The notion that psychiatric research is in a crisis has recently become a sort of cliché, but is largely incorrect. There will certainly be no more “spirochete-like discoveries” in psychiatry, while what is occurring is the gradual elucidation of a multiplicity of risk and protective factors for mental disorders, exerting small to moderate effects at different levels and variously interacting with each other. However, it is probably true that we need some reconsideration and rebalancing of the priorities of psychiatric research, and it is certainly true that the viewpoint of the various stakeholders involved in the field, and in particular of users, has to be taken into account. Within the ROAMER project, funded by the European Commission, we conducted a survey among various categories of stakeholders about the priorities for mental health research in Europe. The survey was carried out with the national associations of psychiatrists, psychologists and other mental health professionals, the national organizations of users and carers, and the national organizations of psychiatric trainees of the 27 countries of the European Union. Research on the quality of mental health services was identified as the top one priority by both the associations of psychiatrists and the organizations of users and carers. The stakeholders pointed out that we need more collaboration in mental health research (more formal networks, more multidisciplinary studies, sharing of databases) and we should try to integrate research through the lifespan, giving priority to longitudinal cohort studies.
L1.1- Fukushima project: Nuclear disaster stress relief project

Tsuyoshi Akiyama

NTT Medical Center Tokyo

Evelyn Bromet reported that mental health is a leading cause of disability, physical morbidity and mortality as consequence of Chernobyl disaster. In order to prevent the health damage in Fukushima, we have been carrying out Fukushima Project--Nuclear Disaster Stress Relief Project as follows:

1. Parent child play and peer discussion
   Young mothers play with their children and exchange peer discussion with other mothers. The purpose is to reactivate the contacts between mothers and children and to enhance peer support and self-affirmation among the mothers.

2. Focus group with public health nurse
   The purpose is to gather information on the experience of the public health nurse in providing care to the residents and to formulate it into a useful material. The result is being published.

3. Lecture and discussion with residents
   Nuclear plant stress divides the residents. In order to enhance the cohesion among the residents, a combination of general health lecture and following small group discussion has been provided.

4. Outside of the Wire care
   The purpose is to enhance peer emotional support among the public health nurse and young mothers, utilizing Outside of the Wire method. This method comprises dramatic theater reading and following discussion and has been used for various mental health support purposes in the States. This session is scheduled at the end of November 2014.

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


L1.2- Needs, opportunities and implications of gaps in mental health

Afzal Javed

Chairman Pakistan Psychiatric Research Centre, Lahore, Pakistan

Mental disorders are highly prevalent and cause considerable suffering and disease burden all over the world. To compound this public health problem, many individuals with psychiatric disorders remain undiagnosed and untreated although effective treatments exist. The public health impact of mental disorders is profound as the estimated disability-adjusted life-years attributable to mental disorders has been shown to be around 11.6% of total disability in the world. This represents more than double the level of disability caused by all forms of cancer (5.3%) and even higher than the level of disability due to cardiovascular disease (10.3%). Despite the growing evidence about the impact of mental illnesses, mental health services continue showing big gaps. Even the current radical changes in organization, financing, treatment technology, and consumer demand for access and delivery of health services are not showing any big influence on the mental health scene in many countries. There are clear differences in the practice of psychiatry around the Globe but the low income and developing countries witness more visible gaps in many areas of mental health care. Less number of mental health professionals, scarcity of mental health resources & now often facing additional problems of migration of trained psychiatrists and mental health professionals to the already resource rich countries, the situation gets even worse.
This paper will present an overview about the mental health gaps and their impact on the delivery of services with a special focus on the developing countries in Asia. It will be argued that there is no health without mental health, and innovation, networking, and basic training as well as better models of care using simple but effective paradigms need to be put in place if these countries are to provide better health services.

L1.3- Decision making in psychiatry
Dinesh Bhugra
World Psychiatric Association

Psychiatrists make clinical decisions all the time and these are very strongly influenced by a number of factors. As clinicians, professionals, and as leaders in their clinical settings, they are expected to work with patients and their families. The framework provided by the society influences where and how these decisions are made and what impact that has on individuals. The clinical decisions will affect the patients in a number of ways. Furthermore, directly or indirectly, these may also influence the progress of the institution directly or indirectly. Decisions in clinical settings are made within a specific frame, and patient needs but equally importantly, these decisions carry with them a number of responsibilities. For clinicians, therapeutic alliance and communication with patients, their carers, team workers, and subordinates are important aspects of clinical decision making. Often in clinical decision making, psychiatrists use a bio-psychosocial mode as a result of their training to explain and explore underlying aetiological factors and then on the basis of this model, make decisions regarding clinical management. Part of the decision making process relies on clinicians routinely creating and testing hypotheses, which are then tested and confirmed through history taking and treatments. Even in non-clinical settings, leaders test out hypotheses before reaching decisions. It must be emphasised that decision making is markedly different from problem solving. Experts make decisions differently from non-experts. Three decision-making techniques have been described and these include catchball, point-counterpoint, and intellectual watchdog approaches. Experts and novices make decisions in different ways. After interviewing 40 psychiatrists on their decision-making processes, various strands have been described. These will be further developed and discussed in this lecture.

L2.1- Interdisciplinary collaboration: The psychiatrist and the psychoanalyst as possible co-workers in the mental health field today
Stefano Bolognini
President of the International Psychoanalytical Association (IPA), Bologna, Italy

Why should Psychiatry and Psychoanalysis collaborate today? And how can they realistically do that? Historically, over the past thirty years in particular, there were probably two antagonistic trends: one was the idealized vision of Psychoanalysis as a superior scientific theory, able to found a new psychiatric practice based on its sophisticated concepts and its technique; the other was the hope of Psychiatry to substantially solve the issue of mental disease via drugs, in a pragmatic, shorter, and more effective way. These two visions and approaches alternated historically for decades with underlying ideal omnipotent illusion, supported by the narcissistic ambitions of the two professional groups, in an implicit atmosphere of competition and rivalry. More realistically, a collaboration seems today to be possible and desirable, with mutual advantages, through the recognition of their specific competences.

In my presentation, I will explore some fundamental issues:
- The change in contemporary pathology treated all over the world by psychoanalysts and psychoanalytic therapists, who deal more and more with borderlines, personality and narcissistic disorders, severe depressions and psychoses; so that pharmacological support (sometimes with hospitalization) is frequently needed for long periods in some treatment.
- Psychoanalytic training today must include a period of practice in a psychiatric structure, in order to provide future psychoanalysts with direct experience of severe pathological illnesses and their specific phases and vicissitudes.
On the other hand, a number of experienced psychoanalysts are asked for supervisions in the Mental Health Service sectors in many countries, even if frequently in an unofficial and institutionally conflictual way. Their work is not aimed at planning psychoanalytic treatment of patients, but mainly at working through and improving the emotional environment of the psychiatric teams, which are generally affected by the resonance of pathological impacts and influences generated in the institutional field.

I will present some notes on specific clinical problems that can occur when some patients are treated differently and separately by the two professionals, with no mutual communication: i.e. some cases of underestimated seriousness of depression or of psychotic breakdown, where the analyst doesn't realize how necessary pharmacological support could be; or vice versa, cases of natural, painful mourning for human losses where the psychiatrist may be too quick to prescribe drugs, while a physiological, necessary internal process of mourning could be at stake. In such situations, a mutual consultation between the two professionals would be extremely helpful, and the two could integrate their specific visions, for the benefit of the patient.

Final notes will be dedicated to two psychoanalytic concepts apt to the psychiatric organisation: 1) containment. 2) constancy of the object.

Regarding containment, some historical biases connected with this concept will be examined, since they sometimes impede a fundamental functioning of institutional work. Regarding constancy of the object, the basic need to find and recognize the object/caregiver, and the patient's relationship with it, implies a special attention in the Mental Health service to providing regressed patients with continuity in assistance from the same operators (a need that is frequently unrecognized and neglected in the institutional organization).

L2.2 - The illusion of linear causality: An epistemological question for psychiatry

Paul Kymissis
Chief of Psychiatry at Childrens Village

Causality remains one of the most challenging questions in Psychiatry. There have been many theories which claim they assist us to understand the cause of mental illness. Some accept the possibility that certain themes may have some validity, while some others claim exclusive understanding of the causes of mental illness. As all these theories have been evolving over time they have followed a parallel path with the models of Physics as they have been developing over time. The Newtonian Physics with the hydraulic model has been replaced with the Einsteinian Theory of Relativity which introduced the dimension of time as an important factor in understanding various phenomena. These new developments can be helpful in understanding mental processes in a dynamic way looking beyond the single cause of mental illness and leading us to view all these elements not only as interacting with each other, but being in continuous simultaneous transaction. In this frame, the causality can be viewed as more complex than a linear, or circular process but as a helical process, where all the elements transact in a simultaneous way. This understanding could have important practical implications in how we view and treat mental illness.

L2.3 - Possible causes of different national suicide rates

Zoltán Rihmer
Semmelweis University and National Institute of Psychiatry and Addictions, Budapest, Hungary

History of untreated major psychiatric (particularly depressive and alcohol-related) disorders constitutes the most important risk factors for both completed and attempted suicide. However, several environmental, psycho-social and personality factors (adverse childhood events, psycho-social stressors, financial problems, unemployment, isolation, impulsivity, specific affective temperaments etc.) and other forms of addictive behaviours than drinking (e.g. drug-abuse, cigarette smoking) have been also found to be in a statistically significant positive relationship with suicide mortality. Suicidal behaviour shows a substantial variation between continents, countries and regions. Reasons for these great differences between national/regional suicide rates have not been fully explained yet. Geographic (latitude, longitude, altitude) climatic, dietary (tryptophan, omega-3-fatty acid, folic acid, lithium and arsenic in drinking water), genetic, economic, religious...
and other socio-cultural differences can be taken into account, but differences in the psychiatric morbidity, as well as the accuracy of the registration of suicide, the stigma associated with mental illness and suicide possibly influencing help-seeking behaviour and reporting rates, the availability of lethal methods, and the availability of the social/health care systems should also be considered. This lecture summarizes these possible causes of different national/regional suicide rates with particular regards to studies conducted in Hungary, a country with traditionally high suicide mortality. We also discuss the possible causes of the marked decline of the Hungarian suicide rate experienced in the last 30 years.

L3.1- Use of medication to be avoided in the practice of child/adolescent psychiatry

Edgar E. Belfort
Venezuela

Not available -

L3.2- Distress management in cancer care

Michelle Riba
University of Michigan, Department of Psychiatry, Ann Arbor, MI, USA

A new cancer diagnosis or recurrence can result in various levels of depression or anxiety for adult and child cancer patients, and their families. The distress can arise from a multitude of factors: from the diagnosis itself; potential or perceived disruptions to quality of life including family, work, school, finances and relationships; responses from the social support system, including miscommunications, too little or too much information; direct or side effects from treatments, either primary or adjuvant; direct or indirect of the cancer itself; current or past psychiatry history, etc. Since patients also often have cancer-related pain, fatigue, and symptoms from the cancer or its treatment that can mimic or look very much like depression and anxiety, the challenges for diagnosis and treatment are great. How do we increase awareness about the importance of recognizing depression and anxiety? How do we determine best ways to screen for distress and then provide treatments for these symptoms when they occur? How do we provide interventions for various types and stages of cancers, patients of different genders, ages, cultural backgrounds, past psychiatric histories? This presentation will provide ways to address these very important and critical issues in psycho-oncologic care.

L3.3- New directions in couple and family therapy: Focusing on the “heart of the matter”

Kyriaki Polychroni
European Family Therapy Association (EFTA)/ EFT Greek Network/ Athenian Institute of Anthropos (AKMA)

This lecture will briefly present a model of therapy dedicated to the understanding and enhancement of couple and family relationships through an emphasis on the ‘heart of the matter’: on emotions and their interpersonal impact.

Emotionally Focused Therapy (EFT) adheres to the philosophy that relationships are at the core of human experience. Fascinating advances in brain science in recent years, have verified that partners neurobiologically interconnect with a speed and intricacy far beyond what psychotherapists once imagined: one partner’s tone of voice can easily trigger the other’s amygdala and the mirror neuron system can instantaneously shape our ability to grasp each other’s inner world – thus, very few of the countless implicit emotional messages in partners’ interactions are conveyed or even become conscious.

EFT interventions aim at making couples’ implicit underlying emotions and attachment needs explicit, and so recreating secure bonds among partners.

The “Hold Me Tight” (HMT) Couples’ Relationship Enhancement Program will be traced. HMT is an experiential program based on EFT for training couples in understanding their negative cycle of interaction and in expanding and re-organizing their key emotional responses – the ‘heart’ of their attachment dance.
L4.1 - Responding to mental health needs of young people: Early intervention and health promotion
Helen Herrman
The University of Melbourne, Melbourne, Australia

The gap between unmet need and access to care for mental ill-health is wider for adolescents and young people aged 12-25 years than any other age group worldwide. This age group is the peak time of onset for many mental disorders including mood, substance abuse and psychotic disorders. Effective interventions in primary or specialist care are likely to be most cost-effective at this age. Yet in most countries there are few opportunities for young people and their families to gain access to treatment and care for mental ill-health. Few countries give sufficient attention to supporting the mental health of young people. Policy and practice changes suitable for each country have two important starting points: improved understanding of youth mental health within communities; and the concern to involve young people and their families in decisions that affect them. Using information technology to assist care is another desirable feature of modern service development suitable for any environment. New directions and models of care are being developed in several countries including Australia.

L4.2 - Psychiatric Genetics: It’s not magic, it’s tedious but holds great promise and can’t do without interdisciplinary collaboration
T.G. Schulze
Germany

L4.3 - Strategies to cope with the population aging and dementia
M. Takeda
Japan

L5.1 - WFSBP guidelines for pharmacological treatment of schizophrenia
F. Thibaut
Psychiatry, University Hospital Cochin (Tarnier), Faculty of Medicine Paris Descartes, INSERM U 894-Centre Psychiatrie et Neurosciences, Paris, France

The World Federation of Societies of Biological Psychiatry (WFSBP) has recently published guidelines about schizophrenia treatment. Antipsychotics remain the cornerstone in the acute phase treatment, in the long-term maintenance therapy and in the prevention of relapse of schizophrenia. Both first generation antipsychotics (FGAs) and second generation antipsychotics (SGAs) are effective in the acute treatment of schizophrenia and in relapse prevention. The goals and strategies of treatment in schizophrenia may vary according to the phase and severity of the illness. Clinicians must keep in mind that most patients are likely to require long-term, if not lifelong, treatment which determines treatment strategy with an optimal balance between efficacy, side effects and compliance. In this regards, SGAs do have some advantages, but the risk of metabolic syndrome must be taken into account and carefully checked at regular intervals during the follow-up.

References:
Hasan A, Falkai P, Wobrock T, Lieberman J, Glenthoj B, Gattaz WF, Thibaut F, Möller HJ; World Federation of Societies of Biological Psychiatry (WFSBP) Task Force on Treatment Guidelines for Schizophrenia. World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for Biological Treatment of Schizophrenia,

L5.2-Knockout mice in understanding the mechanism of action of lithium
R.H. Belmaker, Y. Bersudsky, Y. Lavi-Avnon, G. Agam

We characterized the phenotype of mice with inositol monophosphatase-1 gene knockout to study its potential role as a molecular target in mediating lithium-dependent physiological effects. In brains of adult IMPA1−/− mice, IMPase activity levels were found to be reduced (up to 65% in hippocampus); however, inositol levels were not found to be altered. Behavioral analysis of the IMPA1−/− mice indicated an increased motor activity in both the open-field test and the forced-swim test as well as a strongly increased sensitivity to pilocarpine-induced seizures, the latter supporting the idea that IMPA1 represents a physiologically relevant target for lithium.

Lithium also reduces inositol transporter function. To determine if one or more of these mechanisms might underly lithium's behavioral effects, we studied inositol transporter knockout mice. In homozygote knockout mice, free inositol levels were reduced by 55% in the frontal cortex and by 60% in the hippocampus. They behave like lithium treated animals in the model of pilocarpine seizures and in the Porsolt forced swimming test model of depression.

In mice GSK-3− heterozygote knockout status was reported by O'Brien et al to cause reduced immobility in the Porsolt forced swim test and reduced amphetamine-induced hyperactivity, behaviors that mimic lithium's effects. We could not confirm that GSK-3− heterozygote knockout mice exhibit reduced immobility in the Porsolt forced swim or reduced amphetamine-induced hyperactivity in a manner mimicking lithium's behavioral effects.

These data support the role of inositol related processes rather than GSK-3− in the mechanism of therapeutic action of lithium.

L5.3-Sociocultural and scientific beliefs: Interrelationships and the experience of well- or mal-being
Martha Koukkou
The KEY Institute for Brain-Mind Research, University of Zurich, Switzerland

The physiogenesis of the subjective experience of bio-psychosocial well-being is the explicit or implicit topic of research and theory of all human sciences. We review hypotheses and results of a large-scale research project that addresses the impact of socio-cultural and scientific beliefs of natural and professional care-givers on the subjective experience of bio-psychosocial well-being or mal-being in different groups of individuals at crossroads of life. The tested hypothesis is: (1) the subjective experience of bio-psychosocial well-being is crucially influenced by the contents of autobiographical memory that the developing individual creates out of the (by definition hierarchical) interactions with the social realities in which they were born and live. The potential of all kinds of caregivers for functioning interactions, for dialog with the developing individual depends on their autobiographies which include internalized socio-cultural and scientific beliefs about human nature. (2) The contents of the autobiographical memory (personal meaning of subjective experiences and associatively connected cognitive-emotional coping and reality-controlling strategies) are generated by the brain's intrinsic capacity to form experience-induced neuronal neocortical connectivity that represents the quality of the interactions of the developing individual with the socio-cultural reality in which it is born and lives. The results show clearly that good quality of life (assessed with the WHO-100) correlates positive with memories of supporting and approving interactions of the age important caregivers with the developing individual (Koukkou M & Lehmann D: pp. 111-157 in M Issidorides-Radovich & G Vaslamatzis (eds): Dialogue
of Psychoanalysis and Neurobiology, Athens, BETA Iatrikes Ekdosis 2010). We discuss: (A) How and why the brain functions that create autobiography lead to the subjective experience of mal-being, of the psychosocial problems that can be treated with psychotherapy and (B) How and why scientific assumptions that view such problems as natural components of human nature limit the researcher's and therapist's potential to develop more effective therapies and, even more important, primary prevention strategies.
**S1.1 - The emerging physics of consciousness**

Dimitrios Geroukalis  
*Neurologist – Psychiatrist, Civil Society “Hippocrates”, Kos, Dodekanissa*

With some neural connections, the human brain is the most complex interconnected system we are aware of in the universe. This object has some very strange properties that we call “mental” properties – properties such as being afraid of a stock market crash, or wishing for peace in the Middle East, or believing in divine revelation. To suppose that these features will be fully understood in biological terms is precisely that: a supposition, an assumption, a wager on a future outcome. A deep commitment to the study and understanding of the nature world does not necessitate taking a purely biological approach to the human person; even less does it require that the actions of persons must be explained through a series of explanatory sciences reaching down (finally) to physics, or, more simply, that all causes are ultimately physical causes.

To say that a human person is a psycho-somatic unity is to say that the person is a complexly patterned entity within the world, one with the diverse sets of naturally occurring properties, each of which needs to be understood by a science appropriate to its own level of complexity. We need multiple layers of explanatory accounts because the human person is a physical, biological, psychological, and (I believe also) spiritual reality, and because these aspects of its reality, though interdependent, are not mutually reducible. Call the existence of these multiple layers ontological pluralism, and call the need for multiple layers of explanation explanatory pluralism, and my thesis becomes clear: ontological pluralism begets explanatory pluralism. (Or, to put it differently: the best explanation for explanatory pluralism is ontological pluralism.)

What emerges in the human case is a particular psycho-somatic unity, an organism that can do things both mentally and physically. Although mental functions weakly supervene upon a physiological platform, the two sets of attributes are interconnected and exhibit causal influences in both directions. We therefore need sciences or modes of study that begin (as sciences must) with a theoretical structure adequate to this level of complexity. To defend an emergenist account of the self is not to turn science into metaphysics. Instead, it is to acknowledge that the one natural world is vastly more complicated and more subtle than physicalism can ever grasp. One can wager that the real things that exist in the world are physical or biological processes within organisms, and that everything else – intentions, free will, ideas like justice or the divine – are “constructs”, complicated manifestations of neural processes. But I have suggested that the better wager is on the other side. I wager that no level of explanation short of irreducibly psychological explanations will finally do an adequate job of accounting for the human person. And this means, I’ve argued, the real existence and causal efficacy of the conscious or mental dimension of human personhood.

**S1.2 - The problem of reality**

Ioannis P. Zois  
*Mathematical Physicist, MSc Cantab, DPhil Oxon*

In this article we try to give a definition of reality based on the fundamental sciences of physics and mathematics. It is common sense that matter represents the most concrete part of reality. Yet in order to describe (ordinary) matter at the most fundamental level currently known and based on the principle of reductive explanation, one has to rely on Quantum mechanics. This fundamental physical theory, although its foundations appeared almost a century ago and its predictive ability has been proven truly remarkable in describing nature in microscopic scales, still constitutes a major intellectual challenge. Scientists encounter important conceptual difficulties emanating primarily from the counterintuitive principle of particle wave duality. Next we turn our focus on mathematics but important problems persist there too related to the nature of mathematical entities. Information theory is also discussed based on the notion of a classical or quantum computer and the modern holography principle in cosmology whose origin comes from the famous Hawking area - entropy formula for black holes. Inescapably we touch upon philosophy and cognitive sciences and the problem of “knowing”. Even as if the above were not enough, recent experiments with photons have revealed
intriguing and mind-twisting ramifications of particle-wave duality. A symptom of our current inadequate understanding of quantum theory is the presence of its “interpretations”, a unique feature of quantum theory among all known physical theories. We briefly present the 10 most important interpretations of quantum theory, most notably the Copenhagen interpretation (and its more general version, the sum over all histories interpretation), the many worlds interpretation, the hidden variables interpretation, the von Neumann – Wigner interpretation based on consciousness, the most recent Penrose interpretation along with the transactional interpretation, the modal interpretation, the interpretation of quantum ensembles and the so-called GRW interpretation.

S1.3-Created and uncreated
A. Moustakis
Greece

According to the teaching of the Orthodox Church there is a God who is uncreated and the creation which has been created by God. Based on this distinction anything around us belongs to the created objects, it is crafted. In philosophy often distinguished material - immaterial. This distinction does not cover beliefs of the Orthodox Church, as the distinction created or unbuilt deeper and is related to the essence of things. Many of the created objects like angels, emotions and time is immaterial but they had been created. Uncreated is only the Holy Trinity, which is the creative principle of the universe. When man was in Paradise it was able for him to communicate with God through His uncreated energies, which are God's forces dispersed in Creation and revealed to man. The results of these energies usually called "miracles."
Modern science inform us that what we can understand through our senses is not the only one being reality. In the past, science and philosophy believed that the only way to understand the world is our senses. According to empiricism the most important source of knowledge is the senses. Nowadays, we know that the world perceived by senses is just one part of the really existent world. In this finding helps us the teaching of the Church and science. The Church tells us about the Uncreated God and science for the microcosm and the macrocosm. Let us stop to identify the reality of the outcome of our senses and try to see what is beyond it.

S2.1-Perinatal complications as an "environmental" risk factor for schizophrenia: What is the evidence from epidemiological studies?
Ioanna Giannopoulou
CMHS of Peristeri & 2nd Department of Psychiatry, Attikon University Hospital, Athens, Greece

"The neurodevelopmental hypothesis for schizophrenia updated: the epigenetic role of perinatal events"

The neurodevelopmental model of schizophrenia suggests that although the onset of the disorder usually occurs in adolescence or early adult life, an insult of either neurogenetic or environmental origin (i.e. virus infection or fetal hypoxia) occurs during fetal brain development. This brain pathology acts as a risk factor rather than as sufficient cause so that its effects are best understood in the light of an interaction between individual’s genetic liability and exposure to later environmental risk and protective factors. This presentation aims to examine how well epidemiological, birth cohort and case-control studies provide evidence supporting the idea of the diagnostic specificity and the etiological significance of the association between pregnancy and delivery complications (PDCs), given that similar associations have been reported for other severe psychiatric disorders, such as autism, anorexia nervosa, psychotic affective disorder or ADHD. The perinatal factors, including intrauterine environment (i.e. infection, prenatal malnutrition, maternal diabetes), parental influence on the fetus during pregnancy (i.e. maternal exposure to stressful life events, maternal depression), paternal age and obstetric complications (i.e. hypoxia at birth) have been shown as contributing to the risk (and increasing odds) of developing schizophrenia. However, as these perinatal events are broad, and constitute a
risk factor for other adult and child psychiatric disorders, and their effect is not well understood, the role of either defect in genetic control of neurodevelopment or of particular genes producing a predisposition to an augmented effect of an environmental exposure must be considered.

S2.2 - Perinatal hypoxia and schizophrenia: Related pathophysiology and regulation of neurotrophins in the fetus and the neonate

Despina Briana
University of Athens, Athens, Greece

Perinatal development is influenced by multiple factors, including fetal, maternal and environmental conditions, which may interact with genotype to affect physiological and pathological manifestations later in life. In this respect, numerous population-based studies have demonstrated an increased risk for schizophrenia development among individuals exposed to disruptive perinatal influences, particularly complications related to hypoxia. Hypoxic pregnancy conditions are classified into 3 subtypes: (1) pre-placental hypoxia, affecting both the mother and the fetus; (2) uteroplacental hypoxia, characterized by impaired uteroplacental circulation (placental insufficiency, commonly leading to intrauterine growth restriction); (3) post-placental hypoxia, affecting only the fetus. Birth asphyxia-associated brain injury presents with different patterns, which are influenced by the nature of the acute insult and the gestational age of the infant at the time of injury. The neural sequelae of fetal hypoxia vary from alterations in neuron outgrowth to neuronal cell death, depending on the severity and timing of insult. Immature neurons often survive the hypoxic insult, but still have a compromised elaboration of synaptic interconnections, resulting in reduced cortical thickness and increased cortical neuronal density without observable neuron loss. These effects parallel the cellular pathology characteristic of schizophrenia, which is associated with preserved cell number in cortex, but reduced dendritic complexity and decreased spine and synapse density. However, the exact molecular mechanisms by which perinatal hypoxia contributes to schizophrenia are unknown, but are likely to be at least in part gene dependent. For example, hypoxia-related obstetric complications are more strongly related to hippocampal and cortical pathology among individuals with schizophrenia and their relatives than among the general population. On the other hand, evidence suggests disrupted neurotrophic signaling in response to perinatal hypoxia in the molecular pathogenesis of schizophrenia, possibly indicating neurotrophins as novel molecular targets for preventive intervention. The neurotrophin family comprises four structurally related molecules: the nerve growth factor (NGF), the brain-derived neurotrophic factor (BDNF), the neurotrophin-3 (NT-3), and the neurotrophin-4 (NT-4). By exerting neuroprotection, neurotrophins are critical for pre- and postnatal brain development and present with different patterns of perinatal changes, according to their impact on the process of neuronal development and their reaction to perinatal stress. For example, BDNF supports growth and differentiation of new neurons, is critical for survival of existing neurons under stressful conditions, such as fetal hypoxia, and is down-regulated in the fetal hippocampus in chronic placental insufficiency. NGF, BDNF and their receptors are strongly upregulated following hypoxic-ischemic insults. Treatment studies have shown that both BDNF and NGF offer significant neuroprotection against delayed neuronal death following hypoxic-ischemic neonatal brain injury. Further studies are required to elucidate the significance of neurotrophins during the perinatal period, especially in relation to factors that may cause neurologic insults in the developing brain and predispose to neuro- and psycho-pathology in later life.

The role of neurotrophins as a re-modeling system in schizophrenia
Emmanouil Rizos
2nd Department of Psychiatry, University of Athens, Medical School, "ATTIKON” General Hospital, Athens, Haidari, Greece

Neurotrophins have established roles in neuronal development, synaptogenesis and in stress reaction stimuli. Besides, neurotrophins are neuromodulators of dopaminergic, GABAergic and cholinergic systems of Central Nervous System (CNS). The neurotrophin system of the brain has been disrupted in schizophrenia and genetic and epigenetic factors have an impact on it. According to the neurodevelopmental hypothesis of schizophrenia, which is reflected to progressive brain changes, the neurotrophins seem to play a crucial role in both development and outcome of the disorder as a basic CNS re-modeling system. In specific, brain-derived neurotrophic factor (BDNF) as a member of neurotrophin family, has been implicated in the pathophysiology of schizophrenia and alteration of BDNF levels have been linked to the onset of schizophrenic process and the duration of untreated psychosis. Furthermore, alteration of BDNF levels have been implicated to the volumetric brain abnormalities such as hippocampus, temporal lobe, amygdala, in first episode drug-naive schizophrenic patients. This phenomenon, indicate an important role of neurotrophins and of BDNF as a re-modeling system on brain, during the schizophrenic process. More longitudinal studies are warranted in order to establish the specific role of neurotrophins as a part of a complex re-modeling brain system and the implication of them in the pathophysiology of schizophrenia.

Selected references:

The epigenetic role of perinatal events in schizophrenia: The example of the long-term dysregulation of the dopaminergic system after perinatal hypoxia
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The "fetal basis of adult disease” is a recently emerging theory supporting the hypothesis that early environmental stressors, in utero or perinatally, by interacting with genetic vulnerability, can establish sensitivity to certain diseases later in life. Perinatal events associated with schizophrenia include pregnancy and delivery complications leading to infections (1), hypoxia (2,3) and malnutrition (4) of the fetus. The epigenetic role of the above perinatal events is mediated - among others- by Hypoxia Inducible Factors, HIFs, a family of transcription factors that directly induce the expression of several hundred genes, including genes involved in the pathophysiology of schizophrenia, for example that encoding Brain Derived Neurotrophic Factor (BDNF). One of the genes regulated by HIFs is tyrosine hydroxylase (TH), the first and limiting enzyme in catecholamine synthesis. Since dysregulation of DA systems is involved in many neurological and psychiatric disorders, we investigated the effects of perinatal hypoxia, a common occurrence in many birth complications in humans, on the mesencephalic DA neurons of the human neonate using immunohistochemistry and computerized image analysis (5). The degree of the severity/duration of the hypoxic injury was in parallel estimated by neuropathological criteria. In severe/abrupt perinatal hypoxia, intense TH staining was observed in substantia nigra, ventral tegmental area and surprisingly also, in the urocortin-positive centrally projecting neurons of the nonpreganglionic Edinger-Westphal nucleus (6). In severe/prolonged hypoxia however, a massive reduction of TH expression was observed in all mesencephalic nuclei. Our findings indicate that at early stages of perinatal hypoxia there is a massive increase in dopaminergic neuronal activity in the mesencephalon of schizophrenic patients, the question raised is whether this DA hyperactivity could be attributed to early perinatal events predisposing infants survivors of perinatal hypoxia to dopamine related neurological and/or cognitive deficits later in life. Experimental studies indicate
that hypoxia to the fetus results in long-term disturbances of the central dopaminergic (DA) systems that persist in adulthood.

In the human hypothalamus under prolonged perinatal hypoxia massive induction of TH was observed in the neurosecretory neurons of the paraventricular and supraoptic nuclei in addition to the reported increased vasopressin synthesis and release intending to redistribute blood to the vital organs, thus supporting the survival of the fetus (7). It appears that nature provides to the fetus mechanisms to adapt under severe perinatal complications, that unfortunately, could have costs in the quality of life to the survivors.

Selected references:

S3.1-The transition of behavior analytic traditional parent-training models to models that incorporate naturalistic and systemic elements within the ecology of current socio-economic affairs

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It has been extensively demonstrated that Behavior Analytic interventions for children with ASD have been most appropriate and effective, even to the point of helping a great number of children with this serious diagnosis to surpass their diagnosis and to live normal lives1-2. Yet, the focus of Behavior Analysis has been primarily on child progress and an analysis of small units of behavior. Systemic Behavior Analysis combines behavior-analytic principles and methodologies with General Systems Theory in order to emphasize the need to approach therapeutic change in systemic terms which dictates the need to incorporate as many systems as possible in the therapeutic plan.

Using as an example parent-training practices, the purpose of this presentation is to briefly describe the transition from traditional behavior analytic practices that deal with specific child-related variables, to practices that incorporate a great number of variables related to the family as a whole. Systemic behavior-analytic parent-training programs are very beneficial and cost-effective in at least two ways: (a) Providing support to the family system leads to empowering its members so that they can provide adequate support to the child with ASD and reinforce the child’s efforts to reach an optimal therapeutic outcome. (b) Parent-training practices help parents undertake the role of co-therapists which maximizes parental efficiency in dealing with their children’s problem behavior and in helping them acquire skills that are important for their progress and for their social and school inclusion.

Effective and efficient practices, such as parent-training programs based on systemic behavior analytic principles, are very important since they coincide with both the rights of children with ASD to access optimal therapeutic services and with the current state of economic affairs that calls for very careful and efficient use of our limited financial resources.

References
S3.2- The effectiveness of self-management in the acquisition of social skills by children with autism: A meta-analysis

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Introduction: Self-management is an evidence-based intervention for children with Autism Spectrum Disorders (ASD) since it has been proven effective in enhancing child development across a wide range of the developmental spectrum. The purpose of this presentation is to provide evidence for the effectiveness of self-management in alleviating social deficits in children with ASD. To reach this purpose we used meta-analytic methods to review relevant studies conducted with Single-Case Experimental Design methodology.

Method: A Nonoverlap of All Pairs (NAP) procedure was used which involved a comparison between baseline and intervention data to calculate performance changes following the introduction of treatment.

Results: The findings of this study provide further support for the usefulness of self-management interventions in developing the social skills of children with ASD.

Conclusions: The advantages of using such interventions are discussed in parallel with the advantages of using the NAP procedure for the meta-analysis of data derived in studies using Single-Case Experimental Designs.

References:

S3.3- Parent training for parents of young children with autism spectrum disorder: A naturalistic behavioral-analytic model

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Introduction: Naturalistic behavioral-analytic approaches for parent training draw from a wealth of experimentally-validated methods in the context of Applied Behavior Analysis. Parent-training programs based on behavior analytic methodology have been consistently documented in the literature to have positive effects on children with ASD in a variety of target behaviors and symptoms. In addition to contributing to the expanding of skills that children acquire, numerous other positive effects on the parents and the relationship between parents and children have been documented. The main characteristic of such programs is that they use behavior analytic principles in a naturalistic perspective where the therapist follows the child's lead and expands upon initial child responses in order to help the child acquire advanced skills. Two separate pilot studies were conducted.

Method: Two families of toddlers with ASD participated in the initial pilot study which was conducted in their homes. The purposes of this study were multiple: to explore variables associated with the interaction between parents and their child with ASD, to assess the style of such interactions, to identify targets for intervention that pertain to the unique needs of each family, and, finally, to attempt to ameliorate the identified difficulties. This study was exploratory attempting to identify as many variables as possible that may contribute to the improvement of the parent-child interaction. Due to this purpose, we did not employ strict experimental conditions as was the case for the second pilot study that will be presented by Sarafidou and colleagues. To evaluate the effectiveness of our intervention, we used a pre- post-intervention assessment. Our intervention included behavior-analytic methods such as direct instruction to parents, modeling, reinforcement, and systematic feedback procedures.
Results: Our findings were very interesting since a great number of variables were identified as important in terms of fostering child progress, improved parental involvement, and mutually satisfactory parent-child interactions. In addition, we obtained some initial indications that an intervention that entails a great number of variables may have an immediate and dramatic effect on the aforementioned variables. Yet, the absence of an experimental design and the small number of subjects dictate the need for further and more systematic investigations to confirm and validate the findings of this pilot study.

References:

S3.4-A Long-Term Group psychoeducation therapeutic program for parents of children with ASD: Benefits to the family as a system
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3 Institute of Systemic Behavior Analysis

Introduction: Families of children with Autism Spectrum Disorders (ASD) experience unique stressors in their everyday life, mainly derived from their child’s social, communicative and behavioral dysfunctions, in conjunction with the limited resources in comprehensive therapeutic interventions (Sofronoff & Farbotco, 2002). Another line of research provides substantial evidence that group psychoeducation with families of people with mental illness is effective in reducing family burden and distress levels (Falloon, 2003; Bauml, et al., 2006; Mizuno et al. 2012). The aim of this study was to investigate the efficacy of a long term group psychoeducational intervention in parents of children with ASD.

Method: Three couples of parents of children with ASD participated in a long-term (24 biweekly sessions) group psychoeducational intervention (treatment group). The intervention included information on the nature and the psychological characteristics of ASD, and communication and problem solving skills. Parents were pre- and post-tested with three self-reported questionnaires that measured three family outcomes: family functioning (Family Assessment Device), family atmosphere (Family Rituals Scale) and family burden (Family Burden Scale).

Results: Within group comparisons of the mean scores of the treatment group, following treatment, revealed significant decreases (under cut-off scores), in all three parameters under study. Qualitative analysis of the level of understanding of the nature, causes and treatment of ASD, as well as of the self and social stigma management showed improvement after the completion of the intervention.

Discussion: Our findings provide pilot evidence that intensive long term group parent psychoeducation can be an efficient and efficacious treatment intervention for the improvement of the systemic properties of the families.

S3.5-A naturalistic approach to parent training for toddlers with A.S.D.: A pilot study
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Introduction: The purpose of this presentation is to report the findings of a pilot study that followed the Michalopoulou et al (2014) study and to discuss them in terms of prior related findings and future research directions.
Method: Two families of toddlers with autism participated in this study which was contacted at the Institute of Systemic Behavior Analysis – a treatment center for children with ASD. We employed the methodology used in the Michalopoulou et al (2014) study, but used an experimental single-case across responses multiple baseline design.

Results: Results confirm the research hypothesis that parent training in toddlers with ASD is important for their progress in a variety of domains. The most important finding pertains to positive outcomes in trained responses as well as to novel responses for which direct training was not offered. In addition, generalization gains were also obtained in the home setting and both trained and generalized responses maintained even three months following the termination of our intervention. Specifically, improvement was obtained in all three categories of responses: (a) Child-related variables, which were variables that involved the child responses in activities, such as involvement in games (functional or symbolic), constructive engagement, and verbal utterances. (b) Parent-related variables, which were variables that involved naturalistic techniques aiming to improve the parental approach to the child. (c) Relational variables such as joint attention, on-task behavior accompanied by interaction, and spontaneous imitating of parental motor and vocal behavior.

Conclusion: The findings of this study confirm the effectiveness of a naturalistic parent training program in fostering immediate and dramatic improvement in a host of variables including child-related, parent-related, and interactive parent-child variables.

S4.1 Some human systems therapy techniques effective for the treatment of schizophrenia
N. Paritsis
Greece

S4.2 Treating three schizophrenic young persons in the same family: A case study
Maria Lambraki, Nicholas Paritsis
Society for Systems Therapy and Intervention in Individuales, Families and Larger Systems, Athens, Greece

Introduction: The aim of this work is to discuss the importance of a multilevel intervention in the context of Human Systems Therapy for the recovering of three schizophrenic members in a multi-problem family.

Sample-Methods
Sample: The schizophrenic members were three siblings (two girls 17 and 20 years old, and 1 boy 19 years old). They were living with their sister with personality disorder, who was working.
In more details
(a) The 17 aged sister with mixed personality disorder, antisocial characteristics, frequent psychiatric hospitalizations due to schizophrenic symptoms, suicide attempts, light mental retardation, overweight, and both sexual and physical abused by her mother's partner.
(b) The 20 aged sister with occasional schizophrenic symptoms, and frequent psychiatric hospitalizations. She also had mixed personality disorder with antisocial characteristics, and she was sexually and physically abused by her mother’s partner. She was married since the age of 14. Her husband had led her to prostitution,
(c) The 19 aged brother with schizophrenic symptoms, and frequent compulsory psychiatric hospitalizations. He also had mixed personality disorder with antisocial characteristics, and he was physically abused by her mother’s partner. He had light mental retardation, he was illiterate, overweight, heavy drinker on impulse, and offender
(d) The 18 aged sister was primary school graduate. She had characteristics of personality disorder and she was occasionally a cleaning lady in order to maintain her siblings. She was also physically abused by her mother’s partner.
The above siblings have a 10 years old sister, who was adopted by their mother’s sister. She is also overweight, without specified psychopathology, and she had bad school progression.
Their parents were divorced, and they had abandoned their children. The siblings live in a hovel (property of their grandmother)

**Methods:** The therapy realized through 50 therapeutic sessions with the family, namely one session per month for four years. In addition there were interventions in other systems, usually one per month as well. We applied principles and techniques of HST to the following systems and levels of intervention. The levels of interventions are as follows:

A. Individuals (4 siblings, adopted sister, mother, father, father’s sister, rich uncle and his wife, significant persons, neighbors)
B. Families (family of the three members, grandmother, father, mother’s cousins)
C. Institutions (hospitals, schools, welfare, municipality, church, police)

**Results:**

**Individuals**
(a) 17 years old sister. Cessation of schizophrenic symptoms and stepwise cessation of medicine treatment. No suicide attempts. Cessation of suicide thoughts and epileptic symptoms. Diet with no serious results. Schooling and high school’s graduation. Consistent relationship
(b) 20 years old sister. She divorced. Cessation of prostitution. Consistent relationship. Job
(c) 19 years old brother: Cessation of schizophrenic symptoms. Primary school’s graduation. Occasional job. Reduction of offense.

**Family:** Family’s social rehabilitation and improvement family’s quality of life.

**References**

**S4.3Opposite concepts relations in schizophrenia: The influence of family environment and a possible tool for early identification of cases**
G. Kokkinakos, N. Paritsis
*Society for Systems Therapy and Intervention on individuals, families and larger systems, Athens, Greece*

**Background:** There is a hypothesis that family environment, through contradictory messages, lead to a reduction of mutual exclusion of opposite concepts, that farther contributes to the development of schizophrenia (Paritsis 1993). This idea utilized in Human Systems Therapy and lead to a research with the empirical finding of inconsistent use of opposite concepts by schizophrenics (Vasiliaki and Paritsis 1996). Furthermore, Kokkinakos and Paritsis further investigated the issue and found an inability of logical exclusion of opposite concepts in schizophrenia (Kokkinakos and Paritsis 2014).

**Aim:** The aim of this work is to test the hypothesis that this inability of logical exclusion of opposite concepts is characterizing schizophrenia as opposed to neurotics, and this holds even if there are not active schizophrenic symptoms. The results will be a good step towards the development of a method and a tool of early detection of schizophrenia.

**Method:** The sample was comprised of 120 subjects, 30 normal, 30 neurotics, 30 inpatient schizophrenics and 30 outpatient schizophrenics without active psychopathology. These groups did not differ in age, sex and education. The subjects had to fill a type of Kelly Grid twice with the second time with reversing the position of constructs Vasiliaki and Paritsis (1996) work, which further developed, modified and adapted by Kokkinakos and Paritsis (2014) for the purpose of the present study.

**Results:** The results shown a lack of statistical difference between normal and neurotics, a lack of statistical difference between the two groups of schizophrenics, and a statistical difference between schizophrenics and no schizophrenics, with the outpatient scoring lower. The schizophrenics without active symptoms of schizophrenia had a statistical difference from neurotic patients.

**Discussion:** The results that the outpatients without active psychotic symptoms were statically significant different from neurotics and normal subjects and different (low significant statistically) from active schizophrenics point towards a strong indication that pre-schizophrenics may score in a way that differentiate them from other groups of subjects. The next step towards this goal is a research including other psychotics, not active schizophrenics and pre schizophrenics on the basis of their early symptoms. The present results
also strongly support the theory that schizophrenics have the difficulty to mutually exclude the opposite concepts. This can be practically utilized in psychotherapy for preventing the environment of (pre)schizophrenic to give contradictory messages that could result to the mutually exclusion of opposite concepts (see Paritsis 1993, 1994).

**Conclusions:** The results of our study are a step towards and very encouraging for the development of a tool for early diagnoses of schizophrenia and can be utilized in the psychotherapy and family therapy.

**References**
Vasilaki I. and N. Paritsis (1996), Inconsistent use of opposite concepts and thought disorders in schizophrenia, 14th PanHellenic Psychiatric Congress, Iraklio, 30 Mar-3 Apr. 1996
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S5.1-The strange dynamics of personality

Dimitrios Geroukalis

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Scientists have wandered into the strange reality of the personality and personality theory proper. It seems that a reasonable argument can be made that the personality is composed of traits, where mood is more reflective of states. Personality is a strange attractor and it appears that this position is actually best represented by the interactionist model, which accounts both for some form of boundary the behavior and for dynamic fluctuation that occurs in relief to internal and external pressures. Exact behavior would be unpredictable from moment to moment but it would remain within loose boundaries – those of the strange attractor; all potential behavior would not have an equal probability of occurrence. In contrast, if behavior were random, then every possible behavior would have an equal probability of occurrence at any given time. Complex behaviors, like those described before, require theoretical models that are able to account for not just stability and not just instability. Until the dynamic models encapsulated within chaos theory were discovered, scientists and personality theorists alike had a difficult time making an interactionist position meaningful. There was theory that described stability, and some that described instability, but not one set of theories that did both.

Chaos and more recently complexity theories provide the ability to understand both sides and a bit of gray in the middle. The analogy of personality as a strange attractor, with its connotations of bounded parameters and sensitive dynamic fluctuation seems to make sense.

S5.2-What is evil?

A. Moustakis

*Greece*

In the first two chapters of the first book of the Bible, Genesis, described the creation of the cosmos and humans. In the next chapter presented the fall of human beings and the entry of evil in human history. According to the story, God created the world “very good” only good. He created "Heaven" a perfect garden where love prevailed.

Unfortunately Satan, who hates everything good, he addressed to the protoplasts and tried to persuade them to follow his words and his actions. The Bible describes how he managed to trick them with lies and to remove them from the love of God.
After choosing to follow the words of the devil everything changed at their lives: they ceased to love God, as so their fellow man, God’s creation and their own selves.

Satan took advantage of freedom the greatest gift of God to human. God made man free and gave him the opportunity to renounce Him. With the possibility to choose or reject God confirmed his freedom and his importance for God. Of all creatures, only man could love Him or reject Him.

From the moment man broke his ties with God felt alone, ceased to love his fellow man and was dying.

From this moment the evil dominated the world: violence, death, exploitation, injustice, malice, disease etc.

Can man change this situation?

Is man abandoned by God?

No! The incarnation of the Son of God gave man the opportunity to know him and love him again.

Unfortunately evil exists in our world and we, with the help of God, we must strive to overcome it.

S5.3-Psychopathic serial killers and free will. A philosophical approach
Ioannis Plexidas

If someone asked you, “Are serial killers blameworthy for what they do? Are psychopathic serial killers morally responsible for the evil things they do? Are they evil?” what would you answer? I believe that, without hesitation, you would answer that serial killers are evil, pure evil, the incarnation of evil and, yes, they are blameworthy for what they do. But, are you right? Of course we all are repelled at the actions taken by the serial killers, they are a threat to us, the actions they do are evil, but, maybe, things are not just so. I have some objections, some philosophical objections. These objections I am going to put before you. In my opinion someone can be really and profoundly evil and not responsible for what he or she does. First of all I am going to make a distinction. Psychopaths and serial killers are not the same thing. Not all psychopaths are serial killers and not all serial killers are psychopaths. What is a serial killer then and why do we speak about psychopathic serial killers?
Second, I am going to give a definition of serial killers and a definition of moral responsibility. Third, I am going to exam if serial killers are moral agents, that is, if they intentionally choose their actions and, as part of that, control their urges. Additionally i am going to exam if serial killers have free will. Finally I am going to prove that psychopathic killers seem to lack the ability to recognize the moral significance of what it is that they are doing, at least when it comes to harming others. My conclusion is that we can’t blame them for what they are.

S6.1-GWAS findings from the ASPIS cohort
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* These authors contributed equally to this work

Background: Neurocognitive disturbances precede the onset of schizophrenia (SZ). Several neurocognitive traits have been proposed as putative endophenotypes for SZ, with potential usefulness in identifying genetic loci contributing to disease liability. Converging evidence shows that these traits share common genetic determinants with SZ.

Methods: We conducted a genome-wide association study (GWAS) on candidate neurocognitive and oculomotor SZ endophenotypes in 1079 healthy young male volunteers, with follow-up replication genotyping.
in an identically phenotyped internal sample (n=738) and an independent cohort of young males with comparable neurocognitive measures (n=825). Heritability was estimated based on the combined influence of all genome-wide markers. Gene expression regulatory effects in human brain tissue were also assessed. Correlations with general cognitive ability and SZ risk polygenic scores were tested utilizing meta-analysis GWAS results by the Cognitive Genomics Consortium (COGENT) and the Psychiatric Genomics Consortium (PGC).

**Results:** Biologically relevant genetic loci emerged implicating protein targets involved in neuronal processes, which lack however robust replication evidence and thus additional validation is required. Secondary permutation-based analysis revealed an excess of strongly associated loci among GWAS top ranked hits for verbal working memory (WM) and antisaccade intra-subject reaction time variability (empirical p<.00033), suggesting they include multiple true-positive associations. Substantial heritability was observed for WM performance. Further, sustained attention/vigilance and WM were correlated with both COGENT and PGC-SZ polygenic scores (nominal p<.05).

**Conclusions:** These results show that common genetic variation explains some of the variability in neurocognitive functioning among young adults, particularly WM, and support a genetic overlap between neurocognition and SZ.

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**S6.2-The Greek LOGOS and PreMES cohorts: Logic and summary of findings and future approaches**

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**Background and Aim:** Intermediate phenotypes of information processing, cognition, emotion and behavior are considered invaluable tools in schizophrenia research, as they reflect the genetic effects on neural networks more accurately than the overt symptoms of the complex and heterogeneous schizophrenia syndrome. Healthy young males are an age-relevant group, devoid of symptom and medication confounds and therefore, a good model for studying the effects of schizophrenia risk polymorphisms on CNS functions and identifying genetic mechanisms of risk.

**Methods:** We quantified CNS functions such as “gating” at the early stage of information processing as measured with Prepulse Inhibition (PPI), working memory, attention, executive function, episodic memory, schizotypy and affective personality traits in the LOGOS cohort of ~1500 healthy males (18-30 ys) and applied targeted genotyping of risk polymorphisms and GWAS.

**Results:** Targeted genotyping for the risk NRG1, DAO, PRODH, COMT, CACNA1C, ANK3 and CSMD1 polymorphisms were associated with different patterns of reduced gating, suboptimal working memory/executive function or episodic memory and various personality traits, identifying separable mechanisms of risk. We found that increased polygenic risk of schizophrenia was associated with reduced PPI, indicating that common genetic variation has an important role in the etiology of schizophrenia and gating impairments. GWAS for PPI, revealed 2 loci (rs61810702 and rs4718984) associated at genome-wide significance with this measure. We also found that both reduced gating and suboptimal working memory may be predicted by low prefrontal dopamine and in preliminary proof-of-concept pharmacogenomics studies we showed that they both improve after prefrontal dopamine elevations induced by COMT inhibitors, thus paving the way for the targeted treatment of cognitive and negative symptoms in schizophrenia. Preliminary results from 140 subjects from the PreMES cohort show that different types of schizotypy in the general population are associated with different patterns of cognitive function, general psychopathology and childhood stressful experiences.

**Conclusions:** We validated PPI as an endophenotype for schizophrenia research. Multi-level (endo)phenotyping is useful for studying and validating risk polymorphisms. We showed that common, low penetrance risk polymorphisms may affect CNS function even in non-clinical individuals, thus establishing a
paradigm for the identification of mechanisms of genetic risk for the disease. Other current and future approaches of our group include the genotyping/phenotyping of a mother/baby cohort which may help identifying the onset of risk and the Risk to Transition Project in university students which may identify phenotypes (and possible genetic/molecular changes associated with them) predictive of longitudinal risk for academic/social failure and help-seeking for prodromal/formal major mental illness.

These studies were partially funded by ELKE university of Crete, the European Social Fund (ESF) and National Resources (ARISTEIA II) and the General Secretariat of Research and Technology (GSRT).

S6.3 - Factorial invariance and latent mean differences on schizotypy scores across gender and age

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Background: The SPQ is one of the most widely used scales for measuring schizotypy characteristics modeled on DSM-III-R criteria for schizotypal personality disorder. It consists of 74 dichotomous items and is organized into nine subscales for all schizotypal traits.

Aim: The purpose of this study was twofold: first, to examine the factorial structure of the Greek translation of the Schizotypal Personality Questionnaire (SPQ) in a sample of 760 non-clinical adults. A second aim was the investigation of the factorial invariance of the SPQ across gender and different age groups as well as the examination of possible gender and age group differences at latent mean level.

Methods: Using confirmatory factor analysis (CFA) different proposed models of the schizotypy structure (one-, two-, three-, and four factor models) were evaluated. Additionally, using multi-group confirmatory factor analyses (MGCFA) factorial invariance and latent mean differences were examined.

Results: With regard to the factorial structure of the SPQ, although the original model was replicated adequately for the Greek sample, the Stefanis et al.’s (2004) “paranoid” model provided the best fit among the other alternative models (2- and 3-factor models) for the Greek sample. With regard to the factorial invariance of the SPQ across gender and age, the analysis revealed that that the “paranoid” model showed measurement invariance (configural, metric and structural) across gender (males vs. females) and age groups (17-35 vs. 36-70). Latent mean differences across gender and age groups were also found.

Discussion: Findings regarding the latent mean differences across gender and age groups are discussed with reference to recent and past findings. Based on the results from this study, we can conclude that the Greek translation of the SPQ is a useful tool in screening for schizotypal personality disorder in the general population.

S6.4 - Dissecting the cis regulation of gene expression in schizophrenia

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Background: Schizophrenia is a highly polygenic disorder that perturbs molecular and cellular networks underlying disease pathophysiology. The most recent Psychiatric Genomic Consortium GWAS in schizophrenia reported more than a hundred susceptible loci. In this study, we used multiple high dimensional datasets [genomic; expression quantitative trait loci (eQTL), cis-regulatory elements (CREs) annotations] followed by higher-order chromatin structure experiments to identify some of the regulatory mechanisms through which risk alleles act.
Methods: High density eQTL analysis was conducted using transcriptome profiling in three human postmortem brain non-disease cohorts. A variety of publicly available, brain specific CRE annotations for promoters, enhancers or open chromatin was used. Furthermore, in-house generated promoter annotations for DLPFC sorted neurons were available. The spatial organization of promoters and enhancers was examined by chromosome conformation capture in human postmortem tissue.

Results: PGC SNPs are enriched for eQTLs [average odds ratio (OR): ~3.6] and CREs [OR

promoter: ~3.6; OR

enhancer: ~2.4; OR

open-chromatin: ~1.6]. Combined analysis of eQTL and CRE annotations showed a further increase in the PGC SNPs enrichment [OR

promoter: ~9.4; OR

enhancer: ~6.6; OR

open-chromatin: ~5.9], indicating that risk SNPs affect gene expression through allele-specific alterations in CREs. For CACNA1C, we demonstrated that intronic, risk SNPs that affect CACNA1C gene expression lies within a putative enhancer that strongly interacts with the promoter.

Discussion: In this study, we applied a stepwise approach to identify a subset of putative causal SNPs and genes and then examined some of the regulatory mechanisms through which affect gene expression and possible increase the risk for the disease.

S7.1-Neuro-inflammatory markers as targets for depression research in the search for novel antidepressants
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There is substantial evidence that chronic low grade inflammation contributes to the pathophysiology of depression and other major psychiatric disorders. Although the therapeutic effects of antidepressants have been explained in terms of their abilities to correct the underlying dysfunctional monoaminergic systems, limited evidence suggests that antidepressants also concurrently reduce the concentrations of some of the inflammatory mediators. This suggests that drugs directly targeting the inflammatory mediators, such as prostaglandin E2 (PGE2), may have antidepressant properties. Indeed, there is both experimental and clinical evidence to show that anti-inflammatory drugs, such as the cyclo-oxygenase 2 (COX2) inhibitor celecoxib, have modest antidepressant properties. However, the effects of chronic low grade inflammation are not confined to the single inflammatory pathway that arises from arachidonic acid, (PGE2), and there is a paucity of evidence to show that COX 2 inhibition also reduces the oxidative stress, the hypercortisolaemia caused by the cytokine activation of the hypothalamic-pituitary-adrenal axis and the activation of the neurodegenerative arm of the tryptophan-kynurenine pathway. Furthermore, despite the evidence that COX2 inhibitors target the synthesis of PGE2, there is no clinical evidence that the reduction in PGE2 in the cerebrospinal fluid correlates with the antidepressant response. Perhaps it is now time to reassess the search for drugs with proven antidepressant activity which primarily target the numerous changes caused by chronic neuroinflammation. One possibility maybe to search for drugs which modulate the synthesis of pro-inflammatory cytokines by the activated microglia in the brain.

S7.2-Inflammation biomarkers perinatally assist in detection of and vulnerability to depression
Fotini Boufidou
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Immune activation has been shown to be involved in the pathophysiology of anxiety states and major depression while pregnancy is associated with a characteristic immune activation to sustain the fetus. The fact that during and at the end of pregnancy certain mood disorders occur is an intriguing aspect for the interdisciplinary relationship between obstetrics, psychiatry and psychoneuroimmunology. We were interested in determining these complex interrelationships by studying parturient women. We recruited 56 parturient women who agreed to participate in the study and followed them until the sixth week postpartum by means of completing the Postpartum Blues Questionnaire (until the 4th day postpartum) and the Edinburgh Postnatal Depression Scale (at the first and sixth weeks postpartum). Additionally we determined the levels of IL-6 and
TNFalpha in serum and in CSF samples taken at delivery. The Edinburgh Postnatal Depression Scale had been validated for the Greek population. CSF biomarker determination was achieved by obtaining a sample that was drawn right before epidural analgesia was infused thereby allowing us a more direct approach to the central nervous system. Multiple regression analyses of psychometric scores and cytokine levels revealed that cytokine levels were positively associated with depressed mood during the first four days postpartum for CSF IL-6, for CSF TNFalpha, and for serum TNFalpha and also at the sixth week postpartum for CSF IL-6, and CSF TNFalpha. Given the positive associations between postpartum blues, postpartum depression and major depression we speculate that these findings could be relevant in stratifying and differentiating between the less severe and far more common postpartum blues with the more serious postpartum depression. We suggest that immune mechanisms play a role in the etiopathology of postpartum depressive mood swings. The determination of TNFalpha plasma levels could help in the differentiation of a subgroup of parturient women who are susceptible for postpartum mood disturbances. Additionally, given the accelerating growth of relevant research and the results from a considerable number of ongoing clinical trials, we postulate that this subgroup of women could benefit from the use of specific anti-inflammatory agents that are either already commercially available or will soon be introduced into the market.

S7.3-Kynurenines as biomarkers for personalised medicine in patients with major psychiatric disorders
Aye Mu Myint
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Major adult psychiatric disorders such as mood disorders and schizophrenia are very heterogeneous. Therefore, it is necessary to subgroup those patients based on their neurochemical changes so that personalized medicine can be applied. Certain patients with major psychiatric disorders are shown to be associated with activation of inflammatory response system. The immune activation is associated with disturbances or imbalances in tryptophan degradation, kynurenine pathway. Therefore, application of immune markers and kynurenines as markers for subgrouping the patients is a plausible attempt in personalized psychiatry. A series of studies were performed to investigate different kynurenines patterns in serum/plasma and cerebrospinal fluid in patients with major depression, bipolar disorders and schizophrenia. The different patterns in terms of imbalances in kynurenine pathway are associated with different clinical symptoms. Moreover, baseline values of those parameters in the serum/plasma are also associated with response to treatment. The possible application of those biomarkers in personalized psychiatry will be discussed.

S7.4-Neurotoxic and neuroprotective effects associated with depression and antidepressant drug therapies
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Introduction: A pro-inflammatory state and an imbalance in the tryptophan/kynurenine pathway have been documented in depression. There appears to be a causal relationship between the pro-inflammatory status and the kynurenine shunt reflecting diversion of tryptophan away from serotonin formation and toward kynurenine metabolites some of which have been shown to be neurotoxic. In two separate studies utilizing a comparable design we sought to examine whether monotherapy either with the SSRI, escitalopram (ESC), or the atypical antipsychotic, quetiapine (QTP) could suppress inflammation and favorably affect the metabolites of the kynurenine pathway in patients with major depressive disorder (MDD) within the utilized treatment period.

Method: A cohort of twenty seven healthy control subjects were included for comparison. They underwent extensive testing to ensure physical and mental health. Thirty patients were enrolled after completing...
baseline assessments. They received a 12-week ESC monotherapy. Twenty subjects were completers. In a separate study sixty six patients were enrolled after completing baseline assessments. They received a 12-week QTP monotherapy. Clinical assessments were carried out at each visit using the HAM-D, HAM-A, CGI and BDI rating scales. Blood samples were collected at each assessment and stored until analyzed. Cytokines were analyzed with Randox multiplex assay and tryptophan and kynurenine metabolites were analyzed using HPLC/GC.

**Results:** Baseline plasma concentrations of hsCRP, TNFα, IL6 and MCP-1 were significantly higher in patients compared to healthy controls. IL10 trended toward an increase. Baseline plasma IL1β correlated significantly with IL1α, and IL4. Patients showed significant improvement in all outcome measures with a high remission rate in both studies. Significant correlations were obtained between specific symptoms and certain biomarkers at baseline but these correlations must be viewed as very preliminary. During treatment concentrations of inflammatory biomarkers did not change except for TNFα that trended lower. Metabolites and ratios of the tryptophan/kynurenine pathway showed robust reductions of the neurotoxic metabolites, 3-hydroxykynurenine and quinolinic acid, 3-hydroxykynurenine/kynurenine, quinolinic acid/tryptophan, kynurenic acid/quinolinic acid and quinolinic acid/3-hydroxykynurenine.

**Conclusion:** The results indicate that ESC and QTP may exert their antidepressant effect in part through inhibition of synthesis of certain neurotoxic kynurenine metabolites and possibly also through reduction of the inflammatory response, although there was no concordance in the time course of changes between antidepressant efficacy and reversal of the pro-inflammatory status.

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**S8.1- Predominant polarity and its implications in the treatment of bipolar disorder**

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Predominant polarity (PP) is a descriptor of the nosology of bipolar disorder (BD). PP is defined as at least twice as many episodes of one pole of the disorder over the other. Currently it has not been designated as a course specifier. Although a universally accepted definition of PP is still lacking, it seems that almost 50% of BD patients show an episode polarity. In BD I patients manic polarity is more prevalent, while the opposite is found in BD II ones. Overall, 50-60% of BD patients might show a predominantly depressive polarity, while 40% a predominantly manic one. This latter appears to show an earlier age of onset, typically with a manic/psychotic episode and its long-term course is more complicated as co-morbidity with substance abuse is more common. Existing evidence support the notion that, regarding bipolar depression at least, the choice of the acute treatment might be influenced by the PP as it looks like to alter the treatment response. Furthermore, literature suggests that PP should be taken into account also in the selection of maintenance treatment. Beyond the aforementioned comments, more specific conclusions regarding the association of PP and treatment choice are, more or less, elusive. In general, treatment have been divided into three categories: (a) the ‘antimanic stabilization package’ which includes mood stabilizers (lithium, valproate, carbamazepine), atypical antipsychotics (clozapine, risperidone, olanzapine) and electroconvulsive treatment, (b) the ‘antidepressive stabilization package’ which includes lamotrigine and atypical antipsychotics (e.g. quetiapine) and finally (c) the ‘anti-bipolar II package’ including various different antidepressants. Concurrently, regarding the maintenance treatment, the notion Polarity Index (PI) has been introduced. PI is the ratio of the Number Needed to Treat (NNT) of a certain treatment for the prevention of depressive episodes to the NNT of this treatment for the prevention of manic ones. A PI superior to 1.0 means that the drug has more antimanic properties and a PI inferior to 1.0 might show superior antidepressant potential. According to PI the strongest risperidone, aripiprazole, ziprasidone and olanzapine have the most robust antimanic effects while lamotrigine the most profound antidepressant ones. Quetiapine is the antipsychotic with the more balanced PI (1.14) showing an almost equal (anti-manic and antidepressive) preventive potential.
S8.2- Mood symptoms in schizophrenia and non-affective psychoses
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MD, PhD Psychiatrist, Institute of Mental Health EGO IDEAL

There has been obvious from the early 1900’s that a dichotomy between psychosis and manic-depressive illness would be a cause for great debate. Eugene Bleuler first of all argued that emotional problems are located in the heart of the range of psychotic disorders, and that the symptoms of which we focus our attention mostly, delusions and hallucinations, are ultimately secondary and ‘auxiliary’ elements of a psychotic process. Depressive phenomenology occurs very frequently in schizophrenia at rates ranging from 7-75%, making it rather difficult to define the boundaries between the two disorders. The significance of the distinction of depressive symptomatology in schizophrenia and other psychotic disorders, is to remark that the occurrence of depression in schizophrenia is associated with a worse prognosis, greater impairment, personal burden, faster relapse and repeated hospitalizations and suicide course.

The appearance of the depression may be due to organic and physical factors (e.g., chronic diseases, hyperlipidemia, etc.), use or discontinuation of psychotropic substances, or as secondary outcome of social problems such as lack of supporting network and the “discount” of socioeconomic level. As a matter of fact mood symptoms in schizophrenia may result from mental processes that contribute to feelings of hopelessness and helplessness (e.g., insight, recognition of psychosis as a traumatic event, experiencing a personal threat from the deteriorating health of the patient, shame, self-blame and lack of religiosity). Psychiatric diagnoses are used to help clinicians and researchers. Ideally, they should or could predict the course and outcome of an illness and aid the discovery of causes and mechanisms. The current nosology of psychotic and mood disorders was shaped by Emil Kraepelin, who proposed a simple dichotomy: psychotic disorders (dementia praecox and schizophrenia) result in a poor outcome, whereas affective disorders (manic-depressive illness and bipolar disorder) fare better.

It is of great concern for us as clinicians to clarify the existence and the importance of mood symptoms in schizophrenic or psychotic patients in order to apply the very best treatment plan for the specific patient.

S8.3- Global disability and burden in major mental disorders
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Thessaloniki, Greece

One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.

Treatments are available, but nearly two-thirds of people with a known mental disorder never seek help from a health professional. Stigma, discrimination and neglect prevent care and treatment from reaching people with mental disorders, says the World Health Organization (WHO).

Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 75% in many low-income countries - do not have access to the treatment they need.

The term “burden of disease” can refer to the overall impact of diseases and injuries at the individual level, at the societal level, or to the economic costs of diseases. Since its launch in the early 1990s, the global burden of disease study has produced a highly influential set of findings on the impacts of different diseases, injuries and risk factors on population health. At present, studies on the global, regional or national burden of disease continue to draw heavily on the set of disability weights derived in the 1996 revision of The global burden of disease. Mental, neurological, and substance abuse (MNS) disorders account for an increasing proportion of the global burden of disease. The World Health Organization (WHO) attributes to these disorders 14% of all of the world’s premature deaths and years lived with disability.
The Temperament approach to mood disorders
Stefania Moysidou
Thessaloniki, Greece

Concepts of both temperament and Mood Disorders have their origins back to ancient times and in some point their conceptualization seems to be interdependent through time. Although scientists have not come to an agreement on the definition of temperament, the empirical research, has described a limited number of temperament traits, many of which tend to overlap. Research until now has demonstrated that the hyperthymic and the depressive temperaments are associated with the more ‘classic’ bipolar picture. Depressive symptoms are more prominent in the depressive temperament, while cyclothymic, anxious and irritable temperaments are linked with more complicated clinical pictures and might predict poor treatment response, violent or suicidal behavior and high comorbidity. Certain types of affective temperaments are considered to act as vulnerability factors, probably represent residual syndromes, genetically determined variations of mood disorders or even the source of creativity. From a wider perspective, it is claimed that temperaments could represent all the features mentioned above, in various proportions or even in the same individual.

Asperger syndrome in adults: Clinical features and comorbidity
Veronika Somova
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Introduction: Asperger syndrome (AS) or High Functioning Autism (HFA) is a topical problem of modern psychopathology. This issue is at the intersection of child and adult psychiatry. Individuals who have a child reported symptoms of Asperger syndrome in adulthood continue to experience social difficulties associated with the manifestations of the disease. The importance of study of this disorder in adults is caused by the need to correct the prediction of outcomes and the development of methods for differentiated treatment of different variants of HFA / AS.

Methods: The study included 107 patients aged 18 to 37 years old - 89 men and 17 women. The average age of the patients was 22.6 years old. All subjects went through a screening procedure using clinical questionnaires for the diagnosis of Asperger syndrome - ASDI and ASDASQ, as well as clinical examination based on ICD-10 criteria for AS. Patients were psychiatric observation at least for two years. Were interviewed relatives of 79 patients for early development, education and the symptoms of AS.

Results: Based on a comprehensive psychiatric evaluation and analysis of the behavior of the patients were allocated five main options HFA/AS.

Integrated version HFA/AS - characterized by high emotional stability, self-control and accentuation of personality traits and schizoid patients obsessional circles. They observed worn out or psychopathological manifestations in the form of addiction to the emergence of bipolar (44%) and obsessive-compulsive disorder (22%). Almost all of these patients had a satisfactory level of psychosocial adaptation.

Inhibited option HFA/AS distinguished by the presence of patients expressed anxiety and avoidant traits. They often had depressive disorders (81%) and anxiety (73%) of the spectrum, including obsessive-compulsive disorder. This type is characterized by high neuroticism and was accompanied by low levels of social adaptation in relation to mental illness.

Eccentric version of HFA/AS. Patients in this group showed a higher tendency to rise to dysthymic (67%), anxiety - phobic (52%) disorders and psychopathic reactions protest of the type (43%). In many patients, the social adaptation was good enough due to the high professional achievements in the field of programming, computers, or other isolated professional fields related to overvalued hobbies patients.

Borderline option HFA/AS. These patients have emotional instability, impulsive behavior and antisocial egocentric installation. These traits, combined with the emotional coldness and restless behavior make it difficult to adapt to such persons. Borderline option often been associated with the emergence of various addictions (41%) and bipolar disorder (74%), as well as with impaired sensory synthesis and self-awareness (59%) and suicidal symptoms (56%).
Hypernormative option HFA/AS determined tendency of patients to slow symptoms of mental disorders and internal psychological problems that they present. Their behavior and interactions with people determined high discipline and increased responsibility. However, in these patients could crop up psychotic state (44%), as well as marked tendency to somatoform disorders (67%).

**Conclusion:** Asperger Syndrome - a phenomenological expression of polymorphic mental states characterized by impaired social cognition, nonverbal behavior and empathy. He often masked the symptoms of comorbid psychiatric disorders. There is clinical evidence that at least some cases, closely associated with schizotypal disorder. There are several types of Asperger syndrome, which obviously have different prognoses and comorbidities.

**S9.2-Predictors of efficacy of group Cognitive Behavioral Therapy in treatment of depressive disorders**

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**Aim** of the study was to identify the predictors of efficacy of group CBT for depressive disorders applied in combination with standard pharmacological treatment for inpatients with depressive disorders in Russia.  
**Materials and Methods:** Sample contained 121 inpatients (Mean age 41.0 ± 11.6, M/F -52/48%) diagnosed with one of depressive disorder (F 32-38%; F 33-33 %; F 41.2-25% and F 34.1-5% according the ICD-10 criteria). All patients were randomly assigned to the Treatment-As-Usual (TAU, standard psychopharmacological treatment) (n = 56) or TAU + 8 sessions of Group Cognitive Behavioral Therapy each for a 2.5-hour duration (TAU + GCBT; n = 65). In order to assess the outcome the Russian versions of Beck Depression and Anxiety Inventories (BDI & BAI), Dysfunctional Attitude Scale, Automatic Thoughts Questionnaire were used at pre-treatment, post-treatment and at 1-year follow up brief consultation. In addition, The Brief Inness Perception Questionnaire (BIPQ), The Multidimensional Scale for Perceived Social Support, The Ways of Coping Questionnaire, The Client Motivation for Therapy Scale, socio-demographic and clinical characteristics were also used in a series of multiple regression and logistic regression models, as potential predictors of GCBT.  
**Results:** Regression results revealed that the severity of depression before treatment, the level of perceived social support from friends, level of intrinsic and integrated motivation to the group cognitive-behavioral psychotherapy, the intensity of coping strategy “avoidance”, as well as type of a disorder, duration of a disorder and level of education were significant predictors of outcome of Group Cognitive Behavioral Therapy for depressive disorders.  
**Conclusion:** The results of this study provide support for specific factors or predictor variables that are important for GCBT treatment outcomes in inpatient treatment of depressive disorders in Russia. It is important to study and take into practical consideration the factors that contribute to improving treatment outcomes in order to ensure that the optimal treatment options for individual patients can be generated.

**S9.3-Behavioral features of patients with obesity**

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Russia, Moscow, Moscow institute of Psychiatry

Alimentary-constitutional obesity is an important medical social problem. However the structure of associated mental pathology and behavioral features of patients with obesity are studied insufficiently.  
**Objectives:** determination of behavioral features of patients with obesity with application of clinical psychopathological and personal style criteria.
**Subjects:** 109 patients with an excess weight and obesity (aged 19 – 62 years) with a surplus body mass, who came to the endocrinologist for obesity treatment. Their physical condition was satisfactory and concomitant somatic diseases were in a compensated stage.

**Methods:** clinical diagnosing using ICD -10 criteria and psychological questionnaire survey with the help of Minnesota Multiphasic Personality Inventory (MMPI).

**Results:** Mental disorders were diagnosed clinically at 75 (68,8%) patients. As a result of psychological inspection of patients with obesity 5 behavioural styles were revealed: border-line, sensitive, hyperthymic, dysthymic, non - differentiated. Overweight and obesity have a high comorbidity with mental disorders, mainly with border-line range. However disturbances of self-control of eating are associated with different behavioural styles not specific to mental disorders.

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**S9.4-Psychotherapy training in Russia: Competing with magicians**

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Psychotherapy in Russia is a separate medical specialty, whereas patients visiting psychologists are subject to psychological counselling.

It takes three milestones to become a psychotherapist. First you graduate from the medical school, then complete one /two (Russia is known for short residency duration) years of psychiatric internship/residency and finally you apply for additional education in psychotherapy which lasts for 4-6 months/500 hours and more.

Prices vary from one institute to another but usually they make up 1200 euro for the short term training, 2500 euro for internship and 5000 euro for the residency.

The program includes “therapies” that are not evidence based sometimes.

This may be explained by the long-term isolation in Soviet times. The culture of recognition of evidence based therapies is only developing in Russia and the process started from psychiatrists that were not trusted by the society for many years. This process is now reaching the most educated people in Russia but vast majority of population still has magical thinking and believes in supernatural power.

It results in proliferation of psychics, magicians, mediums, fortune tellers, supernatural healers, voodoo and bio-energetic practitioners whose popularity cannot be compared to one of psychotherapists. In 2011 Russian population was about 143 000 000, number of people in need of mental health services was around 4 000 000. There was more then 14 000 psychiatrists and 1700 medical psychotherapists registered. The largest psychotherapy community included approximately 5500 members (with non-medical specialists and trainees), the same number of narcologists (specialized in addiction treatment) was there in 2011.

But the number of spiritual counselors/healers/magicians/psychics/aura diagnosticians/exorcists/shamans was 200 000 - 400 000, and their income only in Moscow reached USD 10 000 000.

However, the TV show “Psychic challenge” is one of the most popular in Russia. Started in 2007 it was as popular as “Sweet dreams, kids”, the program traditionally watched by children before going to bed from 1964 on federal channel. In 2011 rating of “Psychic challenge” was even higher than the one of Champions League (Barselona-Manchester United). From 2007 to 2014 “Psychic challenge” has issued 14 seasons , 22 series (50-115 min each). The winners of the show later consulted in saloons for magic/clairvoyance or natural healing, and the average price of the session was about 1000 euro per visit. The web search (www.yandex.ru) also reflects this tendency. 3 000 000 search results for “psychiatrist Moscow”, same number for “psychotherapist Moscow” and “astrologist Moscow”, 4 000 000 for “psychic Moscow”, 39 000 000 for “bio-energetic practitioner Moscow”, 423 000 for “depression treatment by psychiatrist”, 412 000 for “depression treatment by natural healing”, 384 000 for “depression treatment psychotherapy”, 86 000 for “depression treatment antidepressants”, 256 000 for “depression treatment by spell”.

Thus, during his/her training the young psychotherapist has to balance between the distrust towards psychiatrists (the hangover after political abuse of psychiatry in Soviet Union) and discredit applied to healers and psychics (the natural outcome of fraud).
Combating social stigma in severe mental illness in Greece: The Greek paradigm

Marina Economou
University Mental Health Research Institute (UMHRI), Athens, Greece

The stigma surrounding mental illness is a pervasive and persistent social phenomenon, recorded in many societies and countries worldwide. It describes the view that people with mental illness are marked, bear undesirable characteristics and/or deserve reproach because of their mental illness. Of all the mental disorders, schizophrenia is undoubtedly the most stigmatized; eliciting stereotypes, fear and outright rejection. Internationally, people with schizophrenia are incorrectly perceived as being unpredictable, dangerous, violent and lazy; beliefs that generate prejudice and discrimination against them. Particularly in Greece, the Greek origin of the term “schizophrenia” - translated as “split-mind” - fuels a confusion between the disorder and split personality; cultivating further endorsement of the unpredictability and dangerousness stereotypes.

Indeed research conducted in the context of the World Psychiatric Association (WPA) international programme “Open the Doors: to Fight the Stigma and Discrimination because of Schizophrenia”, has suggested that desired social distance from people with schizophrenia – i.e. a proxy index of discriminatory behavior against people with a mental disorder - is substantially higher in Greece than in Canada or Germany. It merits noting that 20.2% of Greek people reported that they would oppose the operation of a group home for people with schizophrenia in their neighborhood, as compared to 4.6% of the German population and 7.6% of the Canadian. Congruent with this, the University Mental Health Research Institute implemented the WPA initiative in Greece, which was soon evolved into the “Anti-stigma programme”.

In this context, a series of interventions were designed, conducted and evaluated, addressing stereotypical beliefs and prejudicial attitudes towards people with severe mental illness in specific population subgroups, such as high-school students, journalists, and health professionals among others. The interventions incorporated recommended strategies for counteracting stigmatization; namely, protest, education and contact. Evidence for the effectiveness of these efforts will be discussed.

Self-stigma and severe mental illness in Greece: Needs, assessment and intervention

Amalia-Maria Pantazis
University Mental Health Research Institute, Athens, Greece

It has long been acknowledged that mental illness is surrounded by negative stereotypes, prejudicial attitudes and discriminatory behaviors against people who suffer from it; a process known as “social stigma”. In some cases, people who suffer from mental disorders, internalize those stigmatizing misconceptions and respond by self-stigmatization. According to Corrigan and Watson, the conceptualization of internalized or self stigma entails a hierarchy of three “As”: awareness, agreement and application. To experience self-stigma, patients must not only be aware of the stereotypes attached to their illness but also to agree with them and apply to themselves.

Epidemiological evidence worldwide has showed that approximately 1/3 of people with mental illness display high levels of self-stigma, with particular socio-demographic and clinical characteristics rendering certain patients more vulnerable to it (e.g. the well-documented “insight paradox”). The repercussions of internalized stigma are severe and can adversely influence the patients’ recovery process. In particular, self stigma has been shown to bear a significant association with low levels of hope, reduced self-esteem, negative self-image, decreased self-efficacy, poor quality of life, social exclusion and depression. Furthermore, it may undermine treatment adherence and help-seeking behaviors; while it may also impinge on meeting rehabilitation goals germane to employment, independent living and a satisfying social life. Congruent with these, the importance of incorporating self-stigma interventions into the treatment plan of people with severe mental illness cannot be overlooked. Nonetheless, the development of interventions for counteracting self-stigma is a relatively new area of research.

In this context, the University Mental Health Research Institute, in collaboration with the Families’ Association for Mental Health and the Psychosocial & Vocational Rehabilitation Unit of the First Department of Psychiatry, University of Athens, explored the internalized stigma of people with severe mental illness in Athens and
implemented a relevant intervention. Findings from these two initiatives will be discussed in the current presentation.

S10.3 - Economic crisis and stigma: Shall we revisit our priorities?
Lily Evangelia Peppou
University Mental Health Research Institute

There is no known country, society or culture in which people with mental illness are as acceptable as people without mental illness. This form of stigma and discrimination is associated with low rates of help-seeking, lack of access to care, undertreatment, material poverty and social marginalization. According to germane conceptualizations, stigma is the outcome of the interaction among 5 interrelated components: labeling, stereotyping, separation, status loss and discrimination. In particular, the “labeled” person is viewed as an outcast, as “them” and not “us”. Congruent with this, one basic function of stigma is to dominate others; while discrimination can adversely influence the distribution of life opportunities at the expense of the “labeled” individuals.

In times of financial crisis, stigma and discrimination is expected to be heightened, as the widespread uncertainty and insecurity as well as the growing competition on the realm of employment may result in erosion of social cohesion and weakening of solidarity with socially disadvantaged groups. In other words, socially disadvantaged groups are expected to defend their own privileges by devaluing and discriminating against those who are labeled as “incompetent”.

Greece has been gravely struck by the global financial crisis with documented adverse effects on the mental health of the population. Particularly, the prevalence of major depression has steadily increased from 3.3% in 2008 to 12.3% in 2013. As a corollary of this, attitudes to people who suffer from the disorder are either expected to get worse due to the aforementioned solidarity erosion or to get better, as major depression becomes more widespread in the society.

Evidence regarding attitudes to people with mental illness amid financial crisis will be presented, emanating from both international and Greek studies. Links to anti-stigma priorities will be discussed.

S10.4 - Renaming of schizophrenia in Japan and the postulate shift in the world
Tsuyoshi Akiyama

The stigma of mental illness is a severe burden for people suffering from mental illness and for their relatives. It also negatively affects mental health services and related professions. Since the “WPA Program to fight against stigma because of schizophrenia – open the doors” various approaches have been tried with aims at different target groups. In this symposium, movements of anti-stigma in Greece, Japan and the world are reported. Marina Economou will discuss the long-term experience of the anti-stigma programme in Greece, presenting converging evidence from effective interventions counteracting the social stigma attached to schizophrenia in different population subgroups, such as health professionals and high-school students. Amalia Pantazi, on the other hand, will concentrate on self stigma and report ways of empowering patients with severe mental illness, while targeting the stigmatizing beliefs they often internalize. Lily Peppou will place research on stigma in the context of the enduring financial crisis, contemplating about the priorities that should be set and cost-effective ways of dealing with it. And Tsuyoshi Akiyama will present on renaming of the term for schizophrenia in Japan and “New strategies of action against the stigma of mental disorder « as proposed by Prof Norman Sartorius. We hope that the audience will learn what has been achieved for anti-stigma and what strategies may be more effective.
S11.1 - Psychosis and psychotic-like symptoms in children
Marinos Kyriakopoulos
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Icahn School of Medicine at Mount Sinai, New York, United States

Objectives: Children with psychotic symptoms may present to community mental health services with diverse clinical pictures difficult to adequately assess and manage. They frequently require hospital admission and more detailed investigations. In this presentation, clinical evidence and experience of working with these children and their families both diagnostically and therapeutically will be discussed.

Methods: Selective review of clinical guidelines and diagnostic investigations, data from clinical audits and service evaluations from a national UK children’s inpatient unit, and data from a study of psychosis-related symptoms in children with autism spectrum disorders with the use of latent class analysis.

Results: Children with psychosis and psychotic symptoms may present on the background of neurodevelopmental disorders including autism spectrum disorders and learning disabilities, with comorbid mood or severe anxiety disorders, with serious risk behaviours, or in the context of safeguarding concerns. Autism spectrum disorders requiring inpatient care frequently present with psychotic-like symptoms. Physical assessment and monitoring of medication side effects are particularly relevant to children with psychosis.

Conclusions: Children with psychosis and psychotic symptoms pose unique diagnostic and therapeutic challenges. A systematic approach in their evaluation including detailed exploration of different dimensions of psychopathology, aberrant neurodevelopment and physical comorbidities and clear treatment algorithms are of paramount importance.

S11.2 - Early intervention in psychosis in adolescents: Challenges and opportunities
Sofia Manolesou
Central and North West London NHS Foundation Trust and Imperial College London, UK

Psychosis in adolescence is a complex presentation that raises diagnostic and treatment challenges and it can often mark the beginning of long term impairment and a lifetime of contact with mental health services. Therefore, psychotic disorders in young people warrant a considered and comprehensive approach right from the initial assessment throughout the treatment.

In this presentation, we will review current clinical guidelines for assessment and treatment of psychosis in adolescents. We will furthermore present data from a service evaluation of an Early Intervention in Psychosis Service within a community setting in London. A total of approximately 40 adolescents with psychotic symptoms were assessed and treated by the Early Intervention Service in the London Borough of Brent over the 4 years that it has been established. Demographic and clinical data will be presented and discussed. Finally, we will selectively refer to specific case examples that highlight the challenges and opportunities of assessing and intervening early in this clinical population.

S11.3 - Early intervention in psychosis in adults: An update of assessment and treatment approaches
Petros Lekkos
Camden Early Intervention Service; Camden and Islington NHS Foundation Trust; London, United Kingdom

Early Intervention Services for Psychosis have been developing worldwide over the past twenty years with distinctive aims of:
1. Reduction of duration of untreated psychosis (DUP), which is closely linked with better outcomes;
2. Avoiding disengagement before first relapse;
3. Achieving good clinical and social recovery and
4. Avoiding lack of change after the “critical period”.


The engagement and assessment of adults presenting with psychotic symptoms is crucial for the Early Intervention Services and this presentation will offer an update with regards to the approaches used to assess and treat these patients.

This presentation will cover a review of the National Institute of Clinical Excellence (NICE) Guidelines for the assessment and treatment of the First Episode of Psychosis and Schizophrenia and also discuss our experience from Camden (London), one of the first Early Intervention Teams offering a service to adults from 18-64 (and not up to the usual “cut-off” age of 35).

This diverse experience will hopefully inform positively similar approaches in other services and provide a useful platform to discuss and address the challenges and opportunities it involves for clinicians, patients and their families.

S12.1-Constructing preferred realities: Basic principles of the BSDT model
Dina Mousteri
Cyprus Society of Family Therapy, Nicosia, Cyprus

The presentation describes the theoretical and methodological tools used by the Brief systemic Dialogical Therapy (BSDT) approach to transform patients’ painful experiences into positive ones through the co-construction of life stories bearing strength and hope.

BSDT aims at dealing effectively and creatively with a variety of difficult situations. It is an evolutionary creative integration of ideas mainly drawn from 3 theoretical trends: systemic, narrative – dialogical and solution focused approaches in therapy within a constructive theoretical framework. The emphasis is on the use of a new language, characterized by:

- Appreciation of each person’s skills and strengths
- Contextualization of presenting problems
- Normalization of pathological behaviors,
- An emphasis on solution and change, not on problems.

The way the approach is used in counseling and psychotherapy with individuals, families and couples will be presented through the description of the key concepts and basic methodological tools of Collaborative Dialogue which forms the essence of the BSDT model. Mutual understanding and collaborative meaning making are the basic elements of Collaborative Therapeutic Dialogue. It is a relationally responsive practice, associated with the intention of providing a culturally and ethically informed care leading to effective therapeutic outcomes.

The main challenge for a Brief Systemic Dialogical Therapist is: what kind of transformation in dialogue, in each particular situation, allows for the emergence of an alternative story for the people seeking help, to offer them hope for the future and an effective way out of the suffering?

Examples from therapy work will be used to illustrate how collaborative conversations lead to the transformation of problematic stories and the co-construction of new realities whereby the persons experience new possibilities for the future. The successful outcomes are measured by the degree of achievement of the following elements of positive change

- Positive meaning making of life experiences
- Self empowerment
- Liberation of possibilities for making choices
- Better acceptance of self and others
- Personal agency (sense of responsibility for one’s beliefs and actions)
- Practical steps towards preferred realities

Since its initial application the BSDT model has been continuously developing to a model for training and as a therapeutic approach with individuals, couples and families, increasingly revealing its value and usefulness in addressing peoples’ concerns.

The BSDT model is currently applied in training, therapy and supervision in the context of the newly created Cyprus Brief Systemic Dialogical Therapy -or BSDT- institute.
S12.2-Re-authoring stories of love and marriage: The application of the brief, systemic, dialogical therapy model with couples
Joanna Colocassides
Cyprus Society of Family Therapy, Nicosia, Cyprus

This presentation will discuss the power of salient elements of the BSDT model such as Deconstruction in working with couples, whether conjointly or individually. Marital crises are redefined as challenges and opportunities to co-construct a new common vision for the future. Through collaborative dialogue, emphasis is placed on facilitating the unfolding of alternative views of the other, and eventually the co-creation of new and more positive stories that aim to unify the couple. The road from Deconstruction to Dissolution and ultimately to Re-Authoring will be elaborated and exemplified in the narration of clinical vignettes.

S12.3-Creating hope through the process of dialogue
N. Skotinou
Cyprus Society of Family Therapists, Nicosia, Cyprus

This presentation will show the therapeutic process through a creative dialogue between client and therapist, by using particular client situations to reach Hope and re-create a future. By choosing clients stories and in turn helping them choose their stories, a road towards the future is gradually paved. Using key principles from BSDT, it is suggested that Uncertainty is a necessary and positive part of the creative process, and can be used to instill compassion and hope in the dialogic process with the clients. Also, the skills that clients themselves possess are expanded and used in novel ways to assist them in reaching their goal, through a journey of empowerment and reconstructing the here and now. Using examples of individual clients work, within both adult medical and adult psychiatric settings, the presentation will attempt to describe the use of the therapeutic relationship within the music therapy environment as a tool for clients to re-discover their own strengths and inventiveness when finding new possibilities within profoundly challenging and uncertain life situations.

S12.4-The BSDT approach in person-centered psychotherapy: New life stories in the process of "becoming"
Maria Georgiou
BA, MA, PhD, Cyprus

The presentation will examine the use of the Brief Systemic Dialogical Therapy (BSDT) model with clients undergoing person-centered psychotherapy. In the introduction part of this presentation, the basic theoretical background of the person-centered approach as well as a brief description of the BSDT model will be described.

One of the basic assumptions of the person-centered approach is the belief in the potential to evolve and in the process of "becoming". Therefore the focus of this presentation is to illustrate the usefulness of the BSDT with clients that were open to develop new life stories, thus entering the process of "becoming". The application and effectiveness of the BSDT principles will be discussed in relation to the following:

- The non-expert stance of the therapist
- The development of a narrative
- The kind of narrative that creates the problem
- The development of dominant stories
- Deconstruction
- The preferred use of self
- New life story

Examples of questions will be given to illustrate the power of the BSTD used within the conditions of the person-centered therapy approach that allowed the emergence of a new self.
S13.1-Linking inflammation and depression: Learning from IL-1beta
Patricia A. Zunszain

The association between depression and inflammation is well recognised from clinical and pre-clinical work. One challenge is the difficulty in understanding mechanisms by which inflammation contributes to neuropathology in translationally relevant models. We have used human hippocampal progenitor cells as a clinically relevant model to explore such mechanisms. In turn, we have investigated the clinical relevance of markers of inflammation and neuroplasticity for predicting and tracking treatment response in depressed individuals.

We found that an inflammatory stimulus, in the form of interleukin (IL)-1beta, known to be increased in depressed patients and integral to the depressogenic and anti-neurogenic effects of stress, decreased neurogenesis in the multipotent human hippocampal progenitor cell line HPC03A/07 (provided by ReNeuron, Surrey, UK). Concomitantly we saw an upregulation of transcripts for indolamine-2,3-dioxygenase (IDO), kynurenine 3-monoxygenase (KMO), and kynureninase (KYNU), the enzymes involved in the neurotoxic arm of the kynurenine pathway. Furthermore, the detrimental effect of IL-1beta on neurogenesis could be largely abrogated by inhibition of this pathway targeting one of the enzymes, KMO, with the selective inhibitor Ro 61-8048, suggesting that inhibition of the kynurenine pathway may provide a new therapy to revert inflammatory-induced reduction in neurogenesis.

Consistent with the observation that cytokines are increased in depression, immunomodulation is a potential strategy for antidepressant action. As such we have explored the effect of conventional monoamine-based antidepressants and omega-3 polyunsaturated fatty acids (PUFAs) on immune processes in our model of human neural cells. Despite all drugs explored demonstrating anti-inflammatory effects in animal models, both pro- and anti-inflammatory effects were observed in human neural cells. Interestingly, we observed inhibition of the transcription factor NF-kB in all cases. These findings may shed light on the differential effects of PUFAs and antidepressants in clinical populations.

In addition, we have explored the possibility that inflammatory markers may be useful in predicting antidepressant response in clinical populations, as well as a measurable biomarker to track response. We looked at levels of transcripts in mRNA from blood of patients before and after 8 weeks of treatment with escitalopram or nortriptyline, as part of the Genome-based Therapeutic Drugs for Depression (GENDEP) study. We found that increased levels of inflammation, as measured by IL-1beta, macrophage migration inhibitory factor (MIF) and tumour necrosis factor (TNF)-alpha, predict decreased likelihood of response to medication. Furthermore, successful antidepressant treatment was associated with decreased inflammation and increased levels for two markers of neuroplasticity, brain-derived neurotrophic factor (BDNF) and VGF.

Together this work supports the notion that inflammation contributes to depression through its effects on neuroplasticity and its influence on neurotoxic metabolites of the kynurenine pathway, and that antidepressants exert their influence, in part, through an effect on immune processes, potentially reversing impairments to neuroplasticity.

S13.2-Vascular endothelial growth factor (VEGF) in suicidal behaviour
Jussi Jokinen
Karolinska Institutet, Stockholm & Umeå University, Umeå, Sweden

The neurotrophic and neurogenesis hypothesis postulates that growth factor disturbances are important in the pathogenesis of neuropsychiatric disorders such as depression. VEGF is a key angiogenic protein, but later studies have elucidated VEGF to have a role both in neuroprotection and neurogenesis, and it has been recognized as a true neurotrophic factor. VEGF mediates neurogenic and behavioral actions of antidepressants and ECT.

This is a retrospective cohort study involving 58 suicide attempters with mood disorder diagnoses. 43 of suicide attempters and 20 healthy volunteers underwent lumbar punction. Suicide Intent Scale and Montgomery Åsberg Depression rating scale were used to assess suicide intent and depression severity. Cytokines and growth factors were analyzed in plasma with a high throughput automated
biochip immunoassay system, EvidenceH, Randox Laboratories Ltd (Crumlin, UK). CSF samples were run on two MSD Human VEGF 96-well plates (K151BM-1; Gaithersburg, MD, USA) and the results were pooled. By use of the unique personal identification number all patients were linked to the Cause of Death register, maintained by the National Board of Health and Welfare in Sweden. Seven patients had committed suicide before January 2009; suicides were ascertained from the death certificates. We found significantly lower levels of plasma VEGF in the seven patients who upon a mean follow-up of 13 years were found to have completed suicide. Plasma VEGF also showed a trend for negative correlation with the planning subscale of SIS. A trend could be shown for lower plasma IL-2 and for higher plasma IFNG levels in suicide victims. CSF VEGF and CSF interleukin-8 (IL-8) levels were significantly lower in suicide attempters compared with healthy controls. Further, CSF VEGF showed a significant negative correlation with depression severity. The results support a role for an impaired innate immunity and dysregulation of neuroprotection in the pathophysiology of depression and suicidal behavior.

References:

S13.3-Growth factors as biomarkers of depression and potential predictors of antidepressant drug response

Angelos Halaris
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Background: Recent neurobiological studies of major depressive disorder (MDD) have included Growth Factors (GFs), notably, Vascular Endothelial Growth Factor (VEGF) and Brain Derived Neurotrophic Factor (BDNF). VEGF is involved in hippocampal neurogenesis and response to stress, and it exerts a neuroprotective effect. BDNF is densely distributed throughout the brain. In addition to its role in early development and neuronal survival, BDNF also plays a critical role regulating activity-dependent plasticity mechanisms. The neurotrophic model of depression postulates that a decline in neurotrophins may potentially cause atrophy of limbic structures that control mood, resulting in symptoms of depression. Antidepressant treatment may reverse this atrophy and restore levels of neurotrophins, such as VEGF and BDNF. The objective of this study was to investigate the potential utility of blood levels of VEGF and BDNF as biomarkers for MDD and as predictors of response to treatment. We measured VEGF and BDNF levels in blood of MDD patients and compared them to healthy controls. Additionally, we assessed whether baseline VEGF and BDNF levels correlate with response to treatment.

Methods: MDD patients (N=54) were evaluated with a battery of standard depression and anxiety scales, pertinent family history, blood chemistries, urinalysis, and toxicology screens. Healthy controls (HC) (N=25) were evaluated using the same rating instruments. Once enrolled, baseline blood was analyzed for GFs and other biomarkers. Patients received ESC or QTP for 12 weeks. Patients were followed up at weeks 1, 2, 4, 8, and 12. Correlations were sought between the pre- and post-treatment biomarkers and ratings.

Results:
- A statistically significant elevation in plasma VEGF at baseline was found in the MDD patients versus the healthy controls (10.5 vs. 5.9 pg/ml, p=0.001) and in responders to treatment versus non-responders (11.8 vs. 5.5 pg/ml, p<.001), but no such differences were found for BDNF.
- Baseline serum BDNF levels were lowest in patients with no history of prior treatment with antidepressant drugs, but no such trend was seen for VEGF.
- Patients treated with a SSRI within the past 30 days had significantly higher GF levels.
- Patients with depressive episodes lasting greater than 6 months had significantly higher BDNF levels (p=0.04), but no such trend was seen for VEGF.
- No correlation was found between baseline VEGF or BDNF and age, gender, or ethnicity, BMI, or depression severity.
- Although symptoms of depression dissipated, there was no change in GF levels.
- A χ² test comparing GF levels to treatment response showed only patients with high GF levels were treatment responders.

**Conclusion:** Blood levels of BDNF and VEGF may help stratify subgroups of MDD patients and may also be useful markers in predicting response to antidepressant drug therapy. To our knowledge, this is the largest study to analyze serum VEGF in depressed versus healthy subjects and the first to be done in North America. Additionally, to our knowledge, this is the first study to demonstrate the potential of these GFs as clinically useful biomarkers in the diagnosis and treatment of MDD.

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**S13.4 - The fibroblast growth factor system in major depressive disorder**

**C. Turner**

**USA**

**Introduction:** The neurotrophic hypothesis of depression posits that there may be a deficit in growth factors responsible for the observed brain effects. Previous studies have found decreased expression of several members of the fibroblast growth factor family in post-mortem brains of individuals with depression. In this symposium, recent evidence from animal models will be presented with a focus on the anxiolytic and antidepressant effects of the most well-known member of the family, FGF2.

**Methods:** The forced swim test and elevated plus-maze were used to test the effects of FGF2 on depression-like and anxiety-like behavior. Selectively bred animals that naturally differ in the levels of anxiety-like behavior were also given FGF2. Changes in gene expression in the hippocampus were assessed by microarray and mRNA *in situ* hybridization. Changes related to neuroplasticity in the hippocampus were assessed by markers of neurogenesis, cell morphology and histone methylation.

**Results:** FGF2 in animals can have both immediate and long-lasting effects on behavior. The effects can occur early in life, as well as in adulthood, and can influence hippocampal structure and gene expression. In general, FGF2 decreases anxiety and depression in animal models. Moreover, knocking down FGF2 levels in the hippocampus was associated with an increase in anxiety. Finally, FGF2 can act as both a target and trigger of epigenetic mechanisms associated with emotionality.

**Discussion:** FGF2 may be a resiliency factor that may be inborn, but can also function developmentally, modulate epigenetic mechanisms, mediate environmental impacts and have effects in adulthood. Thus, proteins or peptides that activate FGF receptors may provide a novel therapeutic treatment for major depressive disorder.

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**S14.1 - Suicide, unemployment and other socioeconomic factors: Evidence from the economic crisis in Greece**

**Madianos G. Michael**

**University of Athens**

**Aim:** Economic adverse conditions are acknowledged as having a major impact on the exacerbation of mental disorders and suicides. The severity of current European crisis and the local unrelenting spending is affecting largely the economy of Greece.

**Methods:** The aim of this study was to explore changes in suicides and their possible association with macroeconomic and behavioural factors. Data for the period 1990-2011 were drawn mainly from the Hellenic...
Statistical Authority and Eurostat. Suicide mortality rates were correlated with economic and behavioural factors.

**Results:** Suicide mortality rates were increased by 55.8% between 2007 and 2011 while the total mortality was increased by 1.1% only. Significantly increasing trends in public debt, unemployment rates, consumption of daily units of antidepressants as well as divorces per 1000, homicides per 100,000 and persons with HIV per 100,000 were also observed. Suicides have been found to bear strong correlation with unemployment (r. 0.64). Significant associations were also found between suicide mortality and the percentage of public debt as percentage of GDP, the incidence of infections from HIV and homicides.

**Conclusions:** People suffering from income and job losses, living in a demoralized social state caused by severe austerity measures and restrictive health policies, are exposed to risks for developing depression or commit suicide.


### S14.2 Financial crisis and its impact on the labor market in Greece
Leonidas S. Ropolis
*Department of Accounting and Finance, Athens University of Economics and Finance, Athens, Greece*

The current policies of austerity and internal devaluation in Greece, the other Mediterranean countries and member – states of the European Union, have led to a complete depreciation of labor, (financially, socially and institutionally), during the period of 2010 – 2013.

More specifically, changes in conditions in the Labor Market in Greece can be observed in the following levels:

[a] On an industrial level, there is a deep disruption of work relations, caused by the preponderance of individual employment contracts and lease agreements along with the gradually increasing number of dismissals.

[b] On the level of income, there is a 35% - 45% decrease in salaries, through the annulment of collective agreements, the establishment of individual work agreements and flexible employment, which amounts to 40% of the working population (550,000 employees).

[c] Finally, on the level of employment, there is a striking increase in unemployment rates (1,360,000 unemployed, 27, 5% in 2013), which is expected to remain alarmingly high even during the recovery period of the Greek economy. In line with this, it has been estimated that by the end of the current decade (2020), unemployment levels will drop to 22% - 23% (1,150,000 unemployed). However, the enduringly high rates of unemployment throughout this ten – year period, will exert a negative impact on public finance and social insurance funds, with adverse repercussions on social coherence.

### S14.3 Enduring financial crisis and major depression: Findings from a nationwide general population survey
Marina Economou
*University Mental Health Research Institute (UMHRI)*

The global financial crisis has triggered a long-lasting economic downturn in Greece. Since 2009, the country has been facing a serious socio-economic turmoil with substantial reductions in income, increasing rates of poverty, enduring financial strain and alarmingly fast paced rises in unemployment rates. The adverse ramifications of the recession have also impinged on the physical health of the population with recorded outbreaks of various epidemics as well as on its mental health. In particular, on the grounds of a series of nationwide telephone surveys following the same methodology, the University Mental Health Research Institute (UMHRI) has documented a gradual and steady increase in one-month prevalence of major depression the time period 2008-2011, from 3.3% in 2008 to 8.2% in 2011. Throughout the years the risk factors for developing major depression has changed considerably, with married family status becoming a risk, rather than protective, factor in 2011.
Congruent with this, in 2013, the University Mental Health Research Institute (UMHRI) conducted another survey by recruiting a random and representative sample of 2.188 people across Greece. Findings from the study indicate that one-month prevalence of major depression reached as high as 12.3% with multivariate analysis revealing the following independent risk factors: female gender, residence in rural areas, unemployment and financial hardship. Concomitantly, undergraduate studies and household income between 1,500-3,000 euros were found to act in a protective manner against the presence of the disorder. In the current presentation, the impact of the financial crisis on the prevalence of major depression in Greece will be delineated with emphasis being placed on recent evidence from the 2013 survey.

S14.4-Financial crisis and mental disorders in Cyprus: Findings from a nationwide general population survey
Lily Evangelia Peppou
University Mental Health Research Institute

During the first decade of 2000, Cyprus experienced a prosperous period of substantial economic growth, which was twofold the rate of the Eurozone. In particular, throughout these years, the economy was characterized by high employment, low inflation and increasing disposable income. On the wake of the global financial crisis, the Cypriot economy was only indirectly afflicted by the international recession, as the demand for housing and revenues from tourism were substantially reduced. The aforementioned reductions in tandem with the elevated government expenses resulted into a deficit of 6% in 2009. However, it was the over-exposure of the Cypriot banks to the Greek debt as well as the fast and numerous downgrades of the Cypriot sovereign bond credit rating by international germane agencies that rendered Cyprus incapable of refunding its state expenses. As a corollary of this, the Cypriot government resorted to an economic bailout from the European Commission, the European Central Bank and the International Monetary Fund (collectively known as "Troika") in 2012 with an important element of their agreement being the contribution of uninsured bank depositors to the recapitalization needs of the two largest banks. Congruent with this, the country entered an intense financial turmoil, culminating in bank closure for 10 days in March 2013.

In spite of the economic shock experienced by the Cypriot population, to date no study has explored the mental health effects of the financial crisis in the country. Consistent with this, the University Mental Health Research Institute set out to estimate one-month prevalence of major depression in Cyprus as well as to identify its determinants. The study followed the same methodology as the one adopted by the pertinent surveys in Greece and its main findings will be the focus of the current presentation.

S15.1-Comments on non-invasive brain stimulation vs invasive brain stimulation
D. Sakas
Greece

S15.2-tCS: From brain function modulation to symptom reduction in psychiatric disorders
Frederic Haesebaert
Centre Hospitalier le Vinatier, Université Claude Bernard Lyon I, Bron, France, Department of Clinical Psychiatry

Transcranial current stimulations (tCS) in psychiatry are mainly represented by transcranial direct current stimulation (tDCS). It consists in delivering sessions of low intensity current through an anode and a cathode placed over the scalp. tCS clinical applications were developed in the middle of the 2000's years, depending on the advancement in neuroscience knowledge regarding psychiatric disorders (Mondino, 2014). Psychiatric diseases are now investigated in term of pattern of symptoms, cognitive dysfunction underlying these
symptoms and brain disturbance impacting cognition and symptoms. These developments were also fed with the past of other neuromodulation techniques, especially repetitive transcranial magnetic stimulation (rTMS) that is now approved by the Food and Drug Administration (FDA) as a treatment for Major Depressive Disorder (MDD) and has proven its efficacy in schizophrenia (for auditory hallucinations). First studies on tCS occurred in the field of MDD. Insights into left/right frontal imbalance activities allowed building the hypothesis that a bifrontal tCS improves depressive symptoms. Positive results were first reported within case reports and then in several RCTs. Even if recent metaanalyses report positive results, this issue remains controversial (Shiozawa, 2014). Besides that, research on frontotemporal dysconnectivity in schizophrenia permitted to develop an efficacious treatment for refractory symptoms (Brunoni, 2014). To our best knowledge, only 1 RCT in the literature assessed the efficacy of tDCS in this pathological condition. In parallel of these two main research directions, studies in the field of tCS exploded these last years, not necessary focusing on a whole psychiatric pathology but targeting specific symptoms and basic cognitive functions. Effects on specific symptoms were interestingly explored in the field of addictive disorders. The focus was centered on a major dimension of the trouble, namely the “craving”. Several studies showed the impact of tDCS applied on the left/right dorso lateral prefrontal cortex (DLPFC) on “craving”. Unfortunately they often failed to report an effect on product consumption. Interestingly, “Craving” can also be considered in other pathologic fields, such as eating disorders, drawing new perspectives. Further, considering pathophysiological foundations of symptoms, researches were conducted on the impact of tCS on cognitive function (i.e. on decision making, attention,...). Promising results in this area could also lead to improvement of pathologic features but this issue needs further research (Mondino, 2014). Finally, studies highlighted the specific impact of different stimulation parameters on cortical excitability. These basic researches allowed new developments in psychiatry (oscillatory, random noise, alternating- current stimulations).


S15.3-The electric field in the brain during tCS
Pedro Cavaleiro Miranda
Faculty of Science, University of Lisbon, Lisbon, Portugal

In transcranial current stimulation (tCS) an electric field is established in the brain by applying a potential difference between two or more electrodes on the scalp. The potential difference is automatically adjusted so that a weak current of the desired intensity, typically set to 1 mA, passes through the head. The current intensity is usually constant (transcranial direct current stimulation - tDCS) but it can also vary sinusoidally with a chosen frequency (transcranial alternating current stimulation - tACS). The electric field in the brain interacts with neurons and neural networks, altering their firing rates and patterns. Knowledge of the spatial distribution of the electric field is an essential factor for rational design of experimental protocols and a reliable interpretation of experimental results.

In general, the magnitude of the electric field decreases with distance from the electrodes and its spatial distribution is also affected by the size of the electrodes and the distance between them. These effects can be illustrated using a simple spherical head model. However, the existence of tissues with different electrical conductivities and complex shapes has a significant impact on the electric field distribution. This is due to charge accumulation at the boundaries, which affects the electric field locally. We developed a realistic model of the head based on MR images, paying particular attention to the definition of the boundaries between five tissue types: scalp, skull, CSF, gray matter (GM) and white matter (WM). The electric field was computed.
using the finite element method. With this model we showed how the electric properties of the tissues affect the electric field distribution. In particular, the component of the electric field that is perpendicular to the cortical surface, the normal component, has a different distribution than the tangential component. The first is more likely to affect pyramidal cells whereas the second is more likely to affect horizontal cells and processes. We also investigated the impact of electrode size on the electric field distribution and the advantages of using montages with multiple electrodes. We found that for electrodes of different sizes, a constant ratio of injected current to electrode area (I/A ratio) does not produce a constant electric field on the cortical surface. Conversely, the I/A ratio does not predict the strength of the electric field in the cortex. Multiple electrode montages can produce a single high electric field region in the cortex, thus providing an alternative to the use of two electrodes of different sizes on the scalp or the use of an extracephalic electrode.

S15.4- tCS in disorders of consciousness
Efthymios Angelakis
Department of Neurosurgery, Medical School, National Kapodistrian University of Athens, Athens, Greece

Comatose patients who survive brain trauma either begin to recover consciousness within several days or weeks, or enter an unresponsive wakefulness syndrome (UWS), previously known as vegetative state (VS). Unlike coma that never becomes chronic, VS/UWS may progress to a long-lasting condition, usually with irreversible results. The minimally conscious state (MCS) is a slightly improved phase compared to VS, where consciousness is severely altered, but definite - although minimal - behavioural evidence of self or environmental awareness is demonstrated. Recently, this term has been subcategorized into “MCS minus” (MCS-) and “MCS plus” (MCS+), where MCS- is characterised by non-communicative responses to meaningful stimuli (e.g., visual pursuit, localization of noxious stimulation and/or smiling/crying in contingent relationship to external stimuli), whereas MCS+ is characterised by command following. This subcategorization has been validated with [18F]-fluorodeoxyglucose positron emission tomography (FDG-PET).

Patients who are in PVS/UWS or MCS typically receive peripheral treatment (e.g., physical therapy, speech therapy) in addition to any drugs administered for controlling seizures, and usually breathe through tracheostomy and get fed through gastrostomy. No central nervous system treatment is available for these conditions, apart from the surgical insertion of an intrathecal baclofen pump (IBP), a device to inject baclofen (a gamma-aminobutyric acid agonist) directly into the cerebrospinal fluid, in order to reduce spasticity. It has been reported that a small number of patients who were in PVS/UWS for less than 12 months recovered after insertion of IBP. Moreover, there are two reports of thalamic deep brain stimulation in patients with PVS/UWS or MCS, showing neurobehavioral gains.

In a prospective, case series trial with 12-months follow-up, we assessed the efficacy of anodal transcranial direct current stimulation (tDCS) over the left primary sensorimotor cortex in improving consciousness in patients with PVS/UWS or MCS. So far, 20 patients (9 in MCS-, 11 in PVS) have participated for at least 10 (and up to 60) tDCS daily sessions. Up to date, 6 patients initially in MCS- showed behavioral improvement (3 changed status to MCS+, and 3 recovered consciousness) within the course of their participation, whereas no patient in PVS/UWS showed behavioral improvement according to the Coma Recovery Scale - Revised. Time since disorder onset was inversely related to the degree of immediate improvement. A recent study using FDG-PET showed that patients with MCS+ had higher brain metabolism than patients with MCS- in their left cerebral hemisphere, including areas that coincide with the ones stimulated in the present study. In our study we found that patients with clinical improvement after tDCS showed similar metabolic increases in FDG-PET, at brain areas modeled to be stimulated by our electrode arrangement. A recent double-blind sham-controlled crossover study with 55 patients showed that a single session of tDCS over the left frontal cortex temporarily improved patients with MCS, but not those with PVS/UWS. In conclusion, tCS may produce clinically significant improvement in patients with disorders of consciousness. Early treatment and better clinical status are good predictors for treatment response to transcranial electrical stimulation.
S16.1 - Sexual side effects of antidepressants

Orestis Giotakos
Director, Psychiatric Dpt, 414 Army Hospital, Athens, Greece

Most antidepressant drugs have adverse sexual effects but it is difficult accurately to identify the incidence of treatment-emergent dysfunction, as disturbances can be reliably detected only from systematic enquiries made at baseline and during treatment. Treatment-emergent sexual dysfunction can occur with tricyclic antidepressants, SSRIs and monoamine oxidase inhibitors. Growing awareness of the adverse effects of psychotropic drugs has led to attempts to use adjuvants or substitute treatments to resolve sexual dysfunction. Some antidepressants, like bupropion, mirtazapine, moclobemide, nefazodone and reboxetine, may be associated with a relatively lower incidence of sexual dysfunction. Treatment of established sexual dysfunction in a patient with depression usually requires the combination of pharmacological and psychological approaches. Drug holidays, involving brief interruptions of treatment, have been advocated as an approach to SSRI-induced sexual dysfunction. Adding a PDE-5 inhibitor, after a careful medical and medication history, in cases of erectile dysfunction and adding bupropion in cases of decreased libido seem to be the best-supported strategies, along with switching to certain non-SSRI antidepressants. Addressing the underlying pathophysiology may serve as a guiding principle for deciding on a management strategy for certain sexual dysfunctions—for example, using a dopaminergic agent when libido is decreased. Other management strategies, such as lowering the dose, drug holidays, and so on, may nevertheless be used clinically, with careful consideration of the type of sexual dysfunction, the clinical situation, comorbid conditions, and concurrent medications. Additional management strategies, such as sex therapy and promotion of a healthy lifestyle, may be useful.

S16.2 - Sexual side effects of antipsychotics

Loukas Athanasiadis
Greece

Sexual dysfunction and disturbed interpersonal/marital relationships are common in people with psychosis. The mental disorder itself and the impact it may have on personal, socio psychological and interpersonal issues may contribute to sexual problems. Comorbidity may also play an important role. Sexual function may improve with the initiation of antipsychotic treatment, however the sexual side effects are common and may affect sexual desire, arousal and orgasm. It is not always easy to identify specific etiological factors. It appears that the sexual side effects of antipsychotics may arise from direct pharmacological effects (e.g. dopamine receptor antagonism) and from secondary endocrine disturbances. Antipsychotic induced hyperprolactinaemia appears to be a major causative factor however the overall picture may not be clear. Concomitant medication (e.g. antidepressants, antihypertensive drugs etc) may also cause sexual side effects. Typical antipsychotics are generally considered to cause more sexual problems than atypical agents due to differences in affinity at D2 receptors. Drug induced sexual dysfunction may be a reason for treatment non-compliance.

The management of drug-induced sexual dysfunction includes waiting for spontaneous resolution, dose adjustment, switching drugs, prolactin normalization, adjunctive therapies and drug withdrawal.

S16.3 - Sexual side effects of benzodiazepines and other drugs

Anastasios K. Papakonstantinou
MD, Msc in Clinical Sexology, MSc in Sexual Medicine, MSc in Clinical Psychopharmacology, Head of the “ODYSSEAS” unit; Organization Against Drug (OKANA), Athens, Greece

Sexual Dysfunction is a potential side effect of psychotropic drugs. Many studies have been published, but only some used a validated sexual function rating scale and most lacked either a baseline or a placebo control.
or both. Moreover, investigations of sexual dysfunction associated with psychotropic drugs have further methodological flaws. Certainly, there is consistent evidence to suggest that a large number of psychiatric medications adversely affect one or more of the three phases of sexual response (desire, arousal and orgasm). While there is evidence to suggest that mood stabilizers affect sexual functioning, there is still insufficient evidence to draw any clear conclusions about the effects of anxiolytic drugs on sexual function. The mechanism of action of lithium is not yet elucidated. There are no many relevant studies, but it has been reported that the use of lithium can cause sexual side effects. The effect of antiepileptic drugs on sexual function has been studied more systematically, probably because of the relationship between epilepsy and disorders of sexual function. The action of benzodiazepines is complicated. More specifically, benzodiazepines can cause or aggravate a sexual dysfunction both between men and women, but in different ways. In special cases benzodiazepines can improve sexual dysfunctions related to stress. The effects of these drugs on sexual function can be both direct and indirect. Treatment effectiveness of sexual dysfunction requires the assessment of multiple factors. Sexual disorders caused by psychotropic drugs are mainly on knowledge of the mechanisms that cause them. Many of these mechanisms are not completely known, so it is very useful in the understanding of the pharmacokinetics and pharmacodynamics of these drugs. Clinicians must be aware of drug-induced sexual dysfunction, since its presence can have important consequences for clinical management and compliance.

S17.1- **Classificatory confusion in psychosomatics**

Anne Patterson

*British Psycho-Analytical Society, London, UK*

By means of a clinical vignette, I would like to discuss the changing diagnostic classification to explore the diverse psychiatric conceptions of psychosomatic disorder. Does the problem reside in the mind or in the body? How do our classificatory systems reveal our adherence to the mind-body split? How is that reflected in trying to talk to patients who often feel misunderstood or accused of 'imagining' the symptoms they experience? I would then like to draw on the thinking of Pierre Marty and the Paris School of Psychosomatics to suggest how the monist, unifying theory of mind and body may help our thinking and our work with patients with psychosomatic disorders and the particular countertransference problems they present.

S17.2- **What makes sense in psychosomatics**

Marina Papageorgiou

*Paris Psychoanalytic Society (SPP), IPSO, Paris, France*

The question of sense in psychosomatics is related to the articulation of the two freudian Topics through the second drives dualism. The first topic is conceived around repression, as a matter of meaningful memory points, but the second topic involves a force field of Eros and death drive, and the capacity of the subject to work through traumatic and helpless states. According to the Marty's theory, the somatic illness does not make sense like the neurotic symptoms. On the contrary that results from the insufficiency of the Preconscious to provide functional and fluid representations or fantasies and from the failure of the Ego to organize efficient mental defenses. The psychoanalytical treatment or psychotherapy with these patients aim to increase the mentalisation, as a capacity to handle the cathexis of psychical objects, and the variations of fusion and defusion of instincts. What makes sense appears as a construction of an internal invested reality, generating infantile sexual theories and new associations between affects and representations, among representations, between the two topics. That also means a transformation from the second to the first topic, in aim of developing the psychic figurability.
S17.3-**Clinic of essential depression**

Mata Fafouti  
*Consultant Psychiatry, St Charles Hospital (CNWL), affiliated to Imperial College University, London UK and Hôpital St Louis, affiliated to Université Paris V, Paris, France*

Essential Depression consists of one of the elements of the triad of Essential depression, operatory thinking and life consisting the core of the psychosomatic theory of the Pierre Marty Institute of Psychosomatics of Paris. Essential depression is defined as a very distinct form of depression in adults, commonly underlying in the period before the eruption of physical illness. Her main manifestations are a global disinvestment of the vital psychic centres of interest and contrary to the classical neurotic or psychotic depression presents with lack of mental elaboration, as well as guilt, self accusation and low self esteem. The emergence of Essential Depression represents the failure of the process of mental /psychic elaboration (mentalization) that for the psychosomatic theory and clinic corresponds to a strong link between the failure of mentalization and the somatic disorganisation. The process of a somatic breakdown in the background context of Essential Depression is illustrated in a clinical vignette of a patient suffering from breast cancer.

S18.1-**Medical student psychiatric education**

J. Draoua (USA)

Not available -

S18.2-**Learning child and adolescent psychiatry**

A. Reese Abright  
*Icahn School of Medicine at Mount Sinai, New York, NY*

Mental disorders in children and adolescents constitute a substantial proportion of the global burden of disease. Psychiatrists, other physicians and allied professionals with expertise in pediatric developmental, emotional and behavioral problems are essential to efforts to identify, treat and prevent such disorders. Acquisition of the necessary knowledge and experience requires both structured training and active learning. The focus of this presentation will be on current approaches to teaching and learning child and adolescent psychiatry (CAP) in the United States and Europe and challenges in adapting such approaches to needs and resources in other areas of the world.

S18.3-**Teaching medical students in psychiatry**

Anna Polyniki  
*Psychiatry attachment of 3rd year students of St George’s Medical School at Nicosia University, at the Mental Health Services of Cyprus: the curriculum, the challenges, the experience, and the outcome.*

Psychiatry Attachment is a six-week program, which represents one of the nine rotations of the 3rd year of St George’s Medical School. During this time students have the opportunity to experience clinical psychiatry in different hospital settings and are equipped with core psychiatry knowledge, skills and attitudes that are required in being a successful doctor, whatever specialty students will choose to practice. The Psychiatry Clerkship is designed and delivered simultaneously at Nicosia General Hospital, Jackson Hospital in Chicago and Sheba Hospital in Tel Aviv. The program runs under the close supervision of St George’s Medical School of London and is accredited by the General Medical Council. Last year was the first time that 3rd Year students were allocated to the Psychiatry Attachment and both students and mental health care professionals were faced with several challenges. The experience gained out of this overcame University’s expectations and, furthermore, it led the foundation for improving strategies of the Attachment for this academic year.
S19.1 - A clinician’s view of alcohol related disorders
I. Liappas (Greece)

Not available -

S19.2 - The European strategy and the European action plan on alcohol
Marianna Moutafi
KETHEA, Athens, Greece

Harmful and hazardous alcohol consumption has tremendous cost for individuals, for societies and for countries. It has been directly and indirectly related to problems in health, families, labour and productivity, traffic accidents, violence and crime, leading to a huge economic cost. In Europe, which has the highest per capita consumption of any region in the world, it is the third leading risk factor for the burden of disease, related to nearly 6.5% of all deaths, estimating the societal costs of alcohol consumption in the EU for 2010 at €155.8 billion.

The need to reduce alcohol-related harm had become of great importance in the European Region and in 2006 the Commission adopted a strategy to support Member States in tackling problematic alcohol use. The Strategy covers five priority themes, namely, protection of young people, traffic accidents, adults and the workplace, availability of information and the development of a common evidence base. CNAPA (Committee on National Alcohol Policy and Action) and the EAHF (European Alcohol and Health Forum) were introduced to support the Strategy. The external evaluation of the Strategy in 2012 confirmed the usefulness and relevance of the Strategy, its supportiveness to Member State policy development and its overall positive added value in terms of addressing alcohol-related harm. It was pointed out that some topics such as the unborn child and the impact on socially disadvantaged people may deserve further attention, the aims of the strategy have not been fully reached and that the economic and social cost of alcohol-related harm in the European Region still needs to be addressed.

A way in which the Commission proposed to strengthen work in specific areas of harmful alcohol consumption was by developing an Action Plan addressing alcohol-related harm among youth and heavy episodic drinking (binge drinking), supporting the goal of the Strategy to reduce alcohol-attributable harm. This Action Plan has been developed in CNAPA, endorsed in September 2014 and has 2 years duration. Further work needs to be done on a European level, in order to tackle alcohol-related harm. The Member States are calling on the Commission to work on a totally new and ambitious strategy with emphasis on cross border issues, which will permit Member States to develop comprehensive national strategies in order to reduce alcohol-related harm.

S19.3 - European countries join forces against alcohol related harm - The European Joint Action on Alcohol (RARHA)
Manuel Cardoso
SICAD, Lisbon, Portugal

Alcohol is the 3rd risk factor for disease and death in the EU. The direct costs through healthcare, crime, policing, accidents and productivity losses were €155 billion in 2010. The EU strategy to support Member States in reducing alcohol related harm identifies common priorities, including the need to develop common evidence base and monitoring, and the need to inform and raise awareness on alcohol related harm. These are instrumental for protecting children, young people and the unborn child, reducing harm among adults and reducing harm due to drink driving.

The Joint Action on Alcohol Related Harm (RARHA), mobilises MS cooperation towards wider uptake, exchange and development of common approaches relating to the instrumental priorities of the EU alcohol strategy. The outcomes will serve as tools to strengthen public health policies on alcohol at EU and MS level in order to reduce the burden to individuals and societies.
This Joint Action, funded by the European Union under the second EU Health Programme\(^2\), is a 3 years action aiming at supporting Member States to take forward work on common priorities in line with the EU Alcohol Strategy, strengthen Member States’ capacity to address and reduce the harm associated with alcohol and thereby improve the health of EU citizens and lessen the burden of ill health. This action is a central instrument to contribute to the implementation of the EU strategy to support Member States in reducing alcohol related harm, since it mobilises Member States to cooperate towards uptake, exchange and development of common approaches relating to the underpinning priorities of the EU alcohol strategy. The work in the Joint Action is based on the principle that EU citizens have the right to equal access to disease prevention and health promotion, the right to be informed on factors that influence their health and the right to be empowered towards healthy lifestyles and the management of their own health.

With a budget of 3.2M€, 47% of which from the Health Programme, The Joint Action on Alcohol Related Harm (RARHA) includes: exchange of good practices on protecting children and young people; identification of comparable data on alcohol related harm and development of common tools such as a methodology for alcohol surveys; the production of guidelines for low-risk alcohol consumption and instruments for information dissemination. In particular, it will strengthen the knowledge base and implement effective approaches to disseminate information to help to reduce alcohol related harm.

The Joint Action on Alcohol Related Harm (RARHA) was launched on 31 January 2014 and will be coordinated by Portugal. Participants are EU public entities, Non-Governmental Organizations, Universities, as well as international organisations, such as, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), World Health Organization (WHO), Pompidou Group and the Organisation for Economic Co-operation and Development (OECD).

The Joint Action on Alcohol Related Harm (RARHA) will be instrumental in the way forward of alcohol related harm, specifically, one of the crucial tools to ensure continuation of the work started under the 2006 EU Alcohol Strategy.

2 http://ec.europa.eu/health/programme/policy/index_en.htm

S19.1 - The Greek Ministry of Health facing the alcohol related situation and problems in the country
M. Lekka (Greece)

Not available -

S20.1 - Problem based learning in medical education
Peter McCrorie
Professor of Medical Education, St George's, University of London

Introduction to problem based learning - what it is and what it isn’t. The difference between case based learning and problem based learning. How PBL works in practice. The different types of PBL and the process used at the University of Nicosia in Cyprus. The role of the tutor and the training needed to undertake it. The skills acquired by students in PBL. Examples of PBLs dealing with mental health issues. The learning week and how it is structured round the PBL. Other learning opportunities during the learning week, with examples. How learning via PBL compares with learning using traditional methods. Is it really any better? How PBL is assessed. The Minicase. Staff and student views on PBL.

S20.2 - The First Medical School in Cyprus: Experiences and challenges
Paul Kymissis
Professor and Dean of St George University of London Medical Programme at the University of Nicosia] Paul Kymissis MD Chief of Psychiatry at Childrens Village
The presentation will cover the history of the creation of the First Medical School in Cyprus. It will include a brief report on St George's University of London history and also on the history of the University of Nicosia. The presentation will mention the problems and challenges relating to finding the appropriate buildings and laboratories and recruiting outstanding Faculty for the Program. The curriculum will be described briefly and clinical examples of utilizing the problem based learning approach in teaching Psychiatry will be offered. The first year the School had 30 students who will be graduating in May of 2015. The second year had 70 students and the third year 110. We will be expecting to have about 150 students for the coming year from about 15 countries. Some of the challenges relating to the program will be described [Visa issues, clinical practice, research, international collaborations]

S20.3-Thirty years experience with psychiatric education at the University of Thessaloniki
J. Nimatoudis (Greece)

Not available -

S21.1- “Intervention” within a systemic approach: A concept in evolution?
S. Chatzigeleki (Greece)

Not available -

S21.2-Family with an adolescent with a disturbing behavior: Case study
E. Chatzigianni, Th. Papadakis, E. Kouneli
Hellenic Union of Family and Couple Therapy (ΕΘΟΣ)

The paper is focused on the therapeutic progress of a family whose identified patient was an adolescent with a disturbing behavior. A conjoint (multifactorial) type of therapy was followed: the adolescent participated in a weekly adolescent therapeutic group while the parental couple participated in a monthly parenting group. The importance of the developmental deficiencies of both parties and the family as a whole are presented. Also special emphasis is given on the interacting phenomena between the family and the therapists systems and the therapeutic means which were applied (i.e. supervision sessions) in order to facilitate their synthetic process towards the family as a whole.

S21.3-Applications to an integrative approach to systemic psychotherapy
C. Kataki (Greece)

Not available -

S21.4-New developments in the techniques of human systems therapy: The therapeutic alchemy
N. Paritsis
Society for Systems Therapy and Intervention in Individuals, Families and Larger Systems, Athens, Greece

There are some techniques in family therapy such as paradoxes, reframing and positive connotation that can be regarded as being similar or as having an overlap with this technique. In paradoxes the therapist asks the client to behave in a similar way that is at a lower level of logical type. In reframing the therapist changes the meaning of the symptom by presenting it as normal. In positive connotation the therapist comments on behavior and comments it as being good. In Human Systems Therapy there was the technique “alchemy of behavior” for changing emotions. This technique is now farther developed into the therapeutic alchemy.
According to this technique the therapist can change negative (undesirable) beliefs, actions and/or emotions by presenting or emphasizing a particular positive part or aspect of the general negative issue. Here we present a part or aspect (in fact a part) that is really positive.

Therapeutic alchemy is a very general method of change which can be applied in a vast number of cases. At the same time it is very simple.

Before the presentation of some examples of application, a possible explanation of the technique will be presented. This is expected to contribute to a better and successful application of the technique.

According to Freud and to Arieti the subconscious works on the basis of primitive logic. According to this logic two entities are considered as identical when some parts and not necessarily all parts are identical. Thus when we comment positively one or more parts then the whole is considered positive for the subconscious. If then the problematic action, thoughts beliefs or emotions are related to subconscious, then they will become positive and their negative value for which they gain their utility will vanish.

In order to better understand and apply this technique of therapeutic alchemy an example is going to be given.

A schizophrenic patient a month after his discharge from the hospital was very aggressive towards neighbors and relatives. The Mayer of this small touristic town proposed to give us a good amount of money “for our research purposes” if we take him back to the hospital. Our team met the patient at the local health center. I ask him why he is so upset. Giannis, this is the name of the patient, replayed that … a minister of the government of that time was making love to Giannis from behind. I replayed, looking very happy and calm, that he must be very proud that the minister was chosen himself to make love, while the minister had so many beautiful secretaries, and other good looking men in his environment, and in spite of all these the minister preferred Giannis. You must be proud for it I continued. Giannis remained silent for a moment and then he said “I am not sure that the minister done this to me”. “If he did it anyway you must be proud” I replayed. “No he did not” he said with emphasis. After that Giannis became calm and the Mayer was also happy and offered us a delicious meal.

S21.5-Systemic psychotherapy under financial and social crisis
Vlassis Tomaras
National and Kapodistrian University of Athens Medical School - 1st Department of Psychiatry, Hellenic Systemic Thinking and Family Therapy Association (HESTAFTA), Athens, Greece

Economic crisis has been argued to affect unfavourably physical and mental health internationally and to increase psychiatric morbidity. Yet, crisis can offer opportunities to persons, couples, families and broader systems for change and reorganization. Systemic therapists working under crisis situations will be challenged be their, crisis afflicted, clients’ realities and they should be prepared to respond to new needs and requests. Therefore, adaptations of therapeutic approaches and techniques seem to be necessary. All the aforementioned will be illustrated by some case vignettes.

S22.1-Availability of tyrosine and tryptophan, precursors for dopamine and serotonin and Neuropsychiatric disorders: An update
Nikolaos Venizelos
Neuropsychiatric Research Laboratory, Dept. of Clinical Medicine, Örebro University, Örebro, Sweden

The large neutral amino acids tyrosine and tryptophan are precursors of the neurotransmitters dopamine and serotonin and their availability in the brain may influence neurotransmission. Disturbed neurotransmitter systems, such as the dopaminergic, noradrenergic and serotoninergetic systems implicated in the pathogenesis of neuropsychiatric disorders as schizophrenia, bipolar disorder, autism and attention deficit hyperactivity disorder (ADHD).

The primary aim of this presentation is to outline the findings/evidence from different investigations in vitro, concerning aberrant amino acid transport in fibroblasts obtained from patients with schizophrenia, bipolar-I disorders, autism and ADHD.
In a series of studies using the fibroblast cell model, our group have found an aberrant amino acid transport in schizophrenia, bipolar disorder, autism and ADHD. These transport aberrations may imply that there is a limited access of essential amino acids tyrosine and tryptophan to the brain, which could lead to disturbances in central neurotransmitter systems. Dopamine, one of the key neurotransmitters in the brain, is a powerful regulator in different aspects of cognitive functions and alterations in dopaminergic activity may lead to cognitive impairment.

Recently, the kinetics of tyrosine and tryptophan has shown to be connected with cognitive functioning. Consistent findings concerning the role of dopamine in the neurobiology of bipolar disorder are that dopaminergic agonists stimulate manic and hypomanic episodes in patients with subjacent bipolar disorder, where a decreased dopaminergic activity can be associated with depression. Abnormal dopaminergic neurotransmission is implicated in schizophrenia, autism and also in Alzheimer’s disease. Altered tryptophan and alanine transport has been found in fibroblasts from boys with ADHD that can influence the serotoninergic system. These disorders as well as bipolar disorder, show cognitive dysfunctions. Schizophrenia and bipolar disorder show a significant amount of overlap of symptoms, treatment strategies and also the neurobiology.

The outlines of the findings gives evidence that amino acid; tyrosine and tryptophan are strong involved in schizophrenia, bipolar disorders, autism and ADHD.


S22.2 - Systems Biology of mental health diseases: The role of amino acids as precursors of neurotransmitters related to schizophrenia based on microarray analysis

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Deciphering the pathophysiology of mental disorders depends on integrating data from across many research fields and techniques, a field ideal for application of System Biology approaches. Schizophrenia is a severe mental disorder with a high degree of heritability. Recent studies suggest that this heritability may be due to many genes interacting with each other and with environmental risk factors. Many studies have attempted to gain insight into the underlying pathophysiology of schizophrenia by studying postmortem brain tissues of schizophrenia patients. However as several aspects of schizophrenia are also manifested at the peripheral level in proliferating cell types, it seems reasonable to combine postmortem studies with analyses of skin fibroblasts biopsied from living patients. The aim of such studies is was to perform and interpret the results of a comparative genomic profiling study in schizophrenic patients as well as in healthy controls. We further try to relate and integrate our results with an aberrant amino acid transport through cell membranes that has been identified in fibroblast from patients with schizophrenia, bipolar disorder as well as autism. A bioinformatic analysis was performed on raw data derived from four different published studies on postmortem brain. In particular we have focused on genes and mechanisms involved in amino acid transport through cell membranes from whole genome expression profiling data. Our bioinformatic analyses demonstrated genes and Gene Ontology terms associated with ion transport dysregulation (K, Na, Ca, and
other ion transports and bindings) resulting in a disturbed primary active transport and consequently to a global disturbed amino acid transport.

S22.3-Effects of cytokines and oxidative stress on tryptophan and tyrosine transport: Role of antioxidants

Ravi Vumma, Jessica Johansson, Nikolaos Venizelos

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Neuropsychiatric disorders including schizophrenia, bipolar disorder, autism and attention deficit hyperactivity disorder (ADHD) are indicated with disturbed dopaminergic, noradrenergic and serotonergic neurotransmission. Disturbed transport of tyrosine and tryptophan (precursors for dopamine, noradrenaline and serotonin) is one of the explanations for this altered neurotransmission, which has been demonstrated in many studies by using fibroblasts from patients with different neuropsychiatric disorders. The reason for disturbed amino acid transport in neuropsychiatric disorders is not completely understood. Over the last two decades, research and clinical studies have implicated the role of deregulated immune responses and elevated oxidative stress in neuropsychiatric disorders. Moreover, adjuvant therapies with antioxidants and anti-inflammatory drugs have been used in the clinical studies of various neuropsychiatric disorders. The aims of the present study were to assess the role of proinflammatory cytokines, oxidative stress and antioxidants on tyrosine and tryptophan transportation by using the human skin derived fibroblasts as model cells. In addition, this study also examines the effects of pro-inflammatory cytokines and antioxidants on radical oxygen species (ROS) production in human dermal fibroblasts.

The results of the present study indicate that pro-inflammatory cytokines, oxidative stress can affect the functioning of tyrosine and tryptophan transporters of human fibroblasts. Moreover, the results of this study indicate that proinflammatory cytokines stimulate the ROS production and is shown to be associated with the decreased amino acid transportation. Furthermore, this study demonstrates that antioxidants can counteract the effects of both proinflammatory cytokines and oxidative stress on amino acid transportation.

S22.4-Influence of butyrate producing bacteria on the functionality of neurotransmitter precursor amino acid transporters

Ignacio Rangel1, Ravi Vumma2, Nikolaos Venizelos2, Robert Brummer1

1Nutrition Gut Brain Interactions Research Centre and 2Neuropsychiatric Research Laboratory, Dept. of Clinical Medicine, Örebro University, Örebro, Sweden

The gut-brain axis (GBA) is a system interlinking brain and gastrointestinal functioning. A key player of this GBA is the intestinal microbiota. Most of these microbes reside largely in the distal bowel and compose a microbial community that is constituted of more than 1,000 bacterial species. In recent years there has been renewed focus on the interaction of these microbial residents and the functional integrity of the gastrointestinal tract, which might in its turn influence the brain functions in humans. In animal models, associations between changes in behaviour, anxiety as well as stress-like symptoms with changes in the gut microbiota have been found. Furthermore, different studies have shown that orally consumed probiotics can influence the mood, cognition and behavioural patterns in humans. However, our understanding of the regulatory mechanisms of the gut microbiota on the functioning of the brain is still in its infancy. As there is no physical contact between the gut bacteria and the enteric nerve system, it can be speculated that the influence of the microbiota on the brain functioning relies on its direct effect on host cells such as epithelial or immune cells and via their metabolic products. Some of these products are short chain fatty-acids (SCFA). SCFA such as butyrate, acetate and propionate are produced by bacteria as result of fermentation of carbohydrates and hexoses in the intestine. We are interested in the effect of SCFA, mainly butyrate, on specific biomarkers of neuropsychiatric disorders such as malfunctioning of the tryptophan transport system. In order to test this we are using human skin derived fibroblasts as in vitro cellular/neural models collected from healthy individuals. Our preliminary data indicate that butyrate has a protective role in cells that have been treated with an oxidative stressor and
where the transport of tryptophan has being disturbed. In the following experiments we plan to include cells from ADHD and autistic spectrum disorder patients as well as from elderly people. The aim of assessing fibroblasts from these different groups is to cover a wide range of patients with well-known depression, mood and behavioural problems (ADHD and autistic spectrum disorder patients) as well as a group with high risk of presenting depressive symptoms (elderly people).

S23.1- *Sleep disturbance in alcoholism*  
E. Tzavellas  
Greece  

Not available -

S23.2- *Sleep in parkinson’s disease and other synucleinopathies*  
Nicholas-Tiberio Economou  
Sleep Study Unit, University of Athens

**Introduction–Objectives:** Neurodegenerative synucleinopathies include Parkinson's disease (PD), multiple systemic atrophy (MSA) and Lewy body disease (LBD).  

**Methods:** A thorough review in the literature and the presentation of up-to-date data.  

**Results – Conclusions:** Continuous growing body of evidence provide new insights into the importance of non-motor features (as disturbances of smell, sleep, mood, and gastrointestinal function) in PD as well as the recognition that these non-motor symptoms occur in premotor phases of PD [1]. Sleep disorders including insomnia, daytime sleepiness, and REM-sleep behaviour disorder (RBD) are very common in PD and have an immense negative impact on their quality of life. Sleep dysfunction seen in early Parkinson disease may reflect a more fundamental pathology in the molecular clock underlying circadian rhythms [2]. Sleep disorders in MSA are common manifestation and include reduced and fragmented sleep, excessive daytime sleepiness, RBD, and sleep-disordered breathing. Of these, RBD is the most common (affecting 90% - 100% of patients with MSA) and is regarded as a red flag for MSA. RBD, as well as stridor during sleep, may be the initial manifestation of the disease, occurring several years before the waking motor and dysautonomic onset [3].  

DLB is the second most common diagnosis of dementia after Alzheimer disease: both RBD and neuroleptic sensitivity are notable in DLB. In the last years, prolonged follow-up of patients with idiopathic RBD indicated that the majority of patients are eventually diagnosed with the synucleinopathies, and RBD may occur for up to half a century before other manifestations of *neurodegenerative disease*. This finding may have important implications for the design of interventions with potential disease-modifying agents. Potential candidates for the treatment of neurodegenerative disorders that occur in individuals with RBD include pharmacological, surgical (deep brain and cortical stimulation, growth factor infusion), cell-based, and gene therapies.  


S23.3- *Differentiating parasomnias from epileptic seizures during sleep*  
A. Papavasiliou  
Greece  

Not available -
Unlike neurologists: Affect not the brain is the object of special medical expertise of the clinical psychiatrist

George Ikkos
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There is increasing realisation of the genetic complexity of mental disorders and the obstacles to translating research from basic neuroscience into medical psychiatric practice (Braff and Braff, 2013, Insel, 2014). Emerging findings from research on Integrating Communicating Networks indicate that “salience” (i.e. meaning) sets the tone and drives the activities of these networks (Zorumski and Rubin 2011). Epidemiological findings, for example, underscore the importance of social factors such as inequality in common mental disorders (Wilkinson and Pricket, 2009) and group and social factors in schizophrenia (Abed and Abbas, 2014). Understanding mental disorders, therefore, requires understanding “persons” in society as well as brain (Banner, 2014).

Research in biology highlights the importance of “self” and “autopoiesis” in the survival of organisms, the evolution of species and the shaping of the environment (Thompson, 2007, Sacks, 2014, Weber and Varela, 2002). What distinguishes both the human brain and self from even those of our closest primate relatives is that they have specifically evolved for the facilitation of cooperation and group formation (Tomasello, 2014, Dunbar, 2014). At the driving seat of person’s responses to environment is affect (Thompson, 2008). This is understood here as feelings, emotions and agitations whether in self or in relation to family and society (Bennett and Hacket, 2005, Ikkos, Bouras et. al. 2010). A truly biological contemporary psychiatry, therefore, needs to recognise affect as the object of unique medical expertise of the clinical psychiatrist. This needs to be reflected in the training and practice of the specialty and the public understanding, expectations and funding contract settings with our profession (Ikkos, St John Smith, McQueen, 2011).

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S24.2- Evolutionary theory: The missing basic science of psychiatry

Riadh Abed
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Evolutionary science is now the organising principle for all biological sciences. However, psychiatry (and the rest of medicine) has remained resolutely pre-Darwinian. This has meant that the current (traditional) understanding of the nature of psychiatric disorder has remained incomplete and focused exclusively on proximate (mechanistic) factors with no consideration given to questions of ultimate causation. As a result, psychiatry continues to lack a scientific basis for classifying mental disorder and lacks the conceptual tools to distinguish disorder from adaptive responses. An evolutionary perspective on mental disorder will make it possible to tackle fundamental questions such as: why do humans retain the vulnerability to mental disorder? Considering the evolutionary context broadens the concept of biology beyond the narrow reductionist view that limits it to events at the molecular or cellular level. Hence, social and cultural factors that interact with the human organism to shape the individual phenotype, can only be properly understood when viewed as part of a broad biological process. It is argued that evolutionary theory can provide insights into the nature of mental disorder that cannot otherwise be attained.

S24.3- Ideology and clinical practice in psychiatry

N. Bouras
FRCPsych, King's College London, Institute of Psychiatry

The clinical practice of psychiatry cannot be seen in isolation from trends in society and culture. Society funds (mental) health services and in return expects certain patterns and standards of care. Medicine and psychiatry's contract with society is influenced by attitudes, beliefs, values and ideology, as well as science. Western societies have moved from post Second World War austerity and cold war paranoia, through the social movements of the 60's and 70's, to the neoliberal economics and globalisation of recent decades. These changes in society have had an impact on the way mental health policies and services have developed and therefore on the circumstances and the way in which psychiatrists practice. Psychiatry, associated as it is with social and cultural factors, has undergone profound changes over the last 50 years. Values, attitudes, beliefs and ideology all influence psychiatry. Deinstitutionalization, the normalization principle, advocacy, empowerment and the recovery model are ideologies that have been closely associated with policy, service developments and clinical practice in psychiatry.

References

S25.1- Self-help, networking and therapeutic support in coping with depression at urban and isolated areas

Michael Lavdas
Psychologist EPAPSY

Depression often leads individuals to isolation, while people who suffer from depression are at higher risk to attempt suicide than general population. People living in urban areas as well as remote regions are affected. The project aims at suggesting a model intervention which is cost-effective for support in against depression. Specifically, the cooperation between EPAPSY, the Greek Association for Mood Disorders (MAZI), the Charity
Office of the Archdiocese of Athens and Salten Psychiatric Centre (Bodo, Norway) will implement a project in the following stages: a) Development of the Training Module, b) Development of E-learning platform, adjust training material for e-learning course, c) Training of Trainers who will be involved in 10 key areas, d) Group therapy for depression and suicide prevention, e) Training of users in organizing self-help groups, f) Facilitation of Self-help groups through establishing Local Meeting Points, g) Evaluation, h) Dissemination. The project will be implemented in selected areas in Attica and NE and W Cycladic islands, supporting existing services, actions and networks.

S25.2 **Assertive community treatment: An innovation at the day center of EPAPSY in N. Attica**
Alexis Krokidas  
*Soc. Worker, Sc. Responsible of the Day Centre of EPAPSY*

Whereas the model of Assertive Community Treatment has been around for almost 30 years, in the Greek context, the very existence of an Assertive Outreach Team is still an "oddity". Indeed our team, based at the EPAPSY Day Centre in North Attica, exists and operates against all odds, legal, institutional, financial and cultural. Had it not been for the determined vision of EPAPSY's founder and the hard work and commitment of a group of mental health professionals, the team would not have been formed in the first place, let alone continue to operate successfully for almost two years now, reducing relapse rates, improving quality of life for patients and their families, promoting recovery and combating stigma.

This is then our best claim to innovation, namely the fact that we exist and continue to provide home-based treatment and support to people with severe and enduring mental illnesses who otherwise would be lost in a fragmented and badly articulated system of mental health services.

The biggest challenge for our service is twofold: first, to make a case at the level of national policy for the provision of home-based interventions and second, at a local level, to forge links with and "educate" in-patient services (psychiatric clinics and hospitals) in the interest of continuity of care.

Our multi-disciplinary team which consists of a psychiatrist, social worker, community psychiatric nurse and two psychologists utilizes the well-tested methodology of case management and combines elements of crisis intervention, early intervention in psychosis along with the more traditional remit of a generic community mental health team, adapted to the peculiarities of the Greek context. Here we would like to present our work and discuss the challenges we face in more depth.

S25.3 **Mobile mental health units of North-eastern and Western Cyclades Islands: Community networking and innovative interventions in rural areas during socio-economic crisis**
Stella Pantelidou  
*Psychologist MSc, Scientific Responsible of the Mobile Mental Health Units of NA and W Cyclades*

Mobile Mental Health Units were developed in order to meet mental health needs in rural areas with limited health and social services, according to the main principles of community psychiatry and WHO policies. The Mobile Units of North-eastern and Western Cyclades Islands (EPAPSY) have developed several innovative community and therapeutic interventions, taking into consideration the socio-anthropological characteristics and the effects of socio-economic crisis in each local community. These actions include therapeutic programmes aiming at prevention and treatment of mental health problems in families belonging in vulnerable groups (unemployed parents, migrants etc), implementation of self-help groups for depression, interventions for the prevention and management of Domestic Violence, development of mental health promotion programmes for children and adolescents, therapeutic programmes for people suffering of dementia and their relatives, empowerment of service users and their families. Networking with local services is a primary aim in order to mobilize local resources and develop effective community interventions.
S25.4 - Network of counseling services for promoting dementia prevention and non-pharmacological interventions within public local authorities

Paraskevi Sakka1, Areti Efthymiou2

1 Neurologist-Psychiatrist, Chairwoman at Athens Association of Alzheimer's Disease and Related Disorders
2 Psychologist, Executive Director at Athens Association of Alzheimer's disease and Related Disorders

The project suggests the operational function of 17 Dementia Consultation Centres providing prevention and intervention programmes for the general population in Athens and Cyclades. The implementation of the project will take place as follows: a) Protocol Development and Scientific Design of the intervention by the Expert group, b) Establishment and Training of the Implementation Group which will consist of 11 health professionals (5 social workers, 1 Neurologist, 2 Ergotherapists, 3 Psychologists), c) Operation of Dementia Consultation Centres which will provide services for dementia prevention (screening of cognitive abilities, cognitive training groups of healthy older people, awareness campaigns) and intervention programmes for people with dementia (Memory Clinic, non-pharmaceutical interventions for people suffering from dementia and their carers) at the local community, d) Distance e-learning Courses for health professionals in Greece to further promote the impact of the project, e) Dissemination of the results and f) Evaluation of the project.

S26.1 - New technics and methods of change in human systems therapy: Reducing feelings of guilt

Nicholas Paritsis
Society for Systems Therapy and Intervention in Individuals, Families and Larger Systems, Athens, Greece

In many cases of depression and depression related disorders, the basic underlining causes include feelings of guilt. Human Systems Therapy (HST) intervenes, usually, at three levels which influence each other, namely, the level of psychological functions, the level of individual relations and the level of the family as a whole (considering family dynamics), and if needed the wider social and cultural environment. Feelings of guilt are addressed at the individual level (intra-psychic) they referred usually to the kind of behavior of the client to another person (individual relations) amply as a more rarely to the family or to the wider social environment. Because these levels interact the result of influence at two of them is more multiplied than added. In HST there is a large amount of techniques and strategies (over 30) and we are going here to present those related with reducing feelings of guilt.

The above are probably two reasons that so far in controlled trials, in similar cases, there is a higher effectiveness of HST compared with other methods of psychotherapy. In this presentations are going to mentioned six techniques or/and strategies which reduce effectively the feelings of guilt The success of them needs not to be related with any kind of explanation or any relation to the problem.

Many of the symptoms of depression can be seen as punishment to itself. We start by asking the client what are the main actions that the client did wrong. Or we try to find out what aggression against a given person can create guilt. In this summary there is no space to analyze these techniques. Thus there are referred only some hinds about those techniques and strategies.

1. How long will last the punishment?
The client is asked if the punishment is enough or more time is needed, e.g. some years.
2. Is there necessity for additional punishment?
The client is asked if the punishment is enough or additional punishment of another form is needed
3. If you knew the result of your actions will you done them?
The therapist asks the client if he or she knew the consequences of his or her actions he or she will done those actions.
4. Only the actions violate the laws
This is used and said to the client when the client feels guilty about his thoughts or feelings
5. Changing cognitive/emotional structures without mentioning any relation to the problem or to any explanation.
According to this technique they are discussed general principles and ideas in which the actions of the client are particular cases related to the guilt feelings of the client.

6. It is natural for you to be angry, and please tell me how do you think to react

It is used when the client is angry with a person quite right and unconsciously feels guilty for it.

S26.2-Continuous development in social skills of profoundly retarded adults: Is there a case neuroplasticity?
Georgia Gkantona, Efi Lefkaditi, Nikolaos Paritsis
SOSYTI, Athens, Greece

Introduction: The present study is an attempt to further test and support the application of a systemic methodology based on HST, which involves increasing gradually variety together with order (Paritsis 2010) in the milieu of ex hospitalized profoundly retarded adults living in a residential house (Gkantona et al., 2012). It is based on the hypothesis that the application of the particular methodology induces the continuous development of social skills in mentally retarded adults and facilitates the maintenance of these positive changes for periods longer than six months or one year after their deinstitutionalization.

Methods: The sample was comprised by 15 adults with profound mental retardation (average IQ less than 20) 9 men and 6 women 30.6 years old, living in a residential house. The average mental age in our sample was about 2 years old. The Vineland Adaptive Behavior Scales (VABS, Sparrow, Balla & Cicchetti, 1984) were used as the main psychometric measurement of residents' functioning levels, as it relates functioning with intelligence. The intervention was based on a systemic methodology ruled by principles of HST. In particular, the General System principles used was "the law of optimal environmental variety" (Paritsis, 1992) and the dependence of functioning improvement on the "environmental increase of variety and order" (Paritsis, 1993a, 1993b).

Results: The results of the present study show that an improvement in adaptive functioning was achieved at a statistical significant degree three and four years after deinstitutionalization. In particular, significant differences were found in Community Daily Living Skills, comparing the functioning one to three years after deinstitutionalization as well as in socialization comparing the functioning between three to four years after deinstitutionalization.

Conclusion: Whereas previous research in ex hospitalized profoundly retarded adults has shown that improvement occurs during the first year after leaving the institution, and after that period a plateau is formed (Lerman et al., 2005; Young & Ashman, 2004a), the present study traces a continuous improvement in skills related to intelligence. This improvement may be due to brain plasticity, as functional and structural plasticity is a fundamental property of the brain involved in diverse processes ranging from brain construction and repair to storage of experiences during lifetime (Vaillend et al., 2008).

In conclusion, this study suggests that in mentally retarded adults the implementation of a systemic methodology based on optimal variety and order may stimulate brain processes related to social learning and functioning improvement in which neuroplasticity is involved.

S26.3-Upgrading students with multilevel intervention through Human Systems Therapy
Maria Lambraki, Nicholas Paritsis
Society for Systems Therapy and Intervention in Individuales, Families and Larger Systems, Athens, Greece

Introduction: Several systemic multilevel interventions on pupils, such as pupils with several problems were addressed in the past (e.g Minuchin 1971, Andolfi 1977, Paritsis 1992, Henggeler 1999). However, this was only concerned with anorexia nervosa and aggressive behavior at school and not about upgrading.

The aim of this work is to test pupils’ upgrading using the subject of Ancient Greek Language, and the application of multilevel intervention through the Human Systems Therapy (HST).

Theoretical background: The method is based on principles of HST (Paritsis 2006, 2010). In particular we used mainly the principle "The definition of an open system": a system is "a set of elements, their properties, their relations, the emergent properties of the system in interaction with the immediate environment". This
definition implies three levels. One is the elements, their properties and their relations, the second is the emergent properties and the third is the environment. Based on this definition we can intervene at many levels.

**Techniques:** In addition, we used techniques of HST (Paritsis 2006, 2010), such as “Alchemy of behavior”, “Over-positive descriptions”, “Logical consequences”, “Comments about the special level. Meta-message” and “Reduction of incompatible states”.

**Sample, intervention and measurements:** The sample comprised of 46 pupils (24 girls and 22 boys). 16 pupils comprised the control group, and 30 the experimental group. The intervention lasted one school year. Several levels of intervention were (a) individuals, (b) pupils in the classroom as a whole, (c) pupils’ parents, (d) headmaster, (e) teachers, (f) school as a whole. Before intervention we tested pupils’ knowledge in the subject of ancient Greek language. At the end of intervention we also tested pupils’ knowledge in the same subject according the curriculum.

**Results:** The Two-Way ANOVA analyses showed a significant increase only for the experimental group (p=0.001), and not for the control group (p=0.488). The above results are important since it is the first time of such an application in a school environment.

**Discussion:** The multilevel intervention is very important for the success of intervention. For example in the case of drug abuse were multilevel intervention is applied the most successful interventions are the multilevel ones (Hengeller 1999, Liddle, Lambhari et al). The reason that multilevel intervention is so successful is because the result of interaction between levels is (mathematically) more than additive towards being multiplicative. Possible applications include the use of HST in upgrading students at school and in training teachers on HST for improvement of their academic performance.

**References**


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**Gambling involvement: From entertainment to psychopathology**

Melpomeni Malliori

*First Department of Psychiatry, University of Athens*

Gambling is a common, socially acceptable and legal form of entertainment in most cultures worldwide. It involves wagering something of material value, usually money, on a game or an event whose outcome is unpredictable and largely determined by chance. For the majority of the population, gambling constitutes a recreational activity with no adverse repercussions. However, for a substantial minority it progresses to problem gambling.
To date most researchers have agreed that the term “problem gambling” refers to gambling behaviour that is severe enough to yield negative outcomes for the person who gambles, his/her family and social networks as well as for the community overall. The disorder was initially introduced into the third Diagnostics and Statistical Manual for Mental Disorders (DSM-III) as a “Disorder of Impulse Control Not Elsewhere Classified”. Hallmarks of this class were: (i) not resisting impulses or temptations to engage in an act that is harmful for oneself or others, (ii) elevated tension before the act and (iii) pleasure or liberation during the behaviour, with guilt or regret later.

Following this first conceptualization of the disorder, converging evidence has argued for placing pathological gambling under the umbrella of addictive disorders along with substance use. In particular, there is a high degree of comorbidity between them, presenting features have parallels, demographic risk factors share commonalities and physiology as well as genetics display substantial overlap. Congruent with these, pathological gambling was reclassified as an Addictive Disorder in DSM-V.

The current presentation will discuss the progression of gambling involvement from a mode of entertainment to a mental disorder, with special reference to its clinical similarities to substance use and addictive behaviours.

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S27.2 - Gambling involvement in the adult population in Greece: A nationwide prevalence study

Lily Evangelia Peppou
University Mental Health Research Institute (UMHRI)

The past few decades, the economic, social, cultural, moral and political implications of widespread availability and consumption of gambling have rendered it an emerging public health concern. In this context, international epidemiological surveys of pathological gambling have become an integral part in the monitoring of legal gambling internationally, with lifetime and past year prevalence rates in adults reaching 1.6% and 1.14% respectively. Apart from gauging the prevalence rates of pathological gambling in the general population, a number of epidemiological studies have concentrated on delineating its associations.

Consistent with this, various prevalence surveys have corroborated a direct association between gambling availability and the prevalence of gambling problems, with findings indicating that access to a casino within 50 miles is linked to increased prevalence of pathological gambling. Additional risk factors for problem gambling include male gender, young age, membership in an ethnic minority group and unemployment. Furthermore, elevated rates of psychiatric morbidity have been discerned among people who meet the criteria for pathological gambling: heavy drinking, nicotine dependence, substance use, mood and anxiety disorders and suicidality.

In spite of a proliferation of epidemiological surveys on pathological gambling worldwide, germane evidence in Greece is scarce. In this context, the First Department of Psychiatry, University of Athens, endeavoured to fill this gap by conducting the first prevalence study on pathological gambling nationwide; funded by the Greek Organization of Football Prognostics (OPAP S.A.). The rationale, methods and results of this study will be presented in depth.

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S27.3 - Gambling involvement in adolescents in Athens area: A cross-sectional survey

Dimitris Anagnostopoulos
First Department of Psychiatry, University of Athens, Greece

The current generation of adolescents is continuously exposed to an environment where gambling is a popular, legal, socially acceptable and highly advertised means of entertainment. In this context, for a considerable proportion of adolescents gambling involvement attains a pathological form. In spite of a wealth of international studies on the epidemiology of pathological gambling in adolescents, there is a dearth of research on the field in Greece. Consistent with this, a cross-sectional survey exploring pathological gambling and its correlates in adolescents was conducted by the First Department of Psychiatry, University of Athens, and funded by the Greek Organization of Football Prognostics (OPAP). In particular, a total of 2159 students...
from a random and representative sample of schools of Attica participated in the study. The students, after obtaining the germane informed consent by their parents, completed the self-report questionnaire of the survey during one school-hour. For assessing the presence of pathological gambling, the Canadian Adolescent Gambling Inventory was employed, which in turn was validated against the pertinent DSM-IV checklist. Furthermore, a number of self-constructed questions tapping demographic, social, economic and family variables were incorporated. For recording students’ mental health problems, the Strengths and Difficulties Questionnaire was also integrated in the research instrument. The results of the study showed that the preponderant form of gambling involvement in adolescents was personal challenges and rivalry among them; whilst 11.1% of the sample was found to meet the criteria of pathological gambling. Male gender, parental gambling involvement, worry on the part of students for the availability of food in the household and the amount of pocket money they receive from parents were found to constitute risk factors for pathological gambling. Moreover, pathological gambling was found to mainly co-occur with symptoms of conduct disorder. The current presentation will elaborate on the rationale, methods, results and conclusion of this research endeavour.

S27.4 - The impact of financial crisis on gambling involvement in Greece
Marina Economou
University Mental Health Research Institute (UMHRI), Athens, Greece

Gambling is a popular entertainment activity, usually involving social interaction and inducing great excitement. It often requires wagering money or something of material value, thus evoking an outstanding sense of risk taking and thrill. Despite the fact that the outcome of the gambling activity is defined by luck, it may offer a temporal getaway from “harsh” reality, while raising feelings of hope. The aforementioned effect, along with easy access to gambling for the majority, may accelerate the transformation from a harmless leisure activity to a pathological condition, especially amid financial hardship. Existing literature suggests that pathological gambling displays a substantial association with a variety of socio-economic variables such as low income, poor socio-economic status and unemployment.

In Greece, the vast and enduring nature of the financial crisis has exerted a deleterious impact on the mental health of the population. Difficulties in coping with the increasing economic hardship, lead some people to resort to gambling as an alternative way of tackling their financial strain. Thus many people find solace in gambling so as to deal with the persistent anxiety and depressive symptoms, as well as feelings of sadness, grief and insecurity. However, when gambling turns to its pathological form, it progresses throughout four stages: (i) winning, (ii) loosing, (iii) desperation and (iv) hopelessness. Therefore, while it seems initially to offer a solution, it may subsequently lead to the same dreadlock it intended to avoid. In the current presentation, the association between gambling – as a coping strategy - as opposed to pathological gambling and their socio-economic indices, will be delineated.

S27.5 - Gambling involvement in Greece amid the economic decline: From epidemiology to policy making
Kyrriakos Souliotis
Assistant Professor of Health Policy, Faculty of Social and Political Sciences University of Peloponnese, Korinth, Greece

A general understanding of pathological gambling is necessary before discussing treatment and prevention. However it must be noted, that the scientific literature on this topic is limited internationally, while in Greece it’s still on its infancy.

In line with this, a study investigating gambling involvement was conducted outside all OPAP stores in Corinth. This particular city was chosen on the grounds of gambling availability being high due to the casino, the numerous OPAP stores and online gambling. Consistent with the findings of the aforementioned study, a need for designing and implementing effective prevention methods emerges. At the community level, education and raising public awareness activities could facilitate primary and secondary prevention of
pathological gambling. School based interventions could tackle the increased rates of pathological gambling among adolescents, which is roughly ten times greater than the corresponding figure in adults. Furthermore, educational interventions targeting employees of the gambling industry – OPAP owners and casino employees – can promote responsible gambling.

There are many promising interventions for preventing pathological gambling; however the diverse characteristics and symptoms of pathological gambling render it difficult to reach a consensus. In line with this, further research should be implemented in order to inform policymakers on effective means for addressing these issues.

In the current presentation, study findings will be discussed along with pertinent recommendations for intervention.

S28.1-Countertransference and the psychiatrist-patient relationship
G. Vaslamatzis
Greece

S28.2-The psychoanalytic group psychotherapy in psychiatric settings
K. Navridis
Greece

S28.3-Neuropsychoanalysis informs new therapeutic options in psychopathologies
C. Flordelli, D. Kyriazis
Greece

S29-What the systemic therapeutic approach can offer to the understanding and management of social problems
Petros Polychronis, Haridimos Tsoukas

We will discuss the contributions of ‘Complexity’, ‘Chaos’ and ‘Living System, Theories’ to a new conceptualization of Family and Group Dynamics. We will show how such theories shed new light on the processes of families and groups seen as systems and suggest new ways of intervening in them. Furthermore, we will attempt to explore applications of the systemic therapeutic approach to larger (social and organizational) systems. More specifically, focusing on social reforms we will argue that, unlike sociological or mainstream psychological approaches, a systemic therapeutic approach is not so much geared towards providing explanations or suggesting simplistic changes as on revealing blind spots, disclosing recurrent patterns and encouraging ‘out of the box’ interventions

S30.1-Introduction to the theory and practice of Balint groups
Lida Bitrou
Hellenic Balint Group, Athens, Greece

Balint groups, a form of case discussion groups, were created by the psychiatrist and psychoanalyst Michael Balint (1896-1970) and his wife Enid, also a psychoanalyst and social worker, in Great Britain in the 1950s.
Originally, the Balints created the groups for social workers who worked with clients that had marital problems and needed a framework in which to discuss and reflect on the problems their clients brought to them, as well as the difficulties they encountered in the relationship with their clients.

Balint, through his psychoanalytic training that involved personal psychoanalysis and supervised treatment of patients, had come to realize that his own personality and unconscious needs and wishes affected the relationship with his patients. Thus, he created a method that combined elements of psychotherapy and case discussion in a group setting. After the application of the method on social workers, he moved on to general practitioners (GPs) who were often faced with complaints of psychological nature from their patients, and for whom the learning of some psychotherapeutic skills would be very useful in their daily practice. Therefore, the group setting would become a learning environment in which general practitioners would learn these skills by discussing the actual psychological needs and problems of their patients, and would also have the chance to learn more about themselves and the way in which they related with their patients.

Furthermore, through the groups, the Balints sought to educate doctors in the patient-centered approach of which they were first rapporteurs, by bringing into focus the relationship between the doctor and the patient and the way in which their relationship could facilitate or impede the therapeutic outcome. This was one of the main reasons that Balint groups gradually expanded to other medical specialties and health professions, and in some cases, like in psychiatry residency in Great Britain, became a mandatory part of a resident’s training.

Today, Balint groups can be a useful tool for the modern clinician who is faced with increased demands from patients and clinical settings that expect him to be effective, fast and inexpensive. An introduction to the theory and practice of Balint groups will be the subject of this presentation. Moreover, we will discuss the opportunity that is given to group participants to reflect on their work and broaden their perspective on how to handle patients that might be “difficult” or demanding, or have come for reasons characterized by distress, grief and anxiety, emotional states that can affect deeply the therapeutic relationship and the two members of the dyad, both inside and outside the clinical setting.

S30.2 - **Training the doctor in psychological thinking**

Evgenia Karantoni  
*Neurologist, MSc, Greece*

Medical practitioners are committed to a life of constant training. This training is focused mainly around disease and its treatment. Nevertheless, if we accept that the center of interest in medicine is the patient, then one of the most important medical skills is establishing a good physician-patient relationship. Treating a patient implicates, among other skills, a subtle interaction between the physician and the patient. This applies mainly in medical specialties dealing with chronic, serious, disabling diseases, or with patients needing special handling (demanding patients, psychiatric patients, children, pregnant women).

Participation in Balint groups addresses the physician-patient relationship in a practical, yet psychological way. Their purpose is to support physicians in developing empathy for their patients. The Balint method is based on helping in understanding the dynamics of the physician-patient relationship, the identifications within it, the concepts of transference and countertransference (implicitly or explicitly), disease versus illness, and the importance of empathy. A clinical example will be presented in order to illustrate the effect of the group work on the doctor-patient relationship.

In many cases, physicians participating in Balint groups for some years report improvement in understanding their patients, even the difficult ones, and greater confidence in their role. Furthermore, they report less professional exhaustion, a stronger sense of security and greater job satisfaction.

This presentation aims to underline how the Balint method is a practical way for physicians to improve their empathetic skills in their practice, in order to achieve better outcomes for the patient with less strain for themselves.
S30.3 - The group as a "holding" environment for the clinician
Magda Hatzidimitri
Psychologist, Member of the Hellenic Balint Group

Balint Groups are based on the application of psychological principles in a group setting for the purpose of developing an improved understanding of the doctor-patient relationship. This discussion will focus on the ways the clinicians are helped psychologically through their participation in the groups, as shown in research findings, reporting greater self awareness, diminishing burnout, increasing work satisfaction and feeling of control as well as a more authentic professional identity.

Although the groups do not offer personal therapy they do foster a "holding environment," in other words, a safe atmosphere where the clinician is “held” or facilitated to grow and mature professionally over time through the team’s and the leader’s presence, availability, reliability, patience, understanding, acceptance, recognition and respect of the clinician. The conditions created in the group simulate the conditions needed for ego development by children and adolescents in a good-enough family atmosphere, or the favorable conditions created for the patient in a psychoanalytic therapy setting. The clinician, just like the child or adolescent in the favorable environment, is recognized and understood as he is, avoiding a false identity. In the Balint setting, this means that the clinician is never forced to agree with something that does not suit him and is encouraged to recognize the work or approach he himself finds appropriate.

The group may not offer a direct solution to the clinician’s struggles. Nevertheless, it supports him to examine his "regression" towards his patient, i.e. the problematic forms of communication and unconscious feelings he is experiencing. In this way, the clinician is aided to undergo changes in his own personal unconscious dynamics that promote internal growth, self awareness and over time a change in his “professional ego.” The change in “professional ego” is related to the ability of the clinician to turn his personal problems and anxiety into therapeutic curiosity that in turn helps him do a better job with his patients. According to Michael Balint, the refinement of the skill to observe and respond sensitively to what is going on in the doctor-patient relationship inevitably also entails a limited, though considerable, change in the doctor's personality.

Analogies will be drawn from the psychoanalytic literature in order to explain the aforementioned themes. These include Balint’s theory of “basic fault” and “regression”, Winnicott’s “maturational processes and the facilitating environment;” their respective theories on infant-parent relationships, as well as Erickson’s phase-specific psychosocial theory, applied in the Balint group setting, in which a new identity and opportunity for ego development can occur. Clinical examples will also be cited.

S31.1 - Psychoanalytic representations of childhood trauma: Clinical aspects of Green’s concept of the Dead Mother
C. Synodinou
Professor of Psychopathology and Psychoanalysis, Psychoanalyst, member of SPP, HP-AS, IPA

Psychic trauma is a concept that initially appears in the Freudian work and in particular in the theory of the neuroses. Following Freud, a considerable number of psychoanalytic writers became theoretically and clinically involved with the thematic entity of trauma. André Green’s approach is considered of great importance, through his conceptualization of the dead mother representing the development of psychic trauma in the infant, caused by the emotional absence of the mother, while she continues to be physically present providing care. Green emphasizes the structural functioning in relation to the concept of the dead mother arguing about “a structural conceptualization of psychic nature programmed by primary phantasies”.

Contemporary psychoanalytic therapies frequently address the analysand’s losses and the required psychological work of mourning. However, in the case of the dead mother, the maternal “absence”, according to Green, does not bring about the psychical outcomes of real death leading eventually to a process of bereavement.
S31.2-Transgenerational aspects of psychic trauma: Borderline patients and their families

M. Coccossis-Ginieri
Assist. Professor of Clinical Psychology, A’ Department of Psychiatry, Medical School, University of Athens, Greece

Childhood histories of individuals with Borderline Personality Disorders (BPD) frequently report a history of abuse, particularly verbal or/and sexual abuse caused by their caretakers. In addition, compared to healthy individuals, patients with BPS are more likely to report parent neglect, maltreatment, maternal emotional absence or early separation from caregivers and family. Investigating the relative value of these early childhood traumatic entities, results indicate that the development of BPD is more likely to be associated with the exposure of the child to a chronically disturbed pattern of relation and interaction with caretakers, as well as with a traumatizing history of abuse, either emotional or physical, rather than the more evident circumstances of early parental separation or the neglectful practices of their caretakers. But invisible parallels, similarities and differences in the presence of childhood trauma in both parents and offspring remain difficult to detect, although there seems to be an increasing recognition within mental health professionals of the link between BPD and childhood trauma emerging in the history of BPD patients, as well as in the history of their parents. Transgenerational trauma in family histories investigated through qualitative methods will be presented.

S31.3-Childhood trauma examined in a large population of university students: Links with adult psychological adjustment

Zoi Antonopoulou
MA(Lond), and Doctorate candidate in the Department of Psychology, Panteion University, Greece

A psychological trauma is an experience which overwhelms the individual’s capacity to maintain its balance, resulting in feelings of inadequacy, helplessness and despair. Childhood trauma is particularly aggravating, as the child is at an early stage of development and therefore more vulnerable. The presentation discusses the findings of a research which has been conducted on a large sample of university students, both at undergraduate and at postgraduate level, from the University of Athens and Panteio University. The sample consisted of 605 individuals (203 males and 402 females) with a mean age of 24.3 years (SD= 7.8). Participation in the study was voluntary and anonymous. The research aimed at examining childhood trauma and its effect on factors of psychological adjustment in adult life. More precisely, it examined the students’ level of anxiety, and four dimensions of quality of life, in light of the existence of early psychological trauma. All participants completed the Greek versions of the following questionnaires/inventories: a) The Early Trauma Inventory - Self-Report – Short Form (ETI-SR-SF), which consists of 27 items assessing general traumatic experiences (11 items) and physical (5 items), emotional (5 items), and sexual abuse (6 items), b) The State-Trait Anxiety Inventory, which includes 2 subscales. State Anxiety Scale and the Trait Anxiety Scale, and c) WHOQOL-BREF, which consists of 26 items divided into four broad domains: Physical health, psychological health, social relations and environment.
RT1.1-**Conduct disorder: Clinical characteristics**
Vagiani Tsiafaki, Chrisanthi Anomiti, Eleni Lazaratou, Dimitris Dikeos
_Eginition University Hospital, Athens, Greece_

Conduct Disorder, a disorder at the junction between psychiatric, social, and legal concepts, was officially introduced in DSM III to characterize the behavior of children who showed a persistent pattern in which the basic rights of others or major age-appropriate societal norms or rules are violated. This definition is still used in DSM-5 and ICD 10. There is a conceptual divide which remains in the main classification systems, yet the diagnostic criteria are very similar. Subtyping is important given the heterogeneity of Conduct Disorder. There have been changes in subtypes of Conduct Disorder listed in the editions of the classification systems. The specifier «with limited prosocial emotions» is new to DSM-5 and applies to those individuals with a more serious pattern of behavior characterized by a callous and unemotional interpersonal style across multiple settings and relationships.

Scientific research has revealed neuropsychological deficits in children and adolescents with conduct disorder, as well as cognitive factors including faulty perceptions. In addition, the clinical expression of conduct disorder depends on age and developmental stage.

Conduct Disorder has been associated with other mental disorders such as ADHD, OCD, anxiety and mood disorders, problems due to psychoactive substance abuse, and learning disabilities. Comorbidity, age of onset, type of behavior and personality traits can affect both the symptoms and the developmental course of the disorder.

Longitudinal studies are particularly important for the study of the evolution of the different symptoms of Conduct Disorder. The different classification systems do not distinguish between symptoms in boys and girls and the majority of research on Conduct Disorder has been conducted on boys; findings, however, indicate that there are important differences and similarities between boys and girls in Conduct Disorder and its symptoms.

RT1.2-**Conduct disorder: Epidemiological data and etiological hypotheses**
Elena Filiousi, Mara Pirlympou
_Eginition University Hospital, Athens, Greece_

Conduct disorder (CD) is a childhood behavior disorder that is characterized by persistent aggressive and/or antisocial behavior that disrupts the child's environment and impairs his or her functioning. CD represents the most common childhood psychiatric disorder found in the community and in mental health clinics.

The present review presents biological and psychosocial etiological factors and provides epidemiological data taken from multiple samples (general population, community, clinical) of children and adolescents with CD. It also, summarizes data regarding the prevalence with respect to symptomatology (e.g., subtypes of aggression, callous-unemotional traits), and it presents data on the autonomic and neuroendocrine stress system as well as genetic, neurocognitive, and neuroimaging data.

Regarding psychosocial factors, parental environment (e.g. parental neglect, parental illness and marital discord) as well as child abuse and poverty appeared to be significantly associated with the development of CD. Biological factors, which are considered as contributing to the etiology of CD, are genetics and prenatal exposure to stress and maternal substance use. These factors have been proven to play a significant role in the abnormal structural and functional neural development in individuals with CD. Additionally, CD patients' neurochemical profiles are characterized by reduced serotonin and cortisol levels, as well as attenuated autonomic nervous system functions. Finally, there seems to be interaction between genetic predisposition and high-risk psychosocial factors, with the presence of both of them leading to a substantial rising the chances for the onset of CD.
RT1.3 - Prevention of conduct disorder
A. Christodoulou
Greece

Not available -

RT1.4 - Treatment of conduct disorder
Angeliki Konsta, Panagiota Bali, Dimitris Dikeos, Helen Lazaratou
Eginition Hospital, Athens, Greece

Conduct disorder (CD) is a persistent pattern of behavior in which the basic rights of others or major age-appropriate social rules are violated. Children with CD are highly likely to require clinical intervention which can offer an important opportunity to prevent a burden of poor health and social maladjustment in adulthood. There is a long list of negative long-term outcomes of conduct problems which highlights the value of successful treatment of these problems during childhood. Treatment for conduct disorder is based on many factors, including the child’s age, the severity of symptoms, as well as the child’s ability to participate in and tolerate specific therapies.

There are specific interventions for children 3-12 years of age, which are categorized in parent training, child therapies, and interventions in school to promote positive behavior and academic engagement and learning. In adolescence, CD frequently becomes more serious and can involve criminal offending. A number of different interventions have been used to treat youth with CD such as family-based interventions, multiple-component interventions, harsh and outdoor interventions and medication. It seems that psychological therapies are the mainstay of treatment for conduct problems but only a minority of affected children receive any treatment at all and even fewer receive evidence-based interventions. An important goal would be to ensure that children and adolescents with this disorder have access to high-quality, evidence-based care.

RT2.1 - Personality disordered criminals: Preliminary data from Greek prisons
A. Apostolopoulos (Greece)

Not available -

RT2.2 - The role of psychologist in a prison setting
M.-L. Psarra, G. Kalemi (Greece)

Not available -

RT2.3 - Mentally ill prisoners. Clinical and legal issues
P. Ntounas (Greece)

Not available -

RT2.4 - Psychopathology of Greek female violent offenders
C. Tsopelas (Greece)

Not available -
RT3.1 - Involuntary hospitalisations in Greece: The ethical perspective

Stelios Stylianidis
Association for Regional Development and Mental Health (EPAPSY), Athens, Greece

Contemporary psychiatry should incorporate, apart from evidence-based practices, consideration and implementation of the basic principles of bioethics. In line with this, the current presentation will briefly discuss the imperative need for developing a substantial dialogue and synergy among all parties involved in the process of involuntary hospitalisation; namely, the Ministries of Health and of Justice, the Psychiatric Community, the Judicial Body as well as patient and family organisations.

The ethical perspective on involuntary hospitalisations transcends the narrow scientific limits of the bio-medical model to address the contradiction between social control and the need for treatment, the often paternalistic standpoint of psychiatry at the expense of patients’ autonomy and freedom as well as the active participation of patients’ and families’ movement in pursuing along with mental health professionals the provision of better mental health care.

In Greece, the alarmingly high percentage of compulsory admissions puts into question the degree to which high ethical standards are met throughout the process. Routine clinical practice seems to take the form of custody over people with mental illness rather than facilitating their independence and autonomy. Furthermore, existing legislation still emphasises the dangerousness criterion, cultivating in this way stereotypical beliefs about mental disorders, justifying the use of coercive measures and enabling practices of social control over people who suffer from them. Poor collaboration between the judicial body and mental health services, inadequate training of psychiatrists and discontinuity of care in the mental health system, have turned compulsory admissions from a last resort intervention into an automatic social reflex.

RT3.2 - Involuntary hospitalizations in Greece: The legal perspective

Aimilia Panagou
Greek Ombudsman’s Office, Department of Social Welfare & Health, Athens, Greece

In the European Union, the majority of Member States regulate compulsory admissions of mental ill people by means of specialised mental health laws; with the exception of Greece, Italy and Spain. The main reason for including mental health issues in legislation for physical disorders in these countries, rather than issuing separate mental health acts, is to avoid the stigma and discrimination incurred by separating mental disorders from medical conditions. However, mental illness sometimes can impair an individual’s capacity for reasonable judgment and therefore mental health care is often distinct from general medical care. Consistent with this, involuntary hospitalisation of people with mental illness necessitates clear and specific legal regulations, which take into consideration the civil rights of the committed patients and safeguard their interests.

In Greece, the current legislation regarding compulsory admission and treatment of the mentally ill patients—i.e. articles 95-100 of Law 2071/1992 “Update and Organisation of the Health System”—was introduced in 1992. In accordance with this law, patients are admitted only if they are suffering from a severe mental disorder, pose a threat to themselves or others, or are in need of treatment but, due to the illness, are unable to acknowledge this need. The legislation safeguards the patients’ personal rights and respects their personal freedom. The decision for compulsory admission is taken by the court. Admission can be requested only by close relatives, caretakers, judicially appointed guardians, or the public prosecutor. The admitted patient has the right to appeal with a relatively simple procedure. Involuntary hospitalisation is for a limited period of time and is regularly reviewed. The law places great emphasis on the patient’s rights and involves the judiciary system in the decision making with regard to the involuntary admission. Protection of the patient’s rights is undoubtedly of primary importance.

Nonetheless, serious problems arise during the implementation of the above mentioned articles pertaining to the procedure for involuntary hospitalisation of mentally ill patients. More specifically, during the application of the Law, serious infringements of patients’ rights have been documented.

In this presentation, existing legislation will be discussed as well as evidence supporting poor adherence to it.
RT3.3 - Involuntary hospitalisations in Greece: The epidemiological perspective

Lily Evagelia Peppou
Association for Regional Development and Mental Health, Athens, Greece

Involuntary placement of people with mental illness has long been a contentious issue in mental health care due to the profound restriction it imposes on patients' autonomy and freedom. It usually has to strike a balance among three different and often competing interests: (1) patient human rights, (2) public safety and (3) the need for adequate treatment. On these grounds the legislation for regulating the conditions under which involuntary hospitalization is applied has been established in many European countries. The majority of them have been found to adhere to basic human rights principles or guidelines; however, substantial differences persist among them.

The heterogeneity in legal regulations on the practice of involuntary placement has been put forward as an explanation for the existing differences in the epidemiology of the phenomenon among countries. It is noteworthy that rates of involuntary admissions in the European Union range from 3.2% in Portugal to 30% in Sweden, with corresponding figures in Greece reaching as high as 40-60%. Alternative explanations to this disparity pertain to the structure and quality of the mental health care system and patient characteristics.

Concerning the former, higher frequency of compulsory admissions has been observed in areas with low access to services and poor interconnections among different mental health and social welfare services. With regard to patient characteristics; male gender, young age, single marital status, unemployment, ethnicity, poor socio-economic status, low levels of social support, schizophrenia spectrum diagnosis, high symptom severity and increased number of previous admissions have all been found to increase the odds of involuntary hospitalization.

Apart from the rates of compulsory admissions and the factors that contribute to them, the epidemiological perspective on involuntary hospitalizations usually includes an investigation of its outcome. Congruent with this, converging evidence from international studies corroborate its effectiveness; however, in some studies involuntary hospitalized patients were found to display greater odds of readmission as compared to voluntarily hospitalized patients.

In the current presentation, epidemiological evidence on involuntary hospitalizations from international and Greek studies will be discussed.

RT3.4 - Involuntary hospitalisations in Greece: The patient perspective

Amalia Maria Pantazis
Panteion University, Athens, Greece

Internationally, legislation for involuntary admissions is based on the assumption that patients cannot recognize the need for hospital care due to the severe and usually acute symptoms of their illness. This would imply that once the acute phase is over, they will agree that the involuntary commitment was the right intervention at the time, a process known as "thank you" theory. Consistent with this, many studies have endeavoured to investigate the validity of this theory.

Existing literature has distinguished three groups of compulsory admitted patients regarding their views on their hospitalisation: (1) those who hold positive views, (2) those who hold negative and (3) the ambivalent ones. Furthermore, patients belonging to these groups have been found to display important differences in terms of their socio-demographic and clinical characteristics. In particular, female patients, people living alone and persons suffering from psychosis have been shown to express the most unfavourable attitudes towards compulsory hospitalisation. It merits noting that mounting evidence suggests that the adverse effects of compulsory admission can be moderated by positive interaction with mental health personnel and humane living conditions while in hospital.

Patients' perspective on the compulsory nature of their hospitalisation is of outmost importance, not only for ethical reasons, but also for its close link to the course of illness and process of recovery. In particular,
patients with more positive outlook on their admission status have been found to show greater clinical improvement, decreased odds of involuntary re-admission and better adherence to treatment. The patient standpoint on involuntary hospitalisation in Greece will be elaborated on in this particular presentation with data being drawn from qualitative interviews and mixed-methods research.

RT4.1- Menopause: A biopsychosocial approach
I.M. Zervas
Greece

RT4.2- Cardiometabolic health in menopause
I. Lamprinoudaki
Greece

RT4.3- Depression and the menopause
A.C. Spyropoulou
Greece

RT5.1- The new approach to OCD as part of a spectrum of related disorders in DSM-V: Rationale and controversies
Georgios Kiosterakis

Obsessive-compulsive disorder (OCD) is characterized by recurrent intrusive thoughts and repetitive, time-consuming behaviors, causing deep impairment in psychosocial functioning. OCD was classified within Anxiety disorders in the DSM-IV-TR. However, on the basis of co-morbidity and genetics, it appears related both to anxiety disorders and to conditions classified in other sections of DSM-IV (Bienvenu et al., 2012). A number of changes to the existing diagnostic criteria for OCD were proposed (Leckman et al., 2010) and a new conceptualization emerged in the DSM-V of a spectrum of obsessive-compulsive related disorders involving obsessions and compulsive acts (Bartz & Hollander, 2006). The DSM-V introduces significant changes regarding Obsessive-compulsive disorder and related conditions (OCRDs). OCRDs include obsessive-compulsive disorder (OCD), body dysmorphic disorder (BDD), trichotillomania (hair-pulling disorder and several new conditions, including hoarding disorder and excoriating (skin-picking) disorder, substance/medication-induced OCRD and OCRD due to another medical disorder. There are also new approaches to the subtyping of OCRDs and changes to the diagnostic criteria of conditions now classified as OCRDs (Nemeroff et al., 2013). In support of these changes a series of initiatives were undertaken including a research conference (Regier, Kuhl, & Kupfer, 2013), systematic reviews, analyses of existing datasets (Bienvenu et al., 2012), and DSM-5 field surveys. The new OCRDs conceptualization utilized data whereby OCD differs from the anxiety disorders on several diagnostic validators, and phenomenologically and psychobiologically overlaps with a number of related conditions. At the same time there also are both strong overlaps between OCD and the anxiety disorders and important differences between the OCRDs. (Nemeroff et al., 2013). Definitions of psychiatric disorder continue to be debated, with the aim of striking a balance between overmedicalisation and addressing the needs and suffering of patients (BPS, 2012; Stein et al., 2010).
Obsessive-compulsive disorder (OCD) is a clinical syndrome whose hallmarks are excessive, anxiety-evoking thoughts and compulsive behaviors that are generally recognized as unreasonable, but which cause significant distress and impairment.

Moreover, a number of other psychiatric and neurologic disorders have similar phenomenological features, can be comorbid with OCD, or are sometimes even conceptualized as uncommon presentations of OCD. These include the obsessive preoccupations and repetitive behaviors found in body dysmorphic disorder, hypochondriasis, Tourette syndrome, Parkinson’s disease, catatonia, autism, and in some individuals with eating disorders (eg, anorexia nervosa). These heterogeneous facets of the disorder have led to a search for OCD subtypes that might be associated with different etiologies or treatment responses.

The mainstay of treatment for OCD includes cognitive-behavioral therapy in the form of Exposure and Response Prevention (ERP) and medication management (most commonly with serotonin reuptake inhibitors, or SRIs). The initial treatment choice depends on illness severity. A mild to moderate severity of illness, which is indicated by a Y-BOCS score of 8 to 23, can be treated with either ERP or administration of an SRI alone. In addition, in a number of studies that examined ERP versus drug treatment alone, ERP was found to be more effective. Therefore, if it is available, ERP is generally recommended as the first-line treatment for mild to moderate symptoms. For more severe symptoms, medication management in combination with ERP is recommended. In fact, some patients with severe OCD will have difficulty engaging in ERP if they are not exhibiting a medication response beforehand.

Residential and intensive outpatient treatments for OCD and OCD related disorders

Cognitive behavior therapy and medication management can be used successfully on an outpatient basis for many who suffer from anxiety disorders. Yet a number of individuals are unable to succeed with this method, despite their attempts and desire to manage severe anxiety symptoms. The use of residential and Intensive Outpatient Programs (IOP) enhances treatment delivery by vastly increasing time for exposure with response prevention as well as by providing structure and a milieu in order to promote improved functioning. The following are interventions specific to challenging obsessive-compulsive disorder (OCD) and OCD related disorders: physical environment, staff interventions such as ritual blocking and worry time, support and understanding of peers and staff, education, group and team work, containment, 24 hour supervision if
needed, a culture of change, camaraderie, and safety. This presentation will address these elements of residential treatment and IOP in the context of other treatment including family work, cognitive behavior therapy and behavior planning for patients with severe OCD and related disorders. Specific interventions will be highlighted through a case example.

RT6.1 - Suicidal behavior in bipolar disorder
K. Paplos

Suicide is the cause of death in up to 15% of patients with bipolar disorders, and about half of them make at least one suicide attempt in their lifetime. Recent meta-analysis indicates that suicide rates in bipolar disorders are more than 25 times higher than the rate of the general population and prospective follow-up studies evidence almost 5-fold higher suicide rates in bipolar disorders than in unipolar depression, although other prospective follow-up studies report opposite results. Also rate of suicide attempts was more than double in bipolar than in unipolar patients and the lethality of suicide attempts was far highest in bipolar II patients.

Suicidal behavior in bipolar patients is a state and severity dependent phenomenon occurring mostly during the severe major depressive episode and less frequently in mixed affective episodes and dysphoric mania. Other suicidal risk factors include special clinical characteristics as well as some personality, familial and psychosocial determinants. It is well documented that comorbid anxiety, substance use, personality disorders and serious medical illnesses also increase the risk of all forms of suicidal behavior. Previous suicide attempt(s) is the most powerful single predictor of future attempts and fatal suicide and severe anxiety may be an indicator of more imminent suicide that should alert a clinician. Early onset of bipolar disorder, rapid cycling course, predominant depressive polarity and more prior hospitalizations for depression have also been shown to increase the risk of both attempted and completed suicide. The most extensively studied suicide protective factor in bipolar disorders is the acute and long-term pharmacological treatment, that results in a marked decline in all forms of suicidal behavior in these patients. Careful estimation of all suicide risk factors allows early detection of suicide risk and patients with acute suicidal danger usually need inpatient treatment, even of an involuntary nature.

RT6.2 - Neurocognitive deficits in bipolar disorder
A. Pachi

Scientific research suggests that cognitive impairment represents a core clinical feature of bipolar disorder that occurs independently of mood state and persists into periods of euthymia in approximately one third of remitted bipolar patients. Undoubtedly cognitive performance worsens in the midst of a depressive or manic episode pointing to a mood-state dependent impairment, but data conclude that residual mood symptoms are not likely responsible for the considerable cognitive deficits observed in euthymic patients, either reflecting primary persistent neuropsychological impairments that are inherent to the illness, or questioning whether medication variables might be responsible.

Literature indicates preliminary evidence of better neuropsychological functioning in patients with bipolar II relative to bipolar I and worst neuropsychological performance in bipolar patients with a history of psychotic symptoms.

Results from fMRI studies across each of the phases consistently show that there are functional differences in bipolar patients as compared to healthy controls and cognitive studies in first-degree healthy relatives of patients with bipolar disorder evidence significant declines in the primary neurocognitive domains, specifically in verbal learning and memory, executive functioning and sustained attention, indicating that at least a portion of the cognitive impairment associated with bipolar disorder is likely to be due to genetic vulnerability to the illness and the described deficits may serve as primary candidate endophenotypes of bipolar disorder.

Findings from studies support that cognition declines as a result of an increasing number of mood episodes, hospitalizations and illness duration, but the path of causation could be in the reverse direction. These
cognitive deficits have a significant impact on the patient's everyday functioning, implying the necessity of early identification and treatment in the hope of improving functional outcome and quality of life.

RT6.3-Comorbidity in bipolar disorder
Z. Santa

Comprehensive reviews and meta-analyses, indicate that the majority of bipolar I and II patients, irrespective of age and gender, present with at least one comorbid psychiatric or medical disorder and the co-occurrence of three or more disorders is dramatically higher than comorbidity with only one disorder across the bipolar spectrum.

General medical conditions cluster heavily within bipolar populations and chronic somatic diseases account for half of the excess mortality in these patients, but the exact nature of this additional medical burden remains unclear, especially in diseases of endocrine/metabolic origin (e.g., obesity, hyperlipidemia, type II diabetes and hypothyroidism). Evidence suggests that rather than simply representing a pharmacological side effect or the sequelae of a complex and unpredictable disorder, it is highly probable that the pathophysiology underlying bipolar disorder fosters the development of a variety of medical disorders. Migraine, multiple sclerosis and lifetime severe asthma have most consistently been identified as comorbid with bipolar disorder.

Alternatively, psychiatric comorbidity often hinders diagnosis and complicates treatment. Reported rates of lifetime psychiatric comorbidity in bipolar I samples range from 50% to 70%. Up to 92% of those who meet criteria for lifetime bipolar I disorder also meet criteria for a lifetime anxiety disorder and about 56% of bipolar patients have alcohol or substance abuse or dependence. Personality disorders, eating disorders and attention deficit/ hyperactivity disorder complete the complex illness presentation and studies evidence that psychiatric comorbidity in bipolar disorder is associated with earlier onset of the disorder, increased illness severity, reduced treatment compliance and poorer overall outcome resulting from higher rates of suicidality and other complications.

Awareness of this reality should lead to greater diagnostic vigilance and more thorough diagnostic assessment, ideally accompanied by individualized treatment planning taking into account all comorbid disorders present, their interrelationships, and their prognostic implications.

RT5.4-Alcohol abuse and dependence in bipolar disorder
A. Tsoutsa

Contemporary epidemiologic studies have reported prevalence rates of alcohol abuse or dependence in bipolar disorder that are consistently higher than the general population and/or most other axis I disorders, reaching lifetime prevalence rates of 46.2% and 39.2% in bipolar I and bipolar II populations respectively.

In clinical samples studies indicate gender differences in prevalence rates, relative risk and clinical correlates of alcohol dependence in bipolar disorder. Compared to bipolar men, bipolar women have increased risk of developing alcohol abuse or dependence as to gender matched controls and bipolar alcoholic women have increased illness burden, significantly greater lifetime anxiety disorders, but rarely seek medical attention for the substance use disorder.

Some evidence is available to support the possibility of familial transmission of both bipolar disorder and alcohol dependence with common genetic factors playing a role in the development of this comorbidity, but this relationship is complex and the order of onset of the two disorders has prognostic implications. Comorbidity of bipolar disorder with alcohol use disorders, whatever the aetiology of the association, primary or secondary, can be challenging to diagnose and difficult to treat. Careful assessment for dual diagnosis is critical to confirm the comorbidity considering that co-occurring alcohol use disorders in bipolar patients phenomenologically changes the illness presentation, with earlier age of onset of bipolar disorder, higher rates of mixed or dysphoric mania, rapid cycling, increased manic and depressive symptom severity and higher levels of suicidality, aggressivity and impulsivity.

There has been little research on the appropriate treatment for comorbid patients because these patients are routinely excluded from controlled clinical trials. Treatment implications for dual diagnosis bipolar disorder and
alcohol use disorders include reduced compliance and diminished response to pharmacological treatment resulting in poor symptomatic and functional recovery, decreased quality of life and an unfavorable course and outcome.

RT7.1-**Psychoanalytic psychotherapy and cancer**
I. Ierodiakonou-Benou
Greece

**Not available**

RT7.2-**Group psychotherapy for alcoholics**
I. Diakogiannis
Greece

**Not available**

RT7.3-**Supporting old age**
St. Kaprinis
Greece

Elderly psychiatric patients often have to deal with problems younger psychiatric patients do not. These problems need to be adequately addressed in order for the elderly person to be treated properly. Fear of disease and death is much more intense in an ailing elderly person, and it may aggravate an existing condition. Comorbidity with other diseases is frequent, and the combination of physical pain with psychological distress may often lead to social isolation and exclusion. Social factors such as a bad financial situation (ever more common in crisis-stricken Greece) and physical or verbal abuse (often by close family members) may aggravate existing conditions. The veneration of eternal youth and the denial of ageing and dying, all too prevalent in the Western world, often reduce the status of the elderly to that of a social pariah, a burden rather than an asset. Ageism, a form of racism, sets more hurdles in the life of an elderly patient: “We also have some old women in our ballot, but what can we do, we had to have them”, said one prominent Greek mayor, an elderly man himself, when he talked to the press about the upcoming municipal elections earlier this year. Psychiatric disease has a biological, a psychological, a social and a cultural pillar on which it is based. All of those pillars need to be taken care of in order for health to be established again. Old age patients need help with “fixing” those pillars. Despite what many health care professionals think, psychotherapy in old age patients can be extremely helpful for the patient in dismissing stereotypes and addressing core issues that will greatly benefit the patients. Old age patients are rarely too rigid for change, especially when they are motivated to get better. The author argues that supportive, behavioral and/or brief psychodynamic psychotherapy may yield extremely positive results in old age patients, but even a non-structured therapeutic relationship between the psychiatrist and the patient may be proved to be very rewarding.

RT7.4-**Brief psychotherapy of HIV patients in consultation liaison psychiatry**
I. Papadopoulos
Greece

**Not available**
The significance of the wider context in the psychotherapy for the severe psychiatric disorders
Athanassia Kakouri, Amastasia Karapostoli, Ioannis K. Tsegos
Open Psychotherapy Centre

The paper describes the structure, function and theoretical background (culture) of the therapeutic activities of a psychiatric day care unit. Open Psychotherapy Centre is an autonomous, self-sufficient, non-profit day care (psychotherapy) unit, which is not financially supported by the state or any organization within Greece, or abroad. Theoretical and structural innovations have been applied since the very beginning, concerning, not only the therapeutic and training activities, but also the organizational structure (administrative and financial function).

The Therapy Department of the O.P.C. includes a wide range of diagnostic and therapeutic activities for adults, families, couples, children and adolescents. It is addressed to patients who belong to a wide range of severe diagnostic categories (psychoses, personality disorders, affective disorders). The application of the Multifactorial Approach, which is implemented, according to each case, consists of a combination of Dyadic Therapy, Group Analysis, Therapeutic Community, Family Therapy, Pharmachotherapy. Apart from the psychotherapeutic approach, the wider context of the organization (structural, cultural, financial) has a significant role in the course of therapy. The findings of a recent research concerning the effectiveness of the approach and its therapeutic advantages for both patients and the organization will be presented and discussed.

Evaluation of the patients' satisfaction concerning the services provided by an Open Psychotherapy Unit
Stella Karanika, Konstantinos Kaligiannis, Ioannis K. Tsegos
Open Psychotherapy Centre, Institute of Psychodrama-Sociotherapy

Background: The Open Psychotherapy Centre (O.P.C.) is a daily psychiatric therapy unit with a wide spectrum of therapeutic, research and training activities. Its main structural and functional feature is the application of theory and practice of Group Analysis, Therapeutic Community and Family Therapy. The necessity for theoretical study and the evaluation through research of the therapeutic and training activities of the O.P.C., have been one of major importance, since the establishment of the organisation. In this context, one of the main concerns of the organisation has been the evaluation of patients' satisfaction concerning therapeutic and administration services through a complete questionnaire.

Material and Methods: In this cross-sectional study, we adapted the PSQ – III (Patient Satisfaction Questionnaire) which is a short- self administered generic scale, applicable in general population studies yielding reliable and valid measures on the evaluation of both health and administration services provided. The PSQ-III was designed to measure general satisfaction, technical competence, interpersonal manner, communication, time spent with doctors, financial aspects and access to care. During the study period (10 March-10 April 2009), 244 patients (92 males and 152 females aged between 18 and 65 years) were attending one or more therapeutic activities of the O.P.C.

Results-Discussion: Findings indicate a high level of patients' satisfaction concerning the therapeutic and administration services provided at the O.P.C. Overall, the level of general satisfaction reported in the PSQ-III was 64,87%, the highest level of reported satisfaction are: communication 79,00%, interpersonal manner 76,73%, time spent with doctors 70,38%, access to care 69,43%, technical quality 69,33%, while financial aspects show a considerably lower level of satisfaction at 55,05%.
RT8.3-The necessity of the alliance with the family
Antonis Kellakis, Thalis Papadakis, Ioannis K. Tsegos
Open Psychotherapy Centre, Institute of Family Therapy

It is well known that therapy of severe psychiatric disorders, both for adults and especially for children, requires systematic and long-term collaboration with their family in order to establish an alliance with the therapeutic procedure. As the majority of individuals who consult the Open Psychotherapy Centre belongs to the major psychiatric disorder spectrum, the model that was consequently (gradually) developed after (through, during) a 35 years of clinical experience and which involves the family or the parental couple in the therapeutic procedure, is the Multifactorial Approach. The paper presents the theoretical background and the therapeutic practices which are implemented both in the adult and family - children therapeutic department, concerning the assessment procedure as well as the following therapeutic process. The significance of the staff meetings (cases conferences and sensitivity meetings) and of the supervision is also underlined as a unifying procedure. These meetings contribute in the synthesis of the experiences and perceptions of the involved therapists in the multiple therapeutic schemes (dyadic sessions and/or pharmacotherapy and/or sociotherapy in the therapeutic community and/or group analytic group and family therapy).

RT9.1-Rationalism, materialism and positivism: Legacy of Freud's theory
N. Tzavaras
Greece

[Not available -]

RT9.2-The experience of the body in the psychotherapy of a patient with breast cancer
I. Vartzopoulos
Greece

[Not available -]

RT9.3-The psychodynamic aspects in the Kleine-Levin syndrome
Stavoula Beratis
Hellenic Psychoanalytical Society

The aetiology of the Kleine-Levin syndrome is complicated and multidetermined. The present report describes two cases of this syndrome in which the symptoms were manifested following stressful psychological experiences. Before the onset of their symptoms, the patients in both cases felt unable to meet their own standards of performance, fearing that they would be rejected by their parents for having failed their expectations, their ego ideal being far from fulfilled and their life goals threatened. These cases suggest that previously unrecognized psychological factors may play an important role in the manifestation of the Kleine-Levin syndrome. It is proposed that hypersomnia, the main characteristic of the syndrome, is an expression of the conservation-withdrawal reaction. The personality characteristics of these patients are in the spectrum of narcissistic personality disorders and the symptoms indicate a massive regression.
RT10.1- Epidemiological and clinical issues concerning involuntary hospitalization

Maria Samakouri  
School of Medicine, Democritus University of Thrace, Alexandroupolis, Greece

Although ethically debatable and not adequately evidence based, involuntary treatment, particularly involuntary hospitalization, is a widespread, long standing practice in psychiatry. Concerning Europe, annual involuntary admission rates vary considerably among states, ranging from less than 10 to more than 200 admissions per 100,000 inhabitants. Although these rates tend to increase in some countries, during the last decades, the corresponding annual involuntary admission quotas (involuntary admissions as a percentage of total admissions), in each country, remain rather stable, ranging from about 3% to 30%. Differences among countries and even different regions within the same country, in terms of compulsory hospitalization rates, have been attributed to differences in legislation but mainly to different mental health care traditions. In addition, higher involuntary admission rates have been associated with the diagnosis of schizophrenia and other psychoses, more severe mental disorder, impaired insight, male gender, belonging to some ethnic minorities, social deprivation, and inadequate community services.

Considering the outcomes of compulsory hospitalizations, it is argued that further, methodologically sound study is needed in the field. Research up to now has revealed that involuntary patients improve in symptomatology and functioning both at discharge and short and medium term follow-ups. But, such improvements do not differ significantly from the voluntarily hospitalized patients’. In addition, compulsory hospitalizations have similar or worse outcomes to non-compulsory ones in terms of length of stay, readmission rates and risk of involuntary readmission. Further, a significant proportion of involuntarily admitted patients, in varying degree in different countries, do not consider their hospitalization is justified and perceive themselves as more coerced in comparison to voluntarily hospitalized patients. Patients’ perceived coercion, and coercion itself, are important issues in psychiatry as they may negatively affect patients’ engagement with treatment, adversely influence therapeutic relationship and reduce help seeking probability. Measures that have been suggested and/or evaluated, in order to reduce both involuntary admission rates and coercion during hospitalization, are discussed.

RT10.2- Involuntary hospitalization under international and European human rights law

Eftichis Fitrakis  
Greek Ombudsman, Athens, Greece

The human rights system provides significant protection for the rights of persons with mental disabilities through a number of treaties, declarations, and conventions. Human rights are codified and developed through international agreements, standards, and judicial interpretations. These sources originate from both international and European human rights frameworks. Starting with the Universal Declaration of Human Rights, efforts have been made to codify such moral rights. The UDHR has, since, been operationalised in the form of enforceable instruments such as the European Convention on Human Rights, the Convention on Human Rights and Biomedicine (Oviedo-Convention), and the UN-Convention on the Rights of Persons with Disabilities (CRPD). In relation to this topic, also crucial is the Jurisprudence of the European Court of Human Rights (ECtHR). Several international human rights instruments allow for exceptional circumstances in which persons with mental disabilities may be involuntarily admitted to a hospital or other designated institution. Clearly, such involuntary detention is an extremely serious interference with the freedom of persons with disabilities, in particular their right to liberty and security. Because of its seriousness, international and national human rights law provides numerous procedural safeguards in relation to such involuntary admission. Moreover, these safeguards generate significant jurisprudence, most notably in the European Court of Human Rights. However, many national legal and mental health systems fail to provide the most basic “due process” protection for persons with mental disabilities, including those subjected to involuntary admission and detention in psychiatric hospitals. In addition, living conditions, quality of treatment, the use of restraints and
the prohibition of communication in mental health units are to be examined in the light of the prohibition of inhuman and degrading treatment (art. 3 ECHR).
Mental health legislation and practice in general pay insufficient attention to the human rights of people with mental disorders. Such inattention may reflect a wide variety of factors, from shortage of economic resources, to the dominance within society of a particular view about the appropriate balance between protection of mental health and respect for autonomy.
The main issue here is to examine whether the national practice in the process of involuntary commitment violates the rights of the patients. This practice concerns the police, courts, prosecutors, but also mental health professionals, in the public or private sector. For this reason, we need to coordinate judicial/medical practice with international obligations of the states in relation to involuntary hospitalization.
Steps we have to take: Provision of access to justice and legal aid for users of mental health services, Fair and timely review of the detention, Support in submission of complaints by lawyers, Education of judges, prosecutors and lawyers as well as of mental health professionals in mental health law, Permanent monitoring mechanism.

RT10.3- The Greek law for involuntary hospitalization and its implementation by the Greek courts
Kostas Kosmatos
Lecturer at the Law School of the Democritus University of Thrace, Greece

The legislative scheme governing involuntary hospitalization of the mentally ill in Mental Health Units in Greece is governed by the sixth chapter of the Law 2071/1992 "Modernization and System Health organization (Chapter 6, involuntary hospitalization for those suffering from mental disorder in a psychiatric unit). The key elements are as follows:
a) The establishment of definite conditions for the imposition of the mentally ill in involuntary hospitalization (having a mental disorder, the patient should not be able to assess the interest of his health, lack of treatment could result to the deterioration of the situation, or violence against himself or others),
b) The establishment of safeguards for judicial hospitalization (reference to the Public Prosecutor, the case proceeds in the Magistrates Court, after Law. 4055/2012),
c) The establishment of a judicial short time ,
d) The provision of patient rights (right to attend the court in person or by counsel and with a technical consultant psychiatrist in the trial, appeal against the decision ordering the involuntary hospitalization), with a commitment of the Mental Health Unit in which hospitalized for updating patient rights conferred,
e) Determining a maximum time of involuntary hospitalization (six months, unless there is a reopening of the proceedings),
f) The willingness to take involuntary hospitalization has purely therapeutic orientation,
g) Limiting hospitalization only in exceptional cases, and allows selection of the appropriate Unit of Mental Health (Mental Health Day Centres, etc.).
The new liberal legislative proposal but for people suffering from mental disorder, which treats them as having rights, did not receive the expected positive reception. Common place is now for the non-implementation in practice of the provisions laid down to ensure the rights of the alleged mentally ill, which reached its apogee in the refusal of judges for implementation. It is characteristic that the provisions of law. 2071/1992 have repeatedly led the Supreme Court to issue instructions and advice, where there has been misapplied and substantial circumvention.
It is clear that the legislative intention to the issue of involuntary hospitalization has good theoretical starting point: sets the primary question for the need to protect the individual rights of the alleged mentally ill and their protection from arbitrary incarceration and the consequences that it causes. Understand that involuntary hospitalization is an "ante delictum" deprivation of personal freedom and prioritizes the protection of individual rights and liberties. Confers the role of a judge as protector and guarantor of these freedoms, posing barriers to any kind of arbitrariness.
RT10.4 - Dangerousness: Clinical, legal and ethical issues
A. Douzenis
Athens University Medical School, 2nd Psychiatry Department, Attikon Hospital, Athens, Greece

Dangerousness has always been a controversial and ill defined concept. Legal texts and laws perceive dangerousness as a more or less "stable" and "constant" characteristic of a person whilst forensic psychiatrists and criminologists accept that dangerousness can be perceived as a "continuous" concept. This presentation will underline these conceptual differences that make communication between the medical and legal profession difficult as well as describe the multifactorial bio-psychosocial approach for the assessment of dangerousness. Considering a certain individual as dangerous leads to many negative emotional and social responses that raise clinical and ethical issues which will be highlighted.

RT11.1 - The concept of recovery in psychosocial rehabilitation: Empowerment, compliance, self-advocacy, self-management - An etymological approach
A. Alexandropoulos
K.I.N.A.PSY., Athens, Greece

The idea for this presentation came immediately and effortlessly from a subtitle of a section of the Symposium. An approach and correlation of the title’s concepts is attempted by using the definitions of the title’s greek words, (the only language specialists accept as meaningful, unlike other semantic). The aim and purpose is a holistic view of mental illness, in contrast to previously followed methodology in traditional psychiatry.

In the center comes the patient (the tucked-valent as it is attributed in greek), who participates and co-decides with peripheral partners (medical and nursing staff, psychologists, family, society) for this condition and how to transit to the state of Health and Wellbeing, so to be him/herself the strong pole and not to be often found under hostage and under the authority of any of the other partners (for obvious reasons and causes).

Finally, reference is made to the position that mental illness has, serially and commonly referred to as "madness", in greek songs and prose, to see how the community is addressing this issue.

RT11.2 - The concept of recovery in mental health: A new perspective in the relationship between the clinician and the mental health user or a threat to the therapist’s authority?
N. Darmogianni
Society of Social Psychiatry and Mental Health, Athens, Greece

Despite the long history of the concept of recovery in mental health users’ and ex-users’ movements and the relevant bibliography, some of its fundamental issues are not yet answered. Some of these issues are related to the relationship between clinicians and mental health users. Matters of control, authority, power, decision making, which are fundamental parameters in the concept of recovery, are also key elements of this particular relationship.

Shared decision making is a clinical model in the recovery process that shifts power from mental health professionals to service users. This model requires a genuine cooperation between the two mental health partners in order to achieve the goals of recovery. According to this model, creating a collaboration in which both sides will work together for the recognition of the problems and the setting of the appropriate treatment plan is the first step for the establishment of an authentic therapeutic relationship.

The characteristics of this new relationship are summarized in the following points:

a) Mental health services are adjusted to individual’s needs and priorities. It’s not the service user that adjusts to the applied programs.

b) Mental health problems’ management shifts from professionals to service users. The individual is no longer under control. Self-control and self-management is the target in this new approach.
c) There is a shift from passivity and compliance to empowerment and free choice. Shared decision making assumes that two experts—the user and the professional—must share their respective information and determine collaboratively the optimal treatment.

d) The role of a powerful therapist is replaced by a more complex role where the professional becomes a trainer and a partner as well. These priorities require a significant shift of professional’s authority to user's self-determination. This shift takes under consideration the recognition that a) each user’s subjectivity can build scientific knowledge b) the individual itself instead of its diagnosis should be the orientation for research and mental health care.

The programs that are gradually developed in this context, support users' empowerment and self-resilience, their active involvement to services and put in negotiation controversial issues such as the management of pharmacotherapy. This new perspective in the relationship between the clinician and the mental health user has not yet met complete acceptance. Although users’ participation in planning, application and evaluation of mental health services becomes more systematic, a number of professionals still have a skeptical attitude towards this new perspective having in many cases strong objections to the new roles and new representations of power.

RT11.3 - Education on advocacy and human rights issues: Support the self-determination of mental health consumers (Theory and empirical data)

Aimilia Panagou
Greek Ombudsman’s Office, Department of Social Welfare & Health, Athens, Greece

The concept of mental health advocacy has been developed to promote the human rights of persons with mental disorders, and to reduce stigma and discrimination. It consists of various actions aimed at changing the major structural and attitudinal barriers to achieve positive mental health outcomes in populations. Advocacy in this field began when the families of people with mental disorders first made their voices heard. People with mental disorders then contributed to the advocacy movement. Gradually, these people and their families were joined and supported by a range of organizations, many mental health workers and their associations, and some governments. Recently, the concept of advocacy has been broadened to include the needs and rights of persons with mild mental disorders, and the mental health needs and rights of the general population.

Advocacy is considered one of the eleven areas for action in any mental health policy because of the benefits that it produces for people with mental disorders and their families. (See Mental Health Policy, Plans and Programmes, WHO.) The advocacy movement has substantially influenced mental health policy and legislation in some countries and is believed to be a major force behind the improvement of mental health services in others (World Health Organization, 2001a). In several places it is also responsible for increasing awareness with regard to the role of mental health in the quality of life of populations.

The concept of advocacy contains the following principal actions: raising awareness, disseminating information, educating, training, providing mutual help, counselling, mediating, defending patients and denouncing any human rights violations. These actions are aimed at reducing barriers such as: lack of mental health services, stigma associated with mental disorders, violation of patients’ rights, lack of housing and limited employment opportunities. Reducing these barriers can help by improving mental health policy, laws and services, promoting the rights of persons with mental disorders, promoting mental health and preventing disorders. Since the recovery process adopts a holistic approach to mental illness, focusing on the person and not just their symptoms, the concept of advocacy forms an integral part of this process.

In this sense, the recovery model helps people with mental health problems look beyond mere survival and existence. It encourages them to move forward, set new goals, and develop relationships that give their lives meaning. Recovery, as well as advocacy, emphasizes that while people may not have full control over symptoms, they can have full control over their lives. Recovery can be a voyage of self-discovery and personal growth. Experiences of mental illness can provide opportunities for change, reflection, and discovery of new values, skills and interests.
The concept of recovery, as it has been developed through the mental health service users’ and ex-users’ movement, is an idea emerged from the expertise of people with lived experienced of mental illness and means something different to clinical recovery. Information derived from psychiatric rehabilitation literature, first person accounts and various tools, that have been developed for the evaluation of the dimensions of recovery and its applications as well, does not hold the view that either symptom remission or a return to premorbid functioning is necessary for recovery to occur. As most mental health services in the past had been organized to meet the goals of clinical recovery, it is challenging to focus on the features that a mental health service should get in order to meet recovery in its new meaning, which refers to both internal conditions experienced by persons who describe themselves as being in recovery (hope, empowerment, social connection) and external conditions that facilitate recovery (implementation of the principle of human rights, a positive culture of healing and recovery-oriented services). In this new meaning, symptom remission is an important factor but learning to live with symptoms and keeping them under control - in the way that people with chronic physical disorders cope with the symptoms of their condition - is even more important. The key elements in the applications of mental health services that promote recovery have been included in a number of standardized measures developed to assess aspects of recovery. DREEM (Developing Recovery Enhancing Environments Measure) is a broadly used outcome measure and research tool to see how ‘recovery-oriented’ a service is. It is a self-report instrument originating in the users’ and ex users’ movement, that gathers information from people with extensive involvement with the mental health system, focusing on personal recovery and on mental health services and organizational climate at the same time and assessing the perspectives of service users and staff simultaneously. 

The main features of recovery oriented services, derived from DREEM, are matching with the characteristics found in the relevant literature of the last two decades. According to this data, important elements of recovery involve having hope, having one’s rights respected and upheld, having one’s basic needs met (income, housing and healthcare), having a sense of meaning in life, improving one’s general health and wellness providing an holistic approach, being able to self-manage symptoms and distressing experiences, having a sense of control over important decisions and a sense of empowerment, having a positive sense of one’s identity beyond one’s mental health problem. A recovery-oriented service puts the above markers in priority, fosters hope and empowerment and includes the user as a partner in a relationship of mutual respect. All services can contribute (or not) to the outcomes and experience of recovery (well-being, self-esteem, valued roles, symptom reduction, empowerment, etc.). Regardless of the type of services delivered within the programs (treatment, case management, rehabilitation, crisis intervention, etc.), the main values of recovery such as person orientation, person involvement, self-determination/choice and growth potential, can guide recovery promoting service delivery.

RT12.2-Self-management, when mental illness does exist

P. Diakakis
AYTOEKPROSOPISI, Athens, Greece

Through a personal psychiatric experience, as a customer first, but also as a professional of mental health services, here are recorded the factors that lead to self-control and self-management of mental illness and at the recovery and social reintegration, eventually.
RT12.3- Individualized therapeutic plan (ITP) for people with severe mental health disorders. A structured, step by step approach based on the emotional bonding between mental health professional and service user. How ITP can promote the concept of recovery

K. Kroupi, E. Chatzopoulou
Society of Social Psychiatry and Mental Health, Amfissa, Greece

This is a presentation of our working method with people with severe mental health disorders. The way this method has evolved during the past few years under the influence of the concept of recovery is also discussed. The need for an alternative approach rose through several important factors: the economic crisis and its dramatic impact in everyday life, the ways that the staff devised to cope with it. The therapeutic team realized the importance of the emotional bond between the mental health professional and the service user. Our goal is to support and empower the service users so as to achieve a better quality of life, to be able to set and realize personal goals and wishes, to take initiative and actively participate in making decisions. The formation of an individualized therapeutic plan (ITP) is a core feature in this effort. Before forming the ITP, two crucial steps need to be made: a) The evaluation of the new service user by all different experts and a full report of his/her mental and physical status, needs and wishes, abilities, difficulties and level of functionality. b) The team's members will decide the clinical case manager for each service user. We call clinical case manager the one that works closely with the person every day. It is important that one expresses the strong interest to become someone's clinical case manager. The deep emotional relationship that is being developed between the two is the basic tool that makes the ITP work. The clinical case manager then collaborates with the service user to schedule together all parts of the ITP like his daily routine, his recreational program, his educational and/or professional goals etc. This is a big change in our work: we now listen to the patient and try to be flexible and adapt the team's working hours and plans to the patients' needs and not the other way around. The relationship model has changed from a paternalistic, teacher – student like type to a more collaborative, “informed consent” type with an ultimate goal of it becoming the “shared responsibility” type. The ITP gets re-evaluated and, if necessary, changed every 6 months. The therapeutic team has a steady, supporting and supervising role to all clinical case managers. A positive feedback is the result so far after about five years of work as described above.

RT12.4- Recovery as a target, as a vision and as an individual issue

E. Aggeli
K.I.N.A.PSY., Athens, Greece

There is no single agreed upon definition of recovery. Recovery is often called a process, an outlook, a vision, a conceptual framework, a guiding principle. However, the main message is that hope and restoration of a meaningful life are possible, despite serious mental illness. It represents a movement away from pathology, illness and symptoms to health, strengths and wellness. Recovery is a personal vision - several times described as a unique journey - that people with mental illness go through in gaining control, personal meaning and purpose in their lives. It is not a step-by-step process but one based on continual growth with occasional setbacks. There are multiple pathways to recovery based on the individual person’s unique needs, preferences and experiences. Empowerment and self-management are key elements in recovery and they should be encouraged and facilitated. Although their processes are similar, what works may be very different for each individual. Recovery involves different things for different people and emphasizes that, while individuals may not be able to have full control over their symptoms, they can have full control over their lives. It presupposes an holistic view of mental illness that focuses on the person, not just the symptoms, and the acceptance that recovery can occur even though symptoms may reoccur. Recovery involves changes in the way individuals with mental illness think, act and feel about themselves and the possibilities in their lives. It also requires changes in the ways services are organized, mental health professionals are trained and success is measured. It is about transforming the mental health system, so that it truly puts the person at the centre. This requires a change of approach on the part of both the
professionals and the service users. Service users have to be prepared to step out of the 'sick role' and professionals need to look at people's potential for development rather than at how their mental distress may restrict their lives. In mental health practice which promotes recovery, the relationship between clinicians and patients moves away from being expert / patient to being ‘coaches’ or ‘partners’ on a journey of discovery. Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. Peer support is central for many people and the invaluable role of mutual support in which service users encourage one another in recovery should be recognized and promoted. Rehabilitation is now in a process of redefining itself to incorporate recovery ideas. There is an increasing emphasis on self-management and a 'strengths' approach focusing on what people can do, rather than what they can't. The importance of maintaining hope and high expectations have also become much more prominent. There is increasing recognition that the transformation of mental health systems to a recovery perspective requires collaboration among all partners. In many cases practical steps are being taken to base services on the recovery model, although there is a variety of obstacles and concerns raised.

RT13.1-Psychotic manifestations in the perimenstrual period
Angeliki A. Leonardou
1st Psychiatric Clinic, University of Athens

The first scientific observations on a possible connection between the menstrual cycle and psychological disorders go back to the 18th century. At that time this information was useful in cases of forensic psychiatry. The inclusion of Premenstrual Dysphoric Disorder (PMDD) in the psychiatric diagnostic manuals signaled the beginning of the acknowledgement that the monthly hormonal change may influence mood and functioning. However psychopathology connected to menstruation is not restricted to this disorder. Reports of cases have described monthly psychotic symptomatology as part of a preexisting psychic illness as well as an autonomous disorder. Regarding menstrual psychosis the world literature consists mainly of case reports. It seems that menstrual psychosis, in resemblance with puerperal psychosis, is mostly characterized by manic depressive episodes, so that menstruation can be considered as another trigger of bipolar episodes. It is well known that bipolar women are at high risk of relapse during the postpartum period, but little attention has been drawn to the course of the illness during other reproductive system events, such as the menstrual cycle. Similarly little attention has been drawn to a large minority of women with schizophrenia, who experience menstrual exacerbation of schizophrenia symptoms. As a result of this lack of treatment trials, physicians need to decide on a case-by-case basis whether to raise antipsychotic doses premenstrually, try estrogens or estrogen/progesterone combinations or selective estrogen receptor modulators, or target PMDD symptoms. Although the literature on PMDD is growing, there are still limited studies that examine PMDD in the context of another axis I mood, anxiety or psychotic disorder. On the other hand premenstrual onset psychosis is observed rarely and is not included in the international psychiatric classification systems. The etiology of premenstrual onset psychosis remains unclear. Some researchers have attributed this disorder to increased sensitivity of the dopaminergic systems to changes in circulating female sex steroid hormone levels during the luteal phase of the menstrual cycle, which may exacerbate psychotic symptoms as estrogen levels decline. Thus prolactin-raising dopaminergic antagonists could fail to alter the course of premenstrual onset psychotic episodes, due to the lowering of the estrogen levels. Recent findings in animal studies suggest that co-administration of clozapine with estrogen may reverse menopausal psychosis, a condition associated with low estrogen levels that resembles premenstrual onset psychosis. Premenstrual psychosis belongs to the broader spectrum of the menstrual psychosis, a condition characterized by an acute onset, brief duration with full recovery, psychotic features and circa-mensual periodicity, in rhythm with the menstrual cycle. Depending on the timing of its appearance within the menstrual cycle, menstrual psychosis could be defined as premenstrual, catamenial, paramenstrual, mid-cycle or epochal menstrual psychosis. The broader term of the 'menstrual psychosis' could also be classified by the time of its appearance along the course of women's reproductive life. In this respect there are psychotic prepubertal cases, single psychotic episodes at the menarche, post-partum onset psychotic cases, circa-menstrual psychosis during periods of amenorrhoea as well as onset of psychosis after the menopause.
RT13.2-**Perinatal psychosis**  
Aikaterini Arvaniti  
Psychiatric Department- University General Hospital of Alexandroupolis, Democritus University of Thrace, Greece

Although depression during pregnancy is common, new acute psychosis during pregnancy is rare. Psychotic relapses are more frequent among those who had a psychotic episode in a previous pregnancy. Particular attention should be given to: a) delusions associated with pregnancy b) participation of negative symptoms in the mother-child interaction c) psychotic denial of pregnancy d) obstetric complications with adverse outcomes for the mother or for the baby.

The majority of women who develop postpartum psychosis have no psychiatric history although history of postpartum psychosis or history of bipolar disorder is significant risk factor. A postpartum psychosis episode is manifested as an episode of bipolar or schizoaffective disorder’s spectrum, involving also cognitive symptoms. Particular attention should be given to: a) delusions related to the infant b) differential diagnosis between obsessive and psychotic ideas c) delusions of control or of thought broadcasting d) infanticide, suicide.

Both cases need special interventions from a team of specialists (obstetricians, midwives, psychiatrists, psychiatric nurses, social workers, health visitors).

RT13.3-**Psychotic manifestations in menopause**  
S. Karaoulanis (Greece)

*Not available*
W1: **Connecting personal stories, the small group theme and the large group reality: The leader’s therapeutic utilization of the group process and group theme**

George Gournas¹, Mina Polemi-Todoulou²

¹ Psychiatrist, PhD, CGP  
² Psychologist, PhD, CGP, Associates of the Athenian Institute of Anthropos

Participants will experience a group therapy session as a demonstration of the Anthropos Institute "Systemic Dialectic Multilevel Approach" using the "Synallactic Collective Image Technique (SCIT)". The development of the group process is facilitated by drawings and individual story-telling, through which a collective group theme is gradually built and utilized therapeutically for each member. The arising collective theme provides the context for enhanced connectedness and sharing of experience among group members and for exploring alternative solutions to their issues and new understanding of their lives. Basic training principles will be illustrated by focusing on the interplay between personal process and group process at different levels in the wider socio-cultural context.

W2.1 - **Understanding concepts and practices of recovery in psychosocial rehabilitation**

Afzal Javed  
*Pakistan Psychiatric Research Centre, Lahore - Pakistan*

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 also emerged as a new model in the practice of psychosocial rehabilitation and is currently advocated as as concept, as a philosophy and as a preferred way of empowering patients while resettling them back in the community. However recovery may also be viewed differently by patients, their families and even by different professionals involved in mental health care. This paper describes these views and argue for formulating ideas for incorporating different aspects of recovery process in establishing rehabilitation services especially in the deprived, less resourced and low income countries.

W2.2 - **Sleep medicine: Novel psychotherapeutic approaches and biological methods in the management of psychopathology related to sleep disorders**

D. Dikeos (Greece), S. Schiza (Greece)

W2.3 - **Genetics in psychiatry: A framework for infrastructure, phenotyping and analysis**

T.G. Schulze¹, P. Ferentinos²

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Modern psychiatric genetics aims to investigate the genetic basis underlying the variability of psychiatric phenotypes. The objective of this workshop is to provide a brief introduction to methods used in this rapidly
evolving field. Classical genetic studies (family, twin and adoption studies) show that psychiatric disorders are, to variable extent, familial and heritable. As a polygenic architecture seems to underlie most psychiatric disorders, particular emphasis is placed on their association with common variants (SNPs) in so-called genetic association studies. Hypothesis-driven candidate gene association studies prevailed in the literature up to 2006. The introduction of cheap genome-wide SNP platforms has since enabled a paradigm shift to hypothesis-free genome-wide association studies (GWAS). These were met with variable success in psychiatry, mostly limited by sample size. In most cases, a large part of the heritability demonstrated in twin studies seemed to remain unexplained. Several novel methods to explore this 'missing heritability' have been recently introduced. Polygenic profile scoring methods investigate the cumulative contribution of a polygenic component involving thousands of common SNPs of very small effect. Moreover, Genome-wide Complex Trait Analysis (GCTA) methods have enabled the estimation of the proportion of phenotypic variance attributed to common variants, so called SNP-heritability, which represents an upper bound on GWAS-explained heritability. Finally, both of these methods provide a means to explore pleiotropy (common genes underlying various phenotypes), i.e. the cross-phenotype genetic correlations among various psychiatric disorders or between psychiatric disorders and other medical conditions, personality characteristics, etc.

**W2.4a** Research methods in Psychiatry: Past, present and future - I

K.N. Fountoulakis  
*3rd Psychiatric Department, Aristotle University of Thessaloniki*

In the last few decades important development has been made in psychiatric research with the evolution of structured and semi-structured interviews, psychometric and neuropsychological tools. All these constructed the platform on which both biological research and progress has been built. Strengths, limitations and future perspectives are being discussed.

**W2.4b** Research methods in Psychiatry: Past, present and future - II

Dimos Dimellis  
*'Ego Idealʼ Institute of Mental Health*

Pioneering work in brain research facilitated the scientific and education community to realize that 'understanding how the brain works' could open new pathways to further improve not only the research, per se, but also clinical practice and health policies. Furthermore the application of brain research methods enabled the investigation of the relationship between biology, cognition and environment and how these interactions might affect human behavior. The lack of etiological diagnosis and certain technical restraints, limit the expected benefit. Stimulation and neuroimaging (structural and functional) techniques are being presented, their advantages and limitations are being discussed.

**W3.1** Accompanying psychosis in the light of Lacanian theory. A clinical presentation

Anna Pigkou  
*Athenian Academy of Clinical Studies of the Freudian Field Institute, Unit of Mental Health, University of Athens, Evgenidio Hospital*

In light of the Lacanian theory the various manifestations of psychotic psychopathology (psychotic phenomena, symptoms or passages to the act) constitute answers on the part of the subject to conditions where the Other appears as limitless concerning meaning and jouissance. This ascertainment has major effects upon the type of transference established during treatment as well as its handling, which necessitates a “regulation”, on the one hand at the level of the Other of transference that the clinician constitutes and, on the other, at the level of interpretation, aiming rather at the beyond meaning of the letter or the uncertainty of meaning through scansion.
Such a perspective allows us to accompany the subject toward a sinthomatic invention compatible to a certain form of social bond, bearing in mind J.-A. Miller’s indication deduced by the impossibility of structure as this was highlighted by Lacan, that the "social bond" is the symptom. This is what we attempted to do in the clinical case that we will present.

W3.2- From psychosis to autism, via the structural approach

Helen Molari
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Psychoanalysis of Lacanian orientation has a lot to say about psychosis in general as well as specifically about autism. Lacanian psychoanalysts’ extensive clinical observations and theoretical formulations have paved the way for schizophrenia (which is used as a major example in psychosis) and autism. This way is governed by a specific ethics, which conceives of schizophrenia and autism not as illnesses but as subjective states arising from a choice. The suggestion for a treatment of those subjective modalities became possible after this step since, in the end, this is what interests us as clinicians.

Through a short overview we will see how autism emerged as a clinical entity in psychiatry, when it was isolated almost concurrently thanks to the clinical observations of Kanner in Baltimore of 1943 and Asperger in Wien of 1944. Autism was initially considered as a form of psychosis in child psychiatry. The latest trend is to treat it as a disability, since it has been, nowadays, introduced in the classificatory systems, to the Pervasive Developmental Disorders. This has resulted in the view prevailing that only educational/pedagogical therapies should be used to treat it. Testimonies by autistics at the high functioning end of the spectrum, clinical observation and the lengthy experience of institutions whose function is governed by psychoanalytic principles welcoming (among others) autistic children, allow us to suggest that the treatment methods that help autistic subjects most are those that don't sacrifice the person's freedom and take into account the subject’s, who seems to be in a continuous battle with intolerable anxiety –whose status we will see in the present paper- own inventions. Of course, this doesn't exclude them being educated in some things, albeit to the degree that this education is provided in a way that doesn't go against each one's individuality. On the part of psychoanalysis, autism is found on the side of psychosis, although there are ongoing discussions on the hypothesis of the existence of an autistic structure.

In schizophrenia, where the subject doesn’t have those ready-made solutions offered by the symbolic for the issues of existence, Lacan suggests to us that a position that the aspiring therapist can occupy is that of the schizophrenic's secretary, in other words of the subject’s escort in their attempt to invent a sinthomatic construction that will allow them the emergence of a social bond.

According to the Lacanian clinic, the suggested mode of treatment is directly related to the status that the Other has in every clinical entity, as well as the vicissitudes of jouissance, whose demands overrrun the subject.

W3.3-The case of an autistic child, the Lacanian perspective

Stella Steletari
Athenian Academy of Clinical Studies of the Freudian Field Institute, Athens, Greece

The clinic of autism is the clinic concerning the impossible, since changes are extremely small, depending on the time required by the subject. We focus at the particularity of the subject, with regards to his or her relationship with language, the enjoyment of the Other and the objects an autistic child chooses each time, in order to protect itself.

The clinical case presented here is that of L., an autistic child 12 years of age, fairly functional, speech-enabled, who follows his school class normally. In the last couple of years he’s had side by side support and is attending social integration classes. There are references to parts of his 4-year-long therapy, considered
important to L’s development, always with regards to his struggle with his social relations and his communication with others, problems that still persist up to a certain degree.

The strong need for isolation, as well as the need for the absence of changes in the space and time where the subject exists, are, for lacanian psychoanalysis, the two main attributes of the clinic of autism. L., during the initial sessions, would have a fit if the jigsaw remained incomplete and every time I addressed him he displayed a tick, to the point he would be shaking all over. Even though he was ‘within the language’, i.e. he was using it, often the meaning of his wording was incoherent, almost delusional. The Other of the demand was making him anxious and would cause him intense agitation. One thing predominant within sessions with autistic children is anxiety, whenever we address them with our voice and gaze.

Two elements that have been particularly stressed by lacanian clinical specialists in the past, played a major role in L.’s case. Firstly the discrete presence of the therapist during sessions, i.e. a calm presence with no requests, observing where the child’s interest lies, following it, yet without being all-knowing, in other words being incomplete. Some interpretations had to be formulated by the therapist, in order to put a barrier to the outbursts the child was having. Secondly, an important factor was the child’s partner in the dual groups, where the young imaginary other is not a persecutor, but common, allowing communication. L. is now observing the behaviour of others, asks questions in order to understand it, tries in his own personal way to reach them, always turning back into himself as well, briefly.

W4: **Cognitive behavior therapy for panic disorder**
G. Simos
Greek Association of Cognitive Behavior and Therapies

This Workshop will introduce participants to the cognitive model of Panic Disorder (PD) and also demonstrate the rationale and corresponding techniques for the management of various aspects of PD. Brief case reports and video presentations will also accompany this presentation.

W5.1- **Cognitive consequences of OSAS**
A. Bonakis
Greece

Not available -

W5.2- **The application of breathing support devices**
Sophia E. Schiza
Sleep Disorders Center, Department of Thoracic Medicine, University of Crete, Heraklion, Greece

Obstructive sleep apnea syndrome (OSAS) is a common disorder characterized by recurrent episodes of partial or complete upper airway obstruction during sleep despite ongoing respiratory efforts. If left untreated, OSAS has a substantial economic impact due to an increased risk of cardiovascular disease, decreased quality of life, increased risk of motor vehicle accidents, and loss in occupational productivity. The Practice Parameters of the American Academy of Sleep Medicine present evidence-based recommendations for several aspects of the diagnosis and management of OSAS.

The presence and severity of OSAS must be determined before initiating treatment to guide selection of appropriate treatment, and provide a baseline to establish the effectiveness of subsequent treatment. However, the spectrum of the OSAS is not relying solely on indices such as AHI or ODI, but also in clinical presentations based on combinations of symptoms and comorbidities. Once the diagnosis is established, distinct OSAS subtypes should be included in deciding an appropriate and more precisely targeted treatment strategy that may include positive airway pressure devices, oral appliances, behavioural treatments, surgery, and/or adjunctive treatments, such as managing comorbidities, weight reduction and smoking cessation.
Positive airway pressure (PAP) applied through a nasal, oral, or oronasal interface during sleep is an effective therapy for OSAS. First described by Sullivan in 1981, PAP provides pneumatic splinting of the upper airway and is effective in reducing the apnea-hypopnea index (AHI). PAP therapy is indicated for the treatment of moderate to severe OSAS (Standard) and mild OSAS (Option). PAP is also indicated for improving self-reported sleepiness (Standard), improving quality of life (Option), and as an adjunctive therapy to lower blood pressure in hypertensive patients with OSAS (Option). PAP may be delivered in continuous (CPAP), bilevel (BPAP), or autotitrating (APAP) modes. BPAP, pressure relief, or APAP can be considered in the management of OSAS in CPAP-intolerant patients (Consensus). Benefits of PAP therapy include fewer apneas and hypopneas, reduced daytime sleepiness, and improvements in sleep architecture, daily activity, quality of life, hypertension, and neurobehavioral performance. While the literature mainly supports CPAP therapy, BPAP is an optional therapy in some cases where high pressure is needed and the patient experiences difficulty exhaling against a fixed pressure or coexisting central hypoventilation is present (Guideline).

The effectiveness of PAP therapy is often limited by poor adherence rates; it is estimated that 29 to 83 percent of patients are non-adherent, when adherence is defined as using PAP therapy for an average of 4 hours a night for at least 70% of the nights. However, studies indicate that greater than six hours per night results in significantly improved daily functioning and survival rates. Therefore identifying barriers to adherence and developing tailored interventions to improve adherence should be a primary goal. Management of the side effects of PAP therapy and behavioural therapy seem to be the most reasonable approaches to improve adherence. Since OSAS is a chronic disease, PAP could be a lifelong treatment; as a consequence, OSAS should ideally be approached on a case management basis utilizing a multidisciplinary care team.

W5.3 - Weight reduction and its maintenance
Ioannis Raftopoulos
Metropolitan Hospital, Athens, Greece

Overweight and obese people represent the majority of the population in most developed countries. Overweight and obese status are strongly associated with several serious co-morbid conditions which can reduce life span and quality of life. Sleep apnea and sleep disturbances have exponentially increased in association with increasing body mass index. Thus strategies that lead to effective weight reduction and weight loss maintenance are essential for treatment of obesity and prevention of obesity-related co-morbid conditions. Weight reduction can be achieved by non-invasive and invasive methods. Non-invasive methods include primarily diet, pharmacotherapy and behavior modification, whereas invasive methods include novel endoscopic and surgical procedures. New swallowable gastric balloons and endoscopic suturing devices may allow significant weight loss without surgery. Candidacy for bariatric surgery requires that specific criteria are met as defined by the National Institutes of Health, USA. Weight loss and maintenance is by far more effective with surgical procedures at the expense of a higher morbidity rate. Weight loss is associated with significant improvement in sleep apnea, quality of life and mental health. Close, long-term follow up, adherence to a high protein diet and behavior modification play a key role in weight loss maintenance.

W5.4 - Concluding remarks: The importance of diagnosing and managing OSAS in psychiatric practice
D. Dikeos
Greece

Not available -
The Pseudoproblem of the psychic
Miltiades Theodosiou, Konstantin Gemenetzis
Greek Society of Phenomenological – Existential Analysis and Psychotherapy

Suppose I have a problem: Should I buy a Maserati, or a Lamborghini? If my money is just enough for a Fiat Cinquecento, any thoughts concerning Maserati and Lamborghini are castles in the air. Castles in the air, because they have ignored something that comes first: the reality of my wallet. The problem "Maserati or Lamborghini" is a pseudoproblem.

Freud's problem is what he calls "gaps", for example the gap, the discontinuity between dreaming and being awake. Freud wants to bridge it. Like the man in our example, he dwells in the delusion that he can want whatever he wants. It is a delusion because just like the man's "want" being far away from his wallet's reality, Freud's "want" is far away from the reality of dreaming, whereas its reality indicates that dreaming is radically different, even a totally Other to being awake.

Such "want" takes nothing into account. It will be realized anyway. How will it be realized? The man with the problem "Maserati or Lamborghini" will become an adventurer: he will get excessive loans, he will deceive, he will steal, he will cut out fake money. And Freud? In a letter to Fliess in 1900 he writes: "I am by temperament nothing but a conquistador - an adventurer [...] with all the curiosity, daring, and tenacity characteristic of a man of this sort."

Now how is Freud an adventurer? He feeds on the roller of the "want", which claims that everywhere has to be a connection, a continuity, for example between dreaming and being awake. Freud, driven by this will, compares dreaming to being awake, and it is in the view of this comparison that their mutual otherness presents itself as a "gap" between them. He ruthlessly sets their reality aside: "In our view the appearances perceived must retreat in front of the just supposed strivings."

The connection, the continuity is produced by the trick of interpretation: dreaming and being awake become alike, as it happens with the unlike fractions. The common denominator, to whom both of them are reduced, is the construction of the "mental apparatus" with its "supposed strivings". The formerly discontinued, for example dreaming and being awake, are being exiled to this internal world, they are represented as inner psychological formations and - get bridged. That is: Dreaming is being renamed to an inner psychological "Dreamwork" ("Traumarbeit"), and the latter metabolizes the "strivings" of the awoken, which one may have never been aware of (then we tell him they were "unconscious"), and leads them towards their dreamt, that is their illusionary and disguised satisfaction. Pseudosolutions to pseudoproblems.

Where does the pseudoproblem derive its seduction from? From the fact that it lulls the concern of one seeking for explanations and being embarrassed by the "gaps". Thus the reality set aside by Freud's adventurous "temperament", allready prior to the "gaps", has also this dimension: His concern is real, too. But he does not look at it, he does not listen to it, he does not address it. He dribbles it, he overtakes it by a coup: He drowns it in a theory. He encloses himself in an autistic microcosm where things are represented as he likes them to be. (Like the concern that my wife is unfaithful, and me fleeing to the solution to close her in a dungeon.)

Early childhood mental health clinic: A multidisciplinary and family-centered approach for the diagnosis and treatment of preschool-aged children
Catherine Karni
MD, Associate Professor of Psychiatry, University of Texas Southwestern Medical Center, Department of Psychiatry, Medical Director, Outpatient Services, Children’s Medical Center Dallas, Center for Pediatric Psychiatry, Dallas, Texas, USA

Infants and toddlers are brought to clinical attention because of concerns about emotional, behavioral, relational, or developmental difficulties. Preschooled-aged children must be understood, evaluated and treated within the context of the family, while a perspective that is developmental, relational, and multidimensional and that borrows from the knowledge of multiple disciplines, is essential.
Over the last decade, studies of prescribing patterns in the United States have demonstrated dramatic increases in the prescription of psychotropic medications for preschool children. Recent studies have identified preschool anxiety disorders as prevalent in pediatric primary care, while families of children with anxiety report a negative impact of their child’s behavior on the family functioning similar to that of attention-deficit/hyperactivity disorder and disruptive disorders. In addition, research has shown that children under the age of three, who do not form secure attachment with their parents, are more likely to have poorer language development, weaker executive functioning and be aggressive, defiant and hyperactive as adults. These children are also less resilient to poverty, family instability, parental stress and depression.

The Early Childhood Mental Health Clinic at Children’s Medical Center Dallas was created with the whole child in mind. The purpose of the clinic is to bring together multiple disciplines to gain a greater understanding of the complex mental health issues that impact young children. This clinic provides evaluation for children zero to five experiencing difficulty in the areas of behavior, attachment, social-emotional development, and cognitive skills. The multidisciplinary evaluation includes a clinical interview with psychiatry, psychological testing (including intellectual, adaptive, projective, emotional and parent-child relational), as well as evaluations with a speech and language pathologist and an occupational therapist. The majority of referrals include behavioral difficulties in young children, including aggressive behavior and frequent and intense tantrums. After the assessment information has been gathered, a diagnosis and treatment plan is developed in a single setting, providing convenient and effective communication that has not been replicated elsewhere in the community. Available treatments include play therapy, filial therapy, behavior management training for parents, pediatric psychopharmacology consultations, speech-language therapy and occupational therapy.

Data was collected and analyzed from all 49 participants who completed the entire evaluation from January 2013 through May 2014. Our presentation will provide an overview of the principal elements of the psychiatric assessment of infants and toddlers, describe the underlying theory and practice of psychological assessment in children zero to five, the use of play therapy and filial therapy in the treatment of this population, and discuss preliminary data from the Early Childhood Mental Health Clinic.

W8.2-Theory and practice of the psychological assessment of preschool-aged children
Alexis Clyde
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In order to understand the mental health of preschool-aged children, risk and protective factors that increase and decrease the probability of positive developmental outcomes must be identified, with an understanding of typical developmental trajectories. Contemporary theories of development emphasize the relationship between genetics and the environment. Of particular interest to clinicians are those environments that are most changeable, which includes the primary care giving relationship of the young child. The primary care giving relationship is a major focus of assessment and intervention, due to its importance to the very young child. Children who are unable to form secure parental attachment are at risk for behavioral problems, poor language development, as well as difficulty with attention. Brain circuits are being established at an extremely rapid rate in the early years of life, making this time period so important.

Psychological assessment of young children is focused on two primary methods of gathering information: Observing the child under specific conditions and interviewing the parent. In addition to learning about developmental and social history, understanding the parents’ perception of their relationship with their child is important during the interview. The Working Model of the Child Interview (WMCI) is used to elicit a narrative account of a parent’s perceptions, feelings, motives and interpretations of their child, beginning before the child is born. Direct observations of the child’s behavior during standardized conditions is used during cognitive assessment, which also provides an account of a child’s frustration tolerance, ability to imitate, as well as his or her response to structure and transitions. Due to the importance of the parent-child relationship to development and mental health, relationship-based assessment is a vital component of psychological evaluation of the very young child. The Crowell Procedure is a qualitative parent-child interaction task that
involves the observation of a parent and child interacting together during both structured and unstructured tasks, as well as a brief separation and reunion. Attunement is measured through verbal relatedness, emotional synchrony, attentiveness, promotion of the child’s initiative and physical relatedness. Finally, projective assessment is used as a non-threatening tool to illicit the child’s internal perceptions through telling stories and drawing pictures. The child’s responses to ambiguous stimuli are then reviewed to determine they are appropriate to developmental level of problem solving, as well as to detect if he or she is experiencing social or emotional difficulties.

Developmental motor and language differences can impact a child’s psychological functioning in a variety of ways. Young children with communication delays are at substantial risk for negative behavioral, social and academic outcomes. Children with fine motor delays display difficulties with scholastic tasks, self-care and age-appropriate play. Being able to appropriately process environmental stimuli enables optimal function in daily endeavors, and children who are unable to appropriately process sensory stimuli often appear irritable and present with an array of motor difficulties. Overall, preschool-aged children must be understood, evaluated and treated in developmentally-sensitive ways, within the context of the family, and though a perspective that borrows from the knowledge of multiple disciplines.

W8.3 - Essential approaches for empirically-based treatment for preschool-aged children

Hillary Carrington
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When considering intervention for young children, treatment can be grouped into three main categories. These include treatment with the child only, with the parent only, and treatment focusing on the relationship between the parent and the child. There are numerous treatment variations within these groups; however the two primary methods of treatment for the purposes of this presentation are play therapy and filial therapy. Play has been recognized as important since the time of Plato (429-347 B.C.) who reportedly observed, “You can discover more about a person in an hour of play than in a year of conversation.” In 1962, Jean Piaget wrote, “Play bridges the gap between concrete experience and abstract thought and it is the symbolic function of play that is so important.” Play is the child’s symbolic language of self-expression and can reveal what the child has experienced, reactions to what was experienced, feelings about what was experienced, child’s wishes, wants, or needs, and child’s perception of self. One does not need to be taught to play nor must they be made to play. Play is spontaneous, enjoyable, and voluntary. Additionally, play is a child’s natural way to communicate, voluntary and intrinsically motivated, and play puts the child at ease.

In the early 1900’s play was introduced into a therapeutic setting as a means for children to express themselves. Anna Freud and Melanie Klein are acknowledged as the originators of play therapy. They both used play as a substitute for verbalized free association in their efforts to apply analytic techniques to work with children. In 1933, Jesse Taft recognized the therapist-child relationship as crucial and held a constant focus on the present. Significantly, Virginia Axline (1947) brought a non-directive approach to play therapy. This was derived from a belief that at all times the child is moving toward self-realization. Dr. Garry Landreth developed child-centered play therapy. When a child feels heard and validated she will behave in more self-enhancing ways rather than self-defeating ways.

In 2005 Bratton, et al authored a meta-analytic review of treatment outcomes of play therapy with children. Meta-analysis of 93 controlled outcome studies was conducted to assess the efficacy of play therapy. Treatment effect for play therapy interventions was .80 standard deviations. Further analysis revealed that effects were more positive for humanistic than for nonhumanistic treatments and that using parents in play therapy produced the largest effects.

Filial therapy loosely translated means "parent-child”. Filial Therapy was developed in the late 1950’s by Drs. Bernard and Louise Guerney. It is a strength-based family approach in time-limited format and can be used in group or individual settings. Filial therapy is empirically supported with five-year studies showing continued improvement in child behavior, parental empathy, parent skills, parent stress, and parent satisfaction. Throughout both play therapy and filial therapy the parents must be considered as a vital component of the
process. From explaining the therapy process to working together to define goals for the child and relationship, the parent-therapist relationship must be of upmost importance.

**W9 - Couple training program: (Re) Creating connection – (Re) Creating bonds**

Kyriaki Polychroni, Alexandra Dimitriadou, Ioanna Koukou, Nikos Spiliopoulos, Anastasia Vlahogeorgaki

*Greek EFT Network - Athenian Institute of Anthropos, Athens, Greece*

This workshop will offer participants the opportunity to actively experience a method of training couples in understanding their negative cycle of interaction and of recognizing the emotions and unmet attachment needs underlying their relational distress: the “Hold Me Tight” (HMT) Couples’ Relationship Enhancement Program.

The model of Emotionally Focused Therapy (EFT) with its basis on adult attachment theory will be briefly presented as the context of development of the HMT Program.

We will then demonstrate actual exercises and role-plays used in HMT and show relevant dvd material of couples who have participated in the program. HMT exposes couples to 7 conversations that capture the crucial moments in a partner relationship and guides them in creating a secure and lasting bond.

Also, the training of mental health professionals in how to conduct their own HMT couple groups will be described.

**W10: The long journey of language through the body**

Stelios Krasanakis

*Drama Therapy Center "AEON"*

Dramatherapy is a therapeutic process which aims at promoting personal development, creative expression, and finally tries to shape personality by working through traumas and conflicts (or emotional confrontations). The role playing exercises provide an opportunity for exploration through the use of metaphor which art and drama contain. Metaphor reveals what is intended to be, or what we call the meaning of an action. So, we may say working through metaphor, means working with the linguistic content that any individual expresses into the acting processes of story making, storytelling and performance.

Metaphor is a cognitive mechanism which smoothes the process of comprehension and promotes the understanding of pro-linguistic experiences while also unfolds the connection between body and civilization. In other words, it brings out the civilization elements, which are related to the personal identity of any individual.

In Dramatherapy processes the body participates actively in a way that brings to the surface not only parts of somatic memory and intense emotions, but also elements related to language.

Apart from the fact that dramatherapy method derives from theater, psychotherapy and anthropology, it is also influenced by linguistics. In this seminar we shall explore the linguistic paths of memory and emotions, especially that of fear, that manage to prevent the reconciliation between the soul and the body, through the method of Drama therapy.

**W11.1 - Current trends in the treatment of resistant schizophrenia**

N. Smyrnis

Greece

Not available -
W11.2-Special issues in the modern treatment of schizophrenia

Georgios Papageorgiou
Evangelismos Hospital/Psychiatry, Athens, Greece

In our time, many questions arise as to how to diagnose and treat schizophrenia. DSM5 criteria, arranged hierarchically, actually block the diagnosis of frequent comorbid conditions, such as OCD, affecting treatment choices. Treatment guidelines aren’t uniform and they change often. However, almost all advocate long-term antipsychotic use. Relapse prevention is connected better with continuous treatment than intermittent. Compliance with it is still a matter to be considered. Long Acting Injectables are generally better in relapse prevention, they are connected with better adherence to treatment, but there also exists some controversy compared with oral treatment. Whether antipsychotic use is connected with less toxic effect on brain structures is still under study. On the other hand, whether combined vs. monotherapy is beneficial, is still a matter of discussion. Off-label dosing can be implemented in certain antipsychotics, such as olanzapine. Though metabolic disturbance is still considered a class effect, there are certain antipsychotics connected less with this outcome, such as ziprasidone or aripiprazol. Polypharmacy, i.e. the use of more than one substances of the same therapeutic group, is common in schizophrenia treatment. Though regarded transient, it still is a matter of great attention, because of metabolic disturbance danger. As a conclusion, there are still many unanswered questions in schizophrenia treatment, and more research is needed on this aspect.
SS1.1 - Early and later stress-induced disorders after an earthquake in Egion, Greece

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Background: Follow-up investigation of the psychosocial consequences after a destructive earthquake and assessment of the relationship between early and late development of stress induced reactions.

Methods: A randomly selected sample of victims was assessed by semistructured psychiatric interviews in three different time periods: few days after the event, one month and six months. Diagnoses were based on ICD-10 criteria.

Results: Immediate psychosomatic reactions were detected in almost all our subjects and Acute Stress Reaction (ASR) as well as Protracted Acute Stress Reaction (PASR) could be established in 70% of the sample. One month and six months later 24.7% and 20% respectively of participants had Post Traumatic Stress Disorder (PTSD). Furthermore 75% of those who developed PTSD in both later phases, showed a protracted ASR in the early post-impact period.

Conclusions: After a destructive earthquake one out of four of the victims develop PTSD. Presence of protracted (beyond 48 hours) ASR in early post-impact period might be predictive of PTSD development later on.

SS1.2 - Coping and its relation to PTSD in Greek firefighters

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3 Department of Psychosis Studies, Institute of Psychiatry, De Crespigny Park, King’s College London, UK

Background: Large areas in the Peloponnese were devastated by wildfires in August 2007. Firefighters were on duty for several days without sufficient rest. Due to this disastrous event 3 firefighters and 40 other people were killed. One month later a group of mental health clinicians from the University Mental Health Research Institute (UMHRI) and the 1st Dep of Psychiatry of the university of Athens visited the disaster area in order both to provide psychological support and to investigate the psychosocial consequences.

Methods: 102 firefighters were interviewed using several questionnaires, among them Eysenck’s Personality Inventory (1) and the Albert Einstein College of Medicine Copying Styles Questionnaires (AECOM – CSQ)2.

Results: 18.6 % of the firefighters who took part in the operation were found to have PTSD according to ICD-10 criteria. Logistic regression showed that seasonally employed firefighters who presented with higher neurotic personality features and used the mechanism of minimization to a greater degree were more likely to develop early PTSD.

Conclusion: It seems that coping mechanisms might influence the development of post-traumatic stress symptoms. Hodder & Stoughton

References:
SS1.3-Post traumatic reactions following wildfires in Ilia, Peloponnese, Greece

C. Psarros1,2, J.-D. Bergiannaki1,2, C. Theleritis1,2,3, S. Martinaki1,2, A. Papaioannou1, M. Yfanti1, L. Mantonakis1,2, Ioannis Mantonakis2, C.R. Soldatos

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Background: During August 2007, wildfires devastated large areas, in the Peloponnese. It was a tragedy with no precedent. Specifically in the region of Ilia, where Ancient Olympia is situated, 43 people were killed among whom 3 were firefighters, furthermore thousands lost their property. The firefighters were on duty for several days without sufficient rest. We have organized a joint task force of mental health clinicians to provide psychological support and investigate the psychosocial consequences of this catastrophic event.

Methods: One hundred and two male firefighters, living within the fire-devastated area who attempted to control the disaster, were interviewed.

Results: One month after the wildfires, post traumatic stress disorder (PTSD) – according to ICD – 10 criteria was detected in 18.6 % of the firefighters. It should be emphasized that although the seasonally employed firefighters (n=44) had similar losses to the regular staff, they presented with significantly higher percentages of PTSD (27.3 % vs 12.1 %). They were generally younger, had higher anxiety on the Spielberger State Anxiety Inventory, and less experience confronting other disasters.

Conclusions: Consequently, early detection of specific post – disaster mental health outcomes might be of great importance for the prevention of post-disaster psychiatric symptoms.

Reference:

SS2.1-Schema therapy components application inducing change in therapy: A clinical cases based demonstration

G. Kiosterakis

Schema Therapy (ST) is an integrative psychotherapy model, specifically developed for patients with personality disorders, which aims at identifying and changing dysfunctional schemas and schema modes through cognitive, experiential and behavioral techniques (Nadort et al., 2009; Young, Klosko, & Weishaar, 2003).

Schema Therapy (ST) is an integrative therapy, which combines elements of cognitive behavior therapy, attachment theory, object relations theory and emotional-focused models. ST puts emphasis in 3 major psychotherapeutic domains: the Schema-Mode-Model, the therapeutic relationship and the intensive use of experiential techniques. Early maladaptive schemas result from a child’s unmet emotional core needs. Employing a warm and accepting therapeutic relationship that aims on limited reparenting of the patient, toxic interpersonal situations are re-experienced and rescripted under the therapist’s control (Roediger & Zarbock, 2014). Supported by the therapeutic relationship the patient gets in touch with his painful childhood, his core schemas are put into context, and worked through using specific therapeutic techniques, encompassing both standard CBT techniques as well as experiential elements inspired from Gestalt therapy (Roediger & Dieckmann, 2012).

This presentation will aim to discuss case formulations of patients treated within an ST model and to demonstrate specific elements and techniques of the ST approach in their treatment, as well as inform on the current work of the Greek Society of Schema Therapy in employing and disseminating ST in Greece (Malogiannis et al., 2014).


**SS2.2-A clinical case presentation of schema therapy for the treatment of a mixed personality disorder**

G. Liamaki  
*Athens University Psychiatric Hospital (Eginitio Hospital)*

This presentation aims to discuss the application of schema therapy for the treatment of a young lady with social anxiety, panic disorder with agoraphobia and a mixed personality disorder. It will begin by presenting the case using schema therapy terms. The focus will be on the client’s most relevant schemas and schema modes and their developmental origins. It will then proceed to present excerpts from a typical schema therapy session in order to demonstrate the techniques that are employed in such a clinical approach.

**SS3.1-Gender related differences in psychopathology**

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Although there is a lot of discussion on the topic of the gender differences in psychopathology it seems that they are some differences in depression, anxiety, anxiety disorders in general, dementias, addictions and some in schizophrenia. Bibliography shows that most differences prevail at the time of the first appearance of the activity of the reproduction hormones in both genders. The gonadal hormonal system has a crucial role to the central nervous system and to the development of specific cognitive, behavioral and psychological reaction’s pattern. During the pubertal period men are more vulnerable to psychiatric disorders, in contrast to the female psychopathology which appears in older age. On the other hand, it seems that through estrogens women are more protected against the early onset of schizophrenia, whereas the psychotic symptom intensity and quality differ among genders. In general women seem to be more vulnerable and show more and intense symptoms of dementias, to some subtypes of depression, to alcohol addiction and to stress and stress response. In the case of alcohol addiction although prevalence is higher among men, addictive women show earlier and more serious damages.

In conclusion, estrogens seem to provide in women some psychiatric benefits in young age, but their cessation causes some disadvantages in older age.

**SS3.2-Gender differences in emotional and social characteristics and their impact in contemporary work stress**

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Although men and women are basically similar, their subsequent developing differences pertain in reproductive hormones, behavioral characteristics, defense mechanisms, social and work tasks. The onset of action of gonadal hormones in the fetal brain as well as the duration of this action differs between men and
women. Therefore, hormones affect and highly influence behavior, personality traits and stress responses in different ways.

Modern society is characterized by a dramatic change of work style which led to intense and disruptive stress. The "work stress" is a relatively new phenomenon, not related to fatigue, but rather to life-style. As the coping mechanisms against stress differ between the sexes, so do the social behaviors and the stress reactions.

There are many peculiarities of contemporary women employment, while the dilemma "work or home" leads to disturbances in both areas. The modern working women, who practice multiple roles within and outside home, may be provided with some material and social benefits, but at the same time detrimental consequences are being produced to their emotional well-being which contribute to the development of psychopathological and physical symptoms.

The complexity of women's modern social and work roles and the consequences of contemporary work stress and "burnout syndrome" will be further discussed.

SS3.3-Contemporary debt crisis and psychosocial consequences on women working conditions
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Since 2007 western civilization is experiencing a global financial crisis, leading to the European sovereign-debt crisis. This crisis affected people everyday lives extremely, due to the intolerable psychological burden associated with the consequences of: (a) unemployment or fear of losing one's work (leading to increased stress levels, anxiety, feelings of frustration, disappointment, helplessness and loss of self-esteem) (b) increase of poverty (which correlates with continuous insecurity, social withdrawal, violence, low educational levels, inadequate housing and malnutrition) (c) dramatic reduction of life quality level and (d) family crisis. All the above are evidence-based factors, each independently and altogether, causing stress in excessive and intolerable levels and inducing mental health disorders which affect genders differently.

The social status of women varies enormously among countries and is related to the industrialization and cultural level. In most European countries women constitute half of the workforce. Women are exposed to the general consequences of the financial debt crisis, as well as to specific features as the "womenization of poverty" which leads to serious impairments in women's health, education, and it also amplifies social roles stereotypes. Due to the modern work style and the subsequent financial debt crisis, society has been deranged to a postmodern work "hermaphroditism" combined with an "andrectomy" derived from the increased men unemployment.

In conclusion, all the above have been found to have detrimental consequences to women and to the entire family.

SS4.1-Axiological skills and mental health
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Introduction: As stated by the WHO1, the implementation of mental health promotions' (MHP) educational programmes is essential for the success of the aims of MHP and prevention of mental disorders. However, the evidence of effectiveness of MHP programmes is limited. The aim of the present study is to investigate the effect of four MHP educational programmes on the promotion of the participants' self-assessed mental health and on the promotion of their axiological skills.

Methods: Respondents were 331 participants who completed the General Health Questionnaire (GHQ-28)2 and the Dysfunctional Preconception Questionnaire (DPQ)3 at the first and the last session of the training course of each programme. They were health professionals and key community agents. These programmes had been implemented in Athens, from 2003 until 2009, and took place in the Amphitheatre of Eginition Hospital. The total of hours of training courses was approximately the same for all programmes (from 108 to
120 hours), with the exception of the first (176 hours) in the series of programmes, which was a pilot programme.

**Results:** Females were the 71% of the sample whereas the 29% were males. Their mean age was 39.26. The mean scores of the GHQ were significantly improved by the end of training courses (p<0.001). Furthermore, the mean scores of the DPQ were significantly improved by the end of training courses (p<0.001).

**Conclusions:** The results of the present study provide evidence, with limitations, for the effectiveness of the particular educational MHP programmes, so it would be useful to further explore the correlation between the development of axiological skills and the improvement of mental health.

**References:**

**SS4.2-Clinical applications of the axiological psychotherapeutic model: The uses of the dysfunctional preconceptions questionnaire (D.P.Q.)**

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The aim of the present study was to exam the theoretical background and the clinical applications of the brief, self-administered Dysfunctional Preconceptions Questionnaire (D.P.Q.), (Vassiliadou & Goldberg, 2006), which is based on the main principles of the Axiological Psychotherapeutic Model.

The Axiological Model introduced the "maladaptive conceptualization structures" in order to describe distortions that often prevent adaptive conceptualization and could lead to mental illness (Vassiliadou, 2008). Furthermore, it proposed the development of adaptive identity, adaptation and creativity skills that are respectively related to the areas of the self (identity), the world (adaptation) and the future (creativity), which regard the "negative cognitive triad" (Beck, 1991). The D.P.Q. was designed to screen for common maladaptive conceptualization structures that are found in mental illnesses such as depression, by including two questions in each item, examining the preconceptions, conceptions and meta-conceptions that may lead individuals to maladaptive tropisms. All twenty four items are separated into three subscales dealing with the self, the world and the future and simultaneously into another two subscales involving "sociotropy" and "autonomy".

Based on the existing bibliography and clinical trials, it has been shown that the D.P.Q. can be useful for general practitioners to screen for depression and can provide information to help structure a treatment plan (Vassiliadou & Goldberg, 2006).

**Bibliography**
Introduction: Successfully coping with difficulties is one of people's basic skills in order to overcome life obstacles in an effective way and to use the experience obtained so as to prevent similar or more complex situations in the future. The problem solving skills can be developed throughout childhood and thus significantly contribute to the children's quality of life, as well as their life as teenagers or adults later on, by promoting mental health.

Problem solving is a first step in the direction of self-regulated learning, which enhances the independence, self-concept and self-esteem. It respects the different needs of children by giving them opportunities to develop their own pace and can lead to autonomy. This is essential for the development of the children's personality and their social skills.

This article focuses on the promotion of mental health through the development of problem solving skills, as well as through cultivating creative and critical thinking through the implementation of the curriculum of elementary education in Information and Communication Technologies, "ICT". Moreover, a brief presentation of Logo and Scratch (Logo-like) programming languages specifically developed for children (at least 8 years old) is included.

This presentation is based on literature review on how ICT curriculum components, Logo like programming environments and algorithmic thinking are helpful in developing problem solving skills, leading to mental health promotion for children in primary education.

Methods: We systematically reviewed studies written in English or in Greek over the last 15 years.

Results: Four studies which specifically used Logo and Logo-like languages were identified to cultivate problem solving skills, by implementing a constructionist way of teaching. Based on the general findings of these studies, problem solving skills can be developed in primary education, especially in the frame of ICT subject. Lessons and exercises in Logo-like programming environments help students to develop algorithmic thinking leading to problem solving skills, based on S. Papert’s (a student’s of Piaget) constructionist learning theory. Experience with Logo and Scratch leads to cognitive problem solving skills, that can be transferred to other courses as well as in personal and social life of the student.

Conclusion: There is evidence that the implementation of school curriculum in Primary Education that includes the ICT subject, and especially the Logo-like programming exercises and solving problems with algorithmic thinking in a targeted manner, may help to promote children’s mental health.
CASE REPORTS

CR1.1-Hunters syndrome - Focus on neuropsychiatric and behavioral aspects
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Introduction: We report 2 very rare cases of Hunter's syndrome, type 2 mucopolysaccharidosis; a multisystem disorder caused by deficiency of iduronate-2-sulfatase. It provides a concise report for medical practitioners, as incidence is very low (1 : 1,70,000 births) [1]. The neuropsychiatric and behavioral manifestations with reference to age and prognosis are highlighted for the first time.

Clinical description: Two South Indian male siblings (11-yr-old & 8-yr-old) presented with a history of delay and regression of developmental milestones, with behavioral abnormalities since 3 years of age. The classical picture of short stature with dolichocephaly, coarse facial features, dry hair and skin, hepatospleenomegaly, umbilical hernia, delayed dentition and multiple joint contractures, with mucopolysaccharides and GAG's in urine, mitral valve prolapse, enlarged J-Shaped sella turcica, severe mental retardation, clear fundus and X-Linked recessive inheritance pattern, were in keeping with diagnosis. The CHA PAS Scale revealed presence of ADHD and other behavioral abnormalities in the younger sibling.

Discussion: The two patients being severely affected have profound neurologic involvement leading to cognitive impairment and developmental regression. Behavioral problems reportedly began in the 3rd year of life and continued until neurodegeneration limits this behavior at age 8yrs. This finding could partly be a reflection of the fact that distinguishing a behavior disturbance from a psychiatric disorder is easier in patients with a milder degree of retardation. As the retardation progressively increases we need to make concessions for diagnostic over shadowing (Riess & Szyszko, 1983) [2]. Psychiatric features have been described as serious, severely affecting home life. Besides this, one patient presented to us with features of ADHD on CHA-PAS scale. This is consistent with a biological theory, which presumes that the brain dysfunction that results in mental retardation also predisposes the individual to a mental disorder (Szymanski et al., 1989. Confirmatory diagnosis is by gene analysis and enzyme assay in leukocytes, fibroblasts, or dried blood spots using substrates specific for 12S. The treatment of choice for ADHD and behavioral abnormalities is methylphenidate sustained release (18 mg OD titrated to a maximum of 54 mg). [3] Atomoxetine (0.5 mg/kg/day) along with risperidone (1mg/day OD) was advised for the 8year old. Due to financial constraints none were implemented.

Conclusion: Neurodegeneration is a progressive, irreversible change that sets in completely around the age of 8 years. It is a poor prognostic indicator. Psychiatric and behavioral abnormalities become less evident as severity of MR increases, adversely affecting activities of daily living, home life and caregiver burden. Hence they have to be detected early and managed appropriately.

Bibliography
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CR1.2-Psychotic manifestation leading to a diagnosis of 22q11.2 deletion syndrome
Rosemarie Vella Baldacchino1, Mauro Sacco2, Joseph Vella Baldacchino1
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Introduction: 22q11.2 deletion syndrome is a rare genetic disorder with an incidence of one in every four thousand people in the general population. The age of diagnosis largely depends on its severity and on the
type of birth defects present. This case report describes an adult patient who presented with psychotic symptoms and was later diagnosed by chance to have Di George Syndrome, a 22q11.2 deletion syndrome.

**Case Description:** A 25 year old single lady with poor educational achievement presented with auditory and visual hallucinations. After various failed attempts of treating her symptoms with atypical antipsychotics, the hallucinations eventually resolved with Clozapine and she was followed up by a rehabilitation team. On examination she was noted to have facial dysmorphic features and was thereby referred for genetic screening. Fluorescence in situ hybridisation (FISH) studies identified 2.5Mb deletion within 22q11.21. Appropriate investigations were then carried out to screen for other medical comorbidities. Her mother aged 61, was then also referred for genetic screening and FISH studies confirmed that she was a carrier of 22q11.21 deletion syndrome.

**Discussion:** This case was found to be interesting because a patient presenting with first episode psychosis was found to have an underlying genetic aberration. In this particular case our team made a chance discovery because of the presence of dysmorphic features and an element of mental retardation. The association of learning disabilities with schizophrenia was originally described by Kraepelin as 'Pfropfschizophrenia'. Such patients may be more likely to have chromosomal anomalies. Screening for genetic abnormalities in these patients is important as other medical comorbidities besides schizophrenia may be involved in the syndrome.

**Conclusion:** Perhaps many conditions involving psychosis and mental retardation could be of a similar type to the one in this case report. When such presentations occur one should think about a possible genetic underpinning. People presenting with psychotic symptoms in the context of disability should be screened to exclude the possibility of known, albeit rare genetic syndromes.

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**CR1.3-Psychiatric manifestations due to systemic absorption of topical corticosteroids**

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**Introduction:** Topical medications are known to be absorbed systematically. However there may be a general tendency to underestimate the clinical manifestations of their systemic absorption. For instance topical corticosteroid preparations can be absorbed through skin and mucosa and cause suppression of hypothalamo-pituitary-adrenal (HPA) axis. Administration of high doses of topical corticosteroids may have the same potency as the systemically administered corticosteroids1. The author has previously published 2 case reports of clinical manifestations following topical administration of medications. One of them was of Corticosteroid skin ointment induced Emotional lability which resolved soon after its discontinuation2, while another was of Ciprofloxacin eye drops induced low phenytoin levels which resulted in seizures3. Here we present another case of topical corticosteroid (prednisolone eye drops) induced Mania.

**Clinical Description:** An eighty one-year-old lady presented with mood changes within days of the commencement of prednisolone eye drops, which was prescribed following a cataract operation. She has a history of chronic schizophrenia, with one previous episode of hypomania in the early 1990s. She was admitted to our institution on this occasion, with symptoms including elated mood, disinhibition, insomnia, pressured speech, flight of ideas and grandiose ideation. This was a distinctly different presentation from her previous relapses and the duration of this episode lasted longer than usual. Her symptoms persisted despite an aggressive titration of psychotropic medications. After a review of her medication, the possible causal relationship between the prednisolone eye drops and manic episode was made. As the steroid eye drops were necessary following her eye operation, we allowed the completion of its course. Within days of its discontinuation, there was a dramatic improvement in her mental state and she was discharged home. During the outpatient follow up, which was two months after cessation of prednisolone eye drops, her mental health remained well.

**Discussion:** The postulation that the prednisolone eye drops triggered this manic episode can be substantiated by the clear observation that her symptoms completely resolved after the steroid course was completed. This appeared to be one single factor which coincided with the emergence, maintenance and termination of her symptoms. Steroid-induced psychiatric symptoms are a well documented phenomenon, but it is typically seen with higher doses and systemic administration of corticosteroids.
Conclusion: Through this case and similar cases published previously we wish to create awareness among clinicians and patients about the potential systemic consequences of topical medications so that corrective measures can be taken.

References:

CR1.4-Methylphenidate augmentation in negative schizophrenia: A single case study with functional neuroimaging and behavioral analysis
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Introduction: Negative symptoms in schizophrenia are often resistant to antipsychotic treatment. There have been trials of psychostimulants in order to relieve these symptoms, however with equivocal results. We report here the improvement of negative symptoms and cognitive deficits with the adjuvant use of methylphenidate in a patient with treatment-resistant schizophrenia. We also report changes in cerebral perfusion that occurred simultaneously with these improvements.

Clinical: A 30 year-old man with a diagnosis of schizophrenia was referred to our tertiary center because of resistant psychotic symptoms. He had a history of persecutory delusions against his family members and auditory hallucinations on and off for 8 years. He had undergone previous treatments with haloperidol, amisulpride and risperidone at optimal doses and durations, however with only moderate symptom resolution.

On admission, the patient was irritable and moderately apathetic. He had poor personal hygiene, and made scarce eye-contact. He refused to have a psychiatric problem and insisted that his mother was to be blamed for "practising sorcery against him". He spoke with short sentences with a dull affect and experienced occasional auditory hallucinations. He also had delusions which were persecutory in nature. He was deemed resistant to conventional antipsychotics and he was started on clozapine therapy (titrated within 7 days up to 200 mg/d). The patient's persecutory delusions and auditory hallucinations resolved in 3 weeks after clozapine. At week 4 to 6, the patient was most of the time found to be lying in bed, still rarely exhibited social interactions with ward staff and other patients, had scarcity of speech and his affect was blunted. These negative symptoms were recognized as treatment-resistant, consequently we invited him to participate in this case study on the adjuvant use of methylphenidate, and obtained his and his family's consent. At week 7, an initial trial of methylphenidate at 10 mg BID (at morning and noon) was started. At the 2nd to 4th day with this treatment, the patient had significant improvement in his negative symptoms as depicted by an active participation in ward activities (such as watching TV, playing cards and chatting with others). No exacerbation in his psychotic symptoms was observed. At week 12 after tapering off of methylphenidate and at week 14 after reintroduction of this agent, PANNS, a neurocognitive evaluation and a SPECT for cerebral blood flow was performed, by researchers blind to treatment status of the patient.

Description: Methylphenidate reintroduction resulted in moderate resolution of PANNS-negative and general psychopathology scores, as well as better performance at a cognitive battery for attention and working memory. SPECT for cerebral perfusion revealed a hypo-perfusion of at prefrontal and anterior cingulate cortices and lateral temporal structures at baseline which decreased markedly following methylphenidate reintroduction.

Discussion: Above findings indicate that methylphenidate might be particularly effective in patients with severe negative symptoms, when these symptoms are associated with significant hypo-perfusion of brain regions governing executive functions.
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Introduction: Anorexia Nervosa (AN) is a serious, debilitating disorder, prevalent among women in western countries. Psychotherapeutic intervention is the treatment of choice and several models of psychological intervention have been proposed. While current treatments have proven to be helpful for many people, there are still limitations in their effectiveness. This reflects the need for further refinement of existing psychotherapeutic models and the development of new ones.

Clinical Description: This presentation will focus on K, a female aged 22 with Anorexia Nervosa. She had a 6-year history of anorexia nervosa, binge-eating/purging type, according to the DSM-IV criteria. Her BMI was 17.1 at the onset of treatment and at the end was 19. She developed her eating disorder due to her fear of growing up. At the end of the 2-year therapy she made progressive positive changes in her social and eating behaviour, greater openness to experience, and decreased pervasive and negative thoughts. Family members clarify their roles and they distinguish clearly the difference between fighting against the illness and fighting against their daughter.

Discussion: The proposed model of Integrative Systemic Cognitive Therapy refers to individuals, families and groups, incorporating a variety of cognitive, behavioral, narrative, systemic and person-centered techniques that are commonly expressed through many psychotherapeutic modalities. According to the corresponding model of Integrative Systemic Cognitive Therapy for ANOREXIA (I.S.C.T.-A), dysfunction reflects on biological, psychological, and socio-cultural processes. The model focuses on the person and the development of the therapeutic relationship is a prerequisite for therapeutic change. The style of therapy may be less structured or more explanatory depending on the stage of treatment and treatment goals of each case but also includes psycho-educational techniques (e.g. training in assertive behavior). While focusing on the present, it also emphasizes on the ways that the individual has been interacting with family and authority figures at various ages and stages in life.

Conclusion: Further evaluation of this approach is necessary in order to consider where it fits among established psychotherapies in mental health work with young people and their families.

CR2.2 Treating a patient diagnosed with bipolar disorder: an integration of Guided Imagery and Music (GIM) and Solution Focused Brief Therapy (SFBT)
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Introduction: The aim of this paper is to trace the common ground and establish a connection between verbal psychotherapy and music therapy. SFBT is a future-focused, goal-directed psychotherapeutic approach that uses precise and structured questioning and intends to mobilize the clients' imagery and inner resources. GIM is a receptive music therapy method that utilizes specifically sequenced music programmes, experienced in a relaxed state, to stimulate and sustain a dynamic unfolding of inner experiences, through images, feelings, senses, thoughts or memories elicited by the music, that are later on processed verbally.

Method: GIM and SFBT were combined while working with a 35-year-old male, diagnosed 10 months ago with bipolar disorder, after being hospitalized due to a manic episode with strong spiritual features. For 8 months the patient had been receiving Systemic Psychotherapy - both individual and family therapy. His intimate relationship with music, his urge to reconnect with his now lost creativity and, most importantly, his need to comprehend his psychotic experience, a need that was very evident and very difficult to handle by both his family and the therapist within a verbal context at that point, were motives to incorporate GIM into the therapeutic process and combine it with SFBT guided imagery techniques (the "miracle question" and the "miracle scale").

Discussion: After 5 mixed sessions: a) a greater ability to open up emotionally and share difficult thoughts and emotions b) bypass of cognitive resistance and access to core difficulties. New, deeper issues were addressed for the first time c) normalizing, integrating, providing a meaning to the psychotic episode as a
meaningful part of the client’s past. Both patient and therapist were provided with a new, common vocabulary that enabled revisiting and comprehending the psychotic episode d) the client acquired the ability to maintain more solid boundaries between reality and the symbolic realm, thoughts and emotions.

**Conclusion:** Music can provide an excellent framework and grounding to support the SFBT techniques. On the other hand SFBT can provide a solid focus, structure and safety within the GIM working process. A combination of the two methods can be very effective when working with difficult population.

**CR2.3** - *Are negative emotions signals for changing the self or/and symptoms to be treated? A case example illustrating a dialogical stage model for emotional change*

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**Introduction:** In systemic psychotherapy negative emotions are often conceived as signals of a dysfunctional participation in a relationship. This perspective includes the identification of their hidden messages so as the person to improve his/her emotional awareness regarding the relational processes in which he/she is involved. Then the identified patient is helped to move to new relational patterns in which he/she behaves in more functional ways (Schweitzer, 2008).

However, quite often negative emotions become substantial positions in the self, particularly the chronic ones, and acknowledging only their functional sides is not enough to relief the person from the suffering they cause. Hermans & Hermans - Konopka (2010) propose a seven stage model for a dialogical change of emotions, which can be helpful to cope with the echoes of a negative emotion. It is consisted of the processes of identification and dis-identification of the negative emotion, the identification and entering of a counter-emotion, leaving the counter-emotion and moving to a dialogue between the original emotion and the counter emotion, forming dialogical relations between the emotions, and finally creating a composition of emotions and place these two emotions as part of a broader range of emotions and positions.

**Clinical:** Dimitra is a 27 years old woman reporting extreme anxiety regarding her occupational duties. She has recently taken her degree as a Greek language teacher and works in a private language school. She also has a physical disability that makes her feel week. She says that she doesn't like her work much as it was her parents' choice.

**Description:** Dimitra is invited to describe her anxiety in terms of metaphors and externalize it through vocalizations. It is no longer anxiety but grief. After exploring the hidden messages of her grief new meanings for her life and her family relations emerge. The therapist induces her to move to a counter emotion which is very different from the grief, and then move to a dialogue between these two emotions. In a next session she was invited to make a composition of emotions and positions in the form of a pattern of stones different in size, colour and texture, in which each stone represented a particular emotion or position. Finally, she developed a promoter position in the context of emotions.

**Discussion:** Dimitra brought together a broader range of emotions to be available for emotion work (Hermans & Hermans - Konopka, 2010). Dialogical relationships between them enabled her to articulate different I-positions and different perspectives no longer limited in isolation.

**Conclusion:** This process provided Dimitra the opportunity to transform monological emotions into dialogical ones, towards an internal polyphony determined by a variety of emotions and positions ordered in a way (Paritsis, 2010) that provides her new meanings leading to future perspectives (McMahon & Patton, 2006).

**CR2.4** - *Use of interpreters in therapy with foreign-speaking clients - A case study on the resilience of a Hispanic 19-year-old client*

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The author will report on a case of a Hispanic 19-year-old male from Honduras with Limited English Proficiency (LEP). The author worked as a therapist at Covenant House Texas (CHT), a homeless shelter for youth in Houston, Texas, where she met with the client to conduct a psychosocial assessment, provide
counseling and psychological support. The client sought asylum in the US due to fear of persecution based on his sexual orientation (gay) in his home country, Honduras. The client entered the US border on his own through Mexico by foot. He was later detained in a nearby correctional facility from November 2012 till February 2013. A total of 23 sessions were held with the client, through which amazing stories of resilience emerged as the client reported on numerous adverse situations he had to overcome to reach the CHT shelter. The therapist utilized 3 different Spanish-speaking interpreters provided by the Alliance for Multicultural Community Services (AMCS) of Houston, to work with this client. The case report will discuss positive and negative influences of interpreters on the course of therapy, utilizing a review of previous literature on this matter. Practical guidelines for clinicians interested in using interpreters for foreign-speaking clients will be presented.
FC1.1 - Implications of maternal psychopathology in the genome-wide epigenome of neonates
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**Introduction:** Maternal psychopathology in early pregnancy has been associated with long-term and largely persisting effects on child neurodevelopment. Genetic variation can only partially explain this association, while intrauterine programming can regulate gene expression by epigenetic processes, as indicated by animal and candidate gene studies. Here, we investigated for the first time the genome-wide epigenetic influences of prenatal exposure to maternal psychopathology in neonates.

**Methods:** Maternal psychopathology was measured in early pregnancy, in a large, ethnically homogeneous, population-based sample (N=969). We used both a well-validated self-reported questionnaire to construct a continuous global severity index score and a structured psychiatric diagnostic interview to identify cases of at least one major psychiatric disorder (mood, anxiety, schizophrenia/somatoform, substance abuse and eating disorders). Genome-wide DNA methylation analysis was performed by Illumina Infinium 450K, in cord blood.

**Results:** Maternal psychopathology showed suggestive associations (p-value<10\(^{-6}\)) with differential methylation in multiple genes across the genome in neonates. Both the continuous score and the case/control design indicated similar locus-specific methylation patterns. Global methylation levels and differential methylation regions analyses are currently conducted and will be presented.

**Conclusion:** Maternal psychopathology during early pregnancy may predict differential methylation in neonates. To our knowledge, this is the first large scale study indicating effects of total psychological symptoms in the prenatal environment.

FC1.2 - Prevalence and Co morbidities of Attention Deficit Hyperactivity Disorder (ADHD) in school children in India
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**Introduction:** ADHD is a common but under diagnosed disorder in India. It is one of the most common childhood psychiatric disorders, which leads to academic and social dysfunction and skill deficits. This study was undertaken to find the prevalence of the disorder in 6-8 year old school children in Ludhiana city along with the associated comorbidities/problems.

**Methods:** The study comprised of 2224 school children taken from three different socio-economic strata of the society. Each child was screened by the SNAP-IV scale (teacher rating) for ADHD and Oppositional Defiant Disorder (ODD). A total of 78 children who were positive on this scale were called to the hospital for detailed assessment. They were evaluated for psychosocial factors and comorbidities.

**Results:** A considerably high prevalence of ADHD was found in school going children, more in boys than in girls. Further, categorization of the sample in three categories based on socio-economic criteria does not seem to have any significant influence on the prevalence of attention deficit hyperactivity disorder. The most common subtype was the combined type followed by inattentive and hyperactive/impulsive type. Male sex and younger age predispose to predominantly hyperactive/impulsive type of disorder while female sex and older age predispose to predominantly inattentive type of disorder. ODD as co morbid to ADHD was more common in boys with increase in prevalence with increasing age. Academic underachievement is the most common associated problem followed by enuresis, temper tantrums and anxiety disorders. Other associated problems include nail biting, thumb sucking, learning, writing and sleep related disorders. In general there is
an increase in symptomatology with age but in case of hyperactivity symptoms the 6 year olds outscored the 7 and 8 year olds. Boys showed higher problematic behaviour and problem on more symptoms than girls.

Conclusions: The impact of ADHD on society is enormous in terms of the financial cost, stress and the child's self esteem. Need of the hour is to spread awareness among caregivers regarding this debilitating disorder and formulation of effective management strategies.

FC1.3-Effectiveness of "Steps for Life", a school-based mental health promotion program for elementary Greek students aged 6-8

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All today's educators, child care-givers and health professionals, agree that social-emotional development is of critical importance to children's long term success in school and in life. Since 1993, WHO suggested that education's most important goal is to help children acquire the necessary skills not only for their survival, but for the full development of their social, emotional and cognitive abilities [1]. Therefore, schools are an important setting for social and emotional skills development, through their role in helping to establish identity, interpersonal relationships and other transferable skills [2,3]. The past few decades have seen a significant growth of research and good practice on Mental Health Prevention and Promotion in schools and there has been great attention to curricula that enhance it.

This quasi-experimental study presents the results of the evaluation of "Steps for life", a Greek, school-based, 27 week, Mental Health Promotion universal program, designed to improve social and emotional competence to elementary students aged 6-8. The curriculum covers the topics of attention concentration, self-esteem development, students' cooperation, emotional understanding and management, empathy, problem-solving and friendship skills. It uses age and classroom appropriate methods such as story-telling, brain storming, role-playing, and diffusion in the Formal and in the Hidden Curriculum, while incorporating a fair degree of parent involvement. 140 elementary teachers or Eastern and Southern Attica schools participated in its effectiveness evaluation study, during the academic year of 2013-14, and their 2.830 students formed the study sample. The experimetal group consisted of 1.800 students, while 1.030 children, chosen with socio-economic conditions comparable to the experimental group, constituted the control group. A questionnaire, designed to measure the frequency of different students' behaviors as observed and rated by their teachers, was used for the evaluation of the program's effectiveness and was administered at the beginning and at the end of the school year, pre and post intervention, to both groups' educators.

The results suggest that intervention children had higher emotion knowledge and social skills at the end of the school year. Specifically, they showed significantly (P<0,05) reduced physical and verbal aggressive behavior and also significantly (P<0,05) higher improvement in self-esteem, concentration, cooperation, empathy, friendship, emotion management and problem solving skills, compared to the control group. Research conducted during the past few decades indicates that similar evidence-based prevention programs have shown improvement in children's social, emotional and even academic skills. Therefore, it is important for schools and communities to identify and effectively implement research-based approaches that promote children's well-being.

References
Introduction: Most educators and health professionals agree that social-emotional competence is of critical importance for wellbeing and success in life. Therefore, during the last decades, a lot of attention has been given to school curricula that enhance it. However, not as much attention has been devoted to teachers' social-emotional skills, well-being and life-satisfaction. Nor have adequate empowering interventions been implemented.

Objectives: A study was conducted in Greece, during the second trimester of 2014, in a nationwide sample of more than 3,600 educators of all levels and specialties, aiming to assess teachers' self-esteem, emotional intelligence, problem solving skills, locus of control, and life satisfaction, as well as the association with demographics and work related factors. The present paper aims to distinguish differences in the above mentioned skills, between kindergarten teachers that underwent training on the "Steps for life" Mental Health Promotion Program for K-students and those who didn't. "Steps for life" is an annual, evidence-based, universal K-curriculum that incorporates an important degree of guided parent involvement and covers the topics of emotional understanding, self-control, empathy, problem-solving and friendship skills, while using appropriate methods, like role-playing, story-telling, brain storming, and dissemination to Formal School Curriculum. Though it consists of an analytic Lesson Guide and a comprehensive Teacher's Manual, organized training has taken place in various districts of Greece, where School Counselors have made an official request.

Methods-Tools-Scales: Training consists of a three hour initial presentation, three experiential workshops during school year and monthly meetings of teachers' local groups. Furthermore, there is constant supervising through electronic group communication. The study questionnaire consisted of Rosenberg's Self Esteem Scale, the Emotional Intelligence Scale, the Problem Solving Inventory, the Multidimensional Locus of Control Inventory, and the Satisfaction With Life Scale. It was posted on all educators' official sites and teachers of all levels and specialties throughout Greece completed it.

Results: Out of the approximately 280 kindergarten teachers that completed the questionnaire, 69 had attended "Steps for life" training. Analysis showed that those teachers scored higher in 4 scales of the questionnaire. Specifically, their total scores in Emotional Intelligence, Problem Solving, Locus of Control and Life Satisfaction were significantly higher (p<0,05) than those of their counterparts.

Conclusion: Social-Emotional Skills organized experiential training can be equally helpful for teachers, as for their students. Consequently, effective interventions should be implemented, in order to enhance teachers' social-emotional competence and thus improve not only their life-satisfaction, but the outcomes for their students as well.

References
Introduction: Social anxiety and body image disturbance are commonly experienced by Eating Disordered patients, while longitudinal research with non-clinical women has demonstrated that social anxiety can prospectively predict eating pathology. On the other hand, body mass index is, amongst others, the only predictor of body image satisfaction and self-esteem for female adolescents. Body image disturbance and dysfunctional attitudes toward one's appearance are also elevated in Social Anxiety Disordered subjects. Aim of the present study was to examine the relationship among social anxiety, body dissatisfaction, and self-esteem in a young adult female sample.

Methods: Participants of this study were 238 female subjects (mainly university students) of a mean age of 21.8 (SD=3.5) years. We administered to them the Greek versions of the short forms of the Social Interaction Anxiety Scale (SIAS-6/ a scale assessing more generalized social interaction anxieties) and Social Phobia Scale (SPS-6/ a scale assessing specific scrutiny fears), the 14-item form of the Body Shape Questionnaire (BSQ-14/ a scale measuring the degree of body dissatisfaction), and the Rosenberg's Self Esteem Scale (SES). Reliability coefficients (Cronbach's Alphas) of SIAS-6, SPS-6, BSQ-14 and SES were 0.78, 0.85, 0.95 and 0.84 respectively.

Results: BSQ correlated significantly to SES (r= -0.43), SPS (r=0.36), SIAS-6/SPS-6 (r=0.36), and SIAS-6 (0.27). Partial correlation analysis, controlling for the influence of SES, of BSQ to SIAS-6, SPS-6, and SIAS-6/SPS-6 resulted in less significant relationships between BSQ and SPS (r=0.20) and between BSQ and SIAS-6/SPS-6 (r=0.18), and in a non- significant relationship between BSQ and SIAS. Consequent multiple stepwise regression analyses showed that a) BSQ was predicted by SES (mainly) and SPS, b) SPS was predicted by SES (mainly) and BSQ, c) SIAS was predicted by SES only, while d) SES was predicted by SPS (mainly), BSQ, and SIAS, and e) BSQ could be predicted only by one (out of the eleven SPS-6 and SIAS-6 items that correlated significantly to BSQ), the SPS-6 item 'getting anxious when people are staring at me as I walk down the street'.

Conclusion: Present results confirm the significant relationship between body dissatisfaction and social anxiety, a relationship that seems to be significantly mediated by self-esteem. While self-esteem could predict both social phobia and social interaction anxieties, social phobia was also predicted by body dissatisfaction. Present results suggest that 'being seen' or what Hart, Flora, Palyo, Fresco, Holle and Heimberg (2008) call 'social appearance anxiety' can predict body dissatisfaction, and also confirm previous findings that explicit self-esteem and social anxiety are tied by a significant and reciprocal relationship (van Tuijl, de Jong, Sportel, de Hullu and Nauta, 2014).

References:
**Method:** This is a theoretical research paper, based on our experiences and systematic observations while supporting families with palliative care needs, before and after the death of the Identified Patient (IP). In this ongoing qualitative pilot study, we have compared specific features of genograms (family relationships and structure, expressed emotion, behavioral patterns) before and after the death of the IP.

**Results:** The intensity of negative emotions and dysfunctional relationships, as depicted in a family genogram before and during the IP's illness, can potentially help the psychotherapist to: (a) predict the quality of the family's grieving process after the IP passes away (normal vs pathological grief), (b) predict the shift in dynamics and the new relational patterns that are bound to emerge, (c) intervene accordingly in order to assist the whole family go through the grieving process as smoothly as possible.

**Conclusion:** So far, genograms have been used mostly as evaluating tools in systemic therapy practice. In addition to being a valuable source of past information and a tool for evaluating therapy progress, we believe that the genogram can be a valuable tool in predicting future family balance and imbalance shifts when working with terminal patients and their families.

**FC2.2**

**Topos and the subject of Brunelleschi**

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There is something that constantly permeates us, that constantly confronts the subject with the enigma of desire, the enigma of the surface as a border which cannot be crossed, whether this surface is the surface of a mirror, the surface of the body, or the terrible surface of a page. Only traces are possible; the scratches on the mirror, the scars on the skin, the letters on that piece of paper. Even mnemonic traces are only that - traces, scratches, scars, letters. A picture is a chemical scar on a piece of paper, and a tattoo a letter on the skin. The surface remains the ultimate border, the one that cannot be crossed, there where the enigma of desire finds a stage to be played as drama, a comedy or a tragedy, in that the surface, not excluding the surface of experience, is what arises at the intersection of the symbolic with the real, perhaps, as the truth of every articulation. The Other always appears somewhere else, as something else, unrecognisable and inconsistent, and when the subject arrives at a confrontation with the Other, the confrontation had had already taken place. One will opt for every kind of small death in order to avoid the big one, which, however, is, at the end of the day, unavoidable. And each kind of small death is small not because it's less of a death, but because it's but a mere reflection of and on the big one, of and on the ultimate hubris. What forms there, between one death and the other, is the Topos where the traveller, that is, the subject, roams, and, although always-already dead, 'si muove' (eppure).

After all, what constitutes this wonderful phrase, this glorious 'eppure si muove', equally magnificent as the Brunelleschian demonstration or the Cartesian cogito is because in it the subject is represented as missing somewhere in that 'si'. In final analysis, the very motion of the phrase, its meaning, only signals that the subject is somewhere else, that it is out-of-place. What remains therein is the 'si', to remind that there might have been a subject. And, certainly, a subject-out-of-place is a subject that might-have-been, with the remainder of its potential presence being as well a 'yes', a cataphasis.

In this the subject is not unlike the Other - once the confrontation with it takes place, it had already taken place. Hence the diarrhoeic parlance of the hysterical, attempting, in fact, to keep the subject moving, in order to avoid the confrontation, or the pseudo-enigmatic, constipational silence of the obsessive, trying to anchor it, to retain it, and evade the threat of aphasias upon confrontation with the Other.

**FC2.3**

**A pragmatic randomised controlled trial of a preferred intensity exercise program in female depressed outpatients in the United Kingdom. Intra-individual analysis of depression**

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Introduction: Prescribed intensity exercise is embedded as an antidepressant treatment modality in the National Health Service of the United Kingdom since the 1990’s. Callaghan, Khalil, Morres and Carter (2011)* have recently compared preferred intensity aerobic exercise to prescribed intensity aerobic exercise and found higher antidepressant effects for the former program. These findings, however, were derived from statistical and practical significance methods (i.e., t-test, effect-size) which cannot quantify an individual response of depression nor determine if it is reliable beyond the standard error of measurement and likely to move to a normal population range. Thus, we further explored if preferred intensity exercise brings about individual responses of depression that are statistically significant reliable and within a normative range.

Methods: Individual data on depression (BDI-II) from thirty eight participants (nineteen patients in each group) were computed on the basis of the intention-to-treat. Given that no practice effects were recorded, the reliable change index and the Cutoff score criteria by Jacobson and Truax (1991) were seen as appropriate (Hinton-Bayre, 2011) to clarify if post-intervention individual depression scores in the preferred intensity exercise group showed a statistically significant reliable amelioration (or deterioration) compared to the prescribed intensity exercise group, and shifted within a normal population range, respectively. A patient was classified as improved or recovered on fulfilling the first or both criteria, respectively. Normative data were retrieved from Seggar, Lambert and Hansen (2002).

Results: Nine, six, and four patients of the preferred intensity exercise group had severe, moderate, and mild depression, respectively. In two severely and four moderately depressed patients (32% of the group), post-intervention scores of depression showed statistically significant reliable improvement (t≥+2.112; p<0.05) as well as recovery coefficients given that they moved below the depression Ccutoff score of 14.386 (BDI-II) for a normal population range. No patient showed a statistically significant reliable deterioration in depression.

Conclusion: A short-term preferred intensity aerobic exercise program (three weekly sessions for four weeks) led 32% of the depressed patients to recovery from depression. No depression inducing effects were recorded. Preferred intensity exercise appears to be more effective than exercise on prescription.

References:

This study was implemented whilst Ioannis Morres was a research associate at the University of Nottingham, UK.

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those who are already facing mental health problems, but also to those whose circumstances make them vulnerable to the development of such issues.

This presentation examines the effectiveness of dramatherapeutic work with a group of eight women from six different countries at Babel earlier this year.

Dramatherapy is an action-based therapy which has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth. (BADTh British Association of Dramatherapists, 2012). This work follows the group of women over a period of three months. While experimenting with various art materials, storytelling, body-work and role-playing, it shows how a common 'language' and in depth shared communication, is achieved through 'expressive work' and how deeply empowering this can be for such a population.

The group conducted at Babel, offered them a safe place where feelings could be shared and a sense of belonging experienced, where the disconnected aspects of the self could be addressed and a context created for ritualistic practices to enable them the participants to move on from the past. Art-making and theatre provided the grounds for expansion and community, where identities could be re-discovered and 'thresholds' created to assist the participants deal more effectively with their daily lives.

FC3.1- Family stress and risk stroke in female population aged 25-64 years in Russia: Based on MONICA-psychosocial epidemiological study
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Introduction: To explore the influence of family stress on relative risk of stroke in female part of population aged of 25-64 years in Russia/Siberia over 16 years of follow-up.

Methods: Under the third screening of the WHO "MONICA-psychosocial" program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk in 1994. Questionnaire "Awareness and attitude towards the health" was used to estimate levels of family stress. From 1995 to 2010 women were followed for the incidence of stroke.

Results: The prevalence of high family stress level in women aged 25-64 years was 20.9%. Risk of stroke in women with high family stress was 3.53-fold higher (95.0%CI:1.82-6.84, p<0.001). There were tendencies of increasing stroke rates in married women with high and elementary school education experienced stress in family. With regard to occupational class the tendency of higher stroke rates was found for "physical workers" with family stress compared to those without it (χ2=3.69 df=1 p=0.055).

Conclusions: The prevalence of high stress in family in female population aged 25-64 years is more than 20% in Russia. Women with high family stress had significantly higher relative risk of stroke over 16-th years in married women with low educational level in professional class "physical laborers".

FC3.2- Stress at work in women lead to stroke and myocardial infarction development over long-term perspective: MONICA-psychosocial epidemiological study
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Introduction: To study the influence of job stress on risk (hazard ratio) of myocardial infarction (MI) and stroke in female part of population aged of 25-64 years in Russia/Siberia over 16 years of follow-up.

Methods: Under the third screening of the WHO "MONICA-psychosocial" program (MOPSY) random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk in 1994. Questionnaire based on Karasek's job demands-control model proposed by MOPSY protocol was used to estimate levels of job stress. From 1995 to 2010 women were followed for the incidence of MI and stroke.
with using "Acute Myocardial Infarction Registry" data (an ongoing WHO program), medical records. Cox regression model was used for HR of MI and stroke.

**Results:** The prevalence of high job stress level in women aged 25-64 years was 31.6%. Over 16-th years of study MI developed in 2.7% of women, stroke in 6.3% women. HR of MI over 16 years of follow-up in women with job stress was 3.22-fold higher (95.0% CI:1.15-9.04, p<0.05), HR of stroke was 1.96-fold higher (95.0% CI:1.01-3.79, p<0.05) compared to those without stress. There were increasing of MI and stroke rates in married women experienced stress at work. With regard to occupational class there were an increasing MI rates in "engineers", but it was more likely in "physical workers" with stress at work for stroke.

**Conclusions:** Prevalence of stress at work in female population aged 25-64 years is 31.6%. Women with job stress have significantly higher risk of stroke and MI over 16-th years of follow-up. Rates of MI and stroke development were more likely in married women with high job stress in professional class "engineers" and "physical workers".

**FC3.3-Over adaptation, loss of subjectivity and somatic disorganization: Mental and biochemical pathways**

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Excessive adaptation to reality, conformism and loss of subjectivity, often after psychological trauma, are considered by the French psychosomaticians of IPSO as manifestations of essential depression, a precursor of psychosomatic disorganization leading to physical disease. Alexithymia can be a valid indicator of essential depression, seen as a malfunction of the representational mental ability. Conformism can have an anti-traumatizing quality, leading away from libidinal investments and destructive drives.

**Objective:** To explore interactions between functions of the psyche, behavior and biochemical phenomena.

**Methods:** The participants were taken from a convenience sample of 30 men and 30 women Greek metabolic syndrome patients. Alexithymia (TAS-20-GR), distortions in the perception of reality (X-%), conformism (X+%), disorganization of thought when faced with unconscious representations (CHOC SUM), collapse of potential space (RFS) [Rorschach test], ego defense mechanisms (DSQ-88) and cellular oxidation biomarkers were assessed. Pearson correlation coefficient and Spearman rank test were used for correlation analysis. Categorical regression was used for statistical analysis. P ≤ 0.05 was considered to be statistically significant.

**Results:** Alexithymia or alexithymic characteristics were present in all cellular oxidation biomarker models. Collapse of potential space (Winnicott) was found to have a positive relationship with distortions in the perception of reality, splitting, omnipotence, binging and disorganization of thought when faced with unconscious representations (model Sig. <0.000).

**Conclusions:** Conformism and excessive adaptation to reality are major indicators of essential depression, resulting in physical disorders. The collapse of Winnicott's potential space indicates narcissistic trauma, accompanied by primitive types of anxiety, defense mechanisms, and binging behavior. Loss of subjectivity, such as can be observed through alexithymia and conformism, contributes to cellular oxidation and collapse of potential space in patients with metabolic syndrome.

**FC4.1-Initiating and sustaining interprofessional collaboration in a Primary Care setting**

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**Introduction:** Implementation of Shared Mental Health Care programs within Family Physician and Primary Care Clinics has increased patient access to timely mental health services while also increasing primary care providers' capacity to work with those who have a mental health disorder. A key component of Shared Mental Health Care is interprofessional collaboration (IPC) between mental health care and primary care providers. However the specific facilitators of interprofessional collaboration have not been well articulated. Lacking is a model that describes the structures and processes that facilitate interprofessional collaboration in a Shared
Care context between mental health and primary care providers. This presentation will share the results of a qualitative, grounded theory study that explored the intricacies of interprofessional collaboration within a Shared Care context and from the perspective of the health care providers and program leaders.

**Methods:** Shared Care Counselors (n=5), Family Physicians (n=17), Psychiatrists (n=4), Nurse Practitioners (n=8) and program leaders (8) were recruited (N=42). Data were collected using individual in-depth semi-structured interviews (19) and focus groups (7). Using constant comparison, the first seven interviews were coded to develop a frame that was used to code the remaining individual interviews and create a preliminary model. Focus group interviews were similarly coded, and were used to expand on the preliminary model, examine the relationships between the categories, and gain consensus on the model.

**Results:** The core category of Interprofessional Patient-Centred Collaboration involves four categories: The condition of Perceived Need, the structure of Co-location, and the processes of Fitting-in, and Developing and Maintaining Mutually Collaborative Relationships.

**Conclusions:** Identifying and describing the structures and processes that providers use to facilitate interprofessional collaboration deepens our understanding of the complexities of interprofessional collaboration in a Shared Mental Health Care context. The resulting model of interprofessional collaboration may be tested for its applicability to other health care contexts.

**References**

**FC4.2**-Physician-assisted suicide and the role of psychiatrists: Clinical considerations and ethical analysis

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**Introduction:** Physician-assisted suicide (PAS) is currently the subject of controversial discussions in many countries worldwide, but only a few countries have legalized such an end-of-life practice under certain conditions. In most cases, the people who ask for assistance in suicide suffer from incurable somatic diseases. In some rare cases, however, the suicide of patients who additionally or solely suffer from mental disorders is also assisted. This brings up the question of the potential role of the psychiatrists in the context of PAS.

**Methods:** Review of literature and government documents. Ethical analysis.

**Results:** In Switzerland some cases of PAS in patients with psychiatric disorders (e.g. depression, dementia, bipolar disorder) are reported. A psychiatric assessment carried out by a specialist or an appropriately trained physician is recommended in all cases where a mental disorder is suspected in a suicidal individual. The Netherlands reports some cases of PAS/euthanasia in patients with psychiatric disorders (e.g. depression, dementia). A mental illness or disorder may make it impossible for the patient to determine his own wishes freely. In such cases it is important to consult not only an independent physician but also one or more experts, including a psychiatrist. In the US-state Oregon no cases of PAS in patients who suffer from psychiatric disorders without a severe physical disease are reported. "If either physician believes the patient's judgment is impaired by a psychiatric or psychological disorder, the patient must be referred for a psychological examination" (Death with Dignity Act Requirements).

Three potential roles are discussed and should be evaluated from an ethical perspective:
(1) Strict rejection of any involvement in PAS, (2) assessment of the mental capacity of patients who request PAS (psychiatrists as "gate-keepers") and (3) prescription of a lethal drug and assistance in suicide by a psychiatrist.
Conclusion: Due to the fact that in the overwhelming number of cases suicide wishes are the non-autonomous expression of psychiatric patients in acute crisis situations, psychiatrists as a rule have the obligation to prevent suicides and to offer psychiatric treatments. Nevertheless, in some rare cases patients with severe physical diseases or psychiatric disorders can make an autonomous decision to end their lives. (2) Based on their expertise in the field of suicidology and in competence assessment, psychiatrists are particularly well-suited to differentiate between autonomous and non-autonomous suicide plans. From an ethical point of view, the involvement of psychiatrists can therefore contribute to 'quality assurance' of a legalized practice of PAS, benefit the patient autonomy at the end of life, and minimize risks of abuse. (3) The request of a competent patient for assistance in suicide can lead to an ethical dilemma situation, in which both assistance and rejection of assistance can be regarded as problematic from an ethical point of view. Therefore, there is an urgent need for an open and critical ethical debate among psychiatrists, in order to help psychiatrists deal with these rare but challenging cases in clinical practice.

FC4.3-Advance directives in mental health care: Empirical data and ethical analysis
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Introduction: Advance directives and other forms of surrogate decision making are widely regarded as tools helping patients' wishes and choices to be heart in medical situations of mental incapacity. Although these instruments have been developed primarily in somatic medicine they are currently increasingly discussed in the field of mental health. The author, a psychiatrist and medical ethicist, will discuss ethical challenges of advance directives in patients with mental disorders.

Methods: Literature review and ethical analysis

Results: An overview on the state of the art of advance directives and other forms of surrogate decision making is provided. Besides concrete information on the preferred medical treatment in concrete clinical situations the mental capacity of the patient at the time of delivering the directives are essential aspects of advance directives in mental health. Challenges within the different concepts of competence and different empirical data regarding the clinical judgement of mental capacity in psychiatry are presented. The "Decisional Competence Assessment Tool for Psychiatric Advance Directives" is a clinical instrument helping clinicians to judge patients' competence to deliver advance directives. Empirical studies on advance directives in patients with mental disorders suggest the practical usefulness of these instruments in psychiatry.

Conclusion: In opposite to the scepticism of mental health professionals to these instruments empirical studies show positive results implementing advance directives in mental health care. Advance directives in psychiatric practice support patients' rights and may act as institutional tools helping patients' voice to emerge.

FC4.4-Impact of mental health law on mental health services in criminal procedure in China
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Introduction: Mental health services in criminal procedure have been a weak link in the whole field of mental health services in China, to which lack of a national mental health law has been regarded as an important contributor. Now that the first Mental Health Law of the People's Republic of China has been enacted for more than 1 year, what changes took place in the mental health services in criminal procedures?

Methods: Number of cases refered from prison systems for competence to serve a sentence after the MHL was enacted was compared with that before the MHL was enacted. Implementation of the MHL in the criminal procedure were surveyed, difficulties in improving the mental health services with the prison systems were also analysed.

Results: There is no remarkable increase in number of cases refered for competence to serve a sentence after the enactment of the MHL. Mental health conditions of prisoners are still worrying. Shortage of
professionals, no guarantee in financial support and time for psychological counseling and medical treatment are among the main barriers.

**Conclusion:** Provisions of the Mental Health Law on mental health services in criminal procedures are not specific enough. Given the current conditions of prisons, it is hard to provide qualified mental health service in prisons required by the MHL. Possible solutions are discussed and suggested.

**FC5.1-Nucleus accumbens and Parkinson's disease: The role of Mavridis' atrophy**

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**Introduction:** Parkinson's disease (PD), a common neurologic disease, is an archetypal disorder of dopamine (DA) dysfunction characterized by motor, cognitive, behavioral and autonomic symptoms [1]. The human nucleus accumbens (NA), a limbic-motor interface, plays an important role in motivation and emotional processes and is involved in some of the most disabling neurologic (as well as psychiatric) disorders such as PD. Specifically, it is crucially involved in PD, not only in its pathogenesis and clinical manifestations but in the effects of several treatment efforts as well [2,3]. NA atrophy in PD, called 'Mavridis' atrophy' (MA) [3-6], was discovered four years ago [2,6]. Purpose of this study was to review the current knowledge regarding the role of MA in PD, as well as to suggest future research directions.

**Methods:** The existing literature regarding the MA phenomenon in PD was carefully reviewed, with emphasis on its correlations with clinical manifestations of the disease. The available data are, as expected, remarkably restricted and the majority of the relevant studies were published within the last few years.

**Results:** Neuronal loss due to DAergic degeneration has been recently suggested as the major cause of MA. Functional NA changes such as decreased concentration of DA, NA dysfunction and changes in its synaptic plasticity are expected to accompany MA. Degeneration of other limbic areas could be easily considered as a pathological consequence of MA [3]. It was recently supported that MA probably begins in early PD [3] and the recent study of Lee et al. (2014) confirmed this hypothesis [7]. Neuropsychiatric and motor symptoms of PD were recently suggested to be possible clinical consequences of MA [3] and three recent studies confirmed the MA correlation with psychiatric symptoms such as DA-refractory apathy, medication-related impulse control disorders and disinhibition (inhibitory dysfunction is a key feature of impulsive behavior) [8-10]. Carriere et al. (2014) found that in PD was associated with atrophy of the left NA. Interestingly, two other studies suggested that MA is associated with cognitive PD symptoms too, such as mild cognitive impairment and specifically learning impairment [11,12]. Vital questions for future research efforts are whether MA is associated with motor PD symptoms, as well as what kind of microscopic pathological changes do characterize this atrophy. It is also time to evaluate MA (as an imaging finding) as a risk factor for the expression of specific PD symptoms, emphasizing on those we already know that are related to MA (namely psychiatric and cognitive symptoms), and also as a risk factor (prognostic factor) for the severity of the disease.

**Conclusion:** MA is a new research finding of the current decade, which has been confirmed by recent clinical studies. However, we definitely have still a lot to learn about it. Further research efforts are necessary to enrich our knowledge and consequently improve our understanding of the significance of the MA role in PD.

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**FC5.2-Identity, sociability and creativity in Parkinson’s disease patients**

K. Kontokostas, M. Vassiliadou, T. Paparrigopoulos

**Introduction:** Based on latest theories [1], Parkinson’s disease is a progressive, neurodegenerative disorder affecting the whole brain and disrupting its operation. The quality of life and mental health of patients with Parkinson’s disease suffer from a variety of motor and non-motor symptoms that occur during the physical evolution of the disease [2]. The current literature review will consider how identity, sociability and creativity [3] are affected in PD patients.

**Methods:** A comprehensive review of the literature was conducted through Pubmed and Google Scholar databases using the following keywords: “Parkinson’s Disease”, “Mental Health Promotion”, “Identity”, “Sociability”, “Adaptation”, “Communication”, “Creativity”, and “Quality of Life”. A literature search was undertaken for articles published through the last twenty years. The studies considered eligible were literature reviews, research protocols and case reports written in English and published in peer-reviewed journals. Exclusion criteria were severe methodological problems such as the absence of control group or presence of small number of patients.

**Results:** Despite PD patients’ efforts to remain their selves and continue their valuable activities, they are vastly driven to loneliness, conservatism and tend to establish cooperative identities rather than undisrupted autonomy [4]. The need for a compassionate and supportive environment with healthy and intact communication is an undeniable need for the patient even in the early stages of the disease, but the physical and emotional obstacles raised by the movement disturbances and psychiatric comorbidity are stressful parameters to both caregivers and patients [5]. The masked face, the disorders of speech and phonation, the use of inappropriate words significantly curtail the patient’s ability to express feelings, thoughts and intentions to others [6]. Last but not least, creativity is ambiguously affected. Some of the patients lack creativity because of loss of autonomy, novel thinking and disturbance of visual-spatial skills whereas some others become exceptionally creative as an effect of dopamine agonist to the mesolimbic system and systems of reward and compensation [7].

**Conclusion:** Our findings reveal the need of specialized mental health promotion programs aiming at the reinforcement of particular skills in PD patients, in order to hamper the disturbance of identity, sociability and creativity throughout illness evolution.
Introduction: Music is a universal feature of human societies over time, mainly because it allows expression and regulation of strong emotions, thus influencing moods and evoking pleasure [1,2]. The nucleus accumbens (NA), the most important pleasure center of the human brain (dominates the reward system), is the 'king of neurosciences' and dopamine (DA) can be rightfully considered as its 'crown' due to the fundamental role that this neurotransmitter plays in the brain's reward system [3,4]. Purpose of this article was to review the existing literature regarding the relation between music and the NA.

Methods: The existing literature regarding the relation between music and the NA was carefully reviewed with emphasis on the role of the NA to the experience of pleasure caused by music. The available data are remarkably restricted and the majority of the relevant studies were only recently published. All of them (animal as well as human studies) came up to light during the 21st century. Human studies are mainly neuroimaging studies, with the functional magnetic resonance imaging (fMRI) having a fundamental role among them.

Results: Studies have shown that reward value for music can be coded by activity levels in the NA, whose functional connectivity with auditory and frontal areas increases as a function of increasing musical reward [2]. Listening to music strongly modulates activity in a network of mesolimbic structures involved in reward processing including the NA. The functional connectivity between brain regions mediating reward, autonomic and cognitive processing provides insight into understanding why listening to music is one of the most rewarding and pleasurable human experiences [5]. Musical stimuli can significantly increase extracellular DA levels in the NA [6]. NA DA and serotonin were found significantly higher in animals exposed to music [7]. Finally, passive listening to unfamiliar although liked music showed activations in the NA [8].

Conclusion: Listening to music strongly modulates activity in a network of mesolimbic structures involved in reward processing including the NA. Music acting as a positive pleasant emotion increases NA DAergic activity. Specifically the NA is more involved during the experience of peak emotional responses to music. Reward value of music can be predicted by increased functional connectivity of auditory cortices, amygdala and ventromedial prefrontal regions with the NA. Further research is needed to improve our understanding of the NA role in the influence of music to our lives.

References
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FC5.4-Modification of hippocampal markers of synaptic plasticity by memantine in animal models of acute and repeated restraint stress: Implications for memory and behavior

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Introduction: Stress is any condition that seriously disturbs the physiological or psychological homeostasis of an organism. The response to stress involves several neurohormonal consequences. Glutamate is the primary excitatory neurotransmitter in the central nervous system. Exposures to stressors and the release or administration of glucocorticoids increase glutamate release in the brain that leads to excitotoxicity. Memantine is an uncompetitive N-Methyl D-Aspartate (NMDA) glutamatergic receptors antagonist and has shown beneficial effect on cognitive function especially in Alzheimer's disease. The aim of the work was to investigate Memantine effect on memory and behavior in animal models of acute and repeated restraint stress with evaluation of serum markers of stress and the expression of hippocampal markers of synaptic plasticity.

Methods: 42 male rats were divided into 7 groups (6 rats/group): control, acute restraint stress (ARS), ARS with Memantine, repeated restraint stress, repeated restraint stress with Memantine and Memantine groups (2 subgroups as positive control). Memory and behavior were assessed by performance in Y-maze. We evaluated serum cortisol, Tumor Necrotic factor (TNF), Interleukin-6 (IL-6) and hippocampal expression of Brain Derived Neurotrophic Factor (BDNF), synaptophysin and Calcium/Calmodulin-dependent Protein Kinase II (CaMKII).

Results: Both acute and repeated stress impaired the spatial working memory, and Memantine therapy improved this impairment in repeated stress not in ARS. Serum cortisol, TNF-α and IL-6 significantly increased by acute and repeated stress compared to control group, Memantine produced significant decrease in serum cortisol, TNF-α and IL-6 compared to groups exposed to acute and repeated stress without therapy. ARS and repeated stress caused significant increase in hippocampal expression of CaMKII and significant decrease in expression of synaptophysin. Memantine therapy with stress resulted in significant decrease in expression of CaMKII and significant increase in expression of synaptophysin. Hippocampal expression of BDNF was significantly decreased by ARS not by repeated stress that was improved by Memantine therapy with ARS compared to ARS group.

Conclusion: Memantine improved spatial working memory in repeated stress, decreased serum level of stress markers and modified the hippocampal synaptic plasticity markers in both patterns of stress exposure; in ARS Memantine upregulated the expression of synaptophysin and BDNF and down regulated the expression of CaMKII and in repeated restraint stress it upregulated the expression of synaptophysin and down regulated CaMKII expression.
**FC5.5 - Association between serum indoleamine 2, 3 - dioxygenase, brain-derived neurotrophic factor and immune changes in females with Major Depression before and after antidepressive treatment**

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**Introduction:** Indoleamine 2, 3- dioxygenase (IDO) induction has been suggested as a mechanism by which immune activation affects tryptophan metabolism and consequently leads to imbalances in the downstream tryptophan metabolites inducing neurotoxic changes, resulting in vulnerable glial-neuronal network in major depressive disorder (MDD). Moreover, several lines of evidence suggest that Brain-derived neurotrophic factor (BDNF) is involved in depression, since the expression of BDNF is decreased in depressed patients. In this line, the aim of this study was the concurrent investigation of serum changes in IDO, BDNF and inflammatory mediators and their possible association in MDD patients undergoing successful antidepressive treatment.

**Methods:** Forty female patients with major depression, and forty controls matched to the patients in respect to age, body mass index (BMI) and menopausal status participated in the study. They were all physically healthy, with no past or present history of inflammatory diseases, or other diseases that could affect BDNF. In admission and before discharged from the hospital, patients were rated on Hamilton Rating Scale (HDRS) and blood samples were collected. Twenty patients were proved to be resistant to antidepressive treatment during their index episode and were referred for electroconvulsive therapy (ECT). Each of these patients underwent a series of 8-12 bilateral ECT sessions. Twenty patients underwent pharmacological treatment of six weeks duration with first line antidepressants (SSRIs and/or SNRIs) at adequate dosages. Serum levels of IDO, BDNF, TNF-α were assessed by enzyme-linked immunosorbent assay (ELISA); C-reactive protein CRP was determined using high sensitive immunonephelometry.

**Results:** IDO serum concentrations (ng/ml) were significantly higher in patients compared to those of the controls’ (4.14±4.266) both before (18.21±16.062, p<0.001) and after treatment (12.42±10.819, p<0.001). Furthermore, IDO concentrations dropped after antidepressive treatment (p<0.001). BDNF concentrations (pg/ml) were significantly decreased compared to those of the controls’ (29288±2970.5) both at intake (16775±6133.7, p<0.001) and before discharged from the hospital (18134±6963.6, p<0.001), though they tended to increase under antidepressive treatment. TNF-α levels were increased compared to controls' concentrations, both before (p<0.001) and after treatment (p<0.001), while they decreased significantly after treatment in comparison to their pre-treatment levels (p<0.05). CRP concentrations were elevated in comparison with controls' levels at intake (p<0.001) and before discharged from the hospital (p<0.001). Moreover, IDO was positively correlated with TNF-α and CRP. BDNF was found to have a strong negative correlation with IDO, TNF-α and CRP. Finally, IDO changes were positively correlated with patients' improvement.

**Conclusions:** Our findings suggest that IDO might play an important role in the pathophysiology of MDD. The strong negative correlation of IDO with BDNF could suggest that IDO induction by inflammatory mediators could result in an increased production of neurotoxic metabolites which could have an impact on the production of BDNF. Moreover, effective antidepressant treatments of various modalities are associated with decreased IDO production. Furthermore, the strong positive correlation between IDO and HDRS changes suggests that IDO decrease is a component of the therapeutic process. Finally, peripheral IDO concentrations assessed by ELISA might be a useful marker of MDD.

**FC5.6 - Asklepios and Hygiene. From nails, via the lymphatic cauldron to brain: Mast cells, their particles and conduits take the lead beyond fluid psychoneuroimmunology**

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Mast cells (MCS) live decades, are versatile and emerge as swarming hubs which guard barriers and organ logistics. In the CNS they sense and modulate the blood-brain barrier (BBB) from destruction via...
permeabilization to repair. Other MCs e.g. in calf muscles seem to organize their entry into roots. They migrate into leptomeninges, but reacting to psychosocial cues, also into parenchyma, e.g. the social brain or habenulae. Shame possibly occurs through afferents at the Freudian nasal ganglion (relaying voluntary trigeminalus and vagus with central cerebral arteries) shutting down tonic inhibition of MCs at the BBB. MCs populate the thalamus, were they might cause most disturbances related to cortico-subcortical loops. For brain-body disorders the (unnamed) "3PCPs" (proteoglycan-protease-protected cytokine pellets) (Schwartz, Kunder) provide new extra-axonal pathways. Within the various MCs signals converge on nearly hundred receptors and diverge in a vast array of preformed or delayed molecules which are released in several ways. MCs are primed e.g. as virtual hormonal hubs emerging in proteonomics. MCs interact with the neurogenic inflammation system, and are susceptible to stress. MCs are also active in adaptive defense and in epigenetics. MCs can be subverted by signals intrusion and probable mutations by germs. Perivascular spaces emerge as innervated compartments with important convective flows. Especially if integrated with the heavily left-lateralized "lymphatic cauldron" and adventitial and other conduits MCs are promising causes of localized brain pathology. The lymphatics are fed by juxta-mucosal tissues, but also by the nailfolds, known for psychiatric capillary anomalies. The persistent immune activation could be due to (like in psoriasis typically opportunistic) germs on nailbeds with their nailfolds being "immune privileged aerials". The germs recognition by nerves could open the well-insulated lymphatics to hasten the transport of epitopes to lymph nodes. Hereby 3PCPs could be spilled and cause an array of psycho-somatic, venous and arterial inflammatory disorders again related to MCs. The terminal lymphatic curve creates a contact with the vertebral artery, the ensheathed carotid, jugular and vagus can be approached by MCs from the aortic arch. MCs might introduce 3PCPs into the (extracranial) vasa vasorum, since they stick against them, open tight junctions via TNF-a. GCVs thereby would distribute for a first stage within the arterial supplies of brain, brachial plexus and vagus. Clinically this explains "tender paths" and a full array of comorbidities. Brain imaging suggests e.g. a laterality of BPAD and SCZ (Crow) which could be due to MCs primed with different "kanban" addresses. At risk states transit when right-sided inflammation is added. Known or plausible effects on MCs can be connected to the effects (or resistance) of classic mood and MC-stabilizers, antidepressant-switch, or lurasidone, but also of cumarin, essential oils, flavonoids, sfingolimod and fumarates. Asklepiian medicine centered on right- and never left-sided jugular Gorgonian blood, Hygiene and toe nails (on the reliefs).

References:
FC6.1-My delight is your torment. Extending the Aristotelian syllogistic “dyn4”-generator of natural language terms to 64 relations. On mismatch of (Un)Certainty-orientation and many others

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**Background:** The “dyn4” engine (Trev. 2005 to WPA-1st I.I.C. 2012) models approach behavior, temperament, and anxio-depressive disorders through loops within a 3-D “Thought”-“Action”-“Mood”-cubic phase space. This cube’s 8 corners are \{0,1\}graded vectors (e.g. tam\{0,0,0\}_NEED, TAM\{1,1,1\}_Pursuit, tam\{0,0,1\}_BLISS etc.) and confer meaning to the, attracted or repelled, recurrent circular appropriation waves (AWS). AWS at each of their points define instant intensity of (T) and (A), their ratio, and has an instant time or speed. In its ideal form presaged by Emil Kraepelin (1913) for mixed states in “Fig.228” it is an SHO-pendulum. (Trev. IRBD 2006 ff. – IRPB Athens 2014, WPA 2012; Koutoukos 2014).

This TAM-cube can be mapped on a doubled syllogistic Square of Oppositions (S. Axinn 1994), and the 8 x 7 geometric processes of vectorial conversion yield 56 naturalistic language terms which induce syllogistic change (Trev.2012): thus two Aristotelian methods are applied. An AW e.g. starts with \textbf{N}(need); it advances (leftward from above) between TaM\_I(interest) and Tam\_W(worry); after passing “Intention” (T-A) it progresses through public (A)action via TAM\_P(pursuit) or Tam\_D(despair); this results in thought(T)-less TAM\_J(joy) or Tam\_F(fear, flight, flight); after passing “Perception” (A-T) all returns calm in to taM\_B(bliss) and finally renewed tam\_N. The relational extension of “dyn4” is a necessity. For families or couples the triadic “Circumplex Models” of Olson (1989) (CM-89) was more fine-grained than the original affection x dominance plane of Leary (1957). On the other hand Florsheim (1996) (SASB) enriched the circumplex through the dimensions of attachment seeking (positive enmeshment) and exploration (friendly differentiation) drawn from Bowlby (1973). Finally prime motivators are major determinants of operative economic relations. As proven by Sorrentino (1984 to 2000) orientation to Uncertainty (UO) or Certainty (CO) is the trial-like prime motivator, which reverts to the opposite in depression (Trev. 2007).

**Methods:** a) Relations - of various kinds (complementary, concordant, antithetical...) - start via (A)ction. Two TAM-automata hence communicate initially through their (A)-faces in 32 relations involving (P), (D), (F), or (J), whereas 32 are effective through uniform immotility. These can be named in natural language. b) The consequences of an argued set of triadic correspondences between dyn4 and CM-89 which maps (T) to (F)lexibility, (A) to (H)cohesion-under-strain, and (M) to (C)ommunication in couple/family-relations are investigated. c) The wealth of the SASB-model as to the senders is reconciled with dyn4 through the correspondences: P-TAM<>protect, J-tAM<>love, I-TAM<>affirm, B-tAM<>emancipate; and N-tAM<>ignore, W-TAM<>blame, F-tAM<>attack, D-TAM<>control. d) The trilateral correspondence is explored: P-TAM=FHC<>protect, J-TAM=FHC<>love, I-TAM=FHC<>affirm, B-tAM=FHC<>emancipate; and N-tAM=fHC<>ignore, W-TAM=FHC<>blame, F-tAM=fHC<>attack, D-TAM=FHC<>control. Each sender function encounters one of 8 receiver functions. E.g. P-P, pursuing while taught by example; B-J, love while being blamed. N-I, taking interest while being ignored, etc...

e) UO/CO as expressed by the loop’s curvature at the Intention-passage in the T/A-plane is explored within and between automata and referring to the neurobiology of SEEKING and the functioning of the aACC.

**Results:** The interpersonal circumplex models CM-89 or SASB are meaningfully compatible with dyn4. Apparent inconsistencies (e.g. blaming is aleatory) can be productively resolved. f) The dimension of UO/CO (or its depressive reversal) can put a strong strain on human relations because of opposite affect generated by thinking (T).

**Conclusion:** Triadic formalization is a promising powerful tool for precise clinical and research intervention and generates meaning in natural language and syllogical terms.

Lit.

An Aristotelian View of 32+32 RELATIONS (dyn4)

e.g. P → P, pursue while taught by example

<Diagram>

FC6.2 - Is there a need for research diagnostic criteria as a basis for clinical research in Europe?

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Background: Since the introduction of the DSM-V, a debate has been going on if RDoC would or could be an alternative for the DSM-V, as according to NIMH, DSM-V classifications lack an etiological basis. The NIMH instituted the RDoC project in 2009 as a research classification system that does try to establish such an etiological basis for mental disorders, with as final aim to reach an understanding of the mechanism of disease that may lead to biologically optimized treatment or so-called “precision medicine”. It seems that the suggestion to develop precision medicine does inspire mental health researchers; however, the debate concerning RDoC continues and is highly relevant for clinical research in mental disorders.
Aim: To discuss the relevance, methodological aspects and possible outcomes as well as shortcomings of applying RDOC in clinical research in psychiatry. Method: review.

Results: There is a gap between research regarding mental health, and actual clinical work with patients, as a lot of research has been done with animal models that is not validated for humans. In clinical practice, over- and under-diagnosing is a huge problem. There is a subjectivity gap in clinical mental health research: imaging and other preclinical studies do not provide input regarding what happens in our mind. So far, no biological test exists that can confirm a diagnosis of a specific mental disorder in humans. There is a discrepancy between the level of suffering experienced subjectively in mental disorder, and the lack of biological data that can confirm this. So far, indications are that biomarkers can only explain up to 10% of the variance of mechanisms of disease, which is low. The aim to relate to etiology in our classification systems is worthwhile and a challenge, however, it should relate also to context and to the meaning that mental illness has for our patients.

Conclusion: We do need a clearly delineated and validated diagnostic and classification system that includes not only biological parameters and behavioral observations, as RDoC envisages, but also patient related and societal context, signs and symptoms, and appraisal.

FC6.3-The interaction between social factors and patterns in the augmentation of the diagnoses of bipolar disorder
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Introduction: In recent years there has been an increase in the number of people diagnosed with bipolar disorder. There are several hypotheses in order to explain this increase. The most plausible hypothesis is the changes made to the criteria according to which someone receives such a diagnosis. Another hypothesis is that social norms of the past years push to create an environment which, in combination with the specific social conditions, can result in an exacerbation of both number of diagnoses and of the extreme emotional inflections that characterize bipolar disorder. As a result, the diagnosis of bipolar disorder acquires the dimension of a social phenomenon, instead of a mere psychiatric condition.

Method: Our hypothesis is based on a systematic review of the existing literature in bipolar disorder from a Systemic Theory standpoint. Our aim is to incorporate parental, transgenerational and societal aspects in approaching this mental illness.

Conclusions: A very strong hypothesis according to Systemic Theory behind bipolar disorder is that both parents behave differently towards the child, with each parent expressing an extreme - either manic or depressive. The child then is not able to reconcile the conflicting images of parents experiencing a bifurcation of standards. From a societal point of view, society according to Systems Theory is viewed as an emotional system complete with its own chronic anxiety, projection processes, fusion and differentiation struggles and triangulations. There is an interdependency among individual, familial and societal emotional functioning - a process known as Societal Emotional Process.

Discussion: During the last 15 years, the intense and rapid political changes, combined with a suffocating global economical crisis, have created extremely turbulent and constantly changing social conditions. At the same time, societal standards of "happiness" keep rising. Grief is equated with depression and is ostracized as something unhealthy. People aim at happiness as a goal in itself, ignoring the concepts of effort, stages and progress. We live in a bipolar society, in a bipolar era, and that is portrayed in the psychopathology of everyday life.
FC6.4 - Attitudes towards utilizing mental health services among Greek-Americans and Greek immigrants of the US
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Thessaloniki, Greece

The purpose of this study was to determine the attitudes of individuals of Greek descent (Greeks and Greek Americans) residing in Houston, Texas towards seeking professional counseling and their willingness to seek mental health services. This study explored the mentality and beliefs of Greeks and Greek Americans about psychology and counseling, further exploring the results of earlier studies such as those by Lillios (2010) and Bagourdi & Vaisman-Tzachor (2010). The sample consisted of 130 participants, recruited from two local churches of Houston, using the churches' public directories. The participants completed a short demographic form, and the Attitudes towards Seeking Professional Psychological Help (ATSPPH) scale constructed by Fisher & Turner (1970). Sixty three% of the participants reported being first-generation immigrants in the US, 78% reported holding US citizenship, and 59% reported having poor to moderate fluence in the Greek language.

The findings of the study indicated that there was not a statistically significant relationship between generation level and attitudes toward seeking professional psychological help. A statistically significant difference was found between gender and attitudes toward seeking professional psychological help, with the women being more likely to utilize counseling services for mental health issues. The overall scale scores and individual items' descriptive statistics indicated an openness of Greeks (residing in a US community) and Greek Americans to the utilization of mental health services, adding credence to findings of more recent studies on that population. The author will discuss hypotheses to explain the study's results and how (from a systemic perspective) the discourse on stigma surrounding the use of professional counseling could serve as a protective factor for a collectivistic culture such as that of Greece.

FC6.5 - An evaluative study of motivational interviewing interventions in the treatment of young cannabis users
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An evaluative study of motivational interviewing interventions in the treatment of young cannabis users. Motivational interviewing (MI) is a treatment approach that has received increasing evidentiary support over the past 25 years, particularly in the addictions literatures. While evidence for the effectiveness of MI to modify health behaviors in adults is strong, evidence supporting its use with adolescents is just emerging. The objective of the present study was to evaluate the effectiveness of MI techniques in the treatment provided to young cannabis users, taking into account personality variables and the level of motivation at the onset of treatment. The primary aim of this study was to confirm the initial effectiveness of MI interventions used to promote adolescent substance use behavior change. Furthermore, it was designed to ascertain the maintenance of MI treatment gains after the conclusion of interventions. Participants were 106 boys and girls (aged 14 to 18) in treatment for cannabis abuse. Twelve clinicians involved in the treatment of these clients were also recruited to collect data on their clients' motivation and on their personal use of motivational interventions during treatment sessions. Individual practitioners assessed the stage of motivation of each client at his/her admission in treatment according to the trans-theoretical approach (Prochaska and DiClemente, 1984), and identified after each treatment session with his/her client how much they used MI techniques during this particular session. Each client was also seen by a research assistant at his/her admission to treatment, and administered questionnaires on personality, on alcohol and cannabis use, and on functional areas known to be affected by the substance abuse. Following the completion of treatment sessions, each participant completed similar assessments at the 3- and 6-month follow-up periods.

There were significant reductions in cannabis use both at the 3-month follow-up and the 6-month follow-up. Moreover, the data show that clinicians tailored their interventions to the stage of motivation of their clients
from the earliest therapy sessions, using techniques aimed at exploring the client's ambivalence, depressive moods or anxiety, and/or increasing the sense of self-esteem, social skills, etc. Results also indicate that there is an interaction between the "social maladjustment" dimension and the initial motivation of adolescent cannabis users.

Overall, motivational interventions appear to have beneficial effects on the evolution of cannabis use and problems related to it. However, relations between cannabis abuse and personality variables are proving complex and require nuanced interpretations. The personality of the youth is also an important variable that must be accorded the highest importance when MI is applied for the treatment of young cannabis users.
PP1 - Disability of cognitive and emotional empathy in schizophrenic patients
S.-I. Lee, K.-C. Kim

**Purpose:** Empathy may be seen as a fundamental ability of human beings necessary for meaningful and valuable interactions with others in the social environment. There were many reports in which the schizophrenic patients showed disability in their interpersonal relationship, and defects in the ability of empathy would be seen as one of the reasons for such disability. However, there was no agreement on whether and how the empathic ability of schizophrenic patients differed from that of the ordinary population because the results of the past researches were not consistent due to the differences in the research methods used. In this study, the ability of the schizophrenic patients for cognitive empathy and emotional empathy was assessed by diverse range of methods, and the characteristics of the ability of schizophrenic patients for empathy were examined by comparing the results with those of the healthy control group.

**Methods:** Twenty subjects in the schizophrenic patient group and nineteen subjects in the control group were analyzed. The subjects answered the self-reported questionnaire on Empathy Quotient (EQ) and Emotional Contagion (EC). Facial emotion recognition was examined. Facial electromyography responses (corrugator and zygomaticus major muscle) at the time of presentation of emotional stimulation were measured.

**Results:** There was no significant difference between the schizophrenic patient group and the control group in terms of the age, gender and level of education. In terms of the total empathy quotient (EQ-T), the cognitive empathy (EQ-C) and the EC, the schizophrenic patient group attained significantly lower scores in comparison to the control group. The schizophrenic patients group also acquired significantly lower score in comparison to the control group in the examination of the facial emotion recognition. In the facial electromyography, there was no significant difference in the response of corrugator and zygomaticus major muscle to sad emotional stimulation in the schizophrenic patients group comparing to the control group, but there was significant difference in the response of corrugator and zygomaticus major muscle to happy emotional stimulation in the schizophrenic patients group comparing to the control group. Corrugator muscle response was increased in the schizophrenic patients group but was decreased in the control group. Zygomaticus major muscle response was more prominent in the control group than the schizophrenic patient group.

**Conclusion:** It was found that the schizophrenic patients group had disability in both the cognitive empathy and the emotional empathy in comparison to the control group in this study. It was suggested that these characteristics could be fundamental factors for disability of interpersonal relationship in schizophrenic patients.

PP2 - Processes underlying the introspective ability of patients with schizophrenia towards their memory accuracy
E. Bacon¹, E. Sevdinoglou², M. Pillot³, B. Schwartz⁴

**Introduction:** Memory impairments are considered today as core symptoms of schizophrenia. Patients also suffer from defects of contextual information retrieval, and from problems of awareness and insight, leading us to suspect that metamemory awareness (knowledge and experience about our own cognitive processes) would also be impaired. Metamemory awareness is expressed by metamemory judgments. At the time of memory retrieval, in case of retrieval defect, subjects may express a judgment of Feeling of Knowing (FOK), that reflects their feeling to be able to retrieve later the missing answer. Patients with schizophrenia regularly express Feeling of Knowing judgments that are lower than those of their healthy counterparts, but the predictive accuracy of the patients' metamemory judgments remains often equivalent, i.e. despite lower
confidence and lower performance, their can discriminate between their correct and incorrect answers. According to the accessibility model developed by Koriat, the computation of FOK in healthy subjects does not rely on unconscious access to the target answer itself, but rather on partial information that participants retrieve. Koriat demonstrated in tasks assessing short-term memory (1993) or semantic memory (1995) that the FOK relies on the retrieval of partial target information, such as its first letter. In this view, FOK depends on information accessibility, i.e. the quantity of information accessible. In addition, the noncriterial-recollection hypothesis contends that contextual information influences FOK (Brewer et al., 2010). We have observed that the accessibility model of FOK is valid in patients with schizophrenia for short-term memory and semantic memory (Bacon & Izaute, 2008, 2009). The aim of this study was to assess in patients with schizophrenia the validity of the accessibility model and the noncriterial-recollection hypothesis for long-term episodic memory.

Methods: Twenty-five patients and 15 healthy comparison participants learned the names of imaginary animals, sometimes referred to as TOTimals (Smith, 1994). The TOTimals allowed us to manipulate the nature and number of contextual information (country, diet, weight) of each animal that were controlled by the experimenter. The presentation of the TOTimals images for learning was accompanied by 3 levels of contextual information: minimum (name), medium (name and country) and maximum (name, country, diet and weight). After learning, participants had to retrieve the name of the animal when presented with the image.

Results: In both groups, the Feeling of Knowing increased with the increasing of retrieval of either partial or contextual information, and there was a good concordance between non-target (partial and related information) retrieval and the Feeling of Knowing in patients and in healthy controls.

Conclusion: The results seem to support the validity of the accessibility model and of the noncriterial-recollection hypothesis as processes underlying the metamemory judgment rating for long term episodic memory even when there is an underlying psychopathology. In spite of some memory impairments, the processes underlying the patients' introspective abilities towards their memory accuracy seem to be preserved in patients also for episodic memory and relies on both partial and contextual cues retrieval.

PP3-Clinical characterisation of psychiatric symptoms in acute intermittent porphyria: A report of a pair of identical twins

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The porphyrias are a group of rare disorders of haeme metabolism known to give rise to a wide variety of psychiatric symptoms. These symptoms may simulate naturally occurring psychiatric disorders and represent a diagnostic labyrinth often rendering accurate diagnosis difficult. The prevalence of acute intermittent porphyria has been reported to be about 100 times higher in the psychiatric inpatients compared to the general population. Most of these patients had received a diagnosis of atypical psychosis, schizophrenia or schizoaffective disorder. We present the myriad of psychopathology, especially schizophrenia like psychosis in a young Chinese female and her identical twin sister, with acute intermittent porphyria. Acute intermittent porphyria was confirmed by dark colored urine and presence of uroporphyrin and porphobilinogen in urine. Our patient had also been diagnosed as suffering from schizophrenia and schizoaffective disorder at various points in time in the past. We suggest that close attention to the characteristics of psychotic symptoms, family history, course and response to treatment may be helpful in establishing the true nature of psychiatric symptoms as being secondary to porphyria rather than independent comorbidities. The characterolegy of psychotic symptoms in patients with acute intermittent porphyria and its relevance in reaching an accurate diagnosis is discussed. We encourage such an approach in order to prevent false psychiatric diagnosis. The safety of antipsychotic drug treatment in such patients is also discussed. Interestingly, our patient's twin sister's psychotic symptoms also remitted completely with treatment with the same antipsychotic drug.
PP4 - Effects of Lateralized Prefrontal tDCS on Emotional States
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Evidence from neuroimaging and neurophysiological studies with healthy volunteers, as well from brain trauma suggests an opposite role between the brain’s left and right prefrontal lobes in emotional behavior. It is plausible that potentiating or depressing the neuronal activity of the left or the right prefrontal cortex (PFC) via anodal or cathodal tDCS respectively, while simultaneously inducing the opposite effect on the contralateral homologous area, may affect emotional states. Twenty-six healthy volunteers (11 males; 2 left handed; age 26 to 49 years) received two separate sessions with one week interval of twenty minutes tDCS at 1mA, with the anodal and cathodal electrodes over the left dorsolateral PFC (DLPFC) (between F7 and F3 positions of the 10/20 system) and the right DLPFC (between F8 and F4 positions of the 10/20 system). The order of electrode placement (left vs. right anodal stimulation) was counterbalanced across participants. Emotional state was assessed with the State-Trait Personality Inventory, and emotional perception was assessed with computerized forced-choice tasks of facial emotional expression. Small but statistically significant changes in mood states were noted after a 20-minute session of tDCS over the DLPFC. These changes were dependent on the laterality of stimulation, with potentiation of the left DLPFC with concurrent inhibition of the right DLPFC showing mood improvement, and opposite effects with the reverse electrode arrangement. Mood improvement was reflected by decreased self-rated state depression, and increased self-rated state curiosity, whereas mood decline was reflected by decreased self-rated state curiosity. There were no significant main effects or interactions of stimulation laterality on emotional perception. Emotional states may be affected by lateralized tDCS of the DLPFC.

PPS - Twice per day high frequency rTMS is more effective than once per day active rTMS in treatment resistant depression
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Background: Repetitive transcranial magnetic stimulation (rTMS) has proven antidepressant effects, but the optimal frequency of sessions remains unclear.

Method: We conducted a 3-week, sham- controlled trial to assess the antidepressant efficacy of one session/day (A1 Group) compared to two active rTMS sessions/day (A2 group) and equivalent sham sessions (once/day—S1 Group, twice/ day—S2 Group) in 98 patients with treatment-resistant major depression (TRD), with a subsequent 2-week follow-up period. High-frequency (20 Hz) rTMS was targeted to the left prefrontal cortex in sessions of approximately 40 trains (2 sec each) at 100 % resting motor threshold, with an intertrain interval of 1 min. Treatment response was defined as a ≥50% decrease in Hamilton Depression Rating Scale (HDRS) score and/ or Clinician Global Impressions-Severity of Illness (CGI-S) score ≤3 at the end of treatment and follow-up. Remission was defined as HDRS score ≤8 and/ or CGI-S score ≤2.

Results: Two high frequency rTMS sessions per day were significantly more effective than one session/day in TRD patients for what concerns response (p=0.01) and remission rate (p = 0.047) based on HDRS score and remission rate based on CGI-S score (p=0.024). Patients who had lower baseline HDRS score were more likely to achieve remission.

Conclusions: Twice per day high frequency rTMS was more effective than once per day active rTMS or sham stimulation.
PP6-Twice and three times per day high frequency rTMS in patients with bipolar depression

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**Background:** Repetitive transcranial magnetic stimulation (rTMS) has proven antidepressant effects in bipolar depression, but the optimal frequency of sessions remains unclear.

**Methods:** We conducted an open trial study to assess the antidepressant efficacy of twice or three times per day high frequency rTMS in patients with bipolar depression (BPD). High-frequency (20 Hz) rTMS was targeted to the left prefrontal cortex in sessions of approximately 40 trains (2 sec each) at 100 % resting motor threshold, with an inter-train interval of 1 min. The primary outcome measure was the change from baseline in the Hamilton Depression Rating Scale and the Clinician Global Impressions-Severity of Illness (CGI-S) score. Furthermore, Young Mania Rating Scale (YMRS) was regularly assessed.

**Results:** Preliminary results demonstrate efficacy of 2 or 3 sessions of HF-rTMS per day. No serious adverse effects were observed.

**Conclusions:** An add-on HF- rTMS treatment protocol in BPD subjects indicated improvement in bipolar depression symptoms. Sham-control studies to further determine the efficacy and safety of HF- rTMS for BPD are warranted.

PP7-Iron deposition in subcortical nuclei and Intelligence in young adults

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**Introduction:** Iron is essential for normal O2 transport, neurotransmitter synthesis and myelin production. However, increased iron deposition has been associated with several chronic brain disorders (including Alzheimer, Parkinsonism, Multiple Sclerosis), normal aging and cognitive decline in elderly. Here we investigate whether subcortical brain iron deposition is associated with intelligence in young adults.

**Methods:** Healthy university students aged between 18 and 30 were recruited (n = 63). Intelligence quotient (IQ) was measured by Hungarian version of Wechsler Adult Intelligence Scale (WAIS). To measure brain iron accumulation regional R2* relaxation rates were assessed using a 3T MRI scanner. R2* relaxation rates in bilateral thalamus, caudate, putamen and pallidum and their correlation with IQ, verbal quotient (VQ) and performance quotient (PQ) in two age group (younger group aged 18-22.9 n=30 and older group aged 23-30 n=33) were analyzed.

**Results:** Mann-Whitney U-tests showed no significant difference in mean IQ scores between the two age groups. IQ showed positive correlation with left and right putamen R2* relaxation rates, while VQ was positively associated with left thalamus and left caudate in the younger group. In contrast with that, IQ showed negative correlation with left pallidum in the older group. PQ had no significant association with iron deposition in none of the age groups. The general tendency was that association between iron deposition and IQ changed direction between the two age groups.

**Conclusion:** Our results indicate that iron deposition not necessarily have negative effect on cognitive performance in young adults. As iron deposition increases with normal aging it may plays an important role in cognitive decline.

**Funding:** This work was supported by grant TAMOP-4.2.2/A-11/1/KONV-2012-0017 and the Hungarian Brain Research Program (KTIA_NAP_13).
**Introduction:** Bipolar Disorder is a severe, lifelong psychiatric disease characterized by abnormally elevated mood (mania) that cycle with abnormally low mood (depression). The main underlying pathophysiology of the disease is still incomprehensible. Many studies have suggested candidate genes, but none of these genes can account for an essential number of bipolar disorder patients. It seems that many genes of small impact in combination with environmental factors contribute to the expression of the disease. Studying such diseases with gene expression microarray experiments we emphasize on broad, biological themes, rather than on specific genes. In this direction comparative transcriptomic profiling to characterize skin fibroblasts gene expression of bipolar disorder patients compared to healthy controls has been performed. The advantage of studying fibroblast cultures compared to postmortem tissue or blood samples is that in such cultures confounding factors (e.g. medical treatments) are minimized. Furthermore, in contrast to using clinical samples, skin fibroblasts cell can easily be obtained and propagated. We further tried to relate and integrate our results with an aberrant amino acid transport through cell membranes that has been identified in fibroblast from patients with schizophrenia, bipolar disorder as well as autism.

**Methods:** Skin fibroblast cells from bipolar disorder patients (n=12) and healthy controls (n=5) have been cultured. RNA was extracted and then hybridized onto Illumina Human HT-12 v4 Expression BeadChips. Differentially expressed genes between disease and control groups were identified by performing unequal t-test on log2 transformed expression values. Fold change values were calculated for each gene as the ratio of the control samples to patient samples. The resulting gene list was obtained by setting the p-value threshold to 0.05 and by removing genes that presented a fold change below |0.5 | (in log2 scale). The described procedures were applied to Quantile normalized data. A subset of the differentially expressed transcripts that occurred was validated by quantitative real-time PCR. In order to derive better insight into the biological processes related to the DE genes, the lists of significant genes were subjected to pathway analysis using the Statistical Ranking Annotated Genomic Experimental Results (StRAnGER).

**Results:** We concluded to 433 differentially expressed genes. Among them 121 showed an overexpression and 312 were downregulated. The pathway analysis of the differentially expressed genes indicated Gene Ontology terms related with receptor complex, transcription factor binding, positive regulation of apoptosis, regulation of G-protein coupled receptor protein signaling pathway, ATP binding, DNA replication, hydrolase activity, protein amino acid phosphorylation, positive regulation of cell proliferation, negative regulation of cell growth and phosphotransferase activity. Downregulated genes resulted in Gene Ontology terms related to cellular response to retinoic acid, positive regulation of apoptosis, positive regulation of transcription factor activity, cell adhesion and zinc ion binding, regulation of G-protein coupled receptor protein signaling pathway and neuron projection development. Finally overexpressed genes indicated pathways such as protein complex binding and nervous system development.

**Conclusion:** Further studies aimed at characterizing such pathways in fibroblasts and other non-neural cell types from bipolar disorder patients could elucidate the molecular mechanisms associated with the pathophysiology of bipolar disorder and provide a useful model to support drug and biomarker discovery studies.

**References:**
Introduction: Parkinson's disease is a neurodegenerative disorder with prominent symptoms of movement disorders and progressive impairment of cognitive abilities. A new scale, the Parkinson's Disease-Cognitive Rating Scale (PD-CRS), designed to cover the full spectrum of cognitive defects associated with PD. The PD-CRS included items assessing fronto-subcortical defects and items assessing cortical dysfunction. The purpose of this study was to standardize the PD-CRS in normal Greek population.

Methods: One hundred and ninety one healthy Greeks, recruited from Greece, took part in the present study voluntarily. In addition, participants were also administered the Greek translated and validated Mini Mental State Examination-MMSE- and the scale of anxiety-mood HANDS. In order to obtain normative data for the Greek adult population, the sample grouped into various categories. The sample stratified based on gender (men and women), on age (45-59 years, 60-69 years and 70-79 years) and on educational level (1-9 years, 10-12 years and above 13 years formal education).

Results: Age and education level contribute significantly to the overall performance of the PD-CRS, while the contribution of gender is not important.

Conclusion: Results showed that education and age contribute to performance on total score of PD-CRS. Specifically, older with a lower education level performed worse than younger participants with a higher educational level. Our findings support the theory of cognitive reserve. PD-CRS is a valid, reliable and useful neuropsychological battery to assess patients with Parkinson's disease. The discriminative analysis showed the ability of the PD-CRS to detect the progressive decline in cognitive function that is characteristic of PD.

References

Introduction: The Ruff Figure Fluency Test is a nonverbal measure of fluid and divergent thinking and flexibility. The aim of the present study was to develop norms for the RFFT for the Greek population. Due to the fact that very little is yet known about the use of cognitive strategies, we also assess the effects of aging and level of education on the use of cognitive strategies. Previous studies has focused their interest on children and students that is not however a representative sample of the population.
Methods: We administered the test using standard procedures to 313 healthy Greek adults (138 men), aged 16-79 years old. There were five age groups and three educational groups. They were screened for cognitive decline using the mini mental state examination.

Results: The main finding was that the performance on the RFFT was dependent on age and educational level. As far as cognitive strategies, strong effects of educational level and age were also found. Findings further revealed that nearly seven out of ten healthy participants used cognitive strategies but only few of them were able to use cognitive strategies consistently (25%).

Conclusion: Our data are generally consistent with previous findings regarding the influence primarily of age and education on RFFT scores. As for the cognitive strategies and the application on the population, our study has shown that they are used by seventy percent of the population, but not by everyone. Therefore, failure to use cognitive strategies should not imply the existence of a cognitive deficit but neither the use should be associated with cognitive advantage. Nevertheless, systematic use of cognitive strategies, is likely to indicate cognitive advantage, taking into account how the rare amount of individuals that used them. By the term systematic use of strategy we mean the ability of a person to solve a big part of the test using strategy. To sum up, before concluding about the performance of the individual we have to take into account whether the individual had done extensive use of systematic cognitive strategies or the cognitive procedures had occurred randomly.

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EDSS scores, lower SSCI scores and actively working correlated independently with higher PH MSQol54 scores (p=0.006, p=0.0001, p=0.0001, p=0.028 respectively). Level of education, parenthood status, occupational status, degree of social support and SSCI score could explain the variability of 44% of MH MSQol54 composite. Tertiary level-education, not having children, higher degree of social support and lower SSCI scores correlated independently with higher MH MSQol54 scores (p=0.001, p=0.04, p=0.0001, p=0.0001 respectively). In both composite analyses, SSCI scores had the greatest impact in MSQol54 scores.

**Conclusion:** QoL of patients with MS, both physical and mental, is primarily defined by the amount of their social isolation-reject, because of their condition. Degree of disability is nor the unique, neither the basic determinant of QoL, as age, occupation, education, parenthood and supporting structures contribute almost equally in its configuration.

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**PP12- Dimensions of metacognitions in a sample of alcohol dependent patients - Comparison with a sample of healthy subjects**

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**Introduction:** It is well known that alcohol misuse causes a large disease, social and economic burden in societies. Metacognition refers to the psychological structures, beliefs, events and processes that are involved in the control, modification and interpretation of thinking itself [1] and is considered as an important factor in the development and maintenance of psychological disorder [2, 3].

The aim of the present study was to investigate dimensions of Metacognitions in a sample of alcoholics and compare the findings with a sample of healthy subjects.

**Method:** 23 men (59%) and 16 women, aged between 22 and 64 years, inpatients in Eginition Hospital, due to alcohol dependence, completed the Greek-Version of the Metacognitions Questionnaire-30 (MCQ-30) [4]. The MCQ-30 [5] is a 30-item questionnaire designed to assess several dimensions of metacognition, thought to be relevant to psychopathology. It consists of five replicable factors: (1) positive beliefs about worry, which measures the extent to which a person believes that worrying is useful; (2) negative beliefs about worry concerning uncontrollability and danger, which assesses the extent to which a person thinks that worrying is uncontrollable and dangerous; (3) cognitive confidence, which assesses confidence in attention and memory; (4) beliefs about the need to control thoughts and the negative consequences of not controlling them and (5) cognitive self-consciousness, which measures the tendency to monitor one's own thoughts and focus attention inwards.

**Results:** In the sample of alcoholics the results indicate significant gender differences in the factors "cognitive confidence" (t: 2.608, p=0.013) and "positive beliefs about worry" (t: 2.153, p=0.038) with men scoring higher than women on both factors. In comparison with the healthy subjects, the 39 alcoholics had significantly higher mean scores in "positive beliefs about worry," (t: 2.274, p=0.023), "cognitive self-consciousness" (t: 4.523, p<0.001), "negative beliefs about worry" (t: 3.998, p<0.001), "need to control thoughts" (t: 3.998, p<0.001) and the MCQ total score (t: 5.713, p<0.001). Gender differences, adjusted for age, between the two samples have been found with alcoholic men scoring significantly higher than men of the healthy sample in "cognitive confidence" (t=3.477, p= 0.001) but no differences emerged for women (p = 0, 140). Similarly, alcoholic men scored significantly higher than the men of the normal population in "positive beliefs about worry" (t=2.001, p=0.047) while women did not (p=0.750). Alcoholics, men and women, had significantly higher mean scores than the healthy sample in "cognitive self-consciousness", "negative beliefs about worry concerning uncontrollability and danger", "need to control thoughts" and MCQ total scores.

**Conclusion:** Alcoholics scored significantly higher than the normal group on three of the five metacognitive dimensions assessed. This finding suggests that Metacognitions could play a role in orientation and continuation of alcohol dependence behavior. In addition, it was observed that alcoholic men have significantly lower confidence in attention and memory than alcoholic women and they believe, to a significantly greater extent than women, that worrying helps them function. This finding could raise the question whether these metacognitive beliefs could be seen as an indicator of differentiating alcohol dependent men from women.
Overall, further investigation with a larger sample could contribute to the clarification of the role of Metacognitions in alcohol dependence.

References

PP13-Prevalence of psychiatric disorders in a cohort of Hellenic multiple sclerosis patients

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Introduction: Comorbidity of multiple psychiatric disorders with Multiple sclerosis (MS) is a well-established fact, among Caucasian and non-Caucasian populations. The prevalence of these disorders varies across studies, albeit anxiety and depression are the most common, affecting up to 50% of patients. Aim of this study was the investigation, for the first time, of the prevalence of psychiatric disorders in a cohort of Hellenic MS patients, as well as of the basic determining factors of the neuropsychiatric comorbidity under discussion.

Methods: 214 MS patients that visited the Outpatient Clinic of our Department during a 2-year observation period (January 2012-January 2014) were enlisted in this study. Data collected concerned sociodemographic variables (age, sex, social status, habits etc), disease-derived variables (subtype, age at onset), the Expanded Disability Status Scale (EDSS) score, the Mini International Neuropsychiatric Interview (M.I.N.I) Questionnaire and the Stigma Scale for Chronic Illness (SSCI) Questionnaire. Statistical analyses were performed by the use of SPSS v. 21 statistical package.

Results: Patients were predominantly females (68 %), with mean age of 43.7 years, and mean disease duration 152.4 months. 68.2% of the patients were suffering from the relapsing type of MS (median EDSS 2.5) and 31.8% from progressive types (median EDSS 5.0). The prevalence of psychiatric comorbidities in general in our sample was 58.4%. Specific psychiatric disorders were found as following: major depressive episode (2.8% ongoing, 13.6% in the past, 12.1% past and ongoing), major depressive episode and melancholy (0.5% in the past), dysthymia (11.7% ongoing, 7.0% in the past, 11.7% past and ongoing), (hypo)manic episode (0.5% ongoing, 2.3% in the past), panic disorder (0.9% ongoing, 0.5% in the past, 1.4% past and ongoing), agoraphobia (1.9% ongoing, 0.9% in the past, 1.4% past and ongoing), social phobia (0.5% past and ongoing), obsessive compulsive disorder (1.4% ongoing, 2.3% in the past, 0.9% past and ongoing), post-traumatic stress disorder (0.9% in the past), alcohol addiction/abuse (0.5% ongoing, 2.3% in the past), other substance addiction/abuse (1.4% in the past), anorexia nervosa (1.9% in the past, 0.5% past and ongoing), bulimia nervosa (0.5% in the past), generalized anxiety disorder (15.9% ongoing, 5.1% in the past, 25.2% past and ongoing). Antisocial personality disorder, suicidality and psychoses were not detected in our sample. Notably, the presence of at least one psychiatric disorder was significantly associated (p<0.05) with social isolation, increased SSCI scores and unhealthy lifestyle behaviors (a composite score taking into account physical exercise, smoking and dietary habits).

Conclusion: The prevalence of psychiatric disorders in MS patients was found high, especially for depressive disorders, but more pronounced for generalized anxiety disorder, which was detected twice as high, compared with other MS populations. Patients at high risk were those isolated and feeling stigmatized by the disease. These results must be taken into consideration for the early diagnosis and therapy of psychiatric comorbidities in MS, as they have detrimental implications in compliance, psychological distress, general
lifestyle and quality of life of patients, their families and their caregivers. Clinicians should retain a high level of vigilance for early diagnosis and psychiatric referral.

PP14: Time perspective in patients with obsessive compulsive and borderline personality disorder
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Introduction: Time perspective (TP) is recognized as "a nonconscious process whereby the continual flow of personal and social experiences are assigned to temporal categories, or time frames, that help to give order, coherence and meaning to those events" [1]. Individuals “divide” their lives into temporal categories of past, present, and future [2]. Orientation towards time has a dynamic influence on person’s judgments, decisions and actions with important implications for emotion, cognition and motivation [3]. Boyd and Zimbardo postulate that a healthy balance between orientation on the past, the present, and the future exists. This balance could reflect one’s capabilities to learn from the past, to adapt in the present, and to prepare for and engage in goal oriented behaviour in the future [4]. Preoccupation with a specific time frame, or the lack of attention for a time frame, appears to be related to a diminished adaptive functioning [5, 6]. There is evidence of an association between time perspective factors and psychiatric symptoms [7]. However, to our knowledge, TP has not been specifically investigated in the context of Obsessive Compulsive Disorder (OCD) and Borderline Personality Disorder (BPD).

The aim of the present study was to investigate and compare TP between these two categories of mental illness which have, at least phenomenologically, diametrically different major psychopathological symptoms such as compulsivity and impulsivity.

Method: 28 patients with an OCD and 28 with a BPD diagnosis (36% men), matched for age and education, outpatients in Eginition Hospital, completed the Greek-Version of the Zimbardo Time Perspective Inventory (ZTPI) [8], a 56 items self-administered questionnaire that measures individuals’ orientations to the past, present, and future and consists of five factors: Past Negative (PN) which is associated with a negative or aversive sense of the past, Past Positive (PP) which reflects a warm and sentimental view of the past, Present Hedonistic (PH) which suggests an orientation toward present pleasures and excitement, Present Fatalistic (PF) which reflects a fatalistic, helpless, and hopeless attitude toward the future and life and Future (F) which is related to a goal-orientated view toward the future [1].

Results: BPD patients scored significantly higher in PH (p=0.012) and in PF (p=0.015) and significantly lower in PP (p=0.012) factors than OCD patients. No significant differences emerged with respect to gender for each group separately. Significant inter-correlations between the 5 factors in relation to age and education have been found only in the BPD group, with age correlating negatively with “Present Hedonistic” and education correlating positively with “Future”.

Conclusion: The main findings of the present study are that BPD patients seem to have a hedonistic orientation attitude toward time and life and a helpless and hopeless attitude toward the future and life in a significant greater degree than OCD patients. On the other hand OCD patients have a more positive and nostalgic attitude toward the past than BPD patients. Age and education do not affect TP in OCD patients. On the contrary, they seem to play a balance role in the TP for BPD patients, since the present hedonistic view decreases with age and the goal-oriented view toward the future increases with education. Overall, further investigation could contribute to the clarification of the causes for the differences in TP between OCD and BPD.

References

**PP15-Hypothalamus-pituitary-adrenal (HPA) axis activity, current symptoms and neurocognitive functioning in bipolar disorder: A preliminary report**

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**Introduction:** Bipolar disorder is associated with neurocognitive impairment but the aetiology of such impairment remains largely unknown. The present study aims to investigate the performance of bipolar patients on various cognitive tasks within the framework of the HPA axis hyperactivity model. It also examines the impact of current symptoms on neuropsychological functioning.

**Methods:** 60 Bipolar-I patients were assessed by CANTAB tasks targeting attention, visual memory and executive function. All patients underwent the Dexamethasone Suppression Test (DST). Affective symptoms as well as global functioning were evaluated via the Hamilton Depression Rating Scale (HAMD), Young Mania Rating Scale (YMRS) and Global Assessment of Functioning (GAF).

**Results:** Depressive symptomatology showed no effect on neurocognitive functioning. Manic symptoms were associated with poorer performance in attention set shifting (Spearman's rho=-0.299; p=0.025) whereas global functioning negatively affected inhibitory control (Spearman's rho=-0.366; p=0.006). Higher basal cortisol levels significantly correlated with worse performance in visual memory (Spearman's rho=0.400; p=0.002) and planning (Spearman's rho=-0.286; p=0.032), whereas no statistically significant difference was observed between cognitive measures of suppressors and non suppressors at the DST.

**Conclusions:** Manic symptoms and global functioning seem to affect different aspects of executive function. The presence of only mild depressive symptomatology in our sample (median HAMD-17 total score 11.5) might explain the absence of any effect of depressive symptoms on neuropsychological functioning. The role of HPA axis activity on cognitive function remains controversial. However, we found that higher basal cortisol significantly correlated with visual memory as well as with planning. Existing literature on the association between HPA axis function and cognitive measures in bipolar disorder is scarce and differences in sample characteristics, cognitive domains examined and indices of HPA axis activity taken into consideration render comparisons difficult.

**References**


PP16 - Behavioural variant frontotemporal dementia and diagnostic dilemmas: A case series and review of the literature

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Introduction: Frontotemporal lobar degeneration represents the second most common cause of dementia in the age group below 65 years (1). About half of these cases correspond to the behavioral variant frontotemporal dementia (bvFTD), presenting with behavioral symptoms and personality change, and, as a result, can be confused with major psychiatric disorders occurring in the same age range.

Methods: A series of 5 patients suffering from bvFTD, initially diagnosed with primary psychiatric disorders, are described. Diagnostic dilemmas and relevant diagnostic procedures are discussed. A review of the literature was conducted by searching of relevant articles in the PubMed and Scopus databases, from 1990 until presently.

Results: Five patients, 3 men and 2 women are described, with ages at presentation ranging between 29 and 47 years. Ages of onset of symptoms ranged between 24 and 38 years old. All patients were diagnosed with probable bvFTD, according to revised criteria (2), based on clinical symptoms, neuropsychological assessment and brain MRI and/or SPECT findings. Symptom constellations included apathy, inertia, mood symptoms, compulsive behavior, disinhibition, hyperorality, somatic pain, delusions, hallucinations, impairment of social cognition and executive function. Number of former mistaken diagnoses was one in 2 patients and two in 3 patients. Previous diagnoses were depression, bipolar disorder, schizophrenia, somatization disorder and malingering. Recent remarkable breakthroughs in unraveling the neurochemical mechanisms underlying FTD hold the promise of a better understanding together with new disease-modifying therapies in the near future (3, 4).

Conclusion: Behavioral manifestations as well as relatively young age of onset can lead to missed diagnosis of bvFTD and therapeutic errors, having negative impact on patients' management and increasing the caregivers' frustration and burden. New revised criteria and assessment tools, as well as increased clinicians' awareness, can contribute to improved diagnostic accuracy and management of patients.

PP17-DNA Linker Histone H1 Subtype Protein and mRNA Levels of Chromatin from Leucocytes of Patients with Chronic Schizophrenia

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Introduction: The H1 DNA linker histone family of proteins is the most divergent heterogeneous class of histone proteins. In mammals, eleven different subtypes have been identified. Histone H1 binds to the DNA entering and exiting the nucleosomal core particle and has an important role in the establishment and maintenance of higher order chromatin structure. As such, this histone class is regarded as being the architectural proteins of chromatin involved in chromatin condensation. However, their evolutionary conserved heterogeneity, as well as more recent data, has led to the hypothesis that the H1 subtypes are also involved in chromatin remodeling and genomic integrity and function not only as negative regulators, but also as positive regulators of certain genes (reviewed in ref. 1). Previous electron microscopy work (Issidorides et al., 1975) showed that the chromatin state of leucocytes from schizophrenic patients is less condensed than that of age and sex-matched controls, i.e., there is a decrease in heterochromatin (condensed chromatin, transcriptionally inactive) and an increase in euchromatin (decondensed, transcriptionally active) in the leucocytes of patients (2, 3). In light of the fact that histone H1 is involved in chromatin compaction and was found to be decreased in the decondensed chromatin of patients (unpublished results), both the chromatin condensation state and the H1 composition of chromatin may constitute biological markers of the illness. Moreover, more recent work has shown that specific H1 subtypes may have discrete functional roles localized to either eu- or heterochromatin domains (4). Within this framework an in depth analysis of specific H1 subtypes is warranted.

Methods: Thus the aim of the present work was to ascertain protein levels by western blot analysis using commercially available antibodies for specific H1 subtypes (H1.0, H1.3, H1.5) as well as for the total H1 histone fraction of leucocytes (neutrophils and lymphocytes) isolated from patients (9 subjects) with schizophrenia and age/sex-matched controls (6 subjects). Concomitantly mRNA levels were analyzed by real-time PCR using primers designed for specific H1 subtypes (e.g., H1.1, H1.3, H1.4, H1.5 and H1.0) from the same patient and control subjects.

Results: Our preliminary results show that there is a tendency towards a decrease in both protein and mRNA levels of the subtypes analyzed in both cell types. However, we could not ascertain with certainty whether specific differences exist amongst subtypes which other research groups have shown to be specifically localized in either eu- or heterochromatin domains (2). This may be the result of the fact that we analyzed subjects with chronic schizophrenia that were on a diverse array of psychoactive drugs.

Conclusions: Further work is necessary with a larger number of patients with chronic schizophrenia as well as drug-naive, drug-free first episode psychosis subjects and controls so as to analyze in greater detail differences in protein and mRNA levels amongst these specific H1 subtypes in schizophrenic patients and whether these differences may be of use in the further characterization of the specific states of the illness.

References:
PP18-Relationship between quality of work life and mental health of Shiraz University of medical sciences employees, in 2010

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Introduction: Studies show that psychological needs of employees in the organization can be met through the application of quality of work life techniques. The purpose of this study is to investigate the relationship between quality of work life and mental health of staff.

Methods: This is a cross-sectional study. The population included all employees of the central building of Shiraz University of Medical Sciences, 133 of who were randomly selected. For data collection, quality of work life questionnaire of Ghasemzadeh (1) and Goldberg’s (2) General Health Questionnaire (GHQ) were applied. Data were analyzed using Pearson correlation and multiple regression analysis.

Results: Among the predictive variables entered in the regression equation, the quality of work life with standardized beta coefficient of 1.48, human relations at work with a standardized beta coefficient of 0.78, job security with a standardized coefficient beta of 0.26, partnership with the standardized beta coefficient of 0.16, human rights and dignity with a beta coefficient of 0.32, the balance between work and life with a beta coefficient of 0.10, commitment to working with a beta coefficient of 0.56 and the financial and welfare issues with the beta coefficient of 0.36 could significantly predict mental health.

Conclusion: If an organizational does not perform actions related to the quality of work life, in the long term mental health of employees will decrease. This in turn reduces the performance of individual employees and ultimately reduces productivity in organizations, which is one of the most important goals of an organization.

Acknowledgment
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References:

PP19-Frequency of marital adjustment among infertile couples

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Introduction: Infertility is a common disorder affecting 20% of the married couples at reproductive age worldwide. Infertility can cause remarkable implications on the mental health of couples as well as the quality of their marital relationship (1). As a married couple finds out about the infertility of his/her partner, a crisis of emotional disturbances occurs (2). Marital adjustment and sexual satisfaction are the most important factors impacted by infertility of one or both partners. Studies have reported a dramatic decrease in couples' conjugal quality of life and relationships. These impairments, similar to other psychosocial complications of infertility may vary according to economic, occupational, educational, social and religious characteristics of the couples (3, 4). Accordingly, the goal of the present study is to evaluate the frequency of marital maladjustment in these patients.

Methods: This cross-sectional study was performed on 100 infertile couples (with a mean age of 33.39±6) who referred to Mother and Child subspecialty hospital. All of them completed demographic questionnaire and Dynamic Adjustment scale (DAS). the reliability and validity of this questionnaire was evaluated for the
Iranian population (5). Informed consent for participation in the project was obtained from all patients. The data were analyzed using SPSS software.

**Results:** 100% of the patients declared that they had maladjustment in their marital relationship. Although the cut-off point of the questionnaire is 100, the mean score of the patients was 51.32. In line with the results, differences of these findings were evaluated in diverse demographic factors such as gender, job, education, income and place of living. Results indicated that gender made no differences in marital dissatisfaction but the patients who lived in urban areas and the employed ones had a significantly higher mean than those living in rural areas and the unemployed patients.

**Conclusion:** Marital adjustment disorders among infertile couples are important psychiatric disorders resulting from infertility. Marital adjustment impairment declines the quality of conjugal life. In advanced stages, marital adjustment disorders may even lead to divorce and termination of marital relationships. Similar to other psychiatric consequences of infertility, marital adjustment impairment is affected by social, economic and demographic characteristics of couples. Strategies which target lifestyle modifications may help improve marital life of infertile couples and save their marriages from corruption.

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**References**

**PP20-Mental Health Screening for freshmen in a University in the Tokyo Metropolitan area in Japan**
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**Introduction:** Ibaraki University is a national university located in the Tokyo metropolitan area in Japan. University Health Center organizes mental health screening for freshmen as part of annual medical check up.

**Methods:** Freshmen who entered Ibaraki University in April 2014 were screened. Step 1: Students were asked to fill two questionnaires (Questionnaire 1 and Questionnaire 2.) Questionnaire 1 was University Personality Inventory (The Japanese Association for College Mental Health 2011) that has been widely used among Japanese universities. Questionnaire 2 was produced by University Health Center, Ibaraki University. Questionnaire 2 consisted of the following questions. Have you ever experienced the following conditions?
- a. Took a leave of absence from school.
- b. Had difficulty in making friends with others in junior high or high school.
- c. Had difficulty in communicating with people around you.
- d. Visited a psychiatrist.
- e. Suffered from eating disorder.
- f. Forgot appointments and/or made inadvertent mistakes very often compared to others.
- g. Psychotherapy.
h. Urged to hurt yourself often.

Step 2: Students who chose specific sentences in Questionnaire 1 as to "My family and my past were unhappy" "Think about suicide" and students who answered yes to at least one question in Questionnaire 2 were asked to take primary interview either by the psychiatrist or one of the clinical psychologists working at the University Health Center.

Step 3: If necessary, students were asked to come for the secondary interview on a different day.

Results: 706 students out of 1718 freshmen (41%) took primary interview and 27 of them (1.6% of freshmen) were asked to come for the secondary interview. Some of them had some psychiatric disorders as to eating disorder, anxiety disorder, and adjustment disorder. Some had problems in their families. Some were followed up further and others were told that they were welcome at any time they would like to talk with the clinical staffs (a psychiatrist, clinical psychologists, and nurses) of the University Health Center.

Conclusion: This screening is useful for finding those students who need early intervention. It is also useful to let students know that a psychiatrist, clinical psychologists, and nurses are available at University Health Center when they are in need.

Reference
The Japanese Association for College Mental Heath, UPI riyouno tebiki (Japanese) 2011.

PP21-The multidisciplinary assessment of preschool-aged children in a pediatric psychiatry outpatient clinic
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Introduction: Dramatic increases have been reported in the use of psychotropic medication in preschool-aged children in the United States. In addition to an increase in the diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism, a recent study found a high prevalence of anxiety disorders among preschoolers in a primary care setting. Families of children with anxiety disorders report a high negative impact of their child’s behaviors on family functioning, similar to that of ADHD and disruptive behavior disorders. Infants become who they are gradually through development and within multiple contexts. Of particular interest to clinicians are those factors that are most changeable, including the primary care giving relationship. Children who are unable to form secure parental attachment are at risk for behavioral problems, poor language development, as well as difficulty with executive functioning. In addition, language delays in children are strongly correlated with emotional, behavioral and attention-related difficulties. Preschool-aged children must be understood, evaluated and treated in developmentally-sensitive ways, within the context of the family, and though a perspective that borrows from the knowledge of multiple disciplines.

Methods: The Early Childhood Mental Health Clinic (ECMHC) at Children's Medical Center Dallas (CMCD) provides evaluation for children zero to five years experiencing difficulty in the areas of behavior, attachment, social-emotional development, or cognitive skills. The multidisciplinary evaluation includes a clinical interview with psychiatry, psychological testing (including intellectual, adaptive, projective, emotional and parent-child relational), as well as evaluations with a speech and language pathologist and an occupational therapist. The majority of referrals include behavioral difficulties in young children, including aggressive behavior and frequent and intense tantrums. Data was collected and analyzed from all 49 participants who completed the entire evaluation from January 2013 through May 2014.

Results: ECMHC children were 61% male, and the majority of patients were between the ages of three and five, with 54 months representing the mean age. The most common diagnosis was Anxiety Disorder NOS (39%), with 45% of children leaving the clinic with a diagnosis of any anxiety disorder. In addition, 31% of the patients were diagnosed with ADHD, 20% with an Autism Spectrum Disorder, and 14% with Mood Disorder NOS. Almost half of patients were diagnosed with a speech and language related disorder (49%), and 65% of patients were referred or encouraged to continue speech and language services, with 27% being new referrals. Over half (59%) of patients were recommended to either continue or begin occupational therapy, with 43% of these being newly referred. The vast majority of patients leaving the clinic were
referred for behavioral parent training, behavioral therapy, play therapy or filial therapy (92%), while fewer patients were referred to immediately begin psychotropic medication (24%).

Conclusions: Although the majority of patients referred for an evaluation through the ECMHC presented with behavioral difficulties, the most common diagnosis was anxiety. This is consistent with the literature in that anxiety in preschool-aged children often impacts families in a similar way as disruptive behavior disorders. Data from the ECMHC population is also reflective of the impact of language disorders on behavior, with almost half of children being diagnosed with a communication disorder. Effective early identification and intervention is indicated for children with mental health differences, to prevent long-term impairment. The high number of ECMHC children with speech and occupational therapy needs highlights the necessity for a multidisciplinary approach.

References:

PP22- Empathy and job satisfaction of medical residents in South Korea

Background: Empathy is one of the most important professional attributes of physicians and plays an important role in the physician-patient relationship, patient satisfaction, and clinical outcomes. We hypothesize that residents with higher job satisfaction levels show better performance in patient care. To explore this possibility, we examine whether residents’ level of job satisfaction influences their empathic capacity.

Methods: We invited 422 residents at Seoul National University Hospital in South Korea to voluntarily participate in this confidential survey; 226 returned completed surveys (response rate of 53.6%). The survey included sociodemographic variables, the Minnesota Satisfaction Questionnaire (MSQ), and the Jefferson Scale of Physician Empathy (JSPE).

Results: We classified the residents into 3 groups based on the general MSQ scores: highly satisfied (n=77), moderately satisfied (n=68), and least satisfied (n=73). The total JSPE score was significantly different among the 3 groups. The post-hoc analysis showed that the highly satisfied group had a significantly higher
level of empathy than the other groups. These findings were similar in all 3 subcomponents of the JSPE (perspective taking, compassionate care, and standing in the patient's shoes).

**Conclusion:** Residents with higher levels of job satisfaction showed a higher capacity for empathy for their patients. This finding implies that attempts to enhance residents' job satisfaction may lead to enhanced clinical outcomes and patient satisfaction as well as residents' well-being and job satisfaction.

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**PP23-The psychopathology of the population of juvenile offenders under court supervision in Greece. An ongoing investigation. A year after**

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**Introduction:** Current international studies show that we often encounter psychopathology in populations of juvenile offenders. It is important to understand what kind of psychiatric disorders precede and are associated with delinquent behavior. It is also significant to identify populations of children and adolescents who are at risk of demonstrating delinquent behavior as young adults. In June 2013 we initiated a collaboration between the Forensic Psychiatry Unit and the Youth Probation Officers Department. A year after the investigation continues and proves to be fruitful.

**Method:** For the research data we used a random sample of 50 young offenders (18-25 years), who were placed under Court Supervision after committing a delinquent act. The Forensic Psychiatry Unit team, performed weekly visits to the Juvenile Court and the Youth Probation Officers Department of Athens and Piraeus, after scheduled appointments. The team performed a psychiatric interview and evaluation of the juvenile offenders by administering psychometric tools such as the Mini International Neuropsychiatric Interview, the impulsivity scale Barrat 11-GR, the Eysenck personality questionnaire, the TDI form, the Cage questionnaire and the Raven test. The purpose of the research is to answer the question what is the percentage of juvenile offenders (in Greece) who exhibit psychopathology (axis I and axis II in DSM-IV-TR) as young adults and what are the distinguishing characteristics.

**Results:** The most recent data from the study show:

- Psychotic symptoms: 8% of the young offenders
- Affective disorder: 18% of the young offenders
- Antisocial Personality Disorder: 42% of the young offenders
- Use of Alcohol: 38% of the young offenders while the criteria for abuse or dependence meet only 10% of the young offenders
- Occasional use of other addictive substances: 8% of the young offenders while the criteria for abuse or dependence meet 20% of the population
- Generalized anxiety disorder: 6% of the population
- Furthermore it has been shown that: 44% of young offenders had a history of prior offence, while 2% exhibit excellent intelligence, 6% higher intelligence, 42% medium intelligence, 32% of low intelligence and finally 18% rated as being spiritually residual.

**Conclusions:** This findings of our study confirm that in our country juvenile delinquency is primarily associated with disorders of Axis II in DSM-IV-TR such as Antisocial Disorder Personality and Low, Residual intelligence and secondarily with disorders of Axis I as Psychotic like symptoms, Emotional Disorder or Anxiety Disorders. One exceptions is the use and dependence of alcohol or other substances which is present in significant percentages of the population. These results are consistent with the current Literature

**References**

1668-75.


Bibliography

PP24-A chronic ontology model as telecare-decision support system for longitudinal monitoring of patients with bipolar disorder
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Introduction: Bipolar Disorder (BD) is a severe psychiatric illness that exhibits a time-dependent recurrence. The dramatic mood swings between mania and depression that accompany BD cause impacts in every aspect of a patient's life. The effectiveness of pharmacotherapy and therapeutic compliance in patients with BD increase the complexity of this chronic illness. Addressing these issues, we exploit Semantic Web Technologies (1) to develop a Telecare-Decision Support System based on evidence-based clinical guidelines and the patient's medical information. We present a chronic ontology model describing the scenario of mania that incorporates acute episode and treatment algorithms as well as patient-centered factors.

Methods: Considering the scenario of mania, we utilize clinical guidelines and recommendations in an attempt to integrate the patient's history, pharmacotherapy and other therapeutic interventions in our chronic ontology model. We exploit Semantic Web Technologies in order to extract knowledge included in this information and implement the decision mechanism. Semantic Web technologies form a family of very specific technology standards from the World Wide Web Consortium (W3C) that are designed to describe and relate data on the Web and inside enterprises (2). We can represent all necessary information about the monitoring and the evolution of Bipolar Disorder using Ontologies, which describe the concepts in a domain of interest and the relationships between them. Ontologies are described and instantiated using OWL language that is used for processing the Web information. Furthermore, clinical guidelines are formulated as rules using OWL-based rule language, the Semantic Web Rule Language. BD is a rapidly evolving in time mental disorder. The developed ontology evolves in time in order to encode the recorded changes and address the consistent management of these changes (3). In our implementation, these changes in the domain are reflected in the transition of the static concepts into dynamic concepts.

Results: In order to manage the scenario and the evolution of the disorder, we provide a clinical decision support (CDS) system able to support the clinicians’ individualized treatment decisions. Such systems generally provide clinicians, staff, patients, and other individuals with knowledge and person-specific information, intelligently filtered and presented at appropriate times, as to enhance health care (4). Our proposed CDS system enables clinicians to monitor constantly the patient's condition and provides alert to every change of the patient's state. We interact with clinicians through a Graphical User Interface we have developed, facilitating them to insert data about the patient's condition and retrieve recommendations about the best individualized treatment, as well as notifications about serious changes of the patients' state.
Conclusion: Semantic Web Technologies can support decision-making in telecare of mental disorders by encoding its progression in the course of life of bipolar patients, if basic elements of clinical guidelines and patient-centered factors are considered. The chronic ontology model is proposed to illustrate the entire spectrum of bipolar mania and to demonstrate the effectiveness of the Telecare-CDS system and its potential for clinical use by health care professionals (psychiatrists and primary care physicians).

Role of funding source: This work was supported by project "AI-CARE" of the "COOPERATION 2011" framework under the NSRF 2007-2013 Program of the Greek Ministry of EDUCATION, LIFELONG LEARNING AND RELIGIOUS AFFAIRS.

References:

PP25-Mental health consequences of childhood physical abuse in Chinese populations: A Systematic review and meta-analysis
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Importance: Childhood physical abuse (CPA) can lead to adverse mental health outcomes in adulthood. However, the potential impact on the mental health outcomes in Chinese children has not been widely investigated.

Objective: This meta-analysis of the published literature is the first to examine the association between CPA and mental health outcomes in Chinese populations.

Data Sources: Studies (with the year of publication before April 2013) were identified from MEDLINE, PsycINFO, PubMed, and Chinese National Knowledge Infrastructure databases.

Study Selection: Studies were included if they collected primary observational data from Chinese subjects and examined the association between CPA and mental health. After reaching consensus between 2 reviewers, 24 studies were initially identified but 2 of them were excluded because they were of poor quality.

Data Extraction and Synthesis: Two reviewers independently extracted data from each eligible study and assessed its quality. Disagreements were resolved by consensus. Summary effect sizes were generated by a random-effects meta-analytic model. Subgroup and sensitivity analyses were performed to evaluate bias in these studies.

Main Outcome Measure(s): To examine the strength of the exposure-outcome association, pooled OR estimates (with corresponding 95% CI) of the association between CPA and mental health outcomes were calculated for overall outcomes and for each mental health outcome.

Results: Among the 22 studies included in our meta-analysis, we found a significant association between CPA and overall mental health outcomes in Chinese subjects (pooled effect size: OR 2.16; 95% CI 1.87-2.49), which was largely comparable with those reported in the West. Based on DSM-IV-TR diagnostic criteria, CPA was more strongly associated with Axis II (OR 2.62; 95% CI 2.13-3.22) than Axis I disorders (OR 1.85; 95% CI 1.58-2.17). The association was particularly strong for antisocial personality disorders (OR 3.12; 95% CI 2.24-4.36).

Conclusions and Relevance: The detrimental effects of CPA on mental health outcomes in Chinese populations were comparable to, if not more than, the West. Contrary to the Chinese belief that physical punishment is a safe way to discipline children, our findings highlight the potential harm to mental health and the need to change this parenting practice.
PP26-Utilizing Person-in-Environment (PIE) to Analyze Psychiatric Social Work Practice in Greece

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Introduction: A substantial body of research indicates that the economic crisis in Greece increases the mental health risks for psychiatric patients¹. Every day, in their work with psychiatric patients and their families social workers see first-hand the devastating costs and consequences of poverty and unemployment². However, few studies have analyzed the reasons for social work practice in psychiatric health sector at times of economic austerity.

Methods: This study was based on routinely collected data from patients' files on social service department at Thriasio General Hospital of Elefsina. We studied the files of 92 psychiatric patients, who received services from social service department during the first half of 2014. This data was coded using a revised version of the Karls and Wandrei (1994) Person-in-Environment (PIE) tool³ to retrospectively analyze the reasons for social work involvement over the course of the case. PIE is a unique system for describing, classifying, and coding the common problems that adult clients bring to social workers. PIE is a four-factor system. This study is focused on factor 1 that describes the client's problems in social functioning, and factor 2 that describes problems in the client's environment that affect social functioning.

Results: The findings demonstrated that clients brought to social service significantly more environmental problems (68%) than social role problems (32%) with 17.5% of patients in psychiatric ward assessed as bringing no social role problems at all. Some key environmental problems identified included lack of access to free of charge health services (38%), affectionate support systems (40%), social services systems (33,5%), and material resources (51%). The three most frequently identified problems in social functioning related to client's self care roles (11%), inpatient roles (13%) and parental roles (6%).

Conclusion: The psychiatric social work role in Greece is multidimensional across a number of domains but centers predominantly on assisting clients and their significant others with issues related to environmental problems negatively affect their functioning. Further, the severity of patient's environmental problems was found to be a more significant predictor of length of stay than the severity of the medical condition; specifically living arrangements and lack of affectionate support systems. It seems, that economic crisis and the rise of austerity politics has important implications on the focus of social work practice and the problems that psychiatric patients bring to social services in Greece.


PP27-Cross-cultural comparison of psychosocial functioning in children with cochlear implants

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Learner outcomes:
Upon completion of this poster session, the participant will be able to:
1. Recognize integral psychosocial domains in a child's life.
2. Describe psychosocial domains most and least positively rated by parents of pediatric cochlear implant users.
3. Understand that age at cochlear implantation, duration of cochlear implant use, and chronologic age affect psychosocial well-being.
4. Compare psychosocial outcomes reported by American parents of children with cochlear implants to outcomes reported by British, Dutch, and Finnish parents of children with cochlear implants.

Benefits of pediatric cochlear implantation (CI) extend beyond communication to include psychosocial functioning. However, cross-cultural differences may emerge based on community values, parent expectations, and mental health resources. This study reports psychosocial ratings of eight CI-specific psychosocial domains by American parents of children using CI, comparing these ratings cross-culturally to ratings by British, Dutch, and Finnish parents of pediatric CI recipients. Results reveal cross-cultural differences related to CI accommodations and parental expectations.

**Introduction:** Children born with hearing loss, or lose hearing later in life, often benefit from assisted hearing devices, such as the cochlear implant (CI). Effects of cochlear implantation on children with hearing loss extend beyond widely documented communication benefits to include psychosocial well-being. Psychosocial functioning includes 8 domains of well-being (e.g. communication, general functioning, well-being, self-reliance, social relations, education, effects of implantation, and supporting the child) experienced by pediatric CI recipients. Few questionnaires specifically focus on effects of CI on psychosocial functioning, particularly in children. Parents of children receiving CI consistently rate improvements in communication, general functioning, self-reliance, and social relations most positively among psychosocial well-being in several countries (e.g. Archbold et al., 2008; Damen et al., 2007; Huttunen et al., 2009). However, parent reports vary in views of academic success and supporting the child. Similarities and disparities in parental perspectives of psychosocial functioning with pediatric CI could indicate cultural differences (lifestyle, parental expectations, access to CI resources), as well as lack of exposure to mental health care professionals that understand the impact of hearing loss on psychological well-being. To date, no studies compare psychosocial ratings of pediatric CI cross-culturally.

This study reports ratings of psychosocial improvements by American parents of children using CI, comparing these ratings cross-culturally to ratings by British, Dutch, and Finnish parents of pediatric CI recipients.

**Methods:** Participants. Participants in the American group included parents of 33 children with CI. Mean age at CI was 2.47 years, mean duration of CI use was 7.47 years, and mean chronologic age was 9.85 years. Data for the British, Dutch, and Finnish samples were obtained through published studies by Archbold et al. (2008), Damen et al. (2007), and Huttunen et al. (2009), respectively.

**Materials:** All participants independently completed the cochlear implant-specific quality of life questionnaire, Children with Cochlear Implants: Parental Perspectives (Archbold et al., 2002), which includes eight domains of psychosocial outcomes: Communication, general functioning, well-being, self-reliance, social relations, education, effects of implantation, and supporting the child. Parents rated statements on a 5-point Likert scale with higher values corresponding to more positive ratings.

**Statistical Analysis:** Relationships between psychosocial domains and demographic variables were assessed using Spearman correlations. Cross-cultural differences in HRQoL domain scores were computed using one sample t-tests. An alpha level < .01 was considered significant.

**Results and Conclusions:** American parents of children using CI rate psychosocial well-being very positively, regardless of the child's age at implantation, duration of CI use, or chronological age. The most highly rated domains were communication, general functioning and social relations, likely related to improved communication post-implantation. American parents rated education and effects of CI domains least positively, perhaps due to lack of educational CI resources. Cross-culturally, American psychosocial ratings were significantly more positive than Dutch parents for all domains, and significantly less positive than Finnish parents for all domains except well-being and supporting the child. Psychosocial ratings by American parents aligned most closely with British parents of CI users, except for education and effects of implantation (significantly more positive in British sample). Limited access to CI-related school accommodations, lack of hearing loss-specific mental health care and varying parent expectations likely explain the differences in low ratings of education and effects of implantation in the US, and in cross-cultural differences. Additionally, counseling, psychiatry services and educational accommodations for individuals with hearing loss are more prevalent in the UK than in the US, potentially explaining the higher UK ratings. Providing useful CI accommodations at school, referring to mental health care clinicians with an understanding of hearing loss, and preparing parents for realistic outcomes could greatly benefit children with CI and their families.
References

PP28-Linking research with clinical practice: A dialogue between systemic family therapy and hermeneutic research methods
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Introduction: The necessity for linking research with clinical practice and for conducting studies in ‘real’ instead of laboratory conditions with ‘naturalistic data’ have been recently underlined. Within this overall problematic, Conversation Analysis (CA) and Discourse Analysis (DA), two hermeneutic research methods, have been proposed as promising for the study of systemic family therapy. This proposal is mainly based on the argument, that the two fields share common theoretical and epistemological origins. CA and DA are related with a wide range of intellectual traditions, including ethnomethodology, linguistic structural and post-structural approaches and constructivist/constructionist theories. They both share an emphasis on discourse-in-interaction as the social arena where all phenomena get constructed. Systemic Family Therapy, on the other hand, rooted in systems theories, cybernetics and constructivist approaches, also prioritizes an emphasis on discourse and interaction for the understanding and treatment of mental distress. Despite such commonalities, there is a lack of studies that juxtapose and systematically examine these parallels. In this paper, we aim at presenting an attempt for a systematic examination by means of comparing and contrasting basic models and approaches in the two fields. In particular, we will discuss the Milan systemic family therapy.
model in comparison with CA and Discursive Psychology (DPSy), which is one DA approach, and also the Narrative Therapy approach as compared to Critical Discourse Analysis (CDA).

**Methods:** In order to explore our focus of interest, we engaged in an extensive study of seminal texts both from the CA and DA literature, as well as from the systemic family therapy literature. We also utilized the findings of a systematic methodological review of CA and DA studies of systemic family therapy, conducted by the second author.

**Results:** The juxtaposition of the approaches / models under examination marked out analogies concerning the theoretical approaches of discourse undertaken by the traditions in the two fields, as well as the role of the therapist and the analyst respectively. In particular, CA and DPSy seem to share with Milan systemic family therapy, a pragmatic orientation as concerns theories of discourse, an emphasis on contextual understanding and on the notion of patterned circular interaction as well as on the notion of limited predictability concerning discursive interaction. Narrative therapy and CDA, on the other hand, seem to share a commitment to the exploration of power differentials and inequalities within socio-political and historical contexts. Furthermore, there seems to be a resonance between the systemic notion of therapist neutrality and the notion of the ‘ethnomethodological indifference’ forwarded by CA and DPSy, whereas both Narrative therapy and CDA seem to prioritize an activist, socio-political role for the therapist and the analyst respectively.

**Conclusion:** In conclusion, we deem that the dialogue between the two fields forwarded by this paper can potentially foster attempts to ‘bridge the gap’ between research and clinical practice with mutual enriching contributions to both fields.

**PP29-Feed backs: Useful to improve experimental studies and reduce bias**

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**Introduction:** Several studies prove that people with Eating Disorders (EDs) have socio-emotional difficulties.

In particular, they show bias towards negative information about the self and others’ attitudes. Our research team is currently carrying out a project whose aim is to test the acceptability of a computerized training programme able to modify negative cognitive bias towards social and self-relevant stimuli in patients with EDs.

The purpose of this study is to analyze the qualitative feed-backs given by those people who took part in the study in order to understand their attitude towards this project and whether and in which manner our team should improve the experimental sessions.

**Methods:** 39 in-patients at Bethlem Hospital were approached and received the study information sheet. 36 people decided to take part in the study. The mean age of the sample was 27.5 years (SD = 9.8) and the mean BMI was 14.3 (SD = 2.2). Participants had been ill for 11.2 years (SD = 10.6).

31 participants met researchers 4 times, on 4 different days, over the course of 7-10 days. They were assessed for the Baseline session, 3 training sessions and the Follow-up session.

At the end of the last training session all participants completed follow-up measures and a qualitative feed-back questionnaire. (Experimental Group: EG)

5 participants just received Baseline and Follow-up sessions without any training; on the second session they completed the follow-up measures and feed-back questionnaire. (Control Group: CG).

**Results**

5EG in-patients withdrew before last session therefore they didn’t complete feed-back questionnaires.

6 EG in-patients didn’t complete the follow-up questionnaire

1CG in-patient withdrew before FU session.

We had 20 feed-back questionnaires completed by EG and 4 feed-back questionnaires from CG.

**Cons of experimental:**
Burden in time: experienced by 25% in EG, 4% in CG. Burden in effort: experienced by 20% in EG, 4% in CG. Difficult to concentrate: experienced by 70.9% of the sample (45.7% affirmed that was because they got bored and distracted, 35.5% couldn't give any explanation.)

**Helpfulness**
Helpful for themselves: 66.7% didn't find it was. Helpfullin a future: 87.5% didn't know.

**Improvement:**
About tasks (50%): 8/12 (66.7%) considered the tasks too repetitive, 3/12 too difficult, 2/12 too long, 1 person too easy, 1 person suggested an improvement to the computer presentation. More explanations (37.5%)
Setting 1 person found the setting too noisy.

**Evaluation of the experience:**
Positive evaluation (45.8%) 5/11 were glad to be helpful, 2/11 found it was a change to the routine, 2/11 found the researchers very flexible, 2/11 found the study interesting.
Neutral evaluation (45.8%).
Negative evaluation (8.4%) 1 person got bored and 1 felt worst after that.

**Conclusion:** The overall view of the study was positive or neutral even if people didn't find it directly helpful. We should improve either the tasks or our explanations in order to reduce bias due to lack of immediate understanding of the tasks and difficulty concentrating.

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**PP30 - The narrative of mental health**
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In an effort to elucidate the relationship between narrative and emotion, a new narrative concept (Narrative Reference Frames) was derived from the spatial reference frame construct used in spatial cognition research. Connections were drawn between egocentric, allocentric and counterfactual reference frames, and descriptive, evaluative and prescriptive linguistic modes, respectively. The validity of the Narrative Reference Frame model was investigated using intercoder reliability, and the relationship between Narrative Reference Frames and emotion was examined through correlation and mediation analyses. Intercoder reliability on n=2296 Narrative Reference Frame judgements suggested a moderate level of agreement. Significant associations were revealed between a subsample of substantially reliable judgements, emotion, and personality. The potential utility of the Narrative Reference Frame model in the diagnosis and treatment of emotional disorders is discussed.

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**PP31 - Social cognitions, negative cognitive triad and the appearance of depressive symptomatology**
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**Introduction:** There is evidence today that specific negative thoughts regarding the self, the world and the future of the individual dominate the way that reality is perceived by individuals suffering from a variety of mental problems, while positive thoughts are considered as correspondingly dominating the way that healthier individuals perceive their selves, the world around them and their future.

The aim of the present study was to review studies evaluating the way cognitive constructions and social cognitions influence the individual's mental health and, more specifically, the appearance of depressive symptomatology, the conceptualization of various stimuli and the processing of social information, the interpretation of reality, as well as the individuals' social behaviour and their social interactions.

**Methods:** A review was conducted through Medline and PsychINFO databases, using the terms "social cognition", "cognitive structures-constructions", "cognitive triad".
Results: Dysfunctional beliefs and maladaptive interpretations that influence one's relationship with the other people and the social environment are based on unrealistic social cognitions, often used by society in order to interpret reality. Certain dysfunctional hermeneutic schemas or maladaptive coping styles may be enough to affect the individual's quality of life, as well as being enough to decrease their resilience and psychological immunity to stressors and to result in the development of a depressive disorder.

Conclusion: The replacement of maladaptive beliefs and attitudes by social and coping skills and adaptive characteristics, which can protect and improve mental health and prevent the development, persistence or recurrence of depressive disorders and may help individuals to overcome their difficulties, to achieve their personal objectives and aims more effectively.

PP32-Maladaptive social cognitions and mental health promotion
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Introduction: A wide range of maladaptive cognitive structures such as schemata and modes have been found to characterize clinically distressed individuals. In psychopathological states there is an increased activation of maladaptive cognitions. The aim of the present study was to review studies evaluating the importance of mental health promotion interventions used to challenge maladaptive cognitive constructions and social cognitions.

Methods: A review was conducted through Medline and PsychINFO databases, using the terms "social cognition", "cognitive structures-constructions", "mental health promotion", "cognitive triad".

Results: Mental health promotion interventions are used to challenge maladaptive ways of perceiving life's events and difficulties and target the development of adaptive characteristics, as they are perceived by each sociocultural tradition. Improving potentialities, virtues and positive skills that humans possess by nature would effectively promote a more adaptive way of conceptualization which would promote and protect the mental health of healthy individuals and which might improve the mental health of patients. Since the key to effective treatment involves a strengthening of constructive modes of thinking, various strategies are used to teach individuals how to engage in more functional reflective modes of thinking and adaptive evaluation and conceptualization of various stimuli, events and their consequences. Strategies for the development of an adaptive and balanced sense of identity, of coping techniques, of social skills and of creativity, strategies for the achievement of continually improving self-esteem can be delivered within Mental Health Promotion programmes addressed to health professionals, to non-health professionals who are more or less directly involved with mental health and to the general public.

Conclusion: The development of skills related to identity, such as skills of self-awareness and of self-esteem, or related to sociability such as social and communication skills, or related to adaptation, such as coping and stress management skills, or related to creativity, such as problem solving and self-improvement skills, is expected to be an important means in order for the goals of mental health promotion to be achieved, according to the World Health Organization, as well as to improve quality of life at individual and social levels.

PP33-Addressing bereavement in individuals living with hiv/aids: promotion of adaptation skills
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Individuals living with HIV/AIDS face physical and psychosocial losses associated with the disease itself, such as severe clinical symptomatology, stigma and decrease of psychosocial support, while they often have to deal with losses of close friends and relatives or AIDS-related losses which lead to feelings of bereavement or complicated grief [1]. Research has shown that maladaptive coping skills, such as avoidance and suppression, seem to be a risk factor for complicated bereavement [1, 2]. Furthermore, it is supported that maladaptive cognitive and emotional responses to stressful life events, such as bereavement in cases of loss, seem to influence ones’ immune system, and therefore they may affect the prognosis of HIV/AIDS, which is an immune-based disease [2, 3]. In effect, it is suggested that individuals with HIV/AIDS who experienced loss
and AIDS-related loss showed elevated levels of psychological distress, feelings of bereavement, maladaptive coping mechanisms, and depressive and general psychiatric symptomatology. Maladaptive feelings of bereavement have also been indicated as influencing the underlying immunity and the prognosis of the disease, since they seem to be associated with a rapid loss of CD4 T-cells over time, thus making it essential to treat effectively complicated bereavement [1]. According to the Axiological model, the promotion of mental and physical health, requires the development of more adaptive conceptualization matrices, positively related to mental health, since it is suggested that maladaptive conceptualization of life conditions or events may lead to deficiencies in ones' psychoprophylactic factors, such as coping skills, abilities to self-repair or problem solving skills [4, 5]. In order to promote mental and physical health, the Axiological Model also suggests that in cases of bereavement the creative exploitation of experience elicited by earlier but similar life difficulties of others, the increase of self-control abilities, as well as the development of healthy and functional conceptualization of reality may prevent probable disturbances of adaptation, while they may lead to a more adaptive management of feelings of bereavement [5].

References

PP34-Self stigma in schizophrenia
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Introduction: Stigma is a negative social value associated with a social attribute that has consequences in thought, emotions and/or behavior. (1) Stigma is distinguished into two forms: public stigma and self stigma. Self stigma is comprised of four steps: awareness of the stereotype, agreement with the stereotype, stereotype self concurrence and application of stereotype to ones self. The most negative consequences of stigma internalization is self discrimination. (2) Persons with mental illnesses such as schizophrenia may internalize mental illness stigma and experience diminished self-esteem and self-efficacy leading to poor adherence to the treatment, depression and even suicidal behavior. (3)

Methods: The aim of the study was the assessment of self stigma in a population of inpatient and outpatient departments of the Psychiatric clinic of the General University Hospital in Prague who met the criteria of ICD-10 for schizophrenia and schizoaffective disorder and the correlation of sociodemographic factors to the level of self stigma. Research participants were interviewed with a socio-demographic questionnaire and completed the self stigma of mental illness scale (SSMIS) which contains 40 items. Every 10 items represent one of the following: stereotype awareness, stereotype agreement, stereotype self concurrence and self esteem decrement.

Results: Kruskal-Wallis non-parametric method and Spearman's rank correlation coefficient were used for the analysis of data. The mean age of the subjects was 40,3 (SD = 11) years with women constituting 43,0% of the sample. The mean age of initial diagnosis was 12,2 years (SD = 9).

Conclusion: Individuals with full time job had lower scores in all four domains of self stigma scale comparing to the individuals with no job. The duration of illness had statistically significant impact on the assessment of self stigma process. More than half of the patients with psychosis internalized some stigmatizing stereotypes
presented by public. 59% of the individuals internalized at least one of the stigmatizing statements. Patients more socially included had lower perception of self stigma.

References:

PP35-Promoting communication through parent child interaction in young children in the Autism Spectrum Disorder

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Introduction: Mental Health Promotion programs have been implemented for several populations1 including children and adolescents2. Autism is a neurodevelopmental disorder that affects 1 to 68 children aged 8 years3. Children and adults in the autism spectrum disorder have difficulties in communication, social interaction and show repetitive behaviors and limited interests4. The quality of parent child interaction with autism has an impact on child's cognitive, emotional and social development5. Since early intervention is fundamental for these children, and parents spend a lot of their time with them, it seems crucial to investigate the beneficial effects of interventions targeted to promote parent child communication.

Methods: A literature review was conducted in current databases including PsycInfo, MEDLINE, CENTRAL, Embase from 2004 until May 2014. All RCT studies that parents were involved in the intervention and there was clear focus on enhancing communication were included. In the RCTs the control groups could be provided treatment as usual, no treatment or other forms of treatment. The age of the children could be until 6 years and 11 months. Exclusion criteria were non RCT design, therapist only implemented interventions and studies where children aged above 6 years 11 months.

Results: 13 RCT studies were selected where parents were involved in the therapeutic processes. Studies varied in the methodology, type of intervention, severity of diagnosis and standardized measures used to assess the abilities of the children. All studies included a design that promoted parent child interaction in order to enhance communication using a behavioral and sociopragmatic background theory. In the vast majority joint attention, child's initiations and synchronous communication showed a statistical significant difference in favor of the intervention groups. Some of the studies suggested that these qualities were mediators for further language development.

Conclusions: Findings suggested that interventions including parent involvement may enhance parent-child communication. Future research in this field could reveal which forms of interventions can enhance further communication aspects.


PP36- Expressive vocabulary, grammatical structures and phonology in Greek preschool children with specific speech and/or language impairment

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Children with specific speech and/or language disorders have been found to exhibit impairments in their vocabulary, grammar and phonology. The purpose of the present study was to investigate these linguistic components in Greek language-disordered preschool children. The profiles of a group of 16 children with specific speech and/or language disorders aged 4;0-6;0 years were examined using tests standardized to the Greek population regarding expressive vocabulary, grammatical structures and phonology. Results showed that all children performed poorly on the phonological test, lagging significantly behind their chronological age, while the majority of younger children (4;0-5;0 years old) faced concomitant vocabulary and/or grammatical difficulties. Differences were also found regarding gender with girls facing more problems than boys in the younger age group and boys facing more difficulties than girls in the older group. Phonology seems to be the most likely source of difficulties in Greek children with specific speech and/or language impairment. These results are discussed with respect to their diagnostic implications and their relevance in therapeutic planning and intervention.

PP37- Paliperidone for the treatment of bipolar disorder

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4 Psychiatrist

Introduction: Paliperidone combines the blocking of D2 receptors of dopamine and the 5HT2 receptors of serotonine. Nevertheless, there are references only for its activity as an atypical antipsychotic. Its formulation is 9-OH risperidone. The purpose of the present study is to indicate the utility of paliperidone for the treatment of Bipolar Disorder.

Methods: 20 patients were studied (n=20), 10 male and 10 female. The patients were being monitored by the outpatient setting of the Department of Psychiatry of “Konstantopouleion” General Hospital, Nea Ionia, Greece; the patients had been diagnosed with Bipolar Disorder, and were given the YMRS (Young Mania Related Scale) and PANSS (Positive and Negative Symptoms of Schizophrenia) questionnaires at the 1st, 15th and 30th day of the study. All patients 9-12 mg paliperidone either as a monotherapy or combined with emotion stabilizers.

Results: Of 20 patients, 17 (85%), 8 male and 9 female, showed improvement, both regarding mania and the relevant symptoms, as well as regarding their psychotic symptoms, resulting at a decrease both in the YMRS and in the PANSS. 3 patients (15%), 2 male and 1 female, did not adequately respond to treatment with paliperidone and emotion stabilizer, while a new antipsychotic had to be added.

Conclusions: Paliperidone is effective for the treatment of Bipolar Disorder, both in monotherapy and combined with emotion stabilizers.
**PP38-Paliperidone for the treatment of schizoaffective disorder**

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**Introduction:** Paliperidone (9-OH Risperidone) is the latest atypical antipsychotic that was released recently in the treatment of mental disorders. It is a metabolite of risperidone and blocks both dopamine (D2) and serotonergic (5HT2) receptors. Used in the treatment of schizophrenia and affective disorders. The purpose of this paper is to highlight the role of paliperidone in the treatment of schizoaffective disorder.

**Methods:** 10 patients were selected (n = 10), 5 men and 5 women, diagnosed with Schizoaffective Disorder (by DSM-IV). These patients were selected from both the Psychiatric Outpatient Department of the "Konstantopouleion" General Hospital of Nea Ionia, and were given the PANSS (Positive and Negative Symptoms of Schizophrenia), HAM-D for depression, and YMRS (Young Mania Related Scale) questionnaires at the 1st, 15th, 30th and 45th day of monotherapy with 9-12 mg paliperidone.

**Results:** Of the 10 patients, 8 (80%) showed significant improvement in PANSS scales and YMRS, while 2 patients (20%) showed no change in these scales. These 2 patients were 1 man and 1 woman. Note that only 3 patients (1 woman and 2 men) had to take as a supplement to therapy, lithium and antidepressants.

**Conclusions:** Paliperidone enhances the therapeutic armamentarium in the treatment of schizoaffective disorder, which is a diagnostic entity for which, according to some Psychiatrists, many controversies exist about its validity. It seems that the long-acting paliperidone recently released will take an important step in the maintenance treatment of schizoaffective disorder.

**References:**

**PP39-What happens during adolescence?: Premorbid signs of developing schizophrenia**

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**Introduction:** Premorbid adjustment is one of the main prognostic indicators of schizophrenia (Isele et al, 1985). Patients with schizophrenia show poorer social and school adjustment than either patients with bipolar disorder (Cannon et al, 1997) or healthy individuals (Tarbox et al, 2012). Both social and cognitive deficits observed during the premorbid period predispose to the onset of schizophrenia (Cannon et al, 1999). Moreover, cognitive deficits are a major feature of the symptomatology of schizophrenia (Bowie et al, 2006).
Methods: This study examined the relationship between developmental and functional stages (social and academic adjustment) of premorbid functioning and cognitive functions. It was assessed the intellectual quotient (IQ), premorbid IQ, verbal learning, memory, processing speed, visuomotor tracking, executive functions and verbal fluency. Also, it was examined the relationship between differences in academic and social adjustment at each developmental stage and cognitive decline. The sample consisted of 85 clinically and pharmaceutically stable male patients with a diagnosis of schizophrenia. Participants were hospitalized in First Department of Psychiatry, Athens University Medical School, Eginition Hospital.

Results: The results showed a relationship between academic premorbid adjustment during adolescence with neuropsychological tests, suggesting that the more unfavorable academic premorbid adjustment is, more deficits in verbal IQ (crystallized abilities) are being observed. Opposite relationship was found in visuomotor tracking and processing speed (fluid abilities). There was no relationship between cognitive functions and social adjustment. It was also found that deterioration in academic adjustment during adolescence predicts cognitive decline that occurs in schizophrenia.

Conclusion: Academic adjustment during adolescence is an important predictor of cognitive deficits observed in schizophrenia. There is an early cognitive impairment of individuals who will develop schizophrenia. So, it is probable that, the premorbid academic maladjustment could be considered an early manifestation of schizophrenia (Hafner et al, 1999). In summary deficits in cognitive functions seem to follow a different path both in premorbid and after the onset of the disease period, which needs further investigation.

References

PP40-Antipsychotic induced hyperprolactinaemia: Clinical features and management
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Introduction: Hyperprolactinaemia is the most common disorder of the hypothalamic-pituitary-gonadal axis. It is also a common side-effect of first generation antipsychotics and is associated with the use of some of the second generation antipsychotics (amisulpride, risperidone, paliperidone) as well.

Methods: Review of the current literature on the clinical features and management of antipsychotic-induced hyperprolactinaemia

Results: Antipsychotic medication may raise prolactin levels as much as 20-fold and is dose-dependent. The prevalence of antipsychotic induced hyperprolactinaemia ranges from 42% to 93% in women (those at a reproductive age have a greater risk) and 18% to 72% in men. The consequences are short and long-term. Short-term problems are depression, sexual dysfunction, galactorrhea and irregularities on menstrual cycle. Long-term problems include osteoporosis, decreased bone density and possibly relapse of psychosis related
to medication non-compliance due to depression and sexual dysfunction. Management should be tailored to each patient. Options include reducing the dose of the antipsychotic, switching to another "prolactin-sparing" antipsychotic, adding a dopamine receptor agonist such as cabergoline, bromocriptine, lisuride or quinagolide and prescribing estrogen replacement in hypoestrogenic female patients. Hyperprolactinaemia is often underdiagnosed because most of the patients are unlikely to report symptoms they find embarrassing unless they are asked by their doctor.

**Conclusion:** Antipsychotic-induced hyperprolactinaemia should gain more attention in the treatment of psychiatric patients. Psychiatrists should be aware of the possibility of prolactin level elevation and regularly ask their patients about sexual dysfunction, galactorrhea, menstrual cycle disturbances and depression.

**PP41- The multilevel model on predictors and trajectories of depression for adolescents: A short-term longitudinal study**

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The adolescent's depression was considered the single-level in many previous studies. The present study was a longitudinal study aimed to explore the predictors of adolescent's depression in the individual level and environmental level. In the present study, we examined which the variables are able to predict the adolescent's depression by using the multilevel analysis. The study used Korean Children and Youth Panel Survey (KCYPS) data. In this study, 2,045 second-year and third-year of middle school students' data was analyzed by using multilevel modeling. The results of this study, there was a difference in the trajectory of individual's depression, but not a significant difference in the Intraclass Correlation (ICC) at school level. Therefore, the study was analyzed by 2-level growth models. At the individual level, the predictors of adolescent's depression were a sex difference, a parenting style, and a friendship. The interaction of a friendship and time was also the predictor.

**PP42-Assessment of spontaneous facial expression of emotion: A pilot study in normal subjects**

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**Introduction:** Facial expression is a substantial non-verbal communication channel in humans and it is highly important in everyday social interaction. From a clinical perspective, deficits in facial expression of emotion are a common symptom in many neurological and psychiatric disorders impeding interpersonal relation in patients (Simons et al., 2003; Seidl et al., 2012).

To our knowledge, there is no method for objective assessment of facial expression of emotion. Previous studies did not combine standardized elicitation techniques with automated measures of facial expression for large-scale use. Video-clips appear to have ecological validity and can be adequately standardized in laboratory settings (Rottenberg et al., 2007).

The purpose of the present work is the study of spontaneous facial expression of emotion using video-clips as elicitors for the six basic emotions (Ekman, 1993). This pilot study in normal subjects aimed to the selection and standardization of video-clips in respect to the emotional experience and the facial expression elicited. Selected video-clips will be further used with patients in future research.

**Methods:** Seventy five participants divided into two age groups (20-30 and 50-60 years old) and matched for gender, were videotaped while watching a video-clip and later self-assessed their emotional experience through a questionnaire. With the use of Facereader(tm), a tool for automatic analysis of facial expression, we measured the time during which a person was expressing an emotion for every video-clip projected. The validity of the software has been assessed in previous studies (D’Arcey et al., 2012; Terzis et al. (2010).

**Results:** Data show that it is possible to elicit, in laboratory setting, spontaneous facial expression of emotions depending on the video displayed. Ten (out of 14) films projected did elicit emotional subjective experience and were included in the analysis of facial expression. Happiness (laughter) was the best elicited
emotion in contrast to fear and surprise. Gender and age differences depend on the video-clip and the emotion expressed. Norms were computed in regard to these differences.

**Conclusions**: In the present pilot-study video-clips covering the emotions of happiness, anger and sadness elicited both emotional experience and facial expression in participants. The acquisition of normative data for the given video-clips would contribute to the evaluation of individual expression for the population sampled while the selection of the video-clips could further be used in research with psychiatric and neurological patients.

**References**:

**PP43-Drugs and pharmaceutical substances: Consumption in people with an eating disorder compared to healthy controls**

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**Introduction**: Several studies suggested that people with an eating disorder (ED) are more keen on drugs and pharmaceutical substances consumption. The aim of this study was to analyse the use/misuse of either substances of abuse or pharmacological and psycho-stimulant substances during the last year in a population with an ED (Anorexia Nervosa profile/Bulimia Nervosa profile) in comparison to healthy controls (HC) in order to highlight significant difference in the consumption between groups.

**Methods**: Subjects

The first episode of eating disorders patient group (ED) consisted of 199 (age range 16-60, 176 female) subjects included in the DETETA program of Cantabria, Spain, from 2010 to 2012 who met inclusion criteria DSM-IV incident diagnosis of AN, BN or EDNOS (ANprofile/or BNprofile). ED had been divided into 2 samples ANprofile (AN+EDNOS with ANprofile) and BNprofile (BN+EDNOSwithBNprofile). A group of 199 healthy controls (HC) had been initially recruited from the community through advertisements matched by age and gender. They had no current or past history of psychiatric, neurological or general medical illnesses, the presence of any endocrinological state or hypercholesterolemia was excluded.

Psychopathological information.

Socio-demographic information were collected for each person at the beginning of the study. Clinical characteristics such as age at onset, duration of illness, treatment, psychiatric comorbidity, were ascertained either from clinical charts or by direct questioning the study participants. Substance consumption had been directly assessed during interviews. Statistical analysis had been carried out with SPSS20 for Windows. Pearson Chi-square had been considered as significance value.

**Results**:

Illicit Substance of abuse
Tobacco had been consumed during the last year by 39.2% of patients with a BN profile, 34.2% of patients with AN profile and by 22.7% of Healthy Control (HC). This difference was considered significant (Person Chi-square 0.05).

Findings in alcohol consumption were not significant: 53.3%HC, 47.2%BN profile, 35.6%AN profile.

Cocaine had been used in 8% of BN profile, 2.7% of AN profile and 0.1% of HC, showing a significant difference (Pearson Chi-square 0.01).

Marijuana consumption hadn't showed significant difference between the groups, neither synthesis drugs or heroine.

Pharmaceutical and psycho-stimulant substances.

No significant differences had been founded in coffee and tea consumption, neither for chewing-gum use. The most significant difference had been found in laxatives consumption (16%BN profile, 13.7%AN profile, 0.5%HC) and Person's Chi Square (0.000) followed by diuretics consumption (8.8%BN profile, 6.8%AN profile, 2%HC) with Person's Chi-square 0.19; a significant difference has been found also in psycho-stimulant pills consumption (9.6%BN profile, 4.1%AN profile, 2%HC) Person's Chi-Square (0.08).

Conclusions: Findings of the study had not established relevant disparity in drug consumption between patients and HC as one would have expected from the literature. It had been highlighted the fact that people with ED use diuretics and laxatives far more frequently than HC, pointing out the importance of accurately investigating about their misuse in order to evaluate a proper pharmacological therapy, possible drug interactions and side effects.


PP44: Is childhood obesity a risk factor for developing an eating disorder and unhealthy way of controlling body weight?

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Introduction: Different studies report that obesity and eating disorders (ED) share common etiology and risk factors. Research suggests that individuals may cross over from one condition to another. Furthermore, several retrospective studies identified a relationship between restrictive eating or binge eating patterns and being teased during childhood about being overweight. Overweight adolescents, unlike their normal weight peers, are more likely to undertake unhealthier forms of weight control, such as use of diuretics and laxatives.

The aim of this study is to describe how many people, either with AN or BN profile, were obese during childhood and what proportion had been regularly using diuretics and/or laxatives in the course of last year. Results were then compared to a healthy control sample in order to highlight whether or not there were significant differences between the groups.

Methods: The first episode of eating disorders patient group (ED) consisted of 199 (age range 16-60, 176 female) subjects included in the DETETA program of Cantabria, Spain, from 2010 to 2012 who met inclusion criteria DSM-IV incident diagnosis of AN, BN or EDNOS (AN profile or BN profile). ED had been divided into 2 groups: AN profile (AN + EDNOS with AN profile) and BN profile (BN + EDNOS with BN profile). A group of 199 healthy controls (HC) was initially recruited from the community through advertisements matched by age and gender. They had no current or past history of psychiatric, neurological or general medical illnesses. Pearson Chi-square had been considered as significance value.

Results:
Childhood Obesity.
45.1%HC, 21.9% of AN profile and 16.1% of BN profile reported childhood obesity.

Diuretic and laxatives consumption
The most significant difference was found in laxative consumption during last year: 16%BN profile, 13.7%AN profile, 0.5%HC (Person's Chi Square: 000) followed by diuretics consumption last year: 8.8%BN profile, 6.8%AN profile, 2%HC (Pearson Chi-square 0.19).
Among the population using laxatives during last year, 14.3% reported childhood obesity, all of them were HC.

Among the population who used diuretics during last year with a history of childhood obesity 81.8% were HC, 18.2% had a BN profile and none had an AN profile.

**Conclusion:** In spite of what has been recorded in literature, the study revealed that HC more frequently reported a history of childhood obesity. Although findings revealed that people with an AN profile reported a higher frequency of childhood obesity than people with BN profile: the difference was not significant in terms of statistical analysis.

People with either a BN profile or AN profile were more likely to use diuretics and laxatives. However this habit was not related to childhood obesity.

Researchers have identified the utility of an integrated approach for prevention of both conditions, hence identification of furthermore shared risk factors is an essential step to develop that.

**Bibliography**
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**PP45:** The multilevel model on predictors and trajectories of depression for adolescents: A short-term longitudinal study

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**Introduction:** The adolescent's depression was considered the single-level in many previous studies. The present study was a longitudinal study aimed to explore the predictors of adolescent's depression in the within (level 1) and between level (level 2).

**Methods:** The study used Korean Children and Youth Panel Survey (KCYPS) data. In this study, 2,087 second-year and third-year of middle school students' data was analyzed by using multilevel modeling.

**Results:** There was a difference in the trajectory of individual's depression. At the level 2, the predictors of adolescent's depression were a parenting style, and a friendship. The interaction terms of the time and the former predictors were also the predictors.

**Conclusion:** The study was conducted to analyze the shape and the predictors of the developmental change. The results of this study find that the bad friendship at school and the negative parenting style affect the adolescent's depression. The findings of the present study recommend to promote the environmental and to train the social skill for the good friendship at the class in the early stage.

**PP46:** Caenorhabditis elegans as a model of weight gain caused by antipsychotics

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**Introduction:** The nematode Caenorhabditis elegans (C. elegans) has emerged as a powerful model organism for studying human disorders and here we describe its use to investigate the pharmacology of antipsychotics. One common side effect of several antipsychotics is weight gain. Our research focuses on the molecular mechanisms behind the changes in lipid metabolism and storage caused by the atypical antipsychotic olanzapine. In C. elegans as in humans, lipid metabolism reflects the balance between energy uptake and consumption (development, growth, reproduction). It is already known that olanzapine does not affect food intake in C. elegans and our attention has now turned to the major regulatory pathways of growth (TGF-β) and metabolism (Insulin-signalling) that is conserved between humans and C. elegans.
Methods: Accumulation of lipids in intestinal tissue was measured 24hr after olanzapine (360μM) treatment in wild-type and mutant (mutations in the TGF- and Insulin pathways) worms using the lipophilic dye Sudan black D. Staining was quantified via light microscopy and Integrated Density analysis (ImageJ).

Results: We observed a 40% increase in lipid accumulation in wild type worms after treatment with olanzapine compared to controls which is in concordance with data obtained from human studies. One insulin pathway mutant actually exhibited a decrease in lipid accumulation in response to olanzapine treatment.

Conclusion: The insulin pathway appears to play a pivotal (and complex) role in the regulation of lipid metabolism. We also suggest that C. elegans represents an inexpensive and valid screening model for the development of new pharmaceutical interventions with fewer side effects compared to antipsychotics such as olanzapine. In the next phase of our work, we are studying the actual feedback mechanism whereby olanzapine influences the activity of the insulin signalling pathway and lipid metabolism.

PP47-Screening for 22q11.2 deletions in a chilean population with schizophrenia
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Introduction: The 22q11.2 deletion (22q11DS) is the strongest known genetic risk factor for schizophrenia. The prevalence of the deletion in Caucasian patients with schizophrenia has been found to be approximately 1-2%. A high percentage of individuals with 22q11DS (25-30%) develops schizophrenia or schizoaffective disorder. The objective of this analysis was to search for this deletion in a sample of admixed Chilean individuals with schizophrenia.

Methods: One hundred and two subjects with schizophrenia, according to DSM-IV-R criteria, were included in the study. A set of ancestry informative markers was selected to examine ethnic admixture. Population structure analysis was performed using L-POP program. The SALSA MLPA P250 DiGeorge probemix (MRC,Holland) was used to identify copy number variations (CNVs) in the 22q11.2 region.

Results: The study did not find deletions of chromosome 22q11 in this sample of Chilean patients with schizophrenia. The analysis of population structure detected two ancestral classes or populations in this admixed sample: Amerindian and European.

Conclusion: This is the first screening for 22q11 deletions in a Chilean admixed sample of subjects affected by schizophrenia. This deletion was not found in this study. This could possibly be the result of insufficient statistical power due to sample size. In order to confirm whether or not this is a false negative result, future analyses should consider expanding the sample size in order to improve the statistical power.

PP48-Neuropsychological impairments in schizophrenia and bipolar disorder: A study in chilean patients
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Introduction: Cognitive impairment has been described both in schizophrenia and bipolar disorders. The literature has identified some dysfunctional cognitive domains in schizophrenia. Similar findings have also been reported in bipolar disorders, but they tend to be milder. The neurocognitive profile seems to be closely related with the prognosis of these diseases.

Objective: The aims of the study were to assess the neurocognitive profiles in schizophrenia and bipolar disorders, and to compare the neurocognitive functioning in patients with both psychiatric disorders. Methods: The analysis included subjects affected by schizophrenia (n=15) and bipolar disorders (n=15), according to DSM-IV-TR. The patients were evaluated with the MATRICS Consensus Cognitive Battery (MCCB), which includes seven cognitive domains.
**Results:** The neurocognitive measures showed global neurocognitive impairments in schizophrenia and bipolarity. The seven domains were affected in schizophrenia. Neurocognitive dysfunctions in these domains were also seen in bipolar disorder, but they tended to be less severe.

**Conclusions:** Patients with schizophrenia and bipolar disorders present similarities in the neurocognitive profile. These cognitive impairments seem to be a core feature of schizophrenia and exist outside of mood episodes in bipolar disorders.

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**PP49-Dysfunctional families and the risk for Suicidal behavior in emerging adults**

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**Introduction:** Suicidal behavior is a serious public health concern among young adults. In 2010, suicide among youth ages 15-24 years was the third leading cause of death and the second leading cause of death in college-age students in the US (Centers for Disease and Control, 2010). Suicide in emerging adults results from multiple factors that can be explained by looking at personal events, psychosocial and biological influences such as predispositions towards psychopathology (Fidan, Ceyhun, & Kirpinar, 2011). This study investigated the relationship between dysfunctional family traits, borderline personality disorder (BPD) characteristics and current and past suicidal behavior among young adults. We examined the following models of dysfunctional families: disengaged, inflexible, enmeshed and pathological triangular relationships.

**Methods:** This study included a diverse sample of 1,762 students between the ages 18-24 years (28% males and 72% females). We first divided the sample into two groups: those with suicidal ideation and those without and then we compared them on measures of suicidal behavior and BPD characteristics. The scales we used to measure the family characteristics were the Family Environment Scale (FES) and the Family Emotional Involvement and Criticism Scale (FEICS), for borderline traits we used the Structured Clinical Interview for the DSM-IV Axis II Borderline Personality Questionnaire (SCIDII, PQ), and last for suicidal behavior Beck's scale for suicidal ideation (SSI), the Suicidal Behavior Screening (SBS), and the Suicidal Behavior Questionnaire (SBQ). Baron and Kenny's model was applied for the mediation analysis.

**Results:** Family dysfunction is correlated with suicidal behavior and BPD traits mediate this relationship. These results are discussed as they pertain to dysfunctional family models. Out of the 401 suicidal individuals 9% filled out the SSI questionnaire since they had tried past suicide attempt from which 80% answered that they have a moderate to strong wish to die. The suicidal group also scored higher on borderline traits such as affective instability, impulsivity, and self-harming. Also, students who perceived their families as highly critical and lacking emotional attachment were more likely to report suicidal thoughts or actions.

**Conclusion:** Our findings suggest that family influences suicidal behavior and borderline traits interfere with this relationship by amplifying suicidal tendencies. Family cohesion and emotional involvement facilitate communication and would be potential protective factors for dysfunctional families. Borderline characteristics that are either evident on the whole family or on suicidal individuals could exacerbate current psychopathology and increase the risk for suicide among emerging adults. Recognizing the role of borderline traits and maladjusted families can significantly contribute to improving treatment and prevention techniques.

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**PP50-Cognitive Behavioural Therapy (CBT) in chronic schizophrenia**

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**Background:** The aim of this presentation is to demonstrate the benefits of a CBT intervention in a patient with schizophrenia of the chronic residual type. It’ll be further demonstrated how the presenting complaints of the patient were formulated and treated integrating a range of formulation driven CBT models and techniques.

**Materials and Methods:** CBT therapy involved 30 weekly sessions which had 5 distinct phases described, spanning approximately 9 months (basic therapeutic process). Furthermore, the patient received further
treatment for another two years with 3-month follow-up CBT sessions. At the beginning and the end of the therapeutic process and the follow-up sessions, the patient was further assessed with: the Trail Making A and Trail Making B for visuospatial attention and executive functions, Stroop Neuropsychological Screening Test for selective attention, Rey Auditory Verbal Learning test (RAVLT) for verbal memory span and efficiency of learning, the PANSS for current psychopathology and the Global Assessment of Functioning Scale (GAF).

Results: After the end of the 30 weekly sessions the patient exhibited significant improvement in the PANSS negative symptoms and general psychopathology scores as well as the level of anxiety and functioning. The benefits were maintained and were even on occasion improved at the end of the follow-up sessions.

Conclusions: The patient exhibited significant improvements in his negative symptoms and general psychopathology scores, as well as his level of anxiety and functioning. CBT treatment could be beneficial, for patients with schizophrenia of the chronic residual type.

PP51-Assessing cognitive abilities and psychosocial rehabilitation planning in patients with psychosis


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Background: Cognitive impairment, is a core feature of psychosis, which manifests in the areas of attention, memory, problem solving and executive function. These impairments tamper with the development and enhancement of interpersonal, social, and vocational skills. Thus, it is necessary that rehabilitation programs, aiming at social and vocational recovery, take into account the cognitive profile of patients with schizophrenia.

Materials and Methods: The Vocational Rehabilitation Unit of the 1st Department of Psychiatry, Eginition Hospital, consists of a prevocational group, in which the patients’ social and vocational skills are evaluated and strengthened. The aforementioned deficits are addressed through therapeutic activities, including, psycho-education, individualized cognitive rehabilitation and group cognitive, social and vocational training activities on a regular basis. Later on, patients are integrated in vocational workshops, in which they are equipped with basic professional skills in order to be later assimilated in the labor market. Furthermore, a battery of neuropsychological tests (consisting of Rey Auditory Verbal Learning test, Mini mental State Examination, 3 Words 3 Shapes test, Controlled Oral Word Association test, Trail Making A, Trail Making B, Stroop Neuropsychological Screening Test, Babcock Story Immediate / Delayed Recall, Wisconsin Card Sorting Task, Wechsler Adult Intelligent Scale) is administered at regular intervals.

Conclusions: This type of neuropsychological (cognitive) assessment provides the specialists with the crucial information demanded for the planning of an individualized therapeutic rehabilitation program.

PP52- Incidence of PTSD 6 years after the 1995 earthquake in Egion, Greece

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Background: In June 15, 1995, (03:15) a destructive earthquake with an intensity of 6.1 on the Richter scale, hit the town of Egion (Peloponnese, Greece) located in an area of high seismic activity. A great number of houses were seriously damaged and had to be demolished. Twenty-six people died. The purpose of the study was to investigate the incidence of PTSD after 6 years and its association with demographics and parameters concerning the earthquake.

Methods: Six years after the earthquake in the town of Egion, 204 randomly chosen victims were assessed through a specifically designed semi-structured psychiatric interview comprising questionnaires and scales to
measure psychopathology, as well as psychosocial and environmental parameters. PTSD was detected using a questionnaire based on the ICD-10 diagnostic criteria, while psychopathology was assessed with SCL-90 and with the Mini-International Neuropsychiatric Interview (MINI, Sheehan et al. 1998).

**Results:** The presence of PTSD for the total sample was 27%. Multiple regression analysis showed that PTSD was independently associated with the following SCL-90 dimensions (somatization, obsessive-compulsive symptoms, depression and total SCL-90 index).

**Conclusions:** Six years after the earthquake, PTSD was found to be associated with symptoms of somatization, obsessive-compulsive symptoms, and depression as expressed by SCL-90.

**PP53-Psychosocial outcomes in Greek families with children with specific developmental disorders during the economic crisis**

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**Introduction:** Many studies over the past few years have noted that the economic crisis has severe negative repercussions on mental health. With regard to the family, the concomitant uncertainty and job insecurity, as well as difficulties in sustaining one’s family’s needs, impact the individual family members’ mental resilience and the family’s functioning as a whole. This situation is compounded when one of the family’s members exhibits some form of disorder. In a community mental health centre in Athens, from the beginning of the crisis to the present day, an increasing number of psychosocial difficulties have been observed in the families served. The purpose of this study is to compare the psychosocial outcomes of families attending an Early Intervention Programme (EIP) for children with specific developmental disorders during two time periods: a) before the commencement of the economic crisis in Greece, b) during the economic crisis.

**Methods:** The participants consisted of families with children with specific developmental disorders who were service users of the Child and Adolescent Mental Health Unit in the Community Mental Health Centre Byron-Kessariani. Group A consisted of 22 families who were attending the EIP during the period 2005-2007 (before the economic crisis) and Group B consisted of 25 families attending the same programme in 2011-2013 (during the crisis). The following data was examined from the patients’ files: child’s diagnosis, parents’ ages, educational level and professions, and the family’s psychosocial diagnoses. Data was analysed with the SAS (2012) statistical package.

**Results:** The two groups did not show any statistical differences regarding parents’ ages, educational level and professions, as well as the children’s diagnoses. Problems related to the child’s upbringing (p=0.0163) were found to be statistically significant with the families in the second time period more likely to exhibit insufficient parental control and supervision, hostile behaviour towards the child, emotional neglect and difficulties in sustaining boundaries. The total scores for the psychosocial parameters were also statistically significant.

**Conclusion:** In this study, the emotional and practical difficulties evoked by the economic crisis have a direct impact on the families of small children with specific developmental disorders. These repercussions have an effect on the way the parents deal with issues in their children’s upbringing, which seems to imply that the parents are resorting to malfunctioning roles within the family during the economic crisis.

**PP54-SSRI augmentation of Computerized Cognitive remediation training, in patients with schizophrenia. Preliminary results**

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**Introduction:** Cognitive deficits in patients with schizophrenia are a main cause of functional impairment (1). Cognitive remediation training (CRT) can improve patients performance especially when combined with psychosocial rehabilitation, although the benefits so far seem to be modest (2). Computerized
CRT has been shown to have equal efficacy with paper and pencil programs. (3) Pharmacological augmentation strategies have been proposed as a means of enhancing the efficacy of the specific intervention. Antidepressants could be a potential candidate for CRT augmentation, since they can enhance brain plasticity (4) and increase hippocampal neurogenesis (5).

**Materials and Methods:** 40 patients aged 18-45 years old with a diagnosis of schizophrenia, clinically stable for a period >8-12 weeks will be assigned in two groups regarding their use of an antidepressant medication (SSRI) along with their standard antipsychotic treatment. Exclusion criteria include the use of more than two antipsychotics, the use of anticholinergic or benzodiazepine medications, comorbid depression, or substance use disorder, an IQ score <75 and the presence of a serious comorbid medical condition. Patients with severe positive or negative symptoms are also excluded. All patients are evaluated with the Calgary depression Scale and the short form of WAIS R (vocabulary and Block Design Score) and participate in 36 sessions of CRT with the use of REHACOM (approx. duration 45 min/session). Evaluation of cognitive deficits with WSCT 64, TMT A and Stroop Test and psychopathology symptoms with PANSS are performed before and after CRT. PSP (Personal and Social Performance Scale) is used for the evaluation of social functioning. Raters are blinded regarding patients medication.

**Preliminary Results:** Four patients (3 females) aged [median (interquartile range)] 39.5 (28.5, 43.7) years old have completed the trial to date. Preliminary results show a trend of improvement in the stroop test (interference score) from 89.5 (84.5, 102.0) to 101.0 (98.5, 111.0), p=0.068. Changes in other scales did not reach statistical significance.

**Conclusions:** CRT resulted in the improvement of selective attention and cognitive flexibility as measured in the Stroop test. Generalization of the effects in social functioning and the influence of SSRIs as an augmenting agent, has to be further evaluated in a larger clinical sample.


**PP55-Ondansetron effect on negative symptoms in schizophrenic patients: A randomized clinical trial**

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**Objectives:** Ondansetron is a well choice for the treatment of different symptoms. This study was performed to determine whether Ondansetron, as an adjunct treatment to risperidone, could reduce the negative symptoms in patients with schizophrenia.

**Methods:** In a randomized, double-blind, cross-over, placebo controlled study, 38 patients with Schizophrenia received risperidone combined with placebo (N=20) or a fixed dose of 4-8 mg/day of Ondansetron (N=18) for 12 weeks. Patients were clinically evaluated using the Positive and Negative Syndrome Scale (PANSS), WAIS-R, HRSD, and MMSE. The efficacy of treatment was evaluated as the changes in overall scores of the PANSS scale and subscales.

**Results:** Ondansetron in addition to risperidone produced a significantly improvement in PANSS overall scale and subscales for negative symptoms and cognition, compared to placebo with risperidone. The experimental group had a significantly higher PANSS total score compared with placebo (p<0.001). The negative symptoms in schizophrenia were decreased after 4 weeks.
Conclusions: The study results affirmed that Ondansetron, reduced negative symptoms. In addition, we proposed that the role of Ondansetrone in the control of a variety of neurotransmitters may be related to its positive effects on negative symptoms.

References:

PP56-The effect of risperidone in drug-naïve patients with first-episode psychosis: chromatin ultrastructure of peripheral blood leukocytes
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Introduction: The first chromatin studies in schizophrenia were reported in 1975, when Issidorides et al., noted a difference in the nucleohistone staining pattern of peripheral blood leukocytes (PBLs) from patients, suggestive of decondenced heterochromatin. Our recent study has defined the extent of the genome decondensation in PBLs from drug-naive first-episode schizophrenics, as measured by the level of exposed arginine residues in the core histones. The present study was designed to estimate the ultrastructural state of the chromatin, in PBLs of drug-naive patients with first-episode psychosis, before and after three months administration of the atypical antipsychotic drug, Risperidone.

Methods: In PBLs from 8 patients and age/sex-matched controls, we applied a) the Phosphotungstic Acid Haematoxylin (PTAH) method for the distinction of condensed versus decondensed chromatin, b) the Ammoniacal Silver Reaction (ASR) method, which reveals the arginine-rich core histones, and c) the Immunogold method for the localization of linker histone H1. All patients were openly treated with Risperidone, given once daily in the evening, according to standard guidelines.

Results: The application of the PTAH method on PBLs of drug-naive patients, revealed an activated pattern of heterochromatin in the majority of nuclei, compared to normal controls, indicating its decondensed relaxed state. After the treatment with Risperidone, this method revealed electron-lucent heterochromatin, representing its condensed state, since the PTAH, a high molecular weight anionic dye-complex, cannot penetrate and thus cannot stain the compact structure of chromatin. The ASR method in PBLs from drug-naive patients showed plenty of coarse electron-dense ASR deposits over the area of heterochromatin, revealing the increased binding-availability of the arginine-rich core histones, due to the dissociation of H1 linker histone. On the contrary, after the treatment with Risperidone, fewer and fine ASR deposits over the area of heterochromatin were observed, similar to those of controls. This “normalization” of the heterochromatin pattern is related to more restricted availability of the arginine-residues of the core histones, due to the presence of lysine-rich histone H1, resulting in chromatin compaction. The above histochemical observations were further confirmed with the immunogold method for the direct localization of histone H1. Specifically, on patients’ PBLs, a decreased immunolabeling of histone H1 was observed with an uneven distribution of the gold particles over the area of heterochromatin masses. However, after Risperidone treatment, an increase of H1 immunolabeling was detected over the heterochromatin areas in the nuclei of leukocytes, verifying the prominent presence of the linker histone H1, establishing again the condensed state of the heterochromatin.

Conclusion: The above three different ultrastructural methods, reveal the altered state of the chromatin in PBLs of drug-naive patients with first-episode psychosis and its normalization after treatment with
Risperidone. These histochemical and immunohistochemical approaches, coupled with biochemical and molecular procedures, could be used as tools for identifying chromatin alterations in PBLs, in parallel with the state of the disease and medication.

References

PP57- Insomnia is related to the early development of PTSD in victims of wildfires in Ilia, Greece
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Background: There are no reports that investigate the association of insomnia with early PTSD in victims of wildfires. Within this context, we sought to investigate the association of insomnia and early PTSD in a sample of people who were affected by the wildfires in the region of Ilia, Greece.

Method: One month after the wildfires in Ilia, 92 randomly chosen victims were assessed through a specifically designed semi-structured psychiatric interview comprising questionnaires and scales to measure psychopathology, as well as psychosocial and environmental parameters. PTSD was detected using a questionnaire based on the ICD-10 diagnostic criteria, while insomnia was assessed with the Athens Insomnia Scale (AIS).

Results: The presence of insomnia according to AIS for the total sample was 63.0%, while 46.7% of the participants were identified with PTSD. All sleep complaints (namely sleep induction, total sleep duration, sleep quality, well – being during the day, functioning capacity during the day, sleepiness during the day) except for awakenings during the night and final awakening were significantly more frequent in subjects with PTSD. Participants with PTSD had 3 times greater odds for insomnia. Furthermore, nightmares were more frequent in participants with PTSD compared to the ones with no PTSD.

Conclusions: In the present study it was found that insomnia and sleep related problems were frequent in victims of wildfires with early PTSD.