BOOK OF ABSTRACTS

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The impact of Covid-19 pandemic to a London Early Intervention Service: analysis of referrals and lessons learnt

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Method: We analysed number of referrals per month to three psychiatric services in Camden and Islington (inner London) between 2019 and 2021. The services were Early Intervention Services (EIS) for patients with a first episode of psychosis between ages 18-65, Crisis Resolution Team (CRT) offering alternative to psychiatric admission and inpatient psychiatric admissions (IP). We also reviewed and compared GP referrals to North Central London Cancer two-week-wait services (2WW) as a physical health service comparison (given the same referral target of two-weeks between psychosis and cancer). We used comparison on percentage difference to baseline as established pre-pandemic.

Results: All services saw a significant reduction (p<0.05) in the number of referrals received in the months that coincided with the waves of the Covid-19 pandemic. EIS saw the largest reduction in referrals compared to the other psychiatric services (maximum reduction 62.27% in May 2020). All services recovered to pre-pandemic referral levels after waves, but rates of recovery differed with cancer services recovering first and EIS last. Additionally, referrals to EIS significantly increased straight after periods of lockdown ended, which clearly highlights need for EIS services to remain accessible during lockdowns and be prepared for increased workloads, as we are coming out of the pandemic.

Conclusion: There was a notable reduction in the number of referrals to multiple psychiatric services coinciding with the waves of the Covid-19 pandemic, which was similar to drop in referrals to cancer services. Differences were seen in the return to baseline number of referrals after waves of Covid-19 ended with cancer rates recovering first and EIS last. Our two main conclusions are the imperative need to ensure EIS services remain accessible during future waves and the need to prepare for increase burden on mental health services as we emerge from the pandemic.
OP02

Social Cognition in People with Familial High Risk for Bipolar Disorder and Psychotic Disorders

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Introduction: In literature, theory of mind and emotion recognition are the most investigated domains of social cognition in relatives of bipolar and psychotic disorder. This study aims to investigate all five domains of social cognitive performance in individuals with familial risk of bipolar disorder (FHRBD) and psychotic disorder (FHRP).

Method: The sample consists of 41 FHRBD (mean age: 21.76±3.46), 32 FHRP (mean age: 22.69±3.75) and 29 healthy control, HC (mean age: 23.66±4.24). Participants were excluded if they met criteria for clinical high risk for bipolar disorder or psychotic disorder. Five domains of social cognition are measured via several tests. The tests utilized are as follows: reading the mind in the eyes test (RMET), Modified Hinting Task (MHT) and faux pas task (FPT) for theory of mind; Penn emotion recognition test (PERT) for facial emotion recognition; Internal, Personal and Situational Attributions Questionnaire (IPSAQ) for attributional bias; Profile of nonverbal sensitivity (PONS) for social perception; Social Norm Scale (SNQ) and Situational Feature Recognition Test (SFRT) for social knowledge.

Results: In the domain of theory of mind, HC performed significantly better than FHRBD and FHRP in the RMET [F (2,91) =4.814, p=.010]. In MHT, FHRBD and FHRP performed significantly worse than HC [F (2,94) =7.179, p=.001]. There was significant between-group difference for hipomentalizing errors [F (2,94)=8.733, p=.000] but not for hipermentalizing errors [F(2,94) =.315, p=.731]. Conversely, FPT scores were not significantly differed across groups. Familial Risk groups were also significantly differed from HC group in emotion recognition where FHRP had significantly lower scores than FHRBD and HC [F (2,93)=6.187, p=.003]. Moreover, in the social knowledge domain, HC were better at recognizing abstract [F (2,89)=4.768, p = .011] and concrete familiar situations [F(2,89)=4.640, p=.012] than familial risk groups. Meanwhile, FHRP performed significantly worse than HC and FHRBD in recognizing abstract unfamiliar situations [F (2,89)=5.57, p=.005]. There were no significant between-group differences for SNQ, IPSAQ and PONS.

Conclusion: In conclusion, Familial risk groups had deficits in theory of mind, emotion recognition, social knowledge but not in social perception and attributional bias. In general, FHRP followed a more impaired pattern than FHRBD and HC.
Adiponectin, leptin and resistin levels in first-episode, drug-naïve patients with psychosis before and after short-term antipsychotic treatment

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Objective: There is increasing evidence that adiponectin, resistin and leptin may be implicated in the pathophysiology of neuropsychiatric disorders, including schizophrenia. The results of the studies so far remain controversial. Our aim was to compare serum adiponectin, leptin and resistin levels between drug-naïve, first-episode patients with psychosis and healthy controls and in the same group of patients after six weeks of antipsychotic treatment.

Methods: Forty first-episode patients with psychosis and 40 matched controls were included in the study. Serum levels of adiponectin, resistin and leptin were measured by enzyme linked immunosorbent assay (ELISA) in both groups. In the patient group, the same adipokines were also measured six weeks after the initiation of antipsychotic treatment.

Results: Log-transformed serum levels of adiponectin (mean difference = 1.68, 95% confidence interval [CI] =1.30 to 2.06, U = 157, p < 0.0001), resistin (0.48, 95% CI = 0.36 to 0.59, t = 8.00, p < 0.0001) and leptin (0.66, 95% CI = 0.52 to 0.80, U = 160, p < 0.0001) were significantly higher to the patient group compared to controls. Leptin levels were significantly decreased in the patient group six weeks after the initiation of anti-psychotic treatment (mean change = -0.40, 95% CI = -0.59 to -0.21, W = 666; p < 0.0001) while those of adiponectin and resistin levels did not change significantly.

Conclusion: In our study we found higher levels of adiponectin, leptin and resistin in drug-naïve, first-episode patients with normal Body Mass Index (BMI) compared to controls. After six weeks of antipsychotic treatment, there was no change in adiponectin and resistin levels, while leptin levels were reduced compared to baseline.
Decision making in individuals with early psychotic and bipolar disorder

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Introduction: Jumping to conclusion is a cognitive bias reliably observed in psychiatric diseases, especially in psychosis linked to delusion formation. The purpose of the study is to examine decision making via jumping the conclusion bias among individuals with first episode psychosis (FEP), first episode mania (FEM) and healthy controls (HC).

Methods: The study included 41 FEP (mean age 22.44±4.75), 28 FEM (mean age 21.54±4.46), and 29 HC (mean age 23.17±3.93). Scale for the Assessment of Positive Symptoms (SAPS), Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS), The Brief Negative Symptom Scale (BNSS), Personal and Social Performance Scale (PSP) which are widely used in the evaluation of bipolar disorder and schizophrenia, were used in the clinical assessment. Jumping the Conclusion (JTC) bias was assessed using the beads task.

Results: The groups differed significantly in terms of deciding after drawing a single bead (F (2,95)=3.671, p=0.029) and mean drawing response time (RT) (F(2,95)=3.391, p=0.038). There was no significant difference in the number of beads drawn before deciding (p>0.05). FEM (p=0.012) and FEP (p=0.037) had more bias to decide after drawing a single bead than HC. Mean RT per drawing was higher for FEM than HC (p=0.011). FEP was not significantly differed for RT (p>0.05) but had slightly higher RT than HC. Tests evaluating positive and negative symptoms, depression, mania, and personal and social performance did not appear to contribute to the JTC bias (p>0.05).

Conclusion: The current study showed that not only early psychosis patients but also patients with first episode mania require less information and spend more time before coming to a conclusion than healthy controls. The jumping to conclusion bias was not significantly related to current psychotic, negative, manic and depressive symptoms. Future studies investigated clinical and neurobiological correlates in different stages of psychotic and bipolar disorders are needed.
Early Introduction of Medicinal Cannabis in Posttraumatic stress disorder

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**Background:** Posttraumatic stress disorder (PTSD) is a pervasive and devastating anxiety disorder, the lifetime prevalence of which, as assessed in several community-based studies, is reach up to 8%. Meanwhile, the optimal treatment for PTSD and its comorbid conditions is still in development and the effectiveness and safety of Medicinal cannabis (MC), especially at early stage of the disorder are not clear.

**Methods:** As a part of our routine consulting work, we assessed the mental condition of 780 adult PTSD patients, who applied to the Ministry of Health in order to obtain a license for the MC. 265 patients were at early stage of the disorder (up to 1 year) and only half of them were able to get the licenses for MC so they consisted of the study group. We define patients with "pure" PTSD, patients with clinical depression and patients suffering from PTSD/chronic pain comorbidity. Clinician-Administered PTSD scale (CAPS) was used for traumatic symptoms assessment and Quality of Life Scale (QOLS) was filled out. The changes in Clinical Global Impression-Improvement scale (CGI-I) were registered. We followed up them (in terms of periodical evaluation) for a period of about five years.

**Results:** The majority of PTSD patients used also the conventional medications (such as antidepressants and sedatives, pain killers etc.). MC was provided by several companies and average daily dosage was in range 2-3 gr/day. In most cases a significant improvement in Quality of Life and pain scores, with some positive changes in CAPS scores was observed. Under this combine treatment, the patients reported a discontinuation or lowering the dosage of pain killers and sedative pharmacological agents. The majority of improved PTSD patients belonged to groups with either pain and/or depression comorbidity. No exacerbations or serious adverse events were reported.

**Discussion & Conclusions:** This naturalistic observational study represents a first attempt to assess and to monitor the effectiveness and safety of the MC use in early stages of PTSD. The results show good tolerability and other benefits (especially in the quality of life & on CGI-I) of such flexible combine approach, especially in patients with either pain and/or depression comorbidity. Further large-scale investigations are needed to substantiate our observations and to elaborate the most effective and safe therapeutic approaches to this difficult-to-treat group.
The Diagnostic Challenge of Young-Onset Dementia Syndromes and Primary Psychiatric Diseases: Results from a Retrospective 20-Year Cross-Sectional Study

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Introduction: Distinguishing a dementia syndrome from a primary psychiatric disease in younger patients can be challenging and may lead to diagnostic change over time. The investigators aimed to examine diagnostic stability in a cohort of patients with younger-onset neurocognitive disorders.

Methods: A retrospective review of records was conducted for patients who were admitted to an inpatient neuropsychiatry service unit between 2000 and 2019, followed up for at least 12 months, and received a diagnosis of young-onset dementia at any time point. Initial diagnosis included Alzheimer’s disease-type dementia (N=30), frontotemporal dementia (FTD) syndromes (N=44), vascular dementia (N=7), mild cognitive impairment (N=10), primary psychiatric diseases (N=6), and other conditions such as Lewy body dementia (N=30).

Results: Among 127 patients, 49 (39%) had a change in their initial diagnoses during the follow-up period. Behavioral variant FTD (bvFTD) was the least stable diagnosis, followed by dementia not otherwise specified and mild cognitive impairment. Compared with patients with a stable diagnosis, those who changed exhibited a higher cognitive score at baseline, a longer follow-up period, greater delay to final diagnosis, and no family history of dementia. Patients who changed from a neurodegenerative to a psychiatric diagnosis were more likely to have a long psychiatric history, while those changing from a psychiatric to a neurodegenerative diagnosis had a recent manifestation of psychiatric symptoms.

Conclusion: Misdiagnosis in younger patients with neurocognitive disorders is not uncommon, especially in cases of bvFTD. Late-onset psychiatric symptoms may be the harbinger to a neurodegenerative disease. Close follow-up and monitoring of these patients are necessary.
Skills Training: gearing functioning to improve daily life in patients with dementia

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Introduction: Dementia has a high and predictable growing prevalence, representing one of the most prominent global health issues. Neuropsychiatric conditions are among the greatest difficulties experienced by caregivers, associated with worse outcomes and acceleration of cognitive deterioration. There has been increasing interest in the use of cognitive therapy due to concerns over the safety and efficacy of pharmacological intervention. Skills training therapy is mostly theoretically driven and uses particular exercises targeting specific cognitive functions in order to optimize functioning to improve daily life and has been increasingly applied to treat different symptoms that are related to dementia.

Objectives: Through a brief review, we aim to address the recent evidence on the efficacy and viability of using skills training, a cognitive therapy approach, as a strategy for the early management of neuropsychiatric symptoms in patients with dementia.

Methods: Non-systematic review of the literature on the topic, through a search in the PubMed database, using the terms “cognitive therapy” and “behavioral neurology; “neuropsychiatric symptoms” and “dementia”.

Results: Cognitive therapy is a well-established intervention for treating elderly with dementia. In particular, reality orientation and skills training seem to be effective interventions for reversing cognitive impairment among elderly, when applied in early stages of the disease. Evidence suggests that cognitive therapy can reduce the severity of neuropsychiatric symptoms in dementia, with an impact on the preservation of intellectual capacities. It has been described an improvement on mood, wellbeing, behavior and autobiographical memory. Furthermore, studies seem to show that stimulation of cognitive functions among people with dementia using skills training or a mix of reality orientation and skills training seems to be effective in improving cognitive functioning.

Conclusion: Skills training trials and mixed trials seem to affect cognitive impairment in a positive way, as a promising modifying intervention. However, further studies are needed in order to better understand the viability and efficacy of these strategies for people with dementia.
Gender differences in the bidirectional association between bullying victimisation and mental health in young people

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Introduction: School bullying constitutes a major target for prevention in mental health, on account of its high prevalence rates and its association with a wide range of adverse mental health outcomes across the lifespan. Young people with mental health difficulties are at increased risk of suffering bullying victimisation, which may lead to further deterioration in their mental health. Gender may modulate the association between bullying victimisation and mental health outcomes.

Methods: Participants were recruited in 10 publicly funded schools in the region of Madrid, Spain. Bullying and mental health assessments were completed at baseline and after a 4-month follow-up using an online platform. Mental health was assessed using self-reported measures of internalizing and externalizing psychopathology (i.e., Strengths and Difficulties Questionnaire; SDQ), psychotic-like experiences (i.e., Community Assessment of Psychic Experience; CAPE-15), and quality of life (KIDSCREEN-10). Multi-level generalized mixed regression models were used to assess the longitudinal associations between peer-reported bullying victimisation and mental health measures over follow-up.

Results: A sample of 3,067 students, mean age 12.69 ±2.33 years, 48.1% girls, participated in the study. 5.1% of students presented bullying victimisation at baseline. Bullying was significantly more prevalent in boys both at baseline (6.6% vs 3.4%, p<.001) and at follow-up (4.5% vs 2.6%, p=.003). In the fully adjusted models, bullying victimisation at baseline was significantly associated with the severity of persecutory ideation and poorer quality of life at follow-up in the whole sample, with a significantly greater effect on quality of life in boys. After controlling for baseline victimization, baseline severity of perceptual abnormalities was associated with bullying victimisation at follow-up in the whole sample, while baseline severity of bizarre experiences, internalizing, and externalizing psychopathology was significantly associated with bullying victimization at follow-up only in boys.

Conclusions: We found a bidirectional relationship between psychotic-like experiences and bullying victimisation in young people. Boys show a higher prevalence of bullying victimisation and increased sensitivity to the reciprocal effects of bullying and mental health difficulties on each other. Future preventive antibullying programmes should address gender differences to maximise their impact.
Intergenerational Transmission of Child Feeding Practices

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Objective: This study assessed the relationships between parents’ retrospective recollections of their mothers’ child feeding practices (CFP), current disordered eating (DE) and current CFP (how they now feed their children).

Method: 174 Israeli parents (136 mothers, 38 fathers; 40.1±6.9 years of age) of children between the ages of 2 and 18, living at home, completed questionnaires online assessing demographics, retrospective recollections of the CFP that their mothers used when they were children, current CFP and current DE.

Results: Specific aspects of retrospectively recalled maternal CFP were significantly associated with the same aspects of current CFP. Current DE mediated the association between retrospectively recalled maternal CFP and current CFP and moderated the association between current concern about child’s weight and pressure for child to eat.

Discussion: Results highlight that the way adults pass on their feeding practices to their children is strongly influenced by their childhood recollections of their mothers’ concern about their weight, pressure for them to eat or restriction of their food intake. People often strive to behave differently from their parents, especially in the realm of food and eating. However, our findings suggest that parental CFP can become entrenched and can be passed on to our children. Understanding these multigenerational transmissions might help prevent childhood and adult’s eating disorders and obesity.
**Introduction:** The Eating Disorders Examination–Questionnaire (EDE-Q) is a widely used self-report instrument that assesses symptoms of eating disorders and related cognitions and behaviors. This 28-item questionnaire is widely used but time-consuming to complete. In recent years, the advantages and disadvantages of several brief versions have therefore been investigated. A seven-item scale (EDE-Q-7) has excellent psychometric properties but excludes the EDE-Q items on bingeing and purging. We aimed to evaluate a thirteen-item scale (EDE-Q-13) in Hebrew that included the seven EDE-Q-7 items as well as the six EDE-Q items on bingeing and purging.

**Method:** Participants were 1,160 community volunteers (188 [11.4%] males) with mean age 28.79±9.92. They completed the full EDE-Q in Hebrew, as well as measures of positive body experience, social and emotional connection, satisfaction with life, positive and negative affect and positive eating. The six EDE-Q items about bingeing and purging were recoded to correspond to the response categories of the other seven EDE-Q questions included in the EDE-Q-7, so that EDE-Q-13 scores could be summed and means computed.

**Results:** The EDE-Q-13 had good psychometric properties. Confirmatory factor analysis confirmed the hypothesized structure, including the bingeing and purging subscales. Strong positive correlations were found between the EDE-Q-13 and the original EDE-Q scores, and EDE-Q-13 scores showed convergent validity with related measures.

**Conclusion:** The EDE-Q-13 in Hebrew is a brief version of the EDE-Q that includes bingeing and purging subscales and has good psychometric properties. Its use as a screening tool to identify adolescents and adults with disordered eating or an eating disorder should be examined in other languages and cultural contexts. The EDE-Q-13 may be an important tool in detecting the need for early intervention for eating disorders across the lifespan.
A Behavioral-Analytic Intervention for the Improvement of Executive Functions in a School-Age Boy with Autism Spectrum Disorder

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Executive functions are meta-cognitive abilities that are critical for cognitive development and as such important for the school and everyday life of children, adolescents, and adults. Children with ASD, as well as children with all neurodevelopmental disorders, present executive function deficits across the life span unless those deficits are targeted early on. The purpose of the present study was to investigate the effectiveness of a behavior-analytic intervention as a means of improving three very important executive functions in a school-age boy with ASD. Namely, in verbal and visuospatial working memory and in cognitive flexibility. Normative data were also collected in order to compare the participant’s performance to that of his neurotypical counterparts. A multiple-baseline-across-response-categories experimental design was used to assess the efficacy of prompting, modeling, and social reinforcement contingencies in achieving the intervention targets. It was demonstrated that the behavior-analytic intervention applied was effective in improving the three executive functions that were targeted. In fact, the participant reached performance comparable to that of the matched normative sample. It may be concluded that executive functions may be treated as operant behavior – behavior that is amenable to change based on environmental contingencies.
Treating overselectivity in children with Autism Spectrum Disorder and Intellectual Disability through a behavior-analytic intervention

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Overselectivity is a deficit associated with Autism Spectrum Disorder (ASD) and with Intellectual Disability (ID) and refers to selective attention processes, such as attending to parts of a stimulus rather than the stimulus as a whole and based on its function. Overselectivity does not permit the processing multiple aspects of a stimulus, or multiple stimuli simultaneously which, in turn, affects a person’s ability to learn from the environment and to generalize across stimuli and across responses. The aim of the present study was to assess the level of overselectivity in two preschool children, one with ASD and the other with intellectual disability, and to provide individualized treatment aiming to alleviate overselective attentiveness, through the systematic application behavior-analytic technology, such as discrete-trial teaching, prompting, and social reinforcement. The introduction of treatment resulted in systematic improvements in the learning curves of the participants who, to a great extent, surpassed overselective attentiveness. Specifically, the participants’ performance improved greatly when they were asked to distinguish stimuli based on multiple characteristics, to memorizing visually, and to respond to commands addressed to them by the therapist without relying on irrelevant parameters such as object location. Response and stimulus generalization were also achieved. Thus, the present study provides evidence that the tendency of children with Neurodevelopmental Disorders to overselect may be surpassed through individualized, systematic interventions that rely on the science of Applied Behavior Analysis. This venue of research is of critical importance for the advancement of the learning processes of children with ASD and ID since overselectivity is one of the main factors that hinders their ability to adopt new skills and to generalize acquired ones.

Key words: overselectivity, ASD, Intellectual Disability, prompting, discrete trial teaching
Early intervention for children's picky eating and overeating

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Introduction: There is evidence that early undereating or overeating can lead to serious health consequences, including restrictive eating disorders and childhood obesity.

Methods: Our research shows that both children and parents contribute to the positive feedback loop of under- or over-eating. In particular, parents pressuring low-appetite children to eat seems to exacerbate picky eating, and parents' concern for their children's overweight and restriction of their high-calorie food seems to exacerbate overeating in children. Moreover, these patterns are carried into adulthood, and even in the absence of clinical eating disorders, manifest in disordered eating, and poor body image. Parental feeding practices aversive in childhood, are, ironically, adopted and practiced on the next generation.

Results: We shall present a four-stage model for intervention, which includes (1) Assessment of the children's eating behavior and of the home feeding environment - by parental report on standardized questionnaires and by a home video of the family having their main meal of the day (2) Presenting the parents with the results of the assessment with constructive simple dos and don'ts (3) A meeting with the parents 4 weeks later to assess progress (4) A follow-up meeting a year after initial contact. This intervention is relatively inexpensive and does not require many doctor-patient hours. It stays away from parent blaming and from child-labelling. It can be adapted across cultures and socio-economic statuses.

Conclusion: Simple interventions of this kind can only work, if the parents are motivated to examine the feeding and eating dynamic of their family, and if a relationship of trust is established between the parents and the pediatric professional they consult. In particular, anxious parents might find it difficult to stop pressuring or restricting their child's eating if so advised. However, if the intervention is successful, it would have health advantages to the child, to the family dynamics, and to inter-generational transmission of enjoyable healthy eating. To evaluate the program's efficacy, an RCT with treatment as usual against the 4-stage program, following children and their parents from toddlerhood into adolescence is required.
Teaching pragmatic language skills in a school-aged boy with Autism Spectrum Disorder (ASD)

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A considerable body of research has demonstrated that individuals with Autism Spectrum Disorder have impairments in several developmental areas, including advanced cognition, Theory of Mind (ToM), and social-pragmatic reasoning. The present study addressed three categories of pragmatic language skills that are known as Faux Pas, Disguised Mands, and Strange Stories. A multiple-baseline-across response-categories experimental design was used to assess the efficacy of prompting, in vivo modeling, and reinforcement contingencies in helping a school-age boy with ASD to improve his language skills associated with the three above mentioned categories. Thus, it was demonstrated that pragmatic language skills may be treated as operant behavior. That is, they may improve upon proper arrangement of environmental contingencies, such as correction and contingent reinforcement procedures. Furthermore, the operants selected in the present study are considered to be of great importance since they are affiliated with successful communication and socialization.

Key words: pragmatic language skills, ASD, behaviour-analytic intervention
Athens Multifamily Group Therapy Project (A- MFGT) after a first psychotic episode: Preliminary clinical results

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Introduction: Family interventions have been shown to reduce the likelihood of relapse for individuals across the spectrum of psychosis and are recommended in practice guidelines for psychosis internationally (Mc Farlane, 2016). The Athens Multifamily Group Therapy Project (A- MFGT) aims to provide systemic multifamily therapy to youths who experienced a first psychotic episode and their families.

Method: A group of 22 young adults who presented a first psychotic episode participated with their families to multifamily group systemic therapy, after discharged from in-patient treatment. Sessions were conducted by tree therapists twice a month, for nine months and supervision meetings were provided once a month. Six groups of families have been conducted since 2017. Clinical outcome was assessed through PANSS at baseline, one month later after patient’s discharge from in-patient treatment, and one year after, at the end of the multifamily group treatment. Time intervals till relapse were also assessed. Participants’ clinical findings were compared with findings from a matched group of 42 patients who did not attend the multifamily therapy program and were treated as usual.

Results: Two-way mixed ANOVA was conducted to assess PANSS scores change over time (t1: at base line, t2: at one month and t3: one year), while differences were investigated between the two groups of patients and interactions were checked. Regarding PANSS-positive scale and PANSS-general scale, no differences were found between the two groups in neither of the three time points; Regarding PANSS-negative scale, patients attending MFGT presented statistically significantly lower scores in t3 than patients treated as usual, but not in t1 and in t2 (i.e., prior to therapy). Moreover, both patients’ group showed improvement from t1 to t2, but only patients attending MFGT further improved from t2 to t3. Among patients attending MFGT 2 (9.1%) had a relapse compared to 9 (22.5%) of the patients treated as usual, however this comparison did not reach statistical significance (p = 0.300).

Conclusion: MFGT seems to be a viable way to support the patient as well as the whole system facing psychosis, with the aim of preventing relapse and implementing quality of life for all the participants.
Implementation of an Early Intervention Outpatient Service in Psychosis by the First University Department of Psychiatry of Eginition Hospital in Athens: Ten years of operation

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Introduction: Early intervention in psychosis services provide assessment, treatment and information to individuals and their families at the earlier possible phase of psychosis or when presenting for the first-time psychotic-like symptoms.

Method: The early intervention outpatient service in psychosis of the 1st Psychiatric University Clinic in Athens operates since 2012. Its aim is to provide information, early detection, treatment and support to people aged 15 to 40 years old, who present either At Risk Mental States (ARMS) or First Episode Psychosis (FEP). Individuals with ARMS are assessed through the Comprehensive Assessment of At-Risk Mental States (CAARMS) interview and the Social and Occupational Functioning Assessment Scale (SOFAS). CAARMS was translated in Greek and the translation was found to be valid and reliable. To assess individuals with ARMS the close-in strategy was used.

Results: 269 individuals were referred to our service and 2380 sessions took place during the ten years of its operation. Psychotherapeutic and pharmacological treatment was based on the individuals’ needs. Its operation has not stopped during the Covid-19 pandemic period with sessions through telecommunication. It also offers training in early intervention to residents in psychiatry and psychologists and participates in research protocols concerning subjects presenting ARMS or FEP. Our service belongs to a wider network of services for people presenting psychosis, in our clinic and in other hospitals.

Conclusion: Further development of the early intervention services in Greece will augment our referral network and inter-hospital collaboration will allow us to address a wider part of the population. The implementation of our service offers to young people with early psychosis and their families the opportunity of effective prevention and
Ultra-high risk of psychosis: a reflection on the influence of ethnicity and migration status in early detection and early intervention

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Introduction: Early identification of ultra-high risk of psychosis (UHR) individuals is important in order to provide interventions to delay or prevent conversion to psychosis. There is an increased incidence of psychotic disorders in migrant and ethnic minority populations and the understanding of the influence of these social risk factors in those at UHR may provide valuable information for early intervention strategies. Therefore, we aim to:(1) reflect on the influence of ethnicity and migration status in the identification of UHR individuals and the risk of transition to a psychotic disorder;(2) identify potential barriers for early detection and interventions and how to overcome them.

Methods: Non-systematic review on the topic was conducted using PubMed/Medline and PsychINFO databases. The research included publications from 2012 to 2022.

Results: Studies show that ethnicity may play a role in the development of psychotic disorders. Ethnic differences also may influence compliance and efficacy of psychosis interventions. On the other hand, migration status may decrease the rates of UHR identification and increase transition to psychosis. It can be associated with a longer duration of untreated psychosis and treatment delays. However, many existing studies have failed to demarcate migrant status and ethnicity and have limited samples. Potential barriers to access early psychosis interventions include cultural, religious, psychosocial, geographic and financial factors, linguistic difficulties and poor mental health literacy. Additionally, the identification criteria of UHR individuals include tools that do not collect transcultural data properly and may be inadequate for migrants and some ethnic groups. Thus, these population have limited access for early intervention research, which leads to bias and a lower validity for the tools as well as inadequate intervention programmes. To circumvent the obstacles associated with language, some authors recommend the use of language interpreters and/or cultural mediators, cultural guided formulations and improved transcultural data collection.

Conclusion: Associations between ethnicity and migrant status and UHR identification and transition to psychosis have potential implications for the early detection and prevention of psychotic disorders. Therefore, it is crucial to use appropriate early detection tools for the different groups and to consider sociocultural aspects in early psychosis interventions, research and mental health policies.
Role of Clinical Insight in the Prediction of Relapse in First Episode Psychotic (FEP) Patients

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Introduction: Clinical insight constitutes a useful marker of the progress and outcome of First Episode of Psychosis (FEP), and lack of insight has been associated with more severe psychopathology, treatment non-adherence and re-hospitalization/relapse. In this study, we aimed to further investigate the possible role of insight as predictor of relapse, its relation to diagnosis (non-affective vs affective psychosis) and to other parameters of positive psychotic symptomatology namely delusions, hallucinations and suspiciousness.

Methods: 88 patients of the Athens FEP study were examined at three different time points (baseline, month, year). Their scores in the relevant items of the Positive and Negative Syndrome Scale (PANSS) were compared (G12 for insight; P1 for delusions, P3 for hallucinations, P6 for suspiciousness) and were further associated to diagnosis (non-affective vs affective psychosis) and outcome of the year (remission/relapse).

Results: According to G12, 16.1% of the participants had insight at baseline, 69% at one month and 86.9% at one year. Subjects with absence of insight at one month and one year according to G12 had significantly greater P1, P3 and P6 at one month and one year, respectively. Patients with relapse at one year had greater score on G12 at one month and one year, while the median change of G12 from baseline to one year was lower in those with relapse. At one month, P1 and P6 were significantly higher in patients diagnosed with non-affective psychosis compared to those diagnosed with affective psychosis (p<.001).

Conclusions: Lack of insight based on G12 at one month may serve as predictor of relapse at one year. Delusions and suspiciousness (based on P1, P6) at one month relate to the diagnosis of non-affective psychosis.
Online Multifamily Systemic Therapy after First Psychotic Episode: Preliminary results on client’s feedback on their experience

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Introduction: Increasing evidence supports the effectiveness of comprehensive early intervention at first onset of psychotic symptoms (Simon et al., 2017). Multifamily therapy with families after a psychotic episode is a flexible and interactive therapeutic approach which increases crises prevention (Asen & Schuff, 2006). In Greece, the Athens Multifamily Group Therapy Project (A-MFGT) (Galanis et al., 2020) provides systemic multifamily therapy to young adults after the first psychotic episode, with purpose the delivery of an early intervention program. Few evidence is available regarding the viability of multifamily systemic therapy in an online setting, despite a new culture of the use of ICTs is widely developing in e-mental health care (Borcsa et al., 2021). The presentation aims to describe the main themes collected as feedback from family members who participated to an online multifamily systemic therapy program after the first psychotic episode presented by one of their adult children. More specifically, their experiences related to the specificities of the online setting will be highlighted.

Method: The members of ten families who participated at two online multifamily systemic groups for young adults after the onset of psychosis provided their opinions regarding their experience at the end of the 9-month therapeutic program. Each group met twice a month in 2-hour sessions held through an online platform and conducted by two therapists, for a time period of nine months (September - June). At the end of the program, participants were asked to reply to individual open questions on an online platform. A qualitative thematic analysis identified the emerging themes and patterns, focusing on the language and the meaning components.

Results: The members highlighted the impact of the online group process on family communication, reflected on advantages and difficulties offered by the online setting, described their emotions and the effect of diagnosis and hospitalization at individual and family level, valued the problem solving and empathy techniques in the group and also identified the obstacles they encountered in the group sessions.
Insights from working on the EIS frontline during COVID – 19: adaptations and future directions

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Method: This is an analysis of all referrals made to an Inner London EIS Service (serving a population of 500,000) between 2019 and 2021. The review focused on differences pre and during Covid-19 pandemic in origin of referrals, use of Mental Health Act (voluntary or involuntary) and also numbers of inappropriate referrals in an attempt to draw conclusions on the impact of the pandemic on this important frontline service. We also reviewed additional COVID-19 related tasks (such as vaccinations, assistance offered to isolating Clinically Extremely Vulnerable patients). Finally, we reviewed the differences in our methods of engaging with patients by looking at numbers of home visits, telephone and video consultations.

Results: There were notable drops in referral numbers during waves of COVID-19 (both during waves when lock downs and movement restrictions were implemented), but overall numbers of referrals were largely maintained year on year. Majority of referrals still originate from primary care, but we saw an increase to referrals from inpatient settings (pointing towards later presentations to the service with patients being more unwell). A significant part of our work shifted to ensure holistic care and support (with assisting patients to access vaccinations, appropriate supplies of food and medication and physical health care – especially during the first wave), which underpins the importance of EIS as a holistic frontline service. Finally, EIS saw a massive increase in the use of home visits (maintaining vital face to face contact), as well as use of telephone and video consultations to aid engagement.

Conclusion: Our Early Intervention Services locally rose to the challenges posed by the pandemic and maintained a vital frontline service caring for mental, physical and social care needs of our vulnerable patients. There is a need to continue with the novel approaches (such as appropriate use of modern technology) as we emerge from the pandemic.
Describing comorbidity, trauma and mortality in children and young adults using ADHD medications in Quebec between 2000 and 2020

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Introduction: Among the Canadian provinces, Quebec showed one of the highest trends in increased diagnostic rates of ADHD between 2000 and 2012. Recent prevalence estimates of ADHD are 6.6%, 18.9%, and 15.5% for those aged ≤11, 12-17, and 18-24 years, respectively. Prescription rates for ADHD medications in Quebec have also increased from 1.9% to 7.7% between 2000 and 2020. The comorbidity and health outcomes of individuals using ADHD medications have not been described in Quebec. We hypothesize differences in prevalence estimates of comorbidity, trauma-related events and mortality according to ADHD medication use.

Method: Data were drawn from the Quebec Integrated Chronic Disease Surveillance System between 2000 and 2020. The cohort included residents covered under the public drug insurance plan between April 1st, 2000, and March 31st, 2020. Individuals between 1 to 24 years entered the cohort at either a first physician claim or hospital diagnosis of ADHD or an ADHD medication claim. Medications included amphetamine-derivatives, methylphenidate-based psychostimulants and non-psychostimulants. The study population was categorized with respect to the presence of an ADHD medication and diagnosis [ADHD medication only, n=34,528; ADHD diagnosis only, n=20,574; both an ADHD medication and diagnosis, n=59,610 (the majority had a medication and diagnosis within 90 days)]. Prevalence estimates regarding psychiatric comorbidities; trauma-related events (ambulatory records); and mortality (all-cause; trauma-related without suicide [i.e., non-intentional] and suicide; other causes) according to the study group will be presented. Differences will be based on 99% CI around estimates.

Results: In individuals with ADHD medication only, diagnosis only and both, the prevalence of lifetime psychiatric comorbidity was 78.5%, 65.8% and 79.3%; and that of traumatic-related events identified in ambulatory settings was 48.3%, 49.4% and 59.0%, respectively. The prevalence of all-cause mortality was 0.19%, 0.33% and 0.17%, with that of trauma-related mortality being 0.06%, 0.05%, 0.07%, respectively.

Conclusion: Differences exist in the comorbidities, traumatic-related events and mortality between individuals using ADHD medications and not. Within subject analyses are underway and will allow to assess the association between ADHD medication use, suicide behaviours, trauma and mortality.

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Early Migration and Alloparenting Affect South African Families and Development

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Objective: Globally, there has been a 60-year pattern of populations migrating from rural to urban settings, looking for increased employment opportunities and a higher quality of life. However, little is understood about how migration patterns affect families and child development in Africa, especially South Africa. These emerging migration patterns that can increase separations between mothers and their children are likely to increase with global trends of urbanization and increasing ability for transport across regions. The current study focuses on a large population cohort of South African mothers and their children who migrate to the Eastern Cape region of South Africa from the peri-urban Cape Town townships in the Western Cape largely to raise their children themselves or to leave them to be raised by relatives. This study aims to examine the association of migration and alloparenting between peri-urban and rural contexts on South African children’s adjustment.

Methods: A secondary analysis assessing migration and alloparenting on child outcomes among a population cohort of women and children (n=1,238) recruited in Cape Town, South African townships and assessed six times (92%-84% follow-up; 10.2% mortality). Binary logistic regression models were used to analyze maternal predictors of migrating to their extended families. The association of migrating with or without their mothers, on child growth, cognition, and behavior outcomes were examined using longitudinal linear regression models.

Results: At 8 years post-birth, 37% of children born in the townships in Cape Town had spent time living in the Eastern Cape with extended family. Staying in Cape Town was associated with older maternal age, having a flush toilet, and having financial support from the father during pregnancy. Over time, children who migrated to extended family in the Eastern Cape were shorter when compared to Cape Town peers. However, children who moved to the Eastern Cape to live with extended family with their mothers had larger vocabularies and fewer behavioral problems than children who stayed in Cape Town with their mothers.

Conclusion: Circular migration in South Africa between peri-urban and rural areas during child-rearing years is common, yet not well understood. There is evidence that migration and alloparenting in the early years of life is associated with both positive and negative child outcomes.
Risk-taking behaviour is common during youth. The time between adolescence and early adulthood, young people (aged 15-25 years) are more vulnerable to mood disorders, such as anxiety and depression. What impact does an emerging mood disorder have on decision-making in youth? In this article, we explore the impact of risk and ambiguity on youth decision-making in a clinical setting using a well-known economic experiment. At two time points, separated by six to eight weeks, we measured risky and ambiguous choices concurrently with findings from three psychological questionnaires, the 10-item Kessler Psychological Distress Scale (K10), the 17-item Quick Inventory of Depressive Symptomatology Adolescent Version (QIDS-A17), and the 12-item Somatic and Psychological Health Report (SPHERE-12), for young help seekers aged 16-25 (n=30, mean age 19.22 years, 19 males). When first arriving for care, we found that 50% (n=15) of participants experienced severe anxiety (K10 ≥ 30), were severely depressed (QIDS-A17 ≥ 16) and severely distressed (SPHERE-12). At Session 2, taking attrition rates into account (n=5), we found that 44% (n=11) remained severe across the full battery of questionnaires. When applying multiple regression analyses of the pooled sample of observations (N=55), across both sessions, we found that participants who rated severely anxious avoided making risky decisions. We suggest there is some statistically significant (although weak) (p=0.09), relation between risk and severe anxiety scores as measured by K10. Our findings may support working with novel tools with which to evaluate youth experiencing an emerging mood disorder.
Genetic and inflammatory markers of dementia

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Introduction: Dementia affects up to 8.7% of people aged ≥60 in Europe, while cognitive impairment among individuals aged ≥80 runs up to 40%. The ε⁴ allele of the APOE gene, encoding Apolipoprotein E, is the strongest genetic risk factor for Alzheimer's disease (AD). APOE gene is also linked to neuroinflammation. Inflammatory markers in plasma and genetic polymorphisms could be useful for diagnostic processes.

Method: The survey included patients (n=93) aged ≥65 years (mean age = 77.3) with dementia (ICD-10) and healthy volunteers (n=128) commeasurable in age (mean age = 67.5). Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) and Clock Draw Test (CDT) were used to assess cognition. Blood was collected from cubital vein for DNA extraction performed using QIAGEN QIAcube. A NanoVue Spectrophotometer was used to determine the quality and purity of extracted DNA. Genotyping of rs429358 and rs7412 was performed using Light Cycler 96 to detect ε²/ε³/ε⁴ alleles of APOE gene. The concentrations of pro-inflammatory markers (IL-4, IL-8, MIP-1β, VEGF) were measured using commercially available MILLIPLEX MAP KIT. Statistical differences in quantitative variables were determined using Kruskal-Wallis test. Fisher’s exact test was used to determine a significant association between genotype and diagnosis. Data analyses were conducted using R system and GraphPad Instat software.

Results: Patients with dementia had lower MMSE, MoCA and CDT scores, higher concentration levels of MIP-1β and IL-8 and lower level of VEGF compared to controls. Serum level of IL-4 in the groups did not differ. The genotype distributions of rs429358 and rs7412 were consistent with Hardy-Weinberg equilibrium. There was a statistically significant association between APOE genotype and dementia when comparing heterozygous and homozygous carriers of the ε⁴ allele vs non-carriers (OR = 2.62, CI = 1.45 – 4.75, p = 0.0017).

Conclusion: The genetic and immunological markers we studied could help to identify cognitive decline at the earliest stages to prevent the onset of irreversible negative consequences of the disease. The work was supported by RFBR, grant 20-04-60546 and by Moscow Center for Innovative Technologies in Healthcare, grant №2708-1.
Introduction: Epidemiological research has demonstrated that adverse experiences in childhood are associated with psychosis. More specifically, the accumulation of traumatic adverse experiences is considered to be associated with high risk of psychosis in a dose-response relationship model and it has been suggested that traumatic experiences in childhood are linked to the onset of positive symptoms of schizophrenia. In the current study, we aim to examine the prevalence of childhood adversity and trauma, before the age of 18, (sexual abuse, physical abuse, emotional/psychological abuse, neglect, parental death, and bullying) and its association with psychotic symptoms on inpatients of accommodation units in Athens, Greece, which offer housing in people with severe psychiatric disorders.

Methods: This is a retrospective record review study using dichotomous measures for assessing the existence of early traumatic experiences and the type of psychotic symptoms as well as the average age of onset. Data obtained will be analyzed statistically on SPSS using the crosstab and frequency analysis.

Results: Researchers intend to have the findings extracted by the time of the e-poster submission.

Conclusions: Further investigation of this specific subject is of great importance considering that findings could be implemented in the development of comprehensive treatment plans and early intervention strategies.
Prescription patterns in psychiatric compulsory care: Findings on polypharmacy and high-dose antipsychotics in a cohort of involuntarily hospitalized adults

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Introduction: Antipsychotic polypharmacy and prescription of high-dose antipsychotics are often used in compulsory psychiatric care.

Aim: Investigation of factors associated with prescription patterns in adults reporting first psychotic episode in a cohort of involuntarily hospitalized individuals in a referral acute care setting in Cyprus.

Method: This was a nationwide, descriptive correlational study with cross sectional comparisons, including 119 adults. Sociodemographic and clinical data were collected. Psychotic symptoms were assessed with the Positive and Negative Syndrome Scale (PANSS). Prescribed medication patterns, i.e., high-dose antipsychotics (higher than 100% of recommended upper dose) and polypharmacy (more than one anti-psychotic), including use of medication pro re nata (PRN), i.e., when required, were recorded.

Results: Antipsychotic polypharmacy (PRN included) was reported in 23.5% (n = 28) of participants, while polypharmacy without PRN was reported in 2.5% (n=3). High-dose antipsychotic (PRN included) was reported in 24.4% (n = 29) of participants, while high-dose antipsychotics without PRN was prescribed in 14.3% (n=17). In the logistic regression analyses, only age was a predictor of prescription of high-dose antipsychotics, while family status was the only predictor for polypharmacy with PRN included, both models adjusted for all socio-demographic and clinical variables. Specifically, individuals aged 18-24 years compared to those aged 45-65 years were one time less likely to be prescribed with high-dose antipsychotics (not PRN included) [B= -2.4, p=0.035, 95%CI 0.091(0.03 -1.09). Similarly, individuals aged 35- 44 years compared to those aged 45- 65 were almost two times less likely to be prescribed with high-dose antipsychotics (not PRN included) [B=-1.7, p=0.05, 95%CI 0.18(0.1- 2.09). Moreover, singles compared to non singles were 1.35 times less likely to be prescribed with more than one antipsychotic (PRN included) [ B= -1.055, p=0.046, 95%CI 0.348 (0.021-2.01)]. Interestingly, PANSS scale and subscale scores were not predictive of polypharmacy or high dose prescription patterns either before or after adjusting for clinical and socio-demographic variables.

Conclusions: A high frequency of polypharmacy and high dose of antipsychotics, with PRN included, was reported in a cohort of involuntarily hospitalized adults reporting first psychotic episode. Relevant prescription schemas were not based on the severity of psychotic symptoms. These practices are beyond clinical guidelines, needing revision.
Brain neurotrophic factor (BDNF) as indicator characterizing the psychoemotional status and cognitive abilities of patients with alcohol withdrawal syndrome

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Introduction: The purpose of this work is to determine the level of brain neurotrophic factor (BDNF, brain-derived neurotrophic factor) in the blood serum of individuals with alcohol dependence syndrome in the dynamics of alcohol withdrawal syndrome (COA), as well as to compare the results obtained with the clinical picture and the effectiveness of the therapeutic program.

Material and methods: The level of BDNF in the blood serum was determined using ELISA. The dynamics of the severity of alcohol withdrawal syndrome (AWS), as well as indicators characterizing the psychoemotional status and cognitive abilities of patients, were evaluated using appropriate psychometric scales. The studies were conducted on the 2nd, 8th and 21st days of abstinence. There were examined 70 patients with alcohol dependence syndrome in the dynamics of AWS, who met the inclusion criteria and gave informed voluntary consent to participate in the study.

Results and discussion: As the symptoms of AWS decreased, there was a significant increase in the level of BDNF in the blood serum: on the 21st day of abstinence, the level of BDNF was significantly higher than the values on the 2nd and 8th day of abstinence. On the 8th day of abstinence, BDNF in the blood serum forms a direct correlation with the level of personal anxiety measured using the Scale Ch. Spielberger in the modification of Y.L.Khanin. According to multiple regression analysis on the 21st day of abstinence, BDNF can predict the severity of attraction to alcohol, established using the Pennsylvania scale of attraction to alcohol.

Conclusion: Thus, the content of BDNF in the blood serum can act as an independent prognostic marker of the success of care in the treatment of AWS.

Keywords: brain neurotrophic factor (BDNF), brain-derived neurotrophic factor, blood serum, alcohol dependence syndrome, alcohol withdrawal syndrome (AWS).
HIV-positive and HIV-negative females with opioid dependence: psychosocial characteristics

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Objective: The objective of the study was to explore psychological and social characteristics of female injectable opioid users (FIOUs) with HIV-positive (HPF) and HIV-negative (HNF) status.

Materials and methods: The study design had combined elements of both cross-sectional and longitudinal analyses. A 6-fold assessment of the monitored parameters was performed before and after treatment, – after 1, 3, 6 and 12 months from the beginning of follow-up. The clinical and psychological study was performed in accordance with GCP rules. The study was developed by conducting an individual registration form that includes the questions that health and social aspects of FIOU. 217 female psychiatric inpatients with opioid dependence living in Belarus were examined. The examined patients were randomized into 2 groups: group 1 – 104 HPF with the average age of 30.8 (SD=4.86) and group 2 – 113 HNF with the average age of 29.9 (SD=6.67). The average age of HIV infection in the HPF group was within Me 24.0 (21.0-27.0).

A total of 217 FIOUs were examined (104 HIV-positive and 113 HIV-negative female patients. To assess patient social functioning, quality of life, and craving for narcotic substances the Scale of Social Functioning (SF-36) and Scale of Drugs Craving were used.

Results: The majority of patients had frequent change of employment place and reported absence from work (25.9% in HIV-positive females (HPF) and 26.5% in HIV-negative females (HNF); \( P<0.05 \)). HIV-positive patients reported low professional qualification and education level significantly more often than HIV-negative patients (20.1% vs 13.2%, \( p<0.05 \), and 43.3% vs 36.2%, \( p<0.05 \), respectively). They also characterized family climate as “hostile” more often (80.7% vs 61.0%, \( p<0.05 \)). Experience of rehabilitation programs in 82/78.8% of HPF and 90/79.6% of HNF was absent (\( p=0.004 \)).

Conclusion: A method for evaluating the effectiveness of treatment of FIOUs was developed, including indicators of psychological and social evaluation criteria, allows you to evaluate the results of treatment, quality remission and risk of relapse, determine the therapeutic the target and direction of the medical and psychosocial effects.

Key words: gender, social functioning, opioid, HIV.
The association between vitamin D and symptom domains in psychotic disorders: A systematic review

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Introduction: Vitamin D deficiency is prevalent among people with psychosis and may play a role in the aetiology of psychotic disorders. However, its impact on clinical symptom severity has not been independently reviewed.

Methods: We conducted a systematic search of randomized trials and observational studies that assessed the relationship between vitamin D and symptom domains (positive and negative psychotic symptoms, total and general psychopathology, cognitive and depressive) in people with a psychotic disorder.

Results: 1040 articles were identified, of which 29 were eligible for inclusion: 26 observational studies and 3 randomized trials. Five studies included people with First-Episode Psychosis (FEP) and 24 included people with enduring psychosis. Most observational studies found that vitamin D was inversely associated with negative symptoms (57%; 13/23), positively associated with cognitive performance (63%; 5/8) and bore no association with positive symptoms (68%; 15/22), total psychopathology (64%; 7/11), general psychopathology (57%; 4/7) or depressive symptoms (64%; 9/14). Randomized controlled trials indicated that vitamin D supplementation improved cognitive performance (100%; 1/1) and, in some cases, reduced total psychopathology (50%; 1/2), general psychopathology (50%; 1/2) and negative symptoms (30%; 1/3), but had no effect on positive (100%; 3/3) or depressive (100%; 3/3) symptoms. Some positive associations were attenuated when controlled for potential confounders.

Conclusion: Low vitamin D was found to be inversely associated with more severe clinical symptoms in some, but not all symptom domains in people with psychosis. These preliminary findings warrant further exploration, particularly in regard to cognitive performance and negative symptoms. This is important given the potential role of vitamin D supplementation as an early intervention for the progression of a psychotic disorder.
Introduction: The purpose of this study was to examine social cognition (theory of mind (ToM) and emotion recognition) and its relationship with clinical measures among individuals with ultra-high-risk for psychosis (UHR-P), ultra-high-risk for bipolar (UHR-BD) and healthy controls (HC).

Method: This study included 46 UHR-P (mean age 20.22 ± 3.717), 41 UHR-B (mean age 20.85 ± 3.978) and 29 HC (mean age 23.07 ± 4.079). Clinical-High-Risk cases were identified using the structured Interview of Psychosis Risk Syndromes and Bipolar Prodrome Symptom Interview and Scale among help-seeking youth. For the assessment of negative symptoms, the Brief Negative Symptom Scale (BNSS) was used. Emotion recognition has been measured with Penn Emotion Recognition Test (PERT). Reading Mind in The Eyes (RMET) and Modified Hinting Task (MHT) were used to measure the ToM.

Results: A significant difference was found between the risk groups in MHT (F=14.362, p= 0.011) and RMET (F=13.512, p=0.011). In addition, high-risk groups showed a significant difference compared to the HCs in all tests (p<0.05). However, no significant difference was found between high-risk groups for PERT (F (2,109) = 6.390, p = 0.180). Also, UHR-P subjects seem to be more prone to hypomentalization error than UHR-BD subjects (p=0.056), but this difference was not observed for hypermentalization error. RMET scores were negatively correlated with BNNS (r=-0.364, p=0.001) and positively correlated (r=0.293, p=0.006) with prodromal mania score in at-risk groups. MHT, on the other hand, showed a negative correlation with the severity prodromal positive symptoms (r= -0.292, p=0.007). PERT (r=-0.280, p=0.009) and PERT_anger subscore (r=-0.328, p=0.002) showed a negative correlation with BNNS.

Conclusion: High-risk groups performed less than healthy controls in both domains of social cognition. In addition, a significant difference was found in ToM within risk groups, but not in emotion recognition. UHR-P participants showed more hypomentalization compared to UHR-BD group but hypermentalization errors were common characteristic both high-risk groups. The severity of negative symptoms and to a lesser extent severity of prodromal psychotic and manic symptoms in at-risk participants were significantly associated with decreased performance in theory of mind and emotion recognition.

Keywords: social cognition, theory of mind, emotion recognition, psychosis, bipolar, ultra-high risk
Socio-demographic and clinical characteristics of individuals who were involuntarily hospitalized for psychiatric care with first psychotic episode

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Introduction: Socio-demographic and clinical characteristics of adults reporting first psychotic episode under compulsory psychiatric treatment have not been reported adequately in Southern European countries.

Aim: Investigation of socio-demographic and clinical characteristics of individuals reporting no previous personal history of mental health problems under involuntary hospitalization in a referral centre of acute mental health services in Cyprus.

Methods: A descriptive cross-sectional study was applied. Data collection (December 2016 to February 2018) achieved via a structured questionnaire including socio-demographic and clinical variables (substance use history, admission symptomatology, pharmacotherapy, PANSS & MoCA scores). The sample included 119 individuals (71 males, 48 females). Approximately 84.0% were single, 71.4% were unemployed, and 33.6% held a bachelor's degree. The most frequent clinical diagnosis was schizophrenia or a relevant psychotic disorder (64.7%), followed by mood disorder (33.6%). The most frequent admission cause was aggressive behavior towards others (48.7%), followed by disorganized behavior in terms of agitation and/or self-care deficit, and/or disruptive behavior (39.5.8%) and suicidality (11.8%). Approximately 34.5% of the sample reported substance use the weeks/days before mental health status deterioration leading to involuntary hospitalization. This percentage was higher among those reporting aggressive behavior towards others, i.e., 46.6 %. Furthermore, 41.2% of the sample reported a positive mental health family history. The mean value (SD) for PANSS (total score) was 97.40(26.6), for PANSS positive symptoms subscale was 28.43 (9.0), for PANSS negative symptoms subscale was 19.57 (9.5), for PANSS general symptoms subscale was 49.47 (12.5), and for MoCA was 23.42(4.5).

Conclusion: A high percentage of those with no personal history of mental health problems under compulsory treatment were admitted due to aggressive behavior towards others, while a great proportion reported substance use prior to hospitalization. Re-evaluation of the effectiveness of community interventions on substance use prevention in the youth is suggested, as well as implementation of structured educational programs on mental health and substance use literacy in the public. Strategies to early detect mental health problems in the community as well as health policy to enhance help-seeking behaviors in those experiencing mental health problems, yet not reaching formal mental health services, mainly young adults, are also recommended.
Cognitive assessment of patients diagnosed with Schizophrenia spectrum disorders in relation to psychotic and mood symptoms’ severity: Clinical application in early intervention in psychosis

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**Introduction:** Schizophrenia spectrum disorders (SSD) are a heterogeneous group of syndromes, without evidence-based objective biomarkers for diagnosis, characterized by the presence of psychotic symptoms. Their heterogeneity is attributed to various genetic and environmental factors, which contribute to complex syndrome’s phenotypes of different combinations not only of psychotic symptoms, but also of mood symptoms and impaired cognition. Therefore, a dimensional model of SSDs was introduced in DSM-5, proposing the use of CRDPSS (Clinician-Rated Dimensions of Psychosis Symptoms Severity) measure. CRDPSS assesses separately each main psychotic symptom, as well as mood symptoms and cognitive performance, allowing the investigation of possible correlations amongst them.

**Methods:** 93 patients diagnosed with a SSD, recruited from the Outpatient Department of Psychosis of University of Thessaly, Greece and its affiliated psychiatric clinics, were assessed using the CRDPSS measure and the greek version of the MoCA test. 43 of them had a follow up evaluation. The relationships between MoCA scores and mean severity of psychotic and mood symptoms were assessed with Pearson correlation, while checking for confounding factors with ANOVA. The relationships between qualitative variables of alteration from baseline measurements were assessed with x² test.

**Results:** MoCA scores were inversely correlated with mean severity of the five psychotic symptoms (Pearson a=−0.370, p<0.001), as well as of all dimensions of psychosis symptoms, including mood symptoms (a=−0.422, p<0.001). MoCA scores were influenced by age (p=0.049) and educational level (p<0.001). Alterations in cognitive function in follow-up examination were inversely correlated with the alteration in mean severity of the five psychotic symptoms (p<0.001) and of psychotic and mood symptoms combined (p<0.001).

**Conclusions:** Cognitive performance is inversely correlated with the mean severity of psychotic and mood symptoms. Nevertheless, absolute scores are influenced by other factors, like education level and age, in contrary to alterations of these variables from baseline measurements. Our results suggest that alterations of the mean severity of psychotic and mood symptoms are accompanied by inverse alterations in current cognitive status. Therefore, regular cognitive assessment during dimensional evaluation of patients diagnosed with SSDs is advised, because it can provide relevant objective clinical information, considering early detection of relapse or remission.
Preventive intervention in caregivers of patients with chronic mental disorder through counseling

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With the advent of deinstitutionalization, the family is the main care system for the patient with chronic mental illness. This study researches the theoretical background for the support of adult members of the family of the mentally ill. Specifically, it approaches the interventions that can contribute to family well-being and patient support. This study focuses on the bibliographic review of Greek and foreign language international studies. Caregivers of patients with chronic mental illness often feel that people have a negative attitude towards them. This determines the family's attitude towards the social environment, as the patient's relatives feel overwhelmed by fearing that they may look different in society because of the problem they are facing (Lopez, et al., 2004). They need thorough information (to understand the mental disorder), education (to acquire skills to deal with the illness and its problems) and support (emotional and practical). Counseling for caregivers concerns both individual counseling and experiential psychoeducational groups with the main goals of accepting illness, redefining the relationship with the patient and finding support networks. The interdisciplinary team, which supports the patient, aims at designing a specific program to address and target the needs of both the patient and his family (Madianos, 1989). Indicative, psychometric evaluation tools at their disposal are: Family Atmosphere Scale (FAS), Family Burden Scale (FBS), WHOQOL-100, Rosenberg Self Esteem Scale, etc. The role of mental health counselors (Byrne, 2001) in preventing interventions for patients and their families is related to their psychoeducation. Depending on the symptoms of the patients, mainly with positive symptoms of the disease (aggression) and a burden on their functionality, the counseling for dealing with critical situations could be applied, so that the caregiver feels safe and gradually overcomes the crisis they are facing (Cooper and McLeod, 2011).

**PP14**

**Correlation between the dysfunction of microglial cells with schizophrenia**

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**Introduction:** Microglia, the resident mononuclear phagocytes of the central nervous system (CNS), is involved in synaptic formation, maintenance of biochemical homeostasis, neuronal circuit maturation during development and experience-dependent remodeling of neuronal circuits in the adult brain, following different patterns of maturation and activation. Under stress conditions, ramified microglia alters to its reactive morphology releasing pro-inflammatory mediators. Neuroinflammation is one of the mechanisms proposed for the pathogenesis of schizophrenia. Recent studies indicate the probable contribution of microglial dysregulation and abnormal activation accompanying immunological and inflammatory procedures in the onset and progress of schizophrenia. In this poster, we attempted to glean indicators of the correlation between microglial dysfunction and schizophrenia.

**Methods:** In this poster, literature search was conducted using MEDLine database under the key words “schizophrenia and microglia”, “neuroinflammation and schizophrenia”, “microglia morphology and schizophrenia”, “synaptic pruning and schizophrenia”, “microglia and inflammation”, 73 articles were reviewed up until the 14 of March 2022.

**Results:** Evidence provided by morphometry and micrometry techniques show abnormal microglia presence associated with duration, course and age at onset of disease, dystrophic and accelerated aging cells in gray matter of the prefrontal cortex, as well as region-dependent morphological patterns of those cells in schizophrenia. Early studies suggested that higher levels of activated microglia were found in schizophrenic patients compared with healthy controls. Increased evidence indicates the involution of immunological patterns in schizophrenia and the microglia involvement.

**Conclusion:** There are consistent indications that highlight the involvement of microglial irregular function, their inflammatory induction and aberrant synaptic pruning stimulation in distinct stages of development, in the neuropathology of schizophrenia and its neuroinflammatory extensions. More studies are needed in order to punctuate the precise physiological substratum.
Optical coherence tomography angiography in first-episode psychosis: a preliminary study

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Introduction: The retina is derived from the neuroectoderm during embryogenesis, therefore, it is considered as a part of the central nervous system and a window of the brain. The retina and the brain, also their microvascular system, share many common features in terms of anatomy and pathophysiology. Retinal abnormalities have been reported in psychotic disorders, especially in schizophrenia. This is the first study to investigate retinal microvascular abnormalities in first-episode psychosis (FEP) using swept-source optical coherence tomography angiography (OCT-A) technology.

Method: This study included 26 patients with FEP and 24 healthy controls (HCs). All participants underwent psychiatric and ophthalmological clinical assessments. Macular 3 x 3 mm swept-source OCT-A images of both right (oculus dextrus) and left (oculus sinister) eyes were collected with the DRI Topcon Triton for retinal superficial capillary plexus. Vascular density (VD) in temporal, nasal, superior, and inferior regions of superficial capillary plexus (SCP) was automatically calculated by Topcon's own software package.

Results: Macular VDs in superficial nasal region of the right eye (p = 0.035) and superficial temporal region of the left eye (p = 0.03) were found to be significantly reduced in patients with FEP compared to HCs. Macular VDs in superior and inferior regions of both eyes are not significantly different between HCs and patients with FEP (p > 0.05).

Conclusion: These results suggest that early psychosis is characterized by retinal microvascular abnormalities. In vivo retinal imaging with OCT-A, a non-invasive, fast, and safe technological tool, can be a promising biomarker to quantitatively evaluate microvasculature abnormalities in patients with psychosis.

Keywords: first-episode psychosis, retina, microvascular, swept-source optical coherence tomography angiography.
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