Suicide in India - Sociological Disaster or Unrecognized Psychopathology

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ABSTRACT DESCRIPTION

Suicide by farmers is one of the most important concerns in present day Asia and India. It has occupied much space in sociological and public discourses and has been a live topic for discussion in media- both print and electronic. The psychological aspects of this crisis have remained largely ignored. Suicide is recorded as a crime by police in India. Attempted suicide is punishable under Section 309 of the Indian Penal Code. National Crimes Record Bureau maintains suicide statistics and is the only official source of information of completed suicide. In 2010 there were 1, 34, 599 suicides in India with a suicide rate of 11.4. True incidence of suicides may be much higher.

The big paradox is while the farmer suicides are increasing, the total farm population in the country is fast declining. Indebtedness is considered as a major and proximate cause of farmers suicides in India. Crashes in prices of crops, growing water stress and drought, decline in State investment in agriculture and corporatization of agriculture sector are leading to steadily deepening agrarian crisis in the country. Farmers' suicides in India have been largely understood only from the agricultural and economic perspectives. Mental health dimension is important and needs to be understood. Specific prevention strategies should include treatment of depression and other mental disorders, intervention after attempted suicide, intervention targeted at high risk groups and public education collaborating with media. Mental health interventions have been lacking in most parts of India and this lacunae should be addressed on a priority basis.

SA8-2

Suicides and Suicidal Behaviours in 21st Century in Latvia

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ABSTRACT DESCRIPTION

Suicides and suicides attempts continuously are one of the main public health problems in the World. Latvia is one of the countries in Europe with historically high and fluctuating suicide rates. Although, over the last 2 decades we observed steadily decrease in completed suicides, Latvia is still ranking in the top 5 in Europe with 19.2 suicides per 100 000 population and 5 times higher prevalence in males (2014). Middle aged males have highest suicide rates, more than 80 % of suicides are done by hanging and certain regional differences in suicide rates exist.

Two repeated population based studies found nearly threefold decrease of the last year prevalence of any type of suicidal behaviour over the decade (from 52.6% to 18.5%), however the risk factors mostly remained the same – middle age, non-cohabitation status and lower level of education were significant risk factors for serious types of suicidal behaviour (suicidal ideation, suicidal plans, suicide attempts) among men.

Data from State Emergency Medical Service show that 1468 persons in 2015 were hospitalised due to suicide attempts, in 38.6 % with poisoning. A unique pattern have been observed, with males aged 20-39 having more suicide attempts, than women.

The National Research Programme BIOMEDICINE 2014-2017 found that 10.2% of patients attending his General practitioner (GP) for medical reasons are affected by current and 28.1 % by life-time depression. 4.1 % of GP's patients had lifetime suicide attempts, with life-time depressed patients having odds of 4.1 for suicide attempts ($p < 0.000$). Current and lifetime depression in this population increases odds of having moderate/high risk for suicidal behaviours 15.7 and 29.6 times correspondingly ($p < 0.000$).

Although, we have gathered broad range of the data related to suicidal behaviours in Latvia, we are still missing unified and synchronised suicide prevention programme on the national level.

SA8-3

The System of Prevention of Suicide Behavior in the Republic of Belarus

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ABSTRACT DESCRIPTION

During the period of 1990-2013 Republic of Belarus was the country with high level of suicides – more than 20 cases per 100,000 population. The peak of the suicide rates in general population has been registered in 1996, when 3632 suicides have been committed in Belarus and the suicide rate was 35.8 cases per 100,000 population. The peak of the suicide rates in urban population has been registered in 1996, when the suicide rate accounted for 29.1 cases per 100,000 urban population. The peak of the suicide rates in rural population has been registered in 2003, when the suicide rate was 57.4 cases per 100,000 rural population. During the period 1995 – 2005 the suicide rates in general population have not reached the numbers lower than 30 cases per 100,000 population.

The marked and persistent tendency of suicide rates reducing has occurred in 2004. The suicide rates have fallen below 30 in 2006 and accounted for 29 cases per 100,000 population. This tendency has become remarkably clear in 2009 following the implementation of the Comprehensive Plan for Suicidal Behavior Prevention in the Republic of Belarus. During the next three years, from 2009 to 2012, the suicide rates have decreased by 7.8 cases per 100,000 population (from 28.3 (abs. fig.: 2735 cases) to 20.5 cases per 100 000 (abs. fig.: 1944 cases)). Thus in 2014 it was the first time in the history of Belarus as an independent state that the official suicide rates in general population have become less than 20 cases per 100,000 population -18.3 (in 2013 – 20.1).

Key words: level of suicides, population, prevention.

SL8-4

Measuring the System of Mental Health Care: Towards Better Surveillance Frameworks

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ABSTRACT DESCRIPTION

The aim of this paper is to present an ongoing research project „Paradigm Change of Mental Health and Well-being in Lithuania: Towards Empirically Valid Model” (granted by Research Council of Lithuania) and part of its very first results.

According to the MH Action Plan 2013-2020, information, evidence and research are critical ingredients for appropriate mental health policy, planning and evaluation. The generation of new knowledge through research enables policies and actions to be based on evidence, and the availability of timely and relevant surveillance frameworks enables implemented actions to be monitored and improvements in service provision to be detected.

Mental health indicators currently in use in Lithuania include type and number of healthcare facilities, diagnosis of people using psychiatric facilities, numbers of mental health professionals, and suicide rates. Nevertheless, these mental health indicators do not capture the broad spectrum of interrelated public mental health problems and absence of interdisciplinary approach that characterizes this field.

Without an effective surveillance system it is not possible to identify the priorities, allocate mental health resources, monitor the effectiveness of new policies, and assess the success of pilot projects.

Thus this project is aimed to foster reflection, evaluative culture of the mental health system, provide scientific research and evaluation of efficacy of pharmaceutical and psychotherapeutic treatment to psychological and social functioning, and to estimate economic burden of treatment and mental diseases that society must pay.

This paper will present a newly developed and piloted model, which is based on social, psychological and economical measurements and rates.

SA8-4

The Reflection on Changing Society, Psychiatry, Self in Suicide

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ABSTRACT DESCRIPTION

The presence of twin graves in Baltic and Indo-European lands dating from two thousand years ago are indicative of either sacrifice or the known tradition of wives to commit suicide after their husbands' death. In the year 523, suicide was even legitimized with the introduction of statute by the Prussian rulers: "If a man is burdened with ill women, children, brothers, sisters or relatives, or he himself is ill, and if it is his will, we must let them burn or self-immolate since servants of our gods should not moan but laugh instead". In the 12th century, the best-known of Lithuania's Grand Dukes and the founder of Vilnius, self-sacrifice was considered an honour to the Duke. In the same era, on a par with the legendary mass suicide at Masada in the Holy Lands, defenders of Pilėnai Castle in central Lithuania committed a mass suicide in 1336. Over the past 100 years Lithuania has experienced significant political and social changes and each historical stage has a distinctive nature of people's psychosocial well-being and suicide frequencies.

Methods: This epidemiological analytical study covers analysis of suicidal behavior from the early twentieth century until recent years.

Results: At the beginning of the twentieth century 5-9 people (100,000 inhabitants) committed suicide per year: for example, in 1929 suicide rate (SR) was 9, whereas 39.9 in Austria, 33.2 in Germany, 29.0 in Hungary, 26.1 in Switzerland, 24.5 in Japan, 16.0 in US. SR was 1.5-2.5 times higher among men vs. women. The main method was poisonings – 40% while hanging was 20%. During the Soviet period SR had grown each year until 1984 – 35.8; SR among men increased extremely 61.4 and was 6.3 times higher than female. Lithuania became one of the countries with the highest SR in the world and hanging became the main method (80%). In 1990 after Lithuania regained its independence and SR reached its peak in 1996 – 53.1: males – 97, and females – 20. Hanging increased up to 90%. SR began to decline only in 2003 and currently it is 31.3: male rate dropped to 58.7 and female – to 9.4.

Conclusion: Lithuania has become one of the unhappiest countries in the world in terms of suicide. The Soviet period negatively influenced people's psychosocial well-being and significantly increased the number of those in desperation and it especially affected men. Hanging became the most popular method. SR in Lithuania has begun to decline after joining the European Union.

SL8-1

Outcomes of Children with Attention Deficit/Hyperactivity Disorder: Global Functioning and Symptoms Persistence

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ABSTRACT DESCRIPTION

Symptoms of Attention Deficit Hyperactivity Disorder (ADHD) persist into adolescence and adult life with different degrees. Many adolescents with ADHD show antisocial behaviour and low educational achievement. These issues have not been validated in the region. The objective of this study was to assess the global functioning and behaviour of children with ADHD growing up to adolescence after 10 years of initial diagnoses. Parents were interviewed using structured schedule, Conner's short version test, and the Children Global Assessment Scale (C-GAS). Nearly half of our sample had low academic achievement and 36% had no friends. A quarter of the cases were smokers, one admitted abusing drugs and one had attempted suicide. One third of the sample continued to have ADHD symptoms. Adolescents with ADHD shared the same findings regarding school performance and peer relationship with published reports, but different representations with regards to drug use, suicide and other impulsive behaviour. A follow up study into adult life using a control group was recommended.

SL8-2

Possibilities of Music Therapy in ADHD Children Groups: Clinical Experience

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ABSTRACT DESCRIPTION

Introduction: Attention-Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. ADHD symptoms cause negative impact on child's learning and social skills. It is recommended to treat ADHD with a combination of medication and psychosocial and psychoeducational interventions. Music therapy (MT) is one of the possibilities which can help children with ADHD to control impulsive behavior, increase self-adjustment and self-esteem. However, there is a lack in the MT literature about MT treatment for ADHD and specific methods used for this client group.

The purpose of this research was to create a MT program which meets the needs of primary school ADHD children groups and helps them to develop social and interpersonal skills.

Method: MT program was originally developed by the authors. The program is called „Friendship“ because of its focus on ADHD children's social skills improvement, interaction with other children and self- adjustment. 16 children aged 7 to 12 with ADHD were participating in MT program. They were divided into 3 groups (6, 6 and 4) and had 6 sessions of 50min. MT program is made of 6 sessions with different topics and aims: 1. „Introduction. What is friendship?, 2. „Me and others“, 3. „A good friend“, 4. „Give and take“, 5. „Anger and rereconciliation“, 6. „Building trust in friendship“. Changes of symptoms (such as distraction, impulsive behavior, irritability, hyperactive behavior and avoidance of participation in activities) during MT sessions were evaluated.

Results: Changes of each child's distraction, impulsive behavior, irritability, hyperactive behavior and avoidance of participating in activities during every MT session were evaluated. Results of the research indicated positive tendencies of change in ADHD children's behavior.

Conclusion: Music therapy program is suitable for ADHD children group and can help to develop positive behavior and communicational changes and be valuable part of the complex outpatient treatment program.

SL8-3

Transient Epileptic Amnesia: Case Report and Literature Review

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ABSTRACT DESCRIPTION

Keywords: transient epileptic amnesia, epilepsy, EEG, autobiographical memory.

We overview transient epileptic amnesia and present a case report of 66-year-old right-handed man with severe retrograde amnesia after epileptic seizure. Transient epileptic amnesia (TEA) is a subtype of temporal lobe epilepsy, which is characterised by accelerated-long-term forgetting and autobiographical amnesia, anterograde memory usually is intact. From the available data, no other clinical features clearly distinguish this subpopulation. TEA is usually a syndrome of middle to old age with duration of amnesic attacks for each case can be less than 1 min and longer than 24 hours. The sex ratio of TEA cases is approximately two males to one female. Complete cessation of transient amnesic episodes can be achieved with anticonvulsant therapy. Our patient improved after introduction of treatment with lamotrigine and piracetam.

SZ8-1

The Role of Historical Arguments in Present Ethical Discussions in Germany

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ABSTRACT DESCRIPTION

In the last two years the German parliament discussed vividly and with an unusual sense of responsibility three ethical topics highly relevant to our medical practice: 1. a law concerning the right to assisted suicide in end of life situations and 2. a law regulating Preimplantation Genetic Diagnostics (PGD). In both discussions the German historical experience of Nazi medicine and crimes played a central role and influenced decisively the final agreements found which were conservative compared with the legislation of our neighboring European countries. This historical experience is similarly influencing the current discussion in the Bundestag and in the Federal Ethical Committee on the use of coercion in psychiatry and its limitations.

SZ8-2

CPT on Ethical Challenges in Mental Health Care

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ABSTRACT DESCRIPTION

Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment is body in the Council of Europe that is mandated to look after human rights issues in places of detention. This also includes psychiatric hospitals and nursing homes where persons can be placed against their own will. Over the years CPT has made recommendations to the governments of the member states of the Council of Europe to improve the conditions in places of detention and to provide legal safeguards for persons in detention, including mental patients.

The presentation will focus on the basic principles of safeguarding mental patients who have been placed to institutions against their will the possible ethical dilemmas in this context – the role of the doctor versus expert, the right of patients to refuse treatment, strict rules on the use of restraints, reporting mechanisms of violent incidents etc.

SZ8-3

Ethical Challenges in the Use of Coercion in Psychiatry

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ABSTRACT DESCRIPTION

Psychiatry is a discipline where there is a particular need of ethical codes, and several psychiatric associations have established ethical committees, including the European Psychiatric Association.

The paper will present data from a survey carried out in the Danish psychiatric Association and discuss a project in which the aim was to reduce coercion.

Based upon these results the role and ethical aspects of using coercion in psychiatric care will be analyzed. The historical aspects will be outlined and how coercion is perceived by those having experienced it. Special focus will be on the patients' experiences and what is the outcome of using it. Finally, the global dimension will be presented.

SZ8-4

Most Urgent Ethical Problems in European Psychiatry – An Inquiry

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ABSTRACT DESCRIPTION

During the present decade matters of ethics have been increasingly the focus of European National Psychiatric Associations and on the agenda of the European Psychiatric Association (EPA).

Discussions in the association's ethical committee have scrutinized the problems and elucidated the range of ethical dilemmas. A questionnaire sent by the Committee in 2011 to the National European Psychiatric Associations has given a first panorama of ethical problems in European Psychiatry and showed already their diversity but even communalities. This overview has been presented at different meetings of the EPA and has been reviewed, updated and additionally commented by all committed European national associations in 2014. Hereby, new problems in European psychiatry have emerged or became again underlined e.g. the demand on psychiatry's ethical involvement in end of life issues as well as the consequences of financing routines in times of resource limitations and changed prioritizations within medical care and mental health support systems implied by an ever more predominant market economy.

Other re-emerged problems are questions and problems in contact with private sectors of users' organizations, care providers or pharmaceutical industries and the need and strategies for multi-disciplinary involvement in psychiatric education and research support.

In this presentation these recently emerged ethical challenges will be elucidated and some positions of national psychiatric associations and their actually updated priorities regarding ethical challenges will be reviewed. Activities and structures regarding a continuous ethical sensitization as well as needs of a sustainable ethical agenda in European psychiatry will be addressed.

KA11-2

The Current Issue of Psychopharmacology in Korea: Focus on Depression

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ABSTRACT DESCRIPTION

The appropriate psychopharmacological therapy is essential to treat patients with depression effectively. However, the treatment of depression has not been systematized, thus, it depends on the experience of individual psychiatry practitioners. In order to suggest therapeutic algorithms systematically, clinical practice guideline of depression have been developed. The Korean Medication Algorithm Project for Depressive Disorder 2017 (KMAP-DD 2017) is under development in South Korea in 2017. The KMAP-DD 2017 has revised the KMAP-DD 2012 to reflect the latest findings on treatment of depression. A total of 144 psychiatrists with depressive disorders were enrolled in the KMAP-DD 2017 survey. Sertraline or escitalopram monotherapy was selected as the first-line treatment for mild and moderate depressive episodes. Treatment with escitalopram, venlafaxine or mirtazapine alone for severe depressive episodes without psychotic symptoms, and aripiprazole or quetiapine combination therapy was chosen as the first-line treatment. For psychotic depression, antidepressant augmented with atypical antipsychotics was selected as first-line treatment for initial treatment. When treatment response is inadequate in first-line treatment, substitution with other antidepressants, switching to another atypical antipsychotics, or the addition of other antidepressants has been selected as the first-line treatment. For maintenance therapy, most clinicians prefer to maintain antidepressant medication for substantial duration after achieving remission. For patients with history of more depressive episode, many clinicians prefer to maintain antidepressant continuously. The maintenance of antipsychotics is also preferred, but the duration is shorter than antidepressants. The dose of antidepressant in maintenance treatment is about 75% of the dose in acute treatment, and the dose of antipsychotics is about 50%.

SL11-1

Importance of Child Psychiatric Epidemiology in Developing Access to Care for Mental Health Problems

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ABSTRACT DESCRIPTION

Background. In the United States, only half of the children with mental health problems receive mental health services . In Europe, the proportion of children with unmet need is even greater. The surprisingly high level of unmet need found in countries that have well-developed health care systems raises concern and stimulates questions about the status of unmet need in less affluent countries . In addition differences in service use by children from the same country can also be expected from diverse socioeconomic groups together with individual factors, such as parental psychological distress , parental education level, and marital status

Methods. To catch up unmet needs for children mental health disorders , epidemiological surveys are suited and relatively easily to set up. We propose to present a set of instruments easily translatable in different languages together with a cost effective manner of collecting data through school sampling procedures in a two step process by schools randomization followed by randomisation of children by class in each grade. The method has been successfully used in eight European countries collecting data on mental health , risk factors and access to care to thousands of children.

Three informants were used: parents, teachers and children. Instruments were selected according to the easiness to translate them: SDQ (Strengths and Difficulties Questionnaire) for parents and teachers and DI (Dominic Interactive) a video type self administered instrument for children. In addition Parenting Scales were included measuring laxness, over-reactivity , verbosity, autonomy and care together with main parent's socio-demographic variables , parental psychological distress (MH5) and child' school achievements as evaluated by teachers.

Results. Results will be given on feasibility of such surveys : successes and challenges plus prevalence, main risk factors and unmet needs.

SL11-2

Public Mental Health; Determinants and Approaches

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ABSTRACT DESCRIPTION

Public mental health (PMH) is the promotion of positive mental health and wellbeing, the prevention of mental ill health and the effectiveness of treatment and recovery and is interested in reducing exposure to risks and increasing exposure to protective factors. PMH is socially defined and culturally located, follows a life course dimension and harnesses the concepts of mental capital and mental wellbeing.

The social, physical and economic environments in which people are born, grow, live, work and age have important implications for health and in particular, MH. The biggest lifelong gains in PMH are achieved from reducing risks and increasing protective factors starting prenatally, through to infancy, childhood and onwards. The key modifiable risk/protective factors for mental health are relationships and parenting. Relationships are two way and therefore the individual plays a part but less so when they are an infant when the relational is most potent. Over 75% of all MH problems have emerged by the age of twenty five, making childhood determinants primary in future mental wellbeing.

However MH problems are not equally distributed across the population. Understanding inequalities is essential for working out how to allocate public mental health interventions in an evidenced based, meaningful way to ensure proportionate investment.

A proportionate universalism approach which addresses whole population mental wellbeing promotion and provides additional support for high risk groups is the optimum approach coupled with a 'Positive Focus' i.e. moving the focus away from illness and towards promoting mental wellbeing. A life course approach that reduces inequalities and which is multisectoral and multidisciplinary is needed to make a difference. There are various examples of interventions that have been shown to work in the UK, focusing on prevention, promotion and evidence based treatment that are embedded across the system with a strong emphasis on local ownership and strong leadership.

SL11-3

Public Private Partnership in Psychosocial Rehabilitation: Airticket Kenyan Experience

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ABSTRACT DESCRIPTION

Kenyan Experience – Public Private partnership (Psychosocial rehabilitation): Mathari Hospital being the national referral hospital for mental health has faced challenges over the years worst being that of abandoned patients. A partnership between the institution & Kamili Organisation, a nongovernmental organisation has come in handy to address this. Patients discharged from the facility are referred back to their nearest Kamili community mental health clinics countrywide. The Kamili social worker & the government facility nurses repatriate abandoned patients & unite them with their families. The cost of repatriation is met is shared by the two organisations as part of the partnership. Kamili Organisation sponsors government nurses from all over the country for a higher diploma in mental health. The trained nurses are charged with the responsibility of establishing & running a community mental health clinic when posted back to their workstation after completing their studies. Kamili organisation supplies medication; consultation & medication are at no cost. In the last 3 years 18 nurses have been trained & an average of 7 abandoned patients escorted back home per month. As at 15th March the hospital has 21 abandoned patients compared to 120 in January 2016.

Conclusion: Consultation, medication & travel costs are reduced through follow up at the local community mental health clinics. Stigma related to mental health problems/institutionalisation reduced. The abandoned patients have reduced & the overcrowding at the hospital addressed as a result. Declaration of conflict of interest: The author is a founder member of Kamili Organisation & a board member.

SL11-4

The Role of Problem Drinking and Potential Alcohol Problems in Suicidal Attempts: Lithuanian Data from Pilot Study

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ABSTRACT DESCRIPTION

Introduction: With a suicide rate of 28.2, Lithuania is the most suicidal country in Europe, the fifth most suicidal country in the world. Social, financial problems in Lithuania are considered major causes behind the high rate of suicide. Many studies reported that a lot of suicide attempts are preceded by acute use of alcohol.

Methods: The study was performed in the Psychiatry department at the University hospital of Lithuanian University of Health Sciences. All individuals after suicide attempt were invited to participate in the study. The study was supported by Lithuanian Council of Science (No: MIP-047/2015).

Results: Among male suicide attempters problem drinking was significantly more prevalent and increased the risk of suicidal attempt.

Among married suicide attempters problem drinking was more prevalent. Loneliness had increased the risk of suicidal attempt for problem drinkers and was stronger suicide risk factor for male problem drinkers.

Among suicide attempters with lower education problem drinking was more prevalent. Lower education had increased the risk of suicidal attempt for problem drinkers.

Among employed suicide attempters problem drinking was more prevalent. Unemployment had increased the risk of suicidal attempt for problem drinkers.

Higher prevalence of problem drinking was found among suicide attempters with medium and high income. Increase in income of problem drinkers was increasing the risk of suicidal attempts.

Problem drinking was more prevalent among suicide attempters living in rural regions.

Among alcohol intoxicated suicide attempters problem drinking was more prevalent. Among sober suicide attempters problem drinking was less prevalent. Alcohol intoxication had significantly increased the risk of suicidal attempt for problem drinkers at a ratio of 8.75. Acute alcohol intoxication increases the risk of suicidal attempt in male problem drinkers at a ratio of 18.86.

Conclusions: Increased risk for suicide attempt was found in problem drinking male, single, low educated, unemployed, alcohol intoxicated.

SZ11-1

Adolescence Suicidality

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ABSTRACT DESCRIPTION

For a long period, the wish to die and the wish to commit suicide seemed to stem from one root. Many psychoanalytic theories connected the relationship between suicide, death and depression as parts of the same complex. This association has become so obvious that the first question asked by the clinician when an attempted suicide victim arrives is "Why did you want to die?" Doubt is cast on this clear-cut association by studies that show that many suicide victims had not suffered from any severe psychopathology before the suicidal event. The problem concerns not only suicidal adolescents, but adolescents in general, as suicidal ideation is common in many adolescents.

We shall try to demonstrate the difference between the two wishes – to die and to commit suicide – as they express themselves during adolescence. First, death is seen as irreversible, while the suicidal act, at least during adolescence, is seen as reversible. While thoughts of suicide may be a part of normal adolescence, and the suicidal act a manifestation of the part of pathological development specific to this stage in life, the wish to die has no age restrictions and may accompany life as a shadow, devoid of any suicidal act, for many years. It should be noted that both these wishes may be normal, related to the developmental stage and the balance with the wish to live, i.e., the libido. The pathology appears when there is an imbalance of wishes and abnormal developmental processes. This imbalance can result in suicidal acts and "death behaviors," – the latter being distinctly different from the former. We suggest that suicidal acts stem from different mechanisms and personality pathologies than the acts and behaviors connected to the death wish. Therefore, they should be evaluated and understood separately in order to better understand suicidal, as well as other, aggressive acts and the manifestations of death wishes connected to the adolescent period.

SZ11-2

Psychopathic Traits in Adolescence

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ABSTRACT DESCRIPTION

The psychopathy syndrome consists of specific interpersonal, affective and behavioral character traits. In terms of interpersonal style a prototypical psychopath is glib and superficially charming, prone to grandiose self presentation, deceit, and manipulation. His/her deficient affective experience relates to low remorse and guilt, callousness, low empathy and lack of conscience. The lifestyle reflects need for stimulation, lack of long-term goals, irresponsibility, parasitic living, and impulsivity. Current conceptualizations see psychopathy as a developmental neuropsychological disorder, and psychopathic traits on a dimensional continuum, where psychopathy is a malicious version of the extremes of normal personality traits. Based on these findings, there has been a sharp increase in interest in applying the construct of psychopathy to children and adolescents. In 2013, a specifier called "with limited prosocial emotions" for conduct disorder was introduced in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). The specifier is used when a conduct disordered child/adolescent exhibits two or more of the following characteristics: 1. lack of remorse or guilt, 2. callousness/ lack of empathy, 3. unconcern about his/her performance, and 4. shallow or deficient affect. According to DSM 5, children and adolescents with conduct disorder who meet criteria for the specifier have a relatively more severe form of the disorder and a show different treatment response. On the other hand, measuring psychopathic traits among adolescents is of controversy. Personality undergoes substantial changes during adolescence, and thus it is problematic to label developing individuals with constructs referring to stable abnormality. Debate has also been centered on whether some of the features associated with adult psychopathy are, in fact, normative and temporary features of youth. The term psychopathy has also been seen as stigmatizing, and it carries a potential for harm when used improperly.

SZ11-3

Non-Suicidal Self-Injury among Turkish Adolescents

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ABSTRACT DESCRIPTION

Objectives: To examine the developmental and psychological characteristics of self injuring adolescents.

Methods: The study was designed cross-sectionally and approved by the IRB of Hacettepe University. In the first stage of the study 279 high school students were screened for NSSI. Those who responded positively (n=36) were compared to a group of healthy controls (n=42). All groups were evaluated for emotion regulation, self-esteem, coping styles, body attitudes, attachment patterns, state – trait anxiety. For K-SADS was used for psychiatric diagnosis. NSSI group was also given Ottawa Self Injury Inventory.

Results: NSSI group significantly exceeded the control group by increased difficulty in emotion regulation, increased number of non-adaptive coping styles, low self-esteem and more diagnosis of GAD, ADHD, ODD.

Conclusions: NSSI group is differentiated from non-NSSI normal controls with some developmental and psychiatric characteristics. For clinical practice, it will be important to detect the NSSI behaviour among adolescents and develop programs for prevention.

WT11-1

The Pathophysiology of Delirium – Neuroinflammatory Pathways

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ABSTRACT DESCRIPTION

Delirium is a neuropsychiatric syndrome, defined as “a transient global disorder of cognition and attention”, being the fluctuations of consciousness the essential signal to a correct diagnosis. It is a condition with a physical etiology, most of the times multifactorial, being sometimes difficult to identify the specific stressors. Delirium is highly prevalent in hospital environments (up to 30% of hospitalized patients) and is associated with prolonged hospital stay and increased morbidity and mortality.

Although the pathophysiology remains poorly understood, recent studies have brought evidences of a relation between cytokine levels and delirium. Increased serum levels of pro-inflammatory cytokines and decreases in anti-inflammatory mediators have been described in medical patients with delirium.

Activation of the inflammatory cascade with acute release of inflammatory mediators is present in several delirium-associated conditions and neuroinflammatory changes, including neuronal and synaptic dysfunction, can be related to behavioural and cognitive symptoms seen in clinical practice.

Consistent with an exaggerated inflammatory response in vulnerable brains, minor inflammatory insult may precipitate significant deterioration in the elderly and those with dementia. Advanced age, infections, medication, alcohol use/withdrawal and prolonged surgeries are all well-known risk factors. Delirium also have a dual relation with dementia, being a precipitating or aggravating factor, associated with adverse outcomes.

WT11-2

Psychopharmacology in Delirium Subtypes

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ABSTRACT DESCRIPTION

Many guidelines suggest the use of antipsychotics as the treatment of delirium, being haloperidol as first line agent.

The problem of the management of delirium is that each type is different or the same case can have a completely different evolution. So, sometimes, haloperidol is ineffective and/or insufficient, obliging the physician to take the best decision considering the evidence-based and the patient itself.

With the novel antipsychotics, as olanzapine or quetiapine, we can gain a more sedative effect than with haloperidol, what appropriate in hyperactive delirium. But, a common problem is the hyperactive delirium that don't respond to high doses of antipsychotics. Some guidelines suggest the addition of lorazepam and some studies demonstrated the efficacy of sodium valproate as augmentation or the use of phenobarbital. Another option is polypharmacology with antipsychotics. In the end, the procedure must take into account the specific disease of the patient and the choice of the less prejudicial drug.

Hypoactive delirium remains a difficult case of treatment without specific guidelines. Some studies suggest the absence of medication but others suggest the use of aripiprazole, antidepressants or stimulants.

SA12-1

The Person-Centered Integrative Diagnosis Model

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ABSTRACT DESCRIPTION

The Person-centered Integrative Diagnosis (PID) is an emerging model of conceptualizing the process and formulation of clinical diagnosis. It aims at implementing into regular clinical practice the principles and vision of Person-centered Medicine, which proposes the whole person in context, as the center and goal of clinical care and public health. The Person-centered Integrative Diagnosis entails a broader and deeper notion of diagnosis, beyond the restricted concept of nosological diagnoses. The PID multilevel schema intends to provide the informational basis for person-centered integration of health care. It involves a formulation of health status through interactive participation and engagement of clinicians, patients, and families using all relevant descriptive tools (categorization, dimensions, and narratives). The PID model is intended to be used in diverse settings across the world and to serve multiple needs in clinical care, education, research, and public health. This presentation will review the theoretical bases and clinical application of the PID including its practical application and adoption by the Latin American Guide to Psychiatric Diagnosis.

SA12-2

Integrating Subjectivity in Person Centered Diagnostic

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ABSTRACT DESCRIPTION

May be more than other medical disciplines, Psychiatry and Mental Health are exposed to the negative effects of disorder centered approach. Because of the many competing theories about the very nature of the psychiatric disorders, mental health classifications had to neglect key aspects of the person's mental health status, such as subjectivity and psychodynamic dimensions, in order to mimic the paradigm on which are based the biomedical classifications in other medical disciplines. The first stake of a person-centered perspective is to fight against this abusive reductionism that leaves us "with half a science" (Strauss) and a nosography not well adapted to clinical practice.

The Person-centered Integrative Diagnosis (PID) model has been constructed to respond to this stake. It is based on the previous International Guidelines for Diagnostic Assessment (IGDA) constructed on the results of a series of focus groups (involving psychiatrists, health professionals and other health stakeholders as patients, families and advocates) and of a survey realized by a global network of national classification [12]. One of the main findings of this systematic work is that the patients' perception, values and experiences of illness and health are key components of their health status and can be provided only if dimensions and narratives (idiosyncratic formulations) are added to traditional descriptive procedures. For this reason, a PID matrix included in the diagnostic process affords a new and specific level corresponding to the patient's Experience of Health with the aim of taking into account the patient's health-related individual and cultural values and experiences approached through guided narrative procedure, built upon the worldwide experience of Cultural Formulation [21]. Through narratives, the physician has to access the patient's conscious and unconscious feelings and representations. He does not rely only on what he observes of the patient's behavior or physical condition. This paper will develop this idea showing how empathy (narrative empathy rather than mirror empathy) is the only tool to access the patient's subjectivity in many clinical situations.

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SA12-3

Classification, Culture and Child Psychiatry

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ABSTRACT DESCRIPTION

The wide variations of child development across cultures are reminders of the dynamic interaction of biological parameters with the diversity of human conditions.

The basic premise of the universalist perspective on psychiatric classification is that psychiatric disorders and syndromes are universal and have core symptoms that cluster into universal syndromal patterns. The relativistic perspective contends that culture shapes the individual's development and his/her biological and psychological unfolding to a substantial degree, hence there is a need to integrate culture within the diagnostic classificatory system. At present, the literature addressing the universality or the cultural relativity of diagnosis in child psychiatry is sparse.

Most extant studies on cultural dimensions of child psychiatric diagnoses have focused on comparing prevalence rates of childhood onset diagnoses across groups and nations and have suggested that common childhood-onset diagnostic categories may be found universally. However, these studies emphasize reliability rather than validity, which is linked to the meaning of symptom patterns in a given social system.

The recognition of symptoms and the labeling of distress as being deviant or pathological depend on the norms of behavior accepted in a particular culture. Societies may differ with respect to the existing explanatory models which families put forward to explain illnesses. In addition, literature suggests cultural variation in clinicians' definition of and attitudes towards child behaviours, e.g. hyperactivity. Consequently, the categorization as 'pathological' may vary depending on the perception of the clinician even if uniform criteria are used across cultures. Few investigators have also described syndromes that exist in one culture that were not found in other cultures. For example, a verbally internalizing syndrome and an immature syndrome among boys, and a covert delinquency syndrome and a habit problem syndrome among girls were reported among Thai youth but not in US youth. Similarly, substantial proportions of children from the community and those receiving psychiatric services in clinics in Puerto Rico were reported as having experienced an 'ataque de nervios.' These findings highlight the need to address cultural validity issues regarding child psychiatric disorders in specific socio-cultural contexts in order to avoid the category fallacy; which is the projection of a diagnostic category in another culture where this category lacks coherence.

While some disorders that are mostly based on neural pathology are likely to be universal; other more common disorders may be substantially shaped by social context, cultural norms and developmental stage. Much empirical work is needed to establish the validity of diagnostic categories across cultures.

SZ12-1

Psychiatry in Low and Middle Income Countries (LMICs) and the Need for International Partnerships and Collaborations

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ABSTRACT DESCRIPTION

Mental health (MH) disorders account for nearly 10% of the global burden of disease, contributing significantly to disability-adjusted life years (DALYs) as reported by the WHO and Global Burden of Disease 2010 study. Challenges related to addressing prevention and treatment of mental disorders and promotion of MH are similar. "Global influences" on MH such as conflict, climate change or macroeconomic policies demand a global perspective. A central focus of global mental health (GMH) is to reduce the overall burden of illness and disability and to reduce/ eliminate inequities within and between countries. The responsibilities for GMH players span beyond national borders, class, race, gender, ethnicity or culture and collective action based on global partnerships required. Similarities between HICs and LMICs: Epidemiological data strongly suggests that all types of mental disorders exist across both High Income Countries (HICs) and LMICs and need for services is essentially similar. Access to MH services is not universal in both HICs and LMICs although unmet needs are worse in LMICs (35% versus 80% respectively). MH literacy in HICs is still sub-optimal although this is worse in LMICs. Emerging epigenetics suggest complex interaction between genetics and the environment in the development and course of mental disorders, whether dealing with either HICs or LMICs. Differences between HICS AND LMICS: A larger treatment gap exists in LMICs (80%). There is poor/limited allocation of financial resources for MH. LMICs are home to >80% of the global population but command <20% of MH resources. Most of these meager resources are spent on ineffective and often inhumane practices due to lack of effective culturally competent evidence-based interventions. Widespread stigmatization, violation of human rights and social exclusion of people with mental illness is common. Human resources are inadequate and inequitably distributed. Early studies integrating MH in primary care have effectively reduced the treatment gap to 33% but scale-up of services is hampered by many barriers.

SZ12-3

Industry and Psychiatry: Need for Closeness with Safe Distance

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ABSTRACT DESCRIPTION

Next level growth of psychiatry demands greater inclusion of industry. Greater interaction with pharmaceutical, biomedical and digital industry will open up newer horizon for psychiatry. Interactions have to be mutually enriching. Psychiatrists need to acquire new skills to understand others' work, purpose and design. Psychiatrists preferably should be at the steering because they understand the patients' interest best.

Pharmaceuticals try to manipulate the boundaries of normality for expanding market. We observe recent surge in concern about social and personal problems being medicalised. Mental health being our common target, not collaborating will be counterproductive. So Psychiatrists will have to work in tandem without getting swayed by them.

Brain research has moved forward due to biomedical advancement. Investigations like PET and treatment facilities like Repetitive Trans-cranial Magnetic Stimulation need more confirmation by research before they are used clinically. You need to be cautious because industry is trying to popularise them in clinics. Psychiatrists may fall prey to their trap causing extra expenses and harassment to patients.

Go digital is the buzzword of society in all spheres and mental health is no exception. Appointment, file keeping, data maintenance are all being taken care of digitally and the transformation is pretty fast. Research and Big Data should hugely benefit from this. Over use of machine may modify doctor patient relationship affecting therapeutic outcome. Self-screening for many illnesses may become a day to day reality. Tele mental health is picking up and we need to develop skills for that. As we get more digitalised the issue of data security and privacy would occupy the centre stage of our concern. Restriction in use of untested Apps, blogs and other misleading information is necessary.

SZ12-4

Mental Health Care System in Lithuania

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ABSTRACT DESCRIPTION

Mental health is important for learning, working, social development and the social cohesion of societies. Without mental health, the potential for economic growth is limited. At a time when the aims of increasing productivity and reducing social and health inequalities go hand in hand, there is an urgent need to reduce the human, social and economic costs of mental health problems by way of effectively implementing modern policies and practices.

At the beginning of independence hospital care was prevailing in Lithuania like in most post-soviet states. Out-patient structures were rather weak and usually limited to supporting treatment and referring to hospital in case of worsening of patient's state or relapse. A decision was made to reorganize the network of mental health care. First of all Seimas (that is the Parliament of Republic of Lithuania) approved the basic laws and programmes for regulation of mental health care.

All these legal documents define conditions for providing psychiatric care, defense of patients' rights, the basic directives and specific means for health care reform. It was established that the mainstream of the reform is to pass from the existing prevalence of in-patient care to much more developed out-patient care which is to dominate in future.

The next stage in developing the idea that mental health policy is not only a part of health care policy started after 2005. We started to pay much more attention to the biggest number of public mental health problems.

ST12-1

Existential Interventions in Advanced Cancer

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ABSTRACT DESCRIPTION

Advanced cancer anticipates to the patient the imminence of death and our finitude as human beings. Cancer patients are faced with an existential crises that can lead up to intense suffering, hopelessness, demoralization and desire for hastened death.

Although depression can be treated with antidepressants, there wasn't no proven therapeutic intervention to this kind of end of life despair, until the emergence of new treatment modalities as Meaning Center Psychotherapy (MCP) and the use of some drugs as psychedelics and cannabis.

MCP is a new modality of psychotherapy that successfully integrates themes of meaning and spirituality into end-of-life care; it specifically address the loss of spiritual well-being or sense of meaning in life and existential distress. This kind of psychotherapy gives the tools to the patients to find meaning and purpose in living until their death. The attitude facing suffering is, in the last analysis, of man's responsibility, as human being. So, we can choose our attitude face cancer and it's limitations. Concepts as responsibility, legacy, courage and transcendence are present and the patient is encouraged to achieve meaning by using it's inner sources.

It's suggested that more severe existential suffering responds better to this kind of existential interventions.

Also, research using psychedelics in the end on life is rising again. Psilocybin produces mystical experiences and help to restore a sense of meaning, a sense of who we are, allowing to live more fully in the present, and reframing life and death as a continuum.

The use of cannabinoids as a medical therapy remains controversial, but currently have proven efficacy in symptom management in advancer cancer, as chemotherapy-induced nausea and vomiting, pain, anorexia, insomnia, anxiety and depression.

ST12-2

Depression and Cancer – A Double Challenge for Patients and Clinicians

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ABSTRACT DESCRIPTION

Currently, cancer has moved from an acute to a chronic disease model and from a biomedical perspective to a biopsychosocial one. This movement implies the recognition of common psychiatric comorbidities, such as depression, and the impact of both disorders in a life trajectory. The purpose of this presentation is to highlight the challenge that depression in cancer represents to patients and clinicians and discuss the importance of integrated treatment approaches.

Negative emotions such as sadness or fear, but also depression and anxiety can impair patients' ability to regulate their emotional distress. Furthermore depression, afflicting more than 10% of patients, leads to a poorer quality of life (QOL) and outcomes, occasioning higher rates of mortality in cancer. The overlapping of symptoms such as fatigue, loss of appetite, weight change and cognitive difficulties may compromise an early diagnosis of depression in an oncologic disease and delay the intervention to minimize its negative effects. Etiologically, biological and psychosocial factors are involved in the pathophysiology of depression in cancer, and the identification of such pathways holds a major importance to the development of new treatment modalities.

In conclusion, the threatening nature of cancer can activate emotions and feelings of vulnerability that interfere with the adaptive resources required to deal with the disease. New research in psychosocial and biologic processes linked to depression and cancer can foster the advance of integrated treatments.

ST12-3

The Risk Factors for Depression in Lithuanian Women with Breast Cancer

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ABSTRACT DESCRIPTION

Background: There is a lack of studies about the factors influencing women's risk for depression one year after the breast cancer diagnosis. The main aim of this study was to evaluate the prevalence and risk factors for depression in Lithuanian women diagnosed with breast cancer.

Materials and methods: Four hundred twenty one newly diagnosed breast cancer (T1-3N0-3M0) patients after cancer diagnosis were involved in the study. The Beck Depression Inventory Second Edition (BDI-II), Vrana&Lauterbach Traumatic Events Scale-Civilian version (TEQ), questionnaire on patients' satisfaction about the statement of diagnosis and the necessity of psychological support together with the questionnaire on patients' socio-demographic status were used. Clinical characteristics were taken from patients' clinical records. Women were questioned before breast surgery and one year after.

Results: 37% of patients had symptoms of depression immediately after the cancer diagnosis and 36 % had them one year later. Breast cancer patients over the age of 55, immediately after cancer diagnosis, had twice the risk of suffering from depression when compared to younger patients. One year after the diagnosis the risk for depression was two times higher for patients who were married or living in partnership, and three times higher for patients living in urban areas. Employed patients with a regular income had a lower chance of depression. An earlier traumatic experience which continued to be stressful had a significant influence on the chance of depression. A traumatic event in the one-year period after cancer diagnosis increased the risk for depression four times. 39 % of breast cancer patients were not satisfied with how they were informed about their diagnosis – these patients had a three times higher risk for depression immediately after the cancer diagnosis, and a two times higher risk for depression one year after.

Conclusions: Personnel that provide health care services to breast cancer patients have to be prepared to properly deliver information on cancer diagnosis.

6th of May

SA13-1

Infant Psychiatry: What is it about?

Sam Tyano

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ABSTRACT DESCRIPTION

The main aim of this presentation will be to show how Infant Psychiatry is actually a clinical application of the modern bio-psycho-social understanding of the human development. The notion of the "competent infant" will be defined, as the basis for understanding how early experiences, and more specifically attachment experiences, impact on the development of the brain during the first three years of life. The interplay between two major axes of development, the attachment system and the exploratory system, will be described. We will link the quality of the early attachment experiences and "good enough" parenting to the development of empathy in the child. We will formulate the essence of Infant psychiatry in terms of interventions that are targeted to improve/change early childhood experiences, and actually promote changes at the level of brain and mind development. The scope of Infant Psychiatry includes therefore the early detection of infants at risk, early intervention of symptomatic infants, and follow up studies. The transactional model of development will be presented as the basis for assessment, diagnosis, and intervention planning and the modalities of treatment for infants and their parents will be described.

SA13-2

Global and Regional Challenges on the Way to Implementation of the Right to Mental Health in Childhood and Adolescence

Dainius Pūras

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UN Special Rapporteur on the Right to Health, Lithuania

ABSTRACT DESCRIPTION

Right to health framework is widely used by the UN mechanisms to address health policy priorities and to make recommendations to policy makers. Many public health issues, such as maternal and child mortality, HIV/AIDS and other communicable diseases, have been successfully addressed in global and national policy agendas, thus informing governments on how to invest in health. In this regard child mental health remains a neglected area.

Two reports of the Special rapporteur on the right to health, presented to UN bodies in 2015-2016, have addressed child mental health as a priority issue when the global community has moved to Agenda 2030 and SDGs.

The report on right to health on early childhood, presented in 2015 to the UN General Assembly, highlighted the need to promote emotional and social development of children and to address early childhood adversities. This report informed UN bodies and governments that the right to holistic development in childhood is as important as is the right to life and survival, and recommended to scale up effective interventions targeting families with young children. Cost-effective psychosocial interventions are not a luxury and should be provided and funded as an important element of investing in health, social cohesion, economic prosperity and peace.

The report on right to health in adolescence, presented in 2016 to UN Human Rights Council, focused on mental health and sexual and reproductive health of adolescents and urged governments to provide human rights friendly and confidential services to adolescents. Evolving capacities and emerging autonomy of adolescents need to be addressed. In many countries adolescent mental health services either do not exist, or they are represented by low quality residential and in-patient services that violate human rights, excessively use biomedical interventions and may be harmful. Such services need to be abandoned or transformed into good quality community based services which “first do no harm” and respect adolescents as holders of their rights.

SA13-3

Child and Youth Mental Health across the Globe

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ABSTRACT DESCRIPTION

International Association for Child and Adolescent Psychiatry (IACAPAP) has performed a survey for the member countries in 2016. In this session the child and adolescent mental health data of this survey will be presented and discussed with an emphasis on the mental health policy for children and adolescents.

SL13-1

Record Use of Psychotropic Drugs in Iceland Compared to Other Nordic Countries

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ABSTRACT DESCRIPTION

One of the hot topics in Iceland in recent years is the high proportion of Icelanders on psychotropic drugs compared to other Nordic countries as well as other European nations.

Besides psychotropics the general use of prescription drugs in Iceland is among the highest in Europe. The Directorate of Health has collected data on all prescriptions in a pharmaceutical database since 2006 to monitor the use of medication and encourage sensible prescriptions, not the least of drugs with addictive potential. All doctors now have direct electronic access to this database and can easily review the prescriptions received by their patients during a short consultation.

The Directorate has expressed concerns about the widespread use of psychotropic drugs with special focus on methylphenidate and antidepressants. Iceland holds the record for antidepressant prescriptions in the OECD with 126 DDD/1000 inhabitants in 2015, a 27% increase since 2010. While the figure had been more stable between 2005 and 2010 a large increase has been observed in due course since 2011 both among young people and people above 80 years and living in nursing homes. It was not until 2012 that figures for all mechanical dispensing of drugs to nursing homes were added to the Directorate's database and explains the sharp increase for this population. For methylphenidate, Iceland is a world champion, with a steady rise in DDD/1000 inhabitants since 2006. In 2016, 2.7% of the population were prescribed psychostimulants, mainly methylphenidate, but also on a minor scale amphetamine, modafinil and atomoxetine. Methylphenidate has been shown to have high abuse potential and is now the drug of choice among i.v. drug addicts in Iceland. For sales of hypnotics and sedatives Iceland also holds the Nordic record although prescriptions have declined since 2011.

The Directorate of Health has argued for a system change, with more centralized services and less private clinics. This presentation will present data and discuss the situation and views of the Icelandic Psychiatric Association.

SL13-2

Epidemiology of Depression and Health Care Utilization in the General Population of Latvia

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ABSTRACT DESCRIPTION

Two large nationwide epidemiologic studies on prevalence of depression in the general population were conducted. In first study, to assess depression, the participants were interviewed using The Patient Health Questionnaire-9; a score of ≥ 10 was defined as indicating the presence of a depressive episode. The point prevalence of depression was estimated at 6.7% (95%CI 5.6%–7.9%). The odds of having depression in last two weeks were higher in females, in urban dwellers (though not in the capital city, Riga), in persons with non-Latvian ethnicity, with alcohol dependence, with poor subjective health status and having a dissatisfaction with life. In second study the participants were interviewed using the depression module of the Mini International Neuropsychiatric Interview. Self-reported health care utilization and somatic illness were also assessed. The 12-month prevalence of major depression was 7.9% (95%CI 7.0–8.9), while for minor depression it was 7.7% (95%CI 6.8–8.7). We did not find a substantial difference in the relative risk ratio (RRR 1.7 for female) for having major depression by gender. RRR of having major depression was higher for those who had used healthcare services six or more times (RRR 2.0), those who had three or more somatic disorders during the past 12 months (RRR 2.3), those who perceived their health status as being below average (RRR 8.3), and those who were occasional smokers (RRR 3.0). RRR of having minor depression was increased for those who had at least three somatic disorders (RRR 2.3), those who received disability pension (RRR 1.9), and those who perceived their health status to be below average (RRR 3.0). Our findings outline certain individuals who might be at a higher risk of having depression. The factors associated with major or minor depression could be used as indicators for health providers to initiate screening for depression.

SL13-3

Culture and the Prevalence of Hallucinations in Schizophrenia

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ABSTRACT DESCRIPTION

This is a presentation on Cultural Psychiatry, the research conducted prof. Thomas Stompe, with input of psychiatrists from different countries.

OBJECTIVE. Besides demographic, clinical, familial, and biographical factors, culture and ethnicity may plausibly influence the manifestation of hallucinations. The purpose of this study was to investigate the influence of culture on the frequency of different kinds of hallucinations in schizophrenia.

METHOD. Patients with a clinical diagnosis of schizophrenia were diagnosed by means of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria. Seven independent samples were consecutively recruited in Austria, Lithuania, Poland, Georgia, Ghana, Nigeria, and Pakistan using identical inclusion/exclusion criteria and assessment procedures (N = 1080 patients total). The association of key demographic factors (sex and age), clinical factors (age at onset and duration of illness), and country of origin with hallucinations of different kinds was examined.

RESULTS. The prevalence of various kinds of hallucinations was substantially different in the samples; however, the rank order of their occurrence was similar. Auditory hallucinations were relatively infrequent in Austria and Georgia and more prevalent in patients with an early age at onset of disease. Visual hallucinations were more frequently reported by the West African patients compared with subjects from the other 5 countries. Cenesthetic hallucinations were most prevalent in Ghana and in patients with a long duration of illness.

CONCLUSION. We hypothesize that the prevalence of the different kinds of hallucinations in schizophrenia is the result of the interaction of a variety of factors like cultural patterns as well as clinical parameters. According to our study, culture seems to play a decisive role and should be taken into account to a greater extent in considerations concerning the pathogenesis of psychotic symptoms.

Key words: cultural psychiatry, schizophrenia, hallucinations.

SZ13-1

The Dutch Approach of Clinical Management of Children and Adolescents with Gender Dysphoria

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ABSTRACT DESCRIPTION

Over the last decades, the number of children and adolescents that come to the Center of Expertise on Gender Dysphoria at the VU University Medical Center in the Netherlands for assessment, counseling and treatment, has substantially increased. This increase is in line with referral rates to other specialty gender clinics in Europe and North America.

The presentation will briefly introduce relevant terminology, then go deeper into gender conforming and gender nonconforming development in children and adolescents. It will show what is known about the 'course' of gender dysphoria and gender nonconformity and it will discuss the processes and factors associated with the desistance and persistence of pre pubertal childhood gender dysphoria and gender nonconformity in children and adolescents.

After providing theoretical knowledge about gender identity development, clinical information of our patients is presented. Gender dysphoric feelings often cause great distress in children and adolescents; psychological functioning and comorbidity rates vary and seem to be associated with the level of social tolerance and acceptance of gender nonconformity.

The presentation will then focus on the Dutch approach on clinical management of children and adolescents with gender dysphoria, in which children can be eligible for puberty suppression around the age of 12 years, cross sex hormone treatment around the age of 16 years and gender affirming surgery after age 18. Additionally, data on follow up studies will be provided.

SZ13-2

Changes in Real Body Size, Body Size Perception and Dissatisfaction in Adolescent Lithuanian Girls During the Last 15 Years

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ABSTRACT DESCRIPTION

Body image is a multidimensional construct broadly describing our attitude towards body appearance, in particular, its size, shape and aesthetics. During the last few decades, the „ideal“ female’s body was getting slimmer, despite the dramatic increase in prevalence of overweight and obesity among children and adolescents. This phenomenon was related to incidence of fatness phobia and body dissatisfaction, in particular, among young adolescent girls. In Lithuania, as in many other countries, unrealistically thin body became a symbol of success for young girls around the year 1995-2000. Nevertheless, during the last decade in Lithuania healthy body size was promoted in mass media, and dangers related to body dissatisfaction were often elucidated by psychiatrists, paediatricians and auxologists. The purpose of present study was to reveal trend in body mass index (BMI), also changes in body size perception and dissatisfaction in older adolescent Lithuanian girls during the period of 2000-2015 y. Present study has revealed that BMI of 16-19 y. old Lithuanian girls had increased during the last 15 years (as in many Western and other countries). Despite this trend, there was the opposite tendency in self-esteem of body size and dissatisfaction among young Lithuanian females nowadays – their opinion about own body size became more positive and more objective in relation to their actual BMI. Hence, changing attitudes towards “ideal” body image at the society and mass media were in parallel with the proper self-esteem of body size in adolescent Lithuanian girls. However, underweight girls remain very problematic with respect to their own body image, and present study has revealed them having slightly more distorted body size perception recently than in the year 2000. It remains unclear, if girls seeking to be thin more often face body dissatisfaction and eating disorders, or they become severe underweight because of their lower self-esteem and fatness phobia.

SZ13-3

Gender Dysphoria/Identity Disorder: Are We Loyal to the Noli Nocere! Principle?

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ABSTRACT DESCRIPTION

In spite of our ambition for scientific 'neutrality', psychiatry's understanding of man and mental health is closely related to the prevailing zeitgeist. A sharp increase in the frequency of gender dysphoria of post-pubertal onset over the last decades among adolescents calls for diagnostic precision, since many of these patients have diagnoses of autism spectrum disorder, depression and anxiety disorders. A cultural influence on dissatisfaction with one's gender is demonstrated by the popular transgender trend in adolescent culture leading to a social contagion. It is also demonstrated by the physician's tendency to implement the protocol of chemical suppression of puberty and impersonation of the opposite sex for children with gender dysphoria not based on objective evaluation of the causes of the disturbance, but at the parents request. The harm done to these patients consists first of all in the physical effects of puberty blockers, and subsequent sterility in the case of further administration of opposite sex hormones. That fertility is considered less important to person's identity than their subjective, possibly temporary, beliefs, and that the concept of sexuality has moved from an emphasis on reproduction to the prevalence of feeling seems to reflect a change not in medical or psychological science, but rather in the philosophical/anthropological paradigm of sexuality. From the perspective of mental health and a long-term subjective satisfaction, the lives of patients who had undergone Sex Change Operations raise many questions. Among them is – whether the classical approach of dynamic psychotherapy should not be reconsidered as a good standard of practice thereby helping the patient to avoid the cultural meme and, most importantly, to avoid harm.

ST13-4

The "Euthanasia" Program in Nazi Psychiatry – Reflections on Why Psychiatrists Murdered Their Patients

Michael Von Cranach

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ABSTRACT DESCRIPTION

Between 1939 and 1945 240'000 psychiatric patients were killed by doctors and nurses in psychiatric institutions in Germany. After 1945 started a brief period of intensive research by the Allies preparing the Nuremberg Medical Trials followed by three decades of silence and denial. In the meanwhile we have learned much about the details of the "Euthanasia" Program, about the antecedents of this program (the Nazis opened the door to a discourse which was present in German psychiatry years before), about the perpetrators (they were the elite of German psychiatrists), about the few who objected. In my talk I summarize briefly the different stages of the program, then reflect on what were the conditions which led doctors to voluntarily murder their patients to end with some ethical lessons we can learn from this horrible and atrocious past.

PA14-2

Suicide Prevention from the Health Care and Public Health Perspectives

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ABSTRACT DESCRIPTION

Suicide is a global challenge accounting for more than 800,000 deaths worldwide annually according to the World Health Organization. The annual suicide rate is 15.0 per 100 000 population for males and 8.0 per 100 000 population for females (1). Suicide attempts are the single most important predictor for future suicides. There are different evidence-based strategies for suicide prevention that have illustrated efficacy in reducing suicidal behaviour. Health care strategies for suicide prevention focus on measures directed towards patients and undertaken by healthcare services including treatment for depression, chain of care, education of primary care physicians and screening in primary care. The public health approach is performed on a larger scale, targeting the general population and includes restriction of access to lethal means, school-based universal prevention programs, gatekeeper training, responsible media reporting, internet-based interventions, and crisis helplines (2). Health care and public health strategies, the role of doctor-patient relationships in the clinical practice, and the role of genetics in the causes and treatment of suicidal behaviours will be explored in the congress (3).

1. Preventing suicide: a global imperative: World Health Organization; 2014.
2. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry*. 2016;3(7).
3. Suicide – an unnecessary death Second ed: Oxford University Press; 2016.

SL15-1

Association of Depression and Anxiety with Cardiovascular Diseases

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ABSTRACT DESCRIPTION

Cardiovascular diseases (CVD) are the leading cause of morbidity and mortality worldwide. Depression has been recognized as independent risk factor for CVD, less is known about anxiety. The Systematic Coronary Risk Evaluation (SCORE) system estimates the 10-year risk of a first fatal atherosclerotic event. During one week period patients 18+ who visited general practitioner at 24 primary care facilities all over the country, were invited to fill in depression and anxiety screening questionnaires and were interviewed with a structured questionnaire. Measurements of height, weight, waist circumference, blood pressure and total cholesterol were done. The Mini International Neuropsychiatric Interview (MINI) was conducted over the telephone by a psychiatrist within 2 weeks. SCORE was assessed using high risk chart. An univariate and hierarchical multivariate analysis has been carried out adjusting for possible sociodemographic and cardiovascular confounding factors. SCORE cut-off 10% (very high risk) has been set for the analysis. The study population consisted of 1569 subjects. In total 23.4% (n=367) comprised patients with SCORE \geq 10%. After adjustment for sociodemographic, traditional cardiovascular risk factors and anxiety, depression maintained a statistically significant relation to SCORE \geq 10%. Subjects with clinical symptoms of depression had 1.57 (95% CI 1.06-2.33) times higher odds of very high cardiovascular risk. The highest adjusted odds at 4.00 (95% CI 2.62-6.10) had individuals living in the capital of Latvia compared to those living in rural area. After adjustment for sociodemographic, traditional cardiovascular risk factors and depression, current anxiety disorder maintained a statistically significant relation to SCORE \geq 10%, but in a preventive way. Subjects with diagnosed anxiety disorder according to the MINI had OR 0.58 (95% CI 0.38-0.90) for having very high cardiovascular mortality risk. It would be advisable to screen all individuals with SCORE \geq 10% for depression. Anxiety can possibly have a protective influence on CVD.

SL15-2

How Psychiatric Disorders Emerge in a Transition Society: Vulnerability and Resilience in a Longitudinal Study

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ABSTRACT DESCRIPTION

Both genetic vulnerability and exposure to lifetime adversities have a causal role in psychiatric disorders. The progress of molecular genetics has led to numerous attempts, both hypothesis-guided and hypothesis-free, to identify genes that have variants responsible for vulnerability. This research is producing a continuously increasing list of implicated genes for each disorder, while some genes appear as responsible for general psychiatric vulnerability. What is not well understood is the mechanism by which environmental factors precipitate psychiatric disorders. Transition societies, almost by definition, provide a promising research venue for gene × environment interaction studies. The original sample (n=1238) of the population-representative Estonian Children Personality Behaviour and Health Study consists of two birth cohorts six years apart that have been followed since 1998, with assessment of lifetime occurrence of common psychiatric disorders by the structured MINI interview at age 25. Affective disorders, anxiety disorders and alcohol use disorders each had been experienced by about 20% of subjects, with some comorbidity so that about 45% of the sample had met criteria for a psychiatric disorder. Stressful life events play a role in the development of all disorders in this sample, while the associations of functional gene variants and life events with the psychopathology often are not only sex-dependent but also interact with the birth cohort. Examples of such genotype and birth cohort interactions most prominently appear for alcohol use disorders and involve genes like SLC6A4, VMAT1, NPSR1, OXTR and NRG1. These findings suggest that the multiple factors that are involved in the development of genetically complex disorders are related to gene × environment interactions that in turn are sensitive to the societal changes. Thus, such psychiatric disorders, despite of common clinical characterization, have major variations in underlying

neurobiology and this provides strong theoretical support to individually variable needs in drug treatment.

SL15-3

Changes in Suicidal Ideation of Patients during Hospital Treatment

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ABSTRACT DESCRIPTION

Background. It is well established that there are higher rates of suicides among patients with mental disorders (WHO). Also, medical treatment of patients lowers the risk of suicide.

Aim. to disclose the changes in suicidal thoughts, intentions and attempts and self-rated health (SRH) in patients during hospital treatment.

Methods. The investigation was conducted in psychiatric department of Kaunas regional hospital as collaborative project in a frame of health psychology programme VMU. Semi-structured clinical interview, together with 23 written items were used (Cr. α – 0.8). Three items of self-rated clinical symptoms of depression (lack of energy, sadness and loss of interests) were also used. Procedure was used twice: on admission and on discharge from hospital with 28 males and 99 females, ill with depression (ICD-10 codes: F32- F33) and 36 males and 62 females ill with schizophrenia (F20-F25). Mean age of patients was 47.8 ± 12.9 years. Contingency tables and χ^2 were calculated, level of statistical significance $p < 0.05$ was used. Investigation was approved by local ethical committee.

Results. In initial investigation out of 127 depressive patients, reported having suicidal thoughts (85%), intentions (66.9%), attempts (45.7%), which changed at the time of discharge from hospital as follows – 60.6%, 0.0%, 0.0%, ($p < 0.001$). Changes in suicidal ideation during hospital treatment were accompanied by parallel changes in SRH ($p < 0.001$) and symptoms of depression as lack of energy, sadness and loss of interest, ($p < 0.001$). The significant correlations between SRH, symptoms of depression and signs of suicidal ideation was established ($p < 0.001$).

Conclusions. 1. Within sample of depressive or schizophrenic patients undergoing hospital treatment, significant changes of reported intentions and attempts of suicide happened on discharge. 2. Depressive symptoms on discharge lost their intensity but not recovered to euthymic level. 3. SRH of patients improved substantially, but not to the level supposed to be comfortable at the end of the treatment.

SL15-4

Research Into Practice: Dissemination of Findings in Psychological Therapies for Psychosis into Routine Clinical Practice

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ABSTRACT DESCRIPTION

From both epidemiological and economic perspectives, the mental disorders carry a huge burden (Kekelidze and Kazakovtsev 2015). There exists mounting research evidence on the efficacy of psychological therapies for individuals experiencing psychosis. The transfer of research evidence into routine practice is problematic. This paper will discuss the strategies – introduced at both National and local levels – to expand the clinical services available. Topics covered will include National Guidelines and Clinical Standards; Training – psychiatrists and non-psychiatrists; Integration of training and service provision. The authors describe the development of psychological treatments and the current state of knowledge and practice, and speculate on the issues which still need to be addressed. The setting up of the Clinical Standards for the mental disorders is one move towards setting standards of service. Another is the development of clinical guidelines, under the auspices of the leading research institutions group, for a range of presenting problems. To promote communication about delivery of best practice for specific disorders is of great importance. Set against these initiatives, this presentation considers a range of factors that need to be considered in providing a quality psychology service for people with mental disorders.

SZ15-1

Domestic Violence in Iran: Risk factors

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ABSTRACT DESCRIPTION

Domestic violence is one of the major today's societies' problems. WHO (world health organization) has stated that domestic violence is a health-related priority and has called on all countries to come up with plans to identify and address this disaster. Despite the unpleasant consequences of violence, this matter still is not considered serious enough in many countries including Iran. For better understanding the issues, this study was designed to investigate the prevalence and risk factors of domestic violence in Iranian families.

Method: 2056 questionnaires were analyzed from 5 provinces for domestic violence (DV). Afterward, we divided provinces into 2 groups for a better understanding of risk factors: group 1 with a lower rate of DV and group 2 with a higher rate of DV. The frequency of domestic violence measured by a questionnaire which was made by the researchers.

Results: lifetime and last year prevalence of domestic violence were 52%. Nearly half of the subjects (47%) reported the presence of DV from their spouse in the day to day life.

Regarding violence against children, 1.3 reported "Yes" with 22% reporting it during the last year. Furthermore, about 10% reported there was violence against elderly. In this study, only 3% of respondents had sought help for violence.

Conclusion: the prevalence of domestic violence is quite high in Iran however its disclosure is very low.

Keywords: domestic violence, risk factor, prevalence

SZ15-2

Facebook addiction among university students in Lithuania: a pilot study

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ABSTRACT DESCRIPTION

Introduction. With the growing popularity of social networking sites (SNS), concerns have been raised regarding excessive use of social media. Facebook is the most popular SNS in Lithuania. Addictive use of it relates to emotional, relationship, health and studying problems.

Methods. In total, 1309 university students aged 17–31 filled in the questionnaire including Bergen Facebook Addiction Scale (BFAS) and questions regarding online habits. Participants were divided into 4 groups according to the study field: health studies (N=860), social sciences (N=166), formal sciences (N=121) and arts (N=162).

Results. 32,74 % of the respondents considered themselves addicted to Facebook, even though only 3,76 % were addicted according to their answers on BFAS. 44,13 % of the students claimed to use Facebook too often. Problematic use of SNS was more prevalent among women ($p < 0,05$). There were significant differences in frequency of use, time spent on the site and number of friends between problematic and non-problematic Facebook users. Fields of study might play a role on different online habits: formal science students seem to be less problematic users while social science and art students seem to be more problematic users.

Conclusion. There is a significant amount of students in Lithuania who consider themselves addicted to Facebook, however today there are no SNS addiction treatment programs in our country. More data on this topic is needed to better understand the associated factors and to explore the potential impact on mental health.

SZ15-3

Substance Addicted Patients: A Survey of Childhood Adverse Experiences

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ABSTRACT DESCRIPTION

Aim: The purpose of the survey was to interview substance addicted patients from Lithuania and explore their experiences of childhood and adolescence.

Methods: Semi-structured interviews were carried out on Vilnius Centre for Addictive Disorders patients. The patients were asked about feelings and memories of school years, leisure activities, family, relationships, social background during their childhood and the development of substance addiction. Demographic, treatment information and diagnosis were acquired from medical histories. Excel was used to collect systemized data. Authors' scheme was used to analyse quantitative and qualitative data.

Results: 30 patients took part in the survey. Participant groups: I – alcohol-dependant n=16 (7 women and 9 men), II – drug-dependant n=14 (3 women, 11 men). The mean of age of group I – 43.9 ± 10.1 , II – 30.8 ± 6.1 . The mean age of onset of addiction: I – 28 ± 8.9 , II – 18 ± 2.7 ; the mean of duration of addiction: I – 16.5 ± 7.2 , II – 12.8 ± 4.6 . Most patients had experienced severe physical and emotional trauma and abuse. 56% of group I and 86% of II had good family relationships. 44% of group I and 50% of II had addicted relatives. A fair number of the patients had expressed problematic behavior as children. Further insights from the survey and complex prevention recommendations will be presented.

Conclusions: Drug dependence begun at a younger age than alcohol dependence. Most substance addicted patients had experienced serious physical and emotional harm, almost half of them had addicted relatives. Nevertheless, most patients, especially drug-addicted, described their family relationships as good. Individual stories of substance addicted patients' childhood experiences serve as valuable material for the clinical work.

SZ15-4

Influence of Media on Suicide

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ABSTRACT DESCRIPTION

Introduction: Unethical media reporting of suicide facts can lead to further imitative suicidal behaviours. Guidelines for journalists and editors appear to be effective in promoting responsible reporting and preventing suicide.

Aim: To evaluate the impact of the proactive monitoring reporting on suicide on the online media and the suicide rate.

Method: 663 Lithuanian internet websites identifiable on comprehensive media were monitored using Newspoint service for the 6 months in the year 2016 (July-December). Specific search method was applied with the goal to review every single article with "suicide" related words. All identified articles were analysed. Moreover, editors were contacted and provided with advice on ethical reporting if needed within 24 hours after the article was published.

Results: 4,215 results were retrieved in the original search with 176 articles on suicide reporting. Two thirds of all articles were published in the 4 main media websites: Delfi.lt, Lrytas.lt, 15min.lt and Diena.lt. 92 (52%). Articles did not meet the criteria of responsible reporting on suicide. Within 6 months of the monitoring process, the number of the articles reporting on suicide had decreased by 2.2 times (37 – July; 17–December), and number of the articles which did not meet criteria of responsible reporting has decreased by 1.7 times (17 – July; 10 – December). After receiving the reports about the unethical articles, 2/3rds (two-thirds) of editors reacted positively: 42 took into account all the remarks (45.7 %), 13 partly corrected unethical issues (14.1%), 7 removed the articles (7.6 %). There were 823 suicides in Lithuania in 2016. It is 8.1 % less than in 2015 and 2/3 of all lives saved during the months of October-December.

Conclusion: Proactive monitoring of media reporting on suicide has the potential to prevent suicide.

ST15-2

The Goals and the Strategy of Long-Term Therapy of Schizophrenia

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ABSTRACT DESCRIPTION

Within the last ten years the goals of schizophrenia treatment were displaced from simple symptoms reduction to improving such social aspects as the quality of patients and their relatives life and resocialization. Most often causes that leads to this goals fail is deficient of drug efficiency, bad tolerance and patients noncompliance. It is senseless to speak about long-term goals of therapy if at early stages of therapy we can not to reduce symptoms or the patient has no adherence to treatment. Statistically, 25% of patients break therapy within 10 days after discharge from the hospital and this percent increase in course of time. The most frequent reasons of noncompliance are side effects of the drugs, difficult medication regimen, lack of the confidential relations between the doctor and the patient. The gold standard of treatment of patients with low adherence is use of long-term neuroleptics. However, use of neuroleptics with prolonged action doesn't replace educational programs and importance of creation of the confidential relations between the patient and the doctor.

KA17-1

Strengthening of Harm Reduction Response to Injecting of Drugs in Lithuania: Benefits from Participation in an EU Joint Action Project HAREACT

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ABSTRACT DESCRIPTION

EU Joint Action on HIV and co-infection prevention and harm reduction (“HAREACT”) continues from October 2015 until September 2018. Twenty-three partners (organizations) from 18 European countries joined the project. The project has a budget 3.75 m EUR and EU co-funds project by 80%. National Institute for Health and Welfare (THL), Finland coordinates the project. The project focus group are people who inject mainly opioids and stimulants. The evidence-based policies, access to evidence based interventions, such as medical care and social reintegration for this group, integrated services for co-morbid patients with HIV, viral hepatitis, TB and STI are present in the region. Much of the activities of the project aims at strengthening of sustainable policies and response to drug consumption and prevention of infectious diseases in three focus countries of the project (Hungary, Latvia and Lithuania) and across EU.

KA17-2

Recovery of Working Patients and Psychiatry as Useful Humane Service

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ABSTRACT DESCRIPTION

The ultimate purpose of psychiatric treatment is to assist recovery of the person suffering from mental illness. Restoration of capacity to work is essential for recovery of those who were working before the onset of mental illness, since work provides a basis of self-esteem, social independence and opportunities to have a family.

However continuation to work without relapse is not easy. With given individual vulnerability and work stress a person has an onset of mental illness. After the onset, the individual vulnerability increases and the person returns to the same work stress. Therefore, relapse can be a rule.

In order to reverse the rule, the person should improve readiness to work beyond simple symptomatological remission and acquire skills to cope with work stress. In Netherlands and Japan psychiatrists have provided such rehabilitative program to facilitate return-to-work and to assist relapse-prevention.

In Netherlands Schene et al (2007) reported that the addition of occupational therapy (OT) to treatment as usual (TAU) improved productivity and was cost-effective. In 2012 Hees et al reported that those in TAU+OT showed better long-term symptom remission and long-term work in good health than TAU group.

In Japan, such program has been systematically provided since 1997 and is called as Re-work program. Re-work program consists of individual and group work, psychoeducation, monitoring skill learning, cognitive behavioral and problem solving therapy, and reflection on the onset process of mental illness and understanding of individual vulnerability. In 2012 Ohki et al reported that patients who returned to work after receiving Re-work program had a better work continuation than TAU group. In 2017 Sakamoto et al reported that over 90% of those who returned to work after receiving Re-work program did not take another sick leave during the 12 months follow-up and the working periods after the program were significantly longer than those before the program.

Re-work program facilitates recovery and reduces financial loss from mental illness. This effect will be clearly visible to society and improve stigma against psychiatry and mental illness. Recovery of working patients means recovery of appreciation for psychiatry as useful humane service.

SZ17-1

Examining Hysterical Disorders: Interpretation and Pathomorphosis

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ABSTRACT DESCRIPTION

In this presentation, we survey the range of past and present findings of hysteria, "Disease of Women", by psychiatrists, clinical psychologists, and scholars in gender studies. In the second half of the presentation, long-term and multidisciplinary trial of hysteria pathomorphosis included 754 patients treated in mental and general hospitals in 1935-1998; 2016 was presented. The presentation's strength lies in its being a comprehensive study that avoids singular or narrow interpretations. The pathomorphosis is characterized by reduction of psychotic, dissociative hysterical disorders, their lower acuteness and transformation into somatic equivalents. For hysteria, high-obligatory are hysteroneurotic (pseudoneurological, pseudosomatic), personality disorders and, partially, dissociative. Variability of manifestations suggests great reserves in transformation of hysteria. That affords a comprehensive mapping of recent avenues of inquiry, evaluating the work of scholars (through its diverse appearances in the psychiatric, neurological, and feminist literatures) who have contributed over the past 20 years to the revival of inquiry into hysteria.

SZ17-2

Long-Term Care of a Woman with Schizophrenia: Psychosocial, and Gender-specific Recovery Factors

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ABSTRACT DESCRIPTION

Introduction: Schizophrenia is a complex neuropsychiatric disorder that has many effects on a woman's ability to lead a meaningful and satisfying life. Even with optimal pharmacologic treatment, many women with schizophrenia are impaired in their ability to achieve occupationally and to establish the long-term intimate human relationships that provide meaning and context to their lives.

Purpose: My purpose is to illustrate the issues involved in the long-term management of schizophrenia in the case of 'A', with whom I have worked for over 15 years.

Methods: I tried to deal with the range of issues that confronted us in as pragmatic a way as I could given the available resources. My relationship with 'A' has had two facets that have interwoven with one another over time. I have tried to be both a "clinical psychologist-expert" who has helped to "manage" her disease and an "advisor-colleague" who has tried to provide guidance and counsel on a range of very human, feminine problems.

Results: The course of therapy with 'A' illustrates the multifaceted nature of the treatment of chronic psychotic illness. Interventions were made at the level of pharmacology (by psychiatrist), social factors (moving out from a conflictual home environment and reduction of occupational stress), and psychological gender-specific recovery issues (intimacy in love relationships). She remained well over the past 5 years. She then took a competitive employment. She is well enough to assume the responsibilities of her current job.

Conclusions: Important aspect that emerged from the present clinical case study concerns gender-specific issues in the individual recovery process. This aspect has been little investigated in schizophrenia recovery research. Consequently, there is an apparent need for more research on possible gender-specific issues in the recovery process. We found that given the right circumstances, supports and encouragement, this woman is finding her niche in expressing herself and utilizing her potential.

SZ17-3

Perinatal Psychiatry: Promoting Mental Health of Women through Training

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ABSTRACT DESCRIPTION

In this session, I will talk about perinatal psychiatry, and how through good training of psychiatrists we can promote the health and improve the lives of many women and their families. Perinatal psychiatry refers to the mental health care provided to women during pregnancy and the year after childbirth. I will cover the main mental illnesses that affect women in this period, from depression and anxiety, to the most severe cases of postpartum psychosis. The perinatal period is a high-risk period of recurrence for many women with a psychiatric illness. Perinatal illness episodes have a big impact on women, their partners and extended family. Suicide is a leading cause of maternal death. Bonding with the baby and child development may be affected. Relationships can suffer. And there are significant associated costs for the society. In the UK, they are estimated £8.1 billion for each one-year cohort of births, mainly related to impacts on the child. Psychiatrists are amongst the key professionals who deal with women during this period and can make a positive impact. The aim of postgraduate psychiatric training is to prepare psychiatrists to practice independently and the quality of care provided will depend on the training they received. However, perinatal psychiatry is not always adequately covered during psychiatric training. The European Federation of Psychiatric Trainees conducts an annual survey of all member country organisations. Out of the 35 countries that responded to the 2016 survey, six reported that training in perinatal mental health is available. But it is mandatory in only one, with the others offering a mix of theoretical and practical optional training. Of the 29 countries that do not offer perinatal psychiatry training, the majority reported it should be offered and mandatory. I will present international initiatives to promote the mental health of women through perinatal psychiatry training.

SZ17-4

Survey on Issues in the Treatments of Women with Severe Mental Illness

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ABSTRACT DESCRIPTION

Introduction: In recent years, women's mental health is the subject of great interest in the field of medical care. The oppressive circumstances that contribute to poor mental health for women are not going to disappear overnight. The definite chance during the recent years comes from the reorganization in mental health services.

Purpose: The paper examines the issues in the treatments of women with severe mental illness. The socio-demographic and clinical characteristics of the female patients admitted to the Psychiatric Hospital № 3 named after VA Hilyarovsky are reviewed.

Method: We developed a descriptive research, using primary and secondary information sources (clinical histories) of patients hospitalized between 2012 and 2017. For data analysis was used software SPSS 10.0.

Results: Epidemiological and clinical profiles of hospitalized female patients in the Psychiatric Hospital № 3 named after VA Hilyarovsky are presented. Pathways of care are outlined. A number of ways in which services need to be developed to be more responsive to the needs of women are outlined: increasing access to care, eliminating waste, and providing the least intrusive treatment.

Conclusions: The current execution of the vision of improving the mental health of women along with promoting gender-sensitive mental health services for women – has resulted in an extraordinarily limited number of psychosocial therapy sessions, prolonged hospital stays and treatment plans determined by individuals not directly involved in the patient's care or as highly trained as the provider. An obvious issue underpinning the development of services is the recognition of potential problems besetting an individual female patient. This refers to the task goal property whether task completion involves working toward a highly proximal, well-defined goal or a more distal, vaguely defined goal.

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