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OF PSYCHIATRISTS

WIPA 2025

Regional Congress

Embracing the complexity of mental
health: Neuroscientific foundations
and novel interventions

April 2025 ,11-14

Alexandria / EGYPT

BOOK OF ABSTRACTS

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Welcome Message

Dear Colleagues and Friends of WPA,

It is with great pleasure that we welcome you to the WPA Regional Congress “*Embracing the Complexity of Mental Health: Neuroscientific Foundations and Novel Interventions*”, taking place right now in Alexandria, Egypt, from April 11th to April 14th, 2025. This Congress is being held jointly with the annual meeting of the Egyptian Psychiatric Association.

While a Regional Congress primarily brings together colleagues from a specific geographic region, our venue, the Egyptian city of Alexandria, is ideally situated to host a truly global audience of clinical psychiatrists, psychotherapists, neuroscientists, and other mental health experts. In its two millennia of existence, Alexandria has risen from a major cradle of Hellenic civilization to a thriving metropolis at the crossroads of North Africa, Europe, and the Middle East - a city known for its rich blend of faiths and cultures, scholastic excellence, and open-mindedness, welcoming the world to its gentle Mediterranean shores!

It is in this climate of humanity that we are now discussing the challenges facing mental well-being worldwide. Together, we are exploring the latest knowledge on mental health resilience, neuroscience-anchored mental health research, cutting-edge psychopharmacology, and person-centered and creative psychiatric and psychotherapeutic interventions.

We are delighted to see you all here in one of the most iconic cities on the Mediterranean Coast, engaging in scientific excellence and state-of-the-art discussions with colleagues from around the globe. We hope you also take the opportunity to enjoy Alexandria’s beauty and make this Congress part of a truly memorable experience with your loved ones.

This event marks an important milestone - it is the first time WPA is holding a Regional Congress in this region since the Cairo WPA Regional Congress in 2011, and the first-ever WPA congress in Alexandria.

We are thrilled to witness the outstanding participation and contributions from all of you. The World Psychiatric Association, the Egyptian Psychiatric Association, and the Arab Federation of Psychiatrists have joined forces to create an unforgettable event – one that will be carved in the history of our associations and, more importantly, in our hearts and minds.

Enjoy the Congress, enjoy Alexandria, and let’s make the most of this unique gathering of minds and ideas in the “*Bride of the Mediterranean*”.

Warmest regards,



Danuta Wasserman
(Sweden)
*WPA President; Congress
President*



Momtaz Abdel Wahab
(Egypt)
*President, Egyptian
Psychiatric Association;
Congress Co-President*



Thomas G. Schulze
(Germany & USA)
*WPA President-Elect;
Congress Co-President*



Mostafa Shahin
(Egypt)
*Secretary General of
the Arab Federation of
Psychiatrists
Congress Co-President*



Hisham Ramy
(Egypt)
*Secretary General of
EPA and Congress*

Organisation



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Mostafa Shahin (Egypt), *Secretary General of the Arab Federation of Psychiatrists*
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On Presentation at Bibliotheca Alexandrina

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Tarek Abdelgawad (Egypt) **Radwa Said Abdelazim** (Egypt)
Tarek Molokhia (Egypt) **Mariana Pinto Da Costa** (UK/Portugal)
Lamia Jouini (Switzerland/Tunisia)

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. Below the bird, a large, ancient stone castle with multiple towers and battlements sits atop a rocky cliff. The sea is visible in the foreground, with a small pier and several boats docked at the base of the cliff. A flag flies from a tall pole on the castle. The overall scene is bright and scenic.

Plenary Lectures Presentations

Plenary Lecture 1

Neural Basis of Remission and Recovery in Depression: A Large-Scale Longitudinal MRI Study

Masaru Mimura

Center for Preventive Medicine, Keio University, Tokyo, Japan

Introduction: The pathophysiology of depression is characterized by dysfunction in emotion-related neural networks. The remission and recovery of depression are believed to involve the restoration of these functional networks. This study aimed to elucidate the neural circuits underlying remission and recovery in depression using AI-driven analysis of longitudinal MRI data from over 500 patients with depression.

Methods: We investigated the common and treatment-specific mechanisms of four major therapeutic approaches for depression: pharmacotherapy, cognitive behavioral therapy (CBT), repetitive transcranial magnetic stimulation (rTMS), and modified electroconvulsive therapy (mECT). Furthermore, we explored predictive factors for treatment response. This study is the first to compare these treatments longitudinally using a large-scale, high-precision, and harmonized MRI dataset.

Results: At baseline, cross-sectional analysis revealed reduced resting-state functional connectivity in patients with depression compared to healthy controls, particularly in the thalamus, basal ganglia (putamen, caudate nucleus, globus pallidus), and limbic regions (amygdala, parahippocampal gyrus, insular cortex, cingulate cortex, and posterior cingulate cortex). Longitudinal analysis showed that changes in connectivity between the left globus pallidus and right putamen differed significantly between remitters and non-remitters ($p=0.0001$, FWEc $p=0.0208$), a pattern consistent across all treatments. Furthermore, connectivity changes in the basal ganglia, particularly centered on the left globus pallidus, were associated with remission.

Treatment-specific findings were also identified. Patients with depression exhibited increased rumination and a higher frequency of Default Mode Network (DMN)-related states. Time-varying functional connectivity (TVFC) analysis showed that the frequency of these states significantly decreased only after CBT, suggesting that CBT specifically modulates DMN-related activity linked to rumination. Additionally, structural MRI analysis using FreeSurfer revealed a transient increase in hippocampal volume post-treatment, which was unique to mECT. Subfield analysis indicated that this change primarily occurred in the dentate gyrus. However, the relationship between this volume increase and therapeutic efficacy remains unclear.

Lastly, we developed a machine learning model to predict symptom and cognitive changes based on treatment type. This model was used to create a personalized treatment recommendation application for smartphones.

Discussion: Our findings suggest that both common and treatment-specific neural mechanisms underlie remission and recovery in depression. Given the heterogeneity of depression, selecting an optimal treatment based on individual severity and symptom characteristics is crucial. For example, mECT is recommended for severe or treatment-resistant cases, while CBT is more suitable for patients with strong negative future thinking. Personalized, tailored treatment strategies should be prioritized to enhance therapeutic outcomes.

Plenary Lecture 2

Innovation and New Trends-in-Mental-health

Momtaz Abdelwahab

Professor of Psychiatry Cairo University President of Egyptian Psychiatric Association, Cairo, Egypt

- What is Mental Health? Mental Health is a very serious topic to take care of as a living being because if a person is mentally well he will perform well and if the person is not mentally in a good position they will be living a disturbed life.
- Mental Health specialists help on how to deal with anxiety, depression, bipolar disorders, negative thoughts, suicidal thoughts, and loneliness. Health service providers are increasingly seeking new ways of working to improve quality by increasing cost-effectiveness and encouraging innovation in technologies and practices.
- The implementation of these innovations and improvements has also become an important focus for current healthcare research.
- Whilst the translational gap between novel innovations and their implementation has been identified as an area for particular attention, implementation processes are still not well understood in the field of mental health.
- Here, we examine innovations in mental health services in order to progress an understanding of the barriers and enabling factors associated with implementation.

Plenary Lecture 3

Suicide outbreaks and clustering in space and time: Implications for intervention and prevention

Katherine Keyes

Professor of Epidemiology at the Columbia University Mailman School of Public Health, New York, United States

Suicide rates continue to increase in every age group in the United States and in almost every state—in 2023, more than 49,000 individuals in the US died by suicide. Developing scientifically rigorous surveillance, reporting, and forecasting systems for suicide is essential to craft appropriate public health responses. Dr. Keyes will present a framework for considering suicide with similar concepts that are long-standing in other areas of epidemiology, using spatial and temporal analysis to understand how suicide clusters in space and time and contagion processes around suicidal behavior and ideation. Results underscore how suicide is increasingly a clustering phenomenon, with high risk places getting higher risk, and low risk places getting lower risk. New risk factors are also emerging, especially through social media and other internet sites that disseminate inaccurate and harmful information about suicide. Dr. Keyes will report on a mathematical model that quantifies suicide contagion processes using dynamical systems approaches. This model answers critical questions about the extent to which local and temporal anomalous increases in suicidal outcomes vary across events, as well as the force of contagious transmission, length of time of contagious suicidal crises, and contribution of lethal means.

Plenary Lecture 4

Ethical Issues in Psychiatric Genetics

Marcella Rietschel

Genetic Epidemiology In Psychiatry, Central Institute of Mental Health, Stuttgart, Germany

Ethical issues in psychiatric genetics involve a wide range of complex concerns, shaped by differences across countries and individuals with diverse cultural, legal, educational, and religious backgrounds, as well as varying values and perceptions of psychiatric symptoms.

The rapid progress of genetic research is remarkable, offering insights into the causes of diseases and potential avenues for their prevention and treatment. However, this progress brings with it numerous ethical challenges that test the principles guiding such research—namely autonomy, justice, beneficence, and non-maleficence.

In the context of mental health disorders, these challenges are even more pronounced due to the persistent dualism between somatic and psychiatric conditions, the historical and ongoing misuse of psychiatry and psychiatric diagnoses, the stigma associated with these diagnoses, and the potential impact of genetic testing on this stigma. This is particularly relevant given the increased vulnerability often experienced by individuals with mental disorders.

A seagull is captured in flight against a vibrant blue sky filled with wispy clouds. Below the bird, a large, white stone castle with multiple towers and a central dome sits on a rocky island in the sea. A flag flies from a tall pole on the castle. In the foreground, the dark blue water of the sea is visible, with a small pier and several boats docked on the right side.

Keynote Lectures Presentations

Keynote Lecture 1

Psychiatry and the Law: Egyptian Perspectives

Hisham Ramy

Professor, Egypt

The interface between Psychiatry and the law affects everyday practice for most psychiatrists In Egypt this is clearly evident in both the forensic setting and the application of the Egyptian mental health act The current lecture will shed kight on the currents status of the interface between the law and psychiatric practice in Egypt In addition Historical aspects and future directions will be highlighted.

Keynote Lecture 2

Breaking Barriers: An Innovative Approach in Psychiatric Practice

Afaf Hamed Khalil

MD, FRCpsych, FAPA, Professor of Psychiatry, Ain Shams University, Egypt

The field of psychiatry has witnessed significant advancements, yet barriers to care persist, including stigma, accessibility challenges, and limitations in traditional approaches. This lecture explores transformative strategies designed to redefine psychiatric practice, focusing on breaking barriers through innovation. Key areas of discussion include the integration of digital tools such as telepsychiatry, artificial intelligence, and mental health apps to enhance accessibility and personalized care. Emphasis will also be placed on community-based interventions that empower patients, reduce stigma, and promote culturally sensitive care. Novel therapeutic modalities, including neurostimulation, psychedelic-assisted therapy, and emerging psychopharmacological agents, will be reviewed for their potential to address treatment-resistant conditions. This lecture underscores the importance of interdisciplinary collaboration, patient-centered approaches, and leveraging technology to create a more inclusive and effective psychiatric landscape. Attendees will gain insights into the latest advancements and practical strategies for implementing innovative solutions in clinical practice. This session aims to inspire mental health professionals to reimagine their roles and adopt pioneering approaches that bridge gaps and ensure equitable access to mental health care for all.

Keynote Lecture 3

Evolutionary Theory of Depression

Hany Hamed Dessoki

Prof., MD Psychiatry, Vice-Dean for Community Service and Environmental Development, Founder of Psychiatry Depart., Beni Suef University, Treasurer of Egyptian Psychiatric Association, Bani Suef, Egypt

According to the analytical rumination hypothesis, depression is an evolved adaptation (like pain or anxiety) that served in our ancestral past to keep people focused on complex interpersonal problems until they could arrive at a resolution (spontaneous remission).

The affective mechanisms that are dysregulated in depression are adaptations, Adaptations generally have four hallmarks; they lack heritable variation, show evidence of good design, are evoked by appropriate triggers, and fitness is reduced where they are absent. Depression shows none of these hallmarks. It is characterized by heritability, recurrence, cognitive impairment, and poor social outcome.



Hot Topics in Psychiatry Presentations

HOT TOPICS IN PSYCHIATRY 1



Mental health care utilization among Egyptian university students Patterns, Barriers, and Predictors

Mohamed Baklola, Mohamed Terra, Doaa Abdelhady, Abdelhady Elgilany

Faculty of medicine, Mansoura university, Mansoura, Egypt

Background: Mental health disorders among university students are a major public health concern, yet many do not seek professional care due to various barriers. Understanding these obstacles is crucial for developing effective interventions. This study assesses the prevalence of psychological distress, the need for mental health care, and the barriers preventing students from seeking help.

Methods: A cross-sectional, multi-center study was conducted among 3,240 undergraduates from 21 universities in Egypt. Psychological distress was assessed using the Arabic General Health Questionnaire (AGHQ-28), while barriers to care were measured using the Barriers to Access to Care Evaluation (BACE-30). Logistic regression identified predictors of distress and help-seeking behavior.

Results:

- 64.7% of students reported psychological distress, and 90.3% of those in distress required professional care.
- The top barrier was self-reliance (“I prefer to solve my problems on my own”), followed by stigma and financial constraints.
- Predictors of distress: Female gender, living away from family, and a family history of mental illness.
- Predictors of help-seeking: Age above 20, urban background, and a family history of mental illness.
- No significant difference was found between medical and non-medical students in distress levels.

Conclusion: The findings highlight an urgent need to address mental health barriers among university students. Reducing stigma, improving access to affordable care, and integrating university-based mental health programs are key recommendations. This presentation will discuss practical strategies to enhance mental health utilization and create a supportive environment for Egyptian undergraduates.

Mental health literacy and help-seeking behaviour among Egyptian undergraduates: a cross-sectional national study

Mohamed Baklola, Mohamed Terra, Abdelhady Elgilany

Faculty of medicine, Mansoura university, Elmahalla Elkubra, Egypt

Background: Mental health literacy (MHL) and help-seeking behaviors are pivotal in managing mental well-being, especially among Egyptian undergraduates. Despite the importance and prevalent psychological distress in this group, limited research has addressed MHL and associated behaviors in Egypt. This study aimed to assess the levels of MHL and help-seeking behavior among Egyptian university students.

Methods: A cross-sectional study was conducted across ten Egyptian universities during the academic year 2022–2023. A convenience sample of 1740 students was obtained through online questionnaires distributed via social media platforms. The survey comprised demographic characteristics, the Mental Health Literacy Scale (MHLS), and the General Help Seeking Behavior Questionnaire (GHSPQ).

Results: Among 1740 Egyptian undergraduates, medical students scored higher in recognizing disorders ($p < 0.05$), while non-medical students excelled in attitudes ($p < 0.05$). A strong correlation was observed between attitudes toward mental illness and total mental health literacy (coefficients of 0.664 and 0.657). Univariate analysis indicated a significant association with professional help-seeking (OR = 1.023). Females, individuals aged 21 or above, and non-medical students were more likely to seek mental health information (OR = 1.42, 1.82, 1.55 respectively). Help-seeking behavior for emotional problems was more inclined towards intimate partners, whereas suicidal thoughts prompted seeking professional help.

Conclusion: The findings advocate for comprehensive mental health education, particularly in rural areas, and emphasis on the role of personal relationships in mental well-being. Implementing these insights could foster improved mental health outcomes and reduce related stigma in Egypt.

Co-Designing the Backbone of Developing Complex Interventions and Policy Change – The Need to Hear the Voices of the Unheard in Transforming Mental Health Care in Slums

Tanjir Rashid Soron¹, Transform Consortium²

¹*Telepsychiatry Research and Innovation Network Ltd, Dhaka, Bangladesh,*

²*University of Warwick, Coventry, United Kingdom*

Introduction: Developing effective mental health interventions in complex and resource-limited settings requires participatory methodologies that integrate diverse community perspectives into service design and policy reform. Traditional top-down interventions often fail to integrate the lived realities of marginalized populations, limiting their sustainability and effectiveness. We used a co-designing approach to engage key stakeholders—including Traditional and Faith-Based Healers (TFHs), Community Health Workers (CHWs), Medicine Sellers (MSs), caregivers, and persons with lived experience—to collaboratively develop an inclusive, sustainable, and culturally responsive mental health intervention. This study critically examines how co-designing facilitated intervention development and informed policy recommendations generation for the slum community in Bangladesh.

Methods: We implemented a multi-stage co-design framework, integrating Experience-Based Co-Design, Asset-Based Community Development, Human-Centered Design and Participatory Design Theory. Five co-design workshops with 46 participants helped shape training content, refine referral pathways, and develop stigma reduction strategies. Community engagement activities ensured iterative feedback, while validation meetings allowed stakeholders to assess intervention feasibility and acceptability. We recorded the interviews and discussions, transcribed and analyzed.

Results: The co-design approach provided critical insights into the fragmented mental health landscape in slums, revealing the dominance of pluralistic health-seeking behaviors, the financial crisis, stigma and discrimination towards person with serious mental disorders. It also helped us to understand the opportunities and challenges for structured collaboration between biomedical providers and traditional healers. By embedding co-design methodologies, we were able to develop training materials that were contextually relevant and tailored to community-specific challenges such as developing separate training programs for the 2 groups-Traditional and Faith-Based Healers (TFHs) and Community Health Workers (CHWs) and Medicine Sellers (MSs), recognizing their distinct roles. Training was scheduled once a week over three weeks to accommodate participants' availability and minimize economic disruptions. The iterative feedback from stakeholders led to the establishment of a structured referral system involving them. Co-designing also shaped the community driven policy recommendations those emphasizing decentralized low-cost mental health care, capacity building of the community, increasing awareness and reducing the stigma starting from the community

Conclusions: Co-designing is fundamental in ensuring that mental health interventions and our experience in The TRANSFORM Project documents its importance in LMICs.

Utilizing Adapted Cognitive Measures to Examine Cognitive Deficits in Low-Educated and Older Individuals with Schizophrenia in India and Nigeria: a Pilot Study

Olatunde Ayinde, Subhashini Gopal, Bing Cai, Hephzibah Oyedapo-Ishola, Michael Phillip, Rangaswamy Thara, Oye Gureje, Lawrence Yang

University of Ibadan, Ibadan, Nigeria

Background: Despite reported good psychometric properties following extensive use across many cultures, the Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) Consensus Cognitive Battery (MCCB) has been used sparingly among older and less educated persons with Schizophrenia (PWS) in low- and middle-income countries (LMIC).

Objective: To determine the utility and validity of 5 adapted tests of the MCCB in older and less educated PWS in two LMIC settings.

Methods: PWS recruited from the community and outpatient clinics in Ibadan, Nigeria and Kancheepuram, India and healthy control participants (HCP), matched by age, gender and years of education were administered selected tests of the MCCB that have been adapted for use in persons with low levels of education. PWS and HCP were compared on cognitive performance and drivers of cognitive performance in PWS were determined.

Results: The PWS group included 86 individuals (mean (SD) age 55.3 (14.1) years; mean (SD) years of education 8.2 (6.6)). HCP group comprised 93 individuals (mean (SD) age 57.0 (15.3) years; mean (SD) years of education 7.3 (6.0)). In the combined sample, when analyses were restricted to test results with confirmed validity, PWS performed significantly worse than HCP on Trail Making test, BACS Symbol Coding and Animal naming (adjusted partial Spearman correlation co-efficient, Spearman ρ range 0.25 to -0.41, $p = p 0.001$). In the combined sample, when all test results irrespective of validity were included in the analyses, PWS performed significantly worse than HCP on all tests except Spatial Span Forward. When analyses were restricted to only individuals aged ≥ 60 years or with < 5 years of schooling, PWS performed significantly worse than HCP on all tests except Spatial Span Backward (Spearman ρ (p) -0.18 (<0.052)). In both sets of analyses, sub-group comparisons were limited by relatively small sample size. The drivers of cognitive performance among PWS at both sites included age, education, PANSS Negative Symptom Scale score and site.

Conclusion: Adapted cognitive measures showed acceptable utility and discriminant validity among older and less educated PWS in two LMIC. Further larger studies are needed to adapt and test the full MCCB in these settings.

Community Perceptions of Telepsychiatry in Slums: Challenges, Opportunities, and the Path Toward Equitable Mental Health Access

Tanjir Rashid Soron¹, Transform Consortium²

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²*University of Warwick, Coventry, UK*

Introduction: Though people living in the slums live in the heart of the big cities, mental health care in urban slums remains largely inaccessible due to different reasons including financial constraints and wide spread stigma. Telepsychiatry has emerged as a potential solution to bridge this gap, offering accessible and scalable mental health care in different context. While its effectiveness has been demonstrated in various settings, its feasibility and acceptance in slum communities remain underexplored. In this part of TRANSFORM Project we explore the community perceptions regarding telepsychiatry and identifies key opportunities and challenges for its successful implementation.

Methods: A qualitative participatory approach was used to assess telepsychiatry's potential in the Korail slum at different points from 2022 to 2024. We observed mobile phone accessibility and technology usage patterns in slum. In-depth interviews (IDIs) and naturalistic group interviews (NGIs) and Codesigning Workshops (CWs) were conducted with persons with lived experience, caregivers, Traditional and Faith-Based Healers (TFHs), Community Health Workers (CHWs), Medicine Sellers (MSs), and mental health professionals. Interviews were recorded, transcribed, and thematically analyzed.

Results: We found mobile phones were widely available within families, and some participants had prior experience using them for health care. Many valued the economic and time-saving benefits, as telepsychiatry can reduce the need for hospital visits, eliminated transportation and time costs of the person with lived experience and their caregivers. The option to take the service at their convenient time from their home will help to bypass the wide spread stigma of the community. A few participants expressed their concern related to privacy and confidentiality. Trust in service providers was another critical issue, with skepticism regarding whether qualified professionals would be available remotely was also raised. Several participants thought the senior persons who have no formal education might not be able to use the service. Participants emphasized the engagement of local leaders for successful implementation of telepsychiatry through awareness development in the community and designing the service in simple and easy ways.

Conclusions: Telepsychiatry can enhance mental health care access in slums, but trust-building, privacy, digital literacy support, and community engagement are essential for successful implementation.

Does evidence-based medicine apply to psychiatry?

Talaat Tadross

Psychiatry, Dubai, United Arab Emirates

EBM emphasizes using current best evidence from research, clinical expertise, and patient values to make informed decisions about patient care. In psychiatry, this involves evaluating the effectiveness of various treatments (such as medications, psychotherapy, and other interventions) based on rigorous scientific studies and adapting these findings to individual patient needs and circumstances. However, there are unique considerations in this field due to the complexity of mental health conditions and treatment. So, applying evidence-based medicine (EBM) to psychiatry comes with several challenges and considerations due to the nature of mental health disorders and treatments. In this presentation, we will discuss some of the key points regarding the application of EBM to psychiatry.



Hot Topics in Psychiatry Presentations

HOT TOPICS IN PSYCHIATRY 2



Childhood trauma, NR3C1 epigenetic changes and gene expression in borderline personality disorder in Egypt

Hesham Eldabah

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Introduction: Patients with Borderline Personality Disorder (BPD) report higher rates of childhood trauma (sexual, physical, and emotional abuse) compared to other personality disorders and the normal population.

One possible mechanism that may explain the impact of childhood trauma and early life stress on BPD development is the epigenetic process, Epigenetics play a role in gene x environment interactions which affects neurodevelopment and can lead to maladaptive behaviours and psychiatric disorders.

Childhood trauma exposure has been associated with altered DNA methylation of genes involving the HPA-axis. This is the first study to investigate childhood trauma, Glucocorticoid receptor (GR) NR3C1 DNA methylation, and gene expression in the BPD population in Egypt.

Methods: A case-control study was done on a sample of 128 participants. This study used data collected in the Arabic language from 64 patients with BPD who presented to Al-Hadra University Hospital outpatient psychiatry clinic and compared them with age and gender-matched HC. The data collection tools were a pre-designed structured interview for collecting socio-demographic data, medical and psychiatric history, SCID-II, M.I.N.I., CTQ, and BSL-23. Peripheral Blood samples were collected. DNA methylation of exon 1F promotor region of NR3C1 gene was measured using DNA pyrosequencing technique, and GR NR3C1 expression was measured by quantitative RT-PCR in Leukocytes.

Results: This study found a high prevalence of childhood trauma among individuals with BPD, with emotional abuse and physical neglect showing the strongest associations (OR=38.5,17).

Furthermore, BPD patients exhibited significantly decreased DNA methylation percentages in the promoter region of the NR3C1 gene. Importantly, childhood trauma exposure was significantly associated with increased NR3C1 DNA methylation.

BPD participants demonstrated significantly lower median NR3C1 gene expression (GE) levels. While not statistically significant, a trend towards lower NR3C1 GE levels was observed in those with a history of childhood trauma compared to those without

Conclusion: Childhood trauma significantly impacts BPD, evidenced by altered NR3C1 methylation and gene expression, likely contributing to HPA axis dysregulation and the pathophysiology of this disorder, suggesting a potential epigenetic mechanism underlying the development of BPD.

Sex Chromosome Aneuploidies as a Window into Sexual Dimorphism in Neurodevelopmental and Psychiatric Disorders

Dalia Farouk Hussen, Engy Assem

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Background: Investigating sexual dimorphism in psychiatric and neurodevelopmental disorders is inherently complex due to the intricate interactions among biological, psychological, and social factors. A significant biological contributor to these sex differences is the influence of sex chromosomes. The X and Y chromosomes exert distinct genetic and downstream effects, including their roles in gonadal differentiation. Furthermore, the whole genome composition differs between sexes. This complexity makes it challenging to delineate the genetic and biological underpinnings of sexual dimorphism in humans. Sex chromosome aneuploidies, including Turner syndrome (45,X), Klinefelter syndrome (47,XXY), XYY syndrome, and XXX syndrome, represent common genetic variations that offer valuable insights into this phenomenon. These conditions are characterized by an elevated prevalence of attention-deficit hyperactivity disorder, autism spectrum disorder, major depressive disorder, and anxiety disorders. Studying these aneuploidies not only deepens our understanding of sexual dimorphism in neuropsychiatric disorders but also highlights the importance of recognizing their heightened risk profiles to optimize clinical management for affected individuals.

Methods: patients were selected from Department of Clinical Genetics. A number of 29 patients were enrolled in this study until now. Detailed clinical examination including detecting of any dysmorphic features as well as mental state examination were performed for all the studied cases. Chromosomal analysis was performed for cases showed dysmorphic features suggesting sex chromosome aneuploidy, using Cytogenetic studies in the form of GTG banding and Fluorescence In Situ Hybridization (FISH) techniques

Results: According to DSM-5; 22 patients were diagnosed as ADHD, from which 3 patients were diagnosed as Klinefelter syndrome, 7 patients were diagnosed as ASD with only one patient showed balanced chromosomal translocation.

The study is still ongoing according to an In-house project funded by the National Research Centre

Conclusion: The elevated risk of psychiatric disorders linked to sex chromosome aneuploidies, coupled with the low frequency of clinical diagnoses for these conditions, hinders the delivery of appropriate healthcare and counseling to affected individuals and their families. This challenge could be mitigated through broader implementation of genetic testing in clinical practice.

High-Throughput Functional Annotation of Ultra-Rare Schizophrenia Risk Variants through CRISPR Knockout Screens

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Schizophrenia (SCZ) is a complex psychiatric disorder affecting approximately 1% of the world's population that is associated with numerous genetic risk factors spanning the entire frequency spectrum. Among these are ultra-rare variants, which generally exhibit large effect sizes and thus, can be leveraged to understand the yet only incompletely understood pathophysiology of this condition. To bridge the gap between variant identification and functional annotation, we leveraged dual guide RNA CRISPR knockout screens in iPSC-derived excitatory neurons to elucidate the functional consequences of 16 genes, associated with heightened SCZ risk from a whole exome sequencing-based rare variant association study (Singh T et al, Nature, 2022).

Sixteen genes with an exome-wide significant enrichment of predicted loss-of-function SCZ variants were systematically targeted using a lentiviral CRISPR-Cas9 system, employing dual guide RNAs and three independent approaches per gene to achieve precise and robust knockouts in a pooled format. Pooled CRISPR-Cas9 libraries targeting all genes of interest were used to infect iPSCs (KOLF 2.1S) harboring doxycycline-inducible NGN2 that were subsequently differentiated into iNeurons using standard protocol.

Single-cell RNA sequencing (scRNAseq) was performed on the 10x Genomics plus Illumina platform. In a pilot screen, transcriptomic profiles were obtained for >100,000 cells, with approximately 100 single-cell transcriptomes available per single-gene knock-out. KEGG-based preliminary pathway enrichment analyses suggest potential alterations in synaptic signaling pathways, well in line with known SCZ pathophysiology. SynGo analysis showed alterations in both pre- and post-synaptic compartments. Context-dependent analyses are currently ongoing.

By high-throughput CRISPR screens, we a first layer of function annotation in order to unravel the intricate genetic architecture of schizophrenia and its impact on critical cellular pathways. The outcomes hold significant implications for both psychiatric genetics and clinical approaches in providing an opportunity to bridge the knowledge gap between variant and gene identification and understanding underlying pathophysiology. The incomplete understanding of pathophysiology still represents the single largest hinderance to the development of precise and efficient therapeutic approaches.

Post partum mental disorders: Historical, cultural and clinical aspects

Maha Younis

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Pregnancy and labor are major events in a woman's life and supposed to be a time for emotional well-being with social and physical changes and thought to have a protective effect on the severity and course of psychiatric illness, however it is estimated that 20% of pregnant women develop mood and anxiety disorders. Pregnancy can exacerbate psychiatric disorders and complicate treatment. Serious psychiatric disorders like psychosis and bi-polar will be complicated to postpartum psychosis which is hazardous to the mother and the newborn. A liaison management plan should be set by the obstetrician and psychiatrist to discuss drug treatments is to be based on risk-benefit balance. Post partum disorders include three major disorders varies in presentation and severity, post partum psychosis can be dangerous to the mother and baby. Very few reports and studies can be found in the Arab world countries and no published study in Iraq. Accumulated data over the last 30 years suggest that some medications and even Electro Convulsive Therapy (ECT) may be used safely during pregnancy, knowledge regarding the risks of prenatal exposure to psychotropic medications is incomplete and the golden role of using the minimum effective dose of long known psychotropic medications should be followed.

Empowering Recovery: The Role of Personal Medicine in Supporting Individuals with Severe Mental Illness in Pakistan

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Background: Severe mental illness (SMI) significantly affects individuals' lives, particularly in resource-limited settings like Pakistan, where stigma and inadequate access to mental health services create substantial barriers to recovery. Personal Medicine, a peer-driven recovery approach that emphasizes self-agency and self-care strategies, provides a culturally adaptable and sustainable model for supporting individuals with SMI.

Purpose: This study explores the application and impact of Personal Medicine within the Pakistani context, examining its potential to enhance recovery outcomes through empowerment and inclusion. It investigates how individuals with SMI utilize Personal Medicine to improve well-being, navigate social challenges, and build sustainable recovery pathways.

Method: The study draws on case studies and data from community-based mental health programs, integrating global research on Personal Medicine. It analyzes culturally relevant recovery strategies, including faith-based coping mechanisms, family support, and community engagement, while also assessing the integration of Personal Medicine into shared decision-making within clinical settings.

Results: Findings highlight that Personal Medicine is influenced by cultural factors such as religious practices, family involvement, and social support networks. Incorporating Personal Medicine into shared decision-making fosters patient-centered, recovery-oriented mental health care. The approach enhances self-agency, promoting individualized and sustainable recovery pathways.

Conclusion(s): Personal Medicine offers a viable framework for improving mental health care in Pakistan by aligning with cultural values and promoting empowerment. To scale its impact, capacity-building initiatives, policy support, and training programs for mental health professionals and peer support workers are essential. By fostering self-agency and culturally responsive care, Personal Medicine contributes to sustainable recovery and broader mental health inclusion efforts.

Participatory development of a Reciprocal Elder peer Support Innovation to Lower Incidence of mental health Emergencies and Climate change: RESILIENCE project

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Objective: Farming practices in Nigeria have been disrupted in recent years by extreme weather variability of climate change. This results in varying levels of economic losses and unemployment. The social and economic stresses engendered by climate change are a major source of increased risk of depression and suicide. This study aims to involve small hold farmers in the iterative development of an innovative peer led intervention to build psychological preparedness to future climate threats.

Methodology: There were 47 participants in the study. We conducted formative qualitative research using 30 in-depth key informant interviews with small hold farmers who were 50 years or older (N=20), their household members (N=5) and agricultural extension workers (N=5). Through a full day stakeholders workshop comprising 17 participants, we drew on the results of our qualitative explorations to identify the pathway to impact of an intervention (RESILIENCE) to build psychological preparedness and mental health resilience to future climate threats.

Results: A Theory of Change (ToC) map was produced. It highlights the expected outcomes of RESILIENCE to include the potential for improved psychological preparedness of older farmers for the impact of climate change through improvement in health, socioeconomic and food security. Key resources that serve as preconditions were identified to consist of the potential to energize climate smart farming practices and partnerships with both governmental and non-governmental agencies with the expertise and interest in climate change and agriculture. Required community resources include support from immediate family and informal farmers' groups. Intervention to mitigate climate impact need to incorporate these resources while also addressing the physical and mental health of farmers.

Conclusion: A participatory ToC process led to the identification of the key components of a farmers peer led intervention to build psychological preparedness and mental health resilience to future climate threats.

Fronto-striato network function play important role for major depressive

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Introduction: Various pathological mechanisms are implicated in Major Depression (MD), including the reward system. The human brain is equipped with a reward system that is involved in aspects such as motivation, pleasure, and learning. Several studies including a meta-analysis have been reported on the reward system network and MD. However, to our knowledge, no studies have examined the relationship between the reward system network of drug-naïve, first-episode MD patients and the detailed symptoms of MD or age. The fronto-striato network (FSN) is closely related to the reward system network. The present study primarily aimed to elucidate this point.

Methods: A total of 89 drug-naïve first-episode MD patients and 82 healthy controls (HCs) patients were enrolled in the study. The correlation between the FSN and age and the interaction between age and illness in the FSN were investigated in 75 patients in the MDD group and 79 patients in the HC group with available information on the FSN and age. In addition, the association between the FSN and the total scores on the 17-item Hamilton Rating Scale for Depression (HAM-D-17) and scores in each symptom item was analyzed in 76 MDD subjects with information on the FSN and HAM-D-17. **Results:** Age was inversely correlated with the FSN ($p=2.14e-11$) in the HC group but not in the MD group ($p=0.79$). FSN varied with the presence of MD and with age, particularly showing an interaction with MD and age ($p=1.04e-08$). Specifically, age and the presence or absence of MD each affected FSN, but the effect of age on FSN changed in the presence of depression. FSN did not correlate with total HAM-D-17 scores or scores in each item.

Discussion: The reward system may be dysfunctional in patients with MD. In addition, the effect could be greater in younger patients. Meanwhile, there is no correlation between the function of the reward system and the severity of MD or the severity of each symptom. Thus, the reward system network may be an important biological marker of MD, although careful consideration should be given to age and its association with the severity of the disorder.



Hot Topics in Psychiatry Presentations

HOT TOPICS IN PSYCHIATRY 3



Culturally Competent Models for Treating Coptic-Egyptian Americans in the United States

Mena Mirhom

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Background: Coptic-Egyptian Americans represent a growing, underserved immigrant population with unique mental health challenges. Barriers such as stigma, financial constraints, and limited access to culturally sensitive care hinder their well-being. Addressing these challenges aligns with the conference theme, "Embracing the complexity of mental health: neuroscientific foundations and novel interventions."

Objectives: This presentation highlights three culturally competent models addressing mental health challenges in this community:

1. **Free Mental Health Clinics:** Bilingual and bicultural volunteers provide evidence-based therapies and faith-based counseling. Patient surveys show a 75% reduction in depression and anxiety symptoms, reflecting the impact of culturally tailored care.
2. **Church-Based Training Programs:** Clergy and lay leaders, trained using adapted Mental Health First Aid curricula, deliver psychoeducation, identify mental health concerns, and facilitate referrals, reducing stigma and increasing help-seeking behavior.

Methods: These models integrate culturally adapted therapeutic techniques, spiritual values, and community engagement. Effectiveness is assessed through surveys, retention rates, and qualitative feedback.

Results: Preliminary data show improved mental health outcomes, increased confidence in addressing crises, and stronger community engagement.

Conclusion: Culturally competent models, combining neuroscientific insights with innovative interventions, are essential for addressing the mental health needs of underserved immigrant populations. These frameworks provide scalable solutions for clinicians, faith leaders, and policymakers to implement in diverse communities.

"The situation is more complicated than we anticipated"- The crisis for biomedical care in the slums

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Background: Mental health disorders emerged from the multilayered complex interaction of the biopsychosocial and environmental factors. Moreover, the mental health help seeking behavior is also complex. These complexities intensify in the slum because of its' sociocultural, economic, environmental and other factors. In many cases, we consider only a few factors based on our knowledge, assumptions and personal experiences. However, there might be many other factors and complexities those are hardly explored to develop more culturally sensitive and sustainable intervention. We aimed to explore and understand these complexities for codeveloping a sustainable mental health intervention and informing policy development.

Methods: We used a mixed-methods approach from 2022 to 2024. We collected data from ethnographic observation, key informant interviews (KIIs), in-depth interviews (IDIs), naturalistic group interviews (NGIs), codesigning workshops and community engagement meetings. Service delivery mapping identified infrastructural and systemic gaps that influence and impact on mental health care. The data were thematically analyzed to uncover patterns and interconnections among barriers, while service delivery data were mapped and analyzed using geographic information systems (GIS) to highlight spatial inequities.

Result: We found deeply embedded pluralistic help-seeking behaviors in Korail, where individuals navigate between biomedical and traditional healers, often driven by financial constraints, community beliefs, and prior negative experiences with biomedical services. Economic barriers extend beyond treatment costs—patients weigh potential income loss, job security, and caregiving responsibilities when deciding whether to seek care or not. The fragmented mental health system lacks coordination, with weak referral pathways and limited integration between community-based and institutional care, sometimes makes people confused where and how to go. The widespread stigma not only delays treatment but also influences where and how individuals will seek help. People with mental disorders and slum communities are more vulnerable to legal problems and many of them are taken to the correctional systems. Suicide is a criminal offenses and this law prevents people from help seeking for suicidal thoughts and attempts in the community.

Conclusion: We emphasize the necessity of addressing and understanding the complexities of mental health care in the slum rather than making and planning with a bird's eye view.

The Practice of medicine obstacle in Egypt...and how to be a good psychiatrist. An overview of malpractice and defensive practice. A Hot Medical and Public issue to investigate

Ibrahim El-Kalla

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The psychiatrist- patient relationship is considered, the most critical, in the field of professional health care. Malpractice and defensive practice are considered the most important examples of abnormal attitudes towards psychiatric patients. Defensive medicine refers to any action undertaken to avoid malpractice liability that is not for the benefit of the patient's health. Psychiatry, among other medical and surgical specialties, was considered a lower risk specialty; however, recently there is an increasing awareness of psychiatric practice which lead to increase of malpractice claims and more defensive attitude from psychiatrists. There is a need for training of psychiatrists on good practice with avoidance of defensive attitude. Developing a guideline with audit and reporting system could contribute to containment the malpractice and defensive practice in mental hospitals.

Aim of the work:

- 1 To investigate issues of malpractice in psychiatry.
- 2 To illustrate aspects of defensive practice in psychiatry.
- 3 To discuss how to overcome these obstacles by practicing proper guidelines.

Time supposed of the lecture is 30 minutes.

Mental Health and Media: Preparing the Next Generation of Psychiatrists to Navigate the Digital Landscape

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Background: Media plays a critical role in shaping public perceptions of mental health, yet psychiatrists receive little formal training in media engagement. To address this gap, Columbia University developed a course to train psychiatry fellows in media literacy, communication strategies, and ethical considerations for public engagement.

Method: The course consists of three components: (1) Media Literacy, where fellows analyze real-world case studies to identify misinformation and stigma; (2) Communication Skills Training, involving mock interviews and public speaking workshops to help fellows distill complex psychiatric concepts for diverse audiences; and (3) Ethical & Advocacy Considerations, focusing on confidentiality, professional boundaries, and mental health advocacy. Pre- and post-course surveys assess fellows' confidence in media engagement.

Results: Course evaluations indicate a significant increase in confidence, with fellows reporting a rise from 30% to 85% in their readiness to engage with the media. Qualitative feedback highlights improved ability to communicate complex topics and address misinformation. Graduates have successfully participated in news interviews and public discussions, advocating for mental health awareness.

Conclusion: This course demonstrates that structured training enhances psychiatrists' ability to engage with the media responsibly. As misinformation spreads rapidly, equipping psychiatrists with media skills is essential for accurate mental health advocacy. Integrating such training into psychiatric education is crucial for the next generation of psychiatrists to become effective public communicators and leaders.

Effective Communication Strategies: Participants develop skills to craft impactful messages tailored to diverse audiences. The curriculum emphasizes the importance of clarity, empathy, and accuracy, teaching fellows to distill complex psychiatric concepts into language accessible to the general public. Training includes hands-on workshops where fellows practice creating media content, from blog posts to interview responses.

Ethics and Advocacy: The course also addresses the ethical challenges psychiatrists face when engaging with media, such as maintaining patient confidentiality and avoiding stigma. Fellows explore how to leverage media opportunities to advocate for mental health awareness and policy change, inspired by examples of psychiatrists who have successfully used their public platforms for good.

By the end of the course, participants are prepared to confidently navigate interviews, social media, and public speaking engagements. The session will include insights from the course's evaluation data, which shows significant improvements in fellows' confidence and skills in media engagement.

Using Artificial Intelligence to Generate Text Describing a Model for the Formation of Anti-Relapse Behavior in Mental Patients

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Work on creating a multi-level clinical and psychological model for the formation of anti-relapse behavior in mental and addictive disorders was started by researchers at Mental Health Research Institute in 2014 with the proposal of the term “anti-relapse behavior”. Since 2016, a comprehensive multidisciplinary scientific study has been conducted to develop and implement an innovative clinical and psychological model, with the achievement of planned results and their processing, which made it possible to implement them in practice.

The AI program with the distinguishing of stages of use of artificial intelligence in construction of the clinical-psychological model, which is described in the abstract, confirmed the scientific demand for the clinical-psychological model of formation of maintenance therapy and anti-relapse behavior in mental and addictive disorders, which was created by us as an integrated approach, including joint work of medical specialists, patients, their relatives and the general population. The three stages proposed by AI in 2023 and initially identified by our research were as follows: 1) maintenance therapy – at this stage, regular maintenance therapy conducted, which helps patients maintain psychological well-being and prevent relapses of mental and addictive disorders; 2) development of anti-relapse behavior – at this stage, patients learn anti-relapse behavior skills that allow them to avoid situations that can lead to relapses and respond effectively to emerging problems; 3) support for social adaptation – at this stage, patients receive assistance in adapting to new living conditions and support in the social sphere.

Artificial intelligence confirms the need to teach patients self-control and emotion regulation skills, which allows them to better manage their behavior in difficult life situations.

Currently, the artificial intelligence program is at the stage of active development, but has already proven itself as a reliable tool for formulating solutions and generating text in the field of constructing clinical and psychological models of various levels.

AI-Driven Transformation of Mental Health: Improving Clinical Outcomes, Empowering Psychiatrists

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Background: While evidence-based therapies like CBT and medications form the cornerstone of treatments, scalability and personalization remain limited. Artificial Intelligence (AI) —spanning natural language processing (NLP), predictive analytic and virtual simulations—offer solutions to gaps enhancing diagnostic precision, automatizing tasks, and enabling data-driven therapeutic personalization.

Objective: This review evaluates AI's capacity to improve clinical outcomes and empower mental health professionals by: (1) Enhanced diagnostics via multimodal data analysis (e.g., speech patterns, behavioral tracking), (2) Personalized interventions using adaptive algorithms, and (3) Operational efficiency through automated administrative workflows. We synthesize evidence from ADHD, OCD, schizophrenia, substance misuse interventions to show AI's role in optimizing treatments, reducing clinician burden.

Methods: A literature review (2009–2024) analyzed 23 peer-reviewed studies from PubMed, Scopus, IEEE Xplore, focusing on AI-driven psychotherapy tools (chatbots, virtual reality, predictive models), digital therapeutics (mHealth apps, IoT devices). Inclusion criteria prioritized RCTs, observational studies, and meta-analyses quantifying AI's impact on symptom reduction (e.g., Y-BOCS, PHQ-9) and health-related quality of life.

Results:

Clinical Efficacy: AI-guided interventions achieved 76–83% adherence rates in ADHD management via chatbots (e.g., Todak ADHD Care) reduced symptoms severity by 32% in 12 weeks. For schizophrenia, AI-driven apps like PRIME improved medication adherence by 40% and social motivation by 25%. **Diagnostic Precision:** NLP models demonstrated 89% accuracy in detecting depressive cues from patient narratives, outperforming traditional screening tools. **Therapeutic Augmentation:** Hybrid AI-human models preserved therapeutic alliances, with 68% of patients reporting equivalent trust in AI-supported care vs. traditional therapy. **Risks:** Hallucinations (15% of ChatGPT outputs) and geographic/cultural biases in training data limited generalizability.

Conclusion: AI will revolutionize psychiatric care by scaling evidence-based interventions and democratizing access. Key successes include automated symptom monitoring, predictive risk modeling, personalized CBT delivery. However, ethical implementation requires: 1. Rigorous Validation: Multi-site RCTs to assess long-term efficacy (e.g., >6-month follow-ups). 2. Bias Mitigation: Culturally diverse datasets and fairness-aware algorithms. 3. Hybrid Care Models: AI as a decision-support tool, preserving clinician oversight for complex cases.

AI adoption should reduce administrative burdens and enhanced capacity for high-value care. Future priorities include federated learning for data privacy and interdisciplinary frameworks to align innovation with patient-centered ethics.

GEMS-Egypt: Adapting Teepa Snow's Gems State Model for Egyptian Dementia Caregivers

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Introduction: Dementia caregivers face significant challenges in understanding and responding to the evolving needs of individuals with dementia. Teepa Snow's Gems State Model (GSM) offers a structured framework for classifying dementia progression and guiding caregiver support. However, culturally adapted caregiver training tools remain scarce in Egypt, limiting their effectiveness. The prevalence of dementia in Egypt has been estimated to be between 2% and 5%, highlighting the need for accessible and contextually relevant interventions. This study addresses this gap by adapting the Gems State Model to align with Egyptian caregiving practices.

Objective: To translate and culturally adapt the Gems State Model for Egyptian dementia caregivers, ensuring its linguistic accuracy, conceptual clarity, and practical relevance.

Methods: The adaptation process followed established guidelines, such as those set by the World Health Organization for culturally adapting health interventions. A panel of eight experts in geriatrics, psychiatric nursing, public health, and mental health engaged in nine iterative rounds of discussions, supported by subgroup meetings. The process included forward and backward translations, evaluation of semantic, conceptual, and contextual equivalence, and resolution of discrepancies through expert consensus. Three medical students participated as community representatives, providing feedback on wording and clarity.

Results: Expert feedback led to key cultural adaptations, ensuring alignment with Egyptian caregiving practices and linguistic nuances. The iterative refinement process resulted in a culturally validated Arabic version of the Gems State Model.

Conclusion: This study lays the groundwork for adapting the Gems State Model for Egyptian dementia caregivers. By tailoring the tool to local caregiving practices, it aims to enhance caregiver training and dementia care. Future research will focus on pilot testing and evaluating its effectiveness in real-world settings.



Hot Topics in Psychiatry Presentations

HOT TOPICS IN PSYCHIATRY 4



Depression, Sleep, and Circadian Rhythm

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Depression can alter circadian rhythm causing a phase delay in the sleep-wake cycle.

Numerous physiological measurements of circadian rhythms are also altered in depression, from flattening of the daily body temperature cycle to elevation of cortisol secretion throughout the day, and also reducing the melatonin secretion that normally peaks at night and in the dark.

Desynchronization of biological processes is so pervasive in depression that is plausible to characterise depression as a “Circadian Illness”.

It is possible that depression is due to a “Broken Circadian Clock”.

Numerous genes operate in a circadian manner, sensitive to a light-dark rhythm and called “clock genes”.

Old Age Bipolar Disorder

Nasser Zahran

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Older age bipolar disorder (OABD) refers to patients with bipolar disorder aged 50 years and over. The International Society for Bipolar Disorders (ISBD) Task Force on OABD has recommended this age cut off [1] with the argument that bipolar disorder is a severe mental illness with a reduced life-expectancy of approximately 10–20 year.

OABD forms a more complex subgroup of bipolar disorder, with an increased risk of cognitive deficits, physical comorbidities, impaired psychosocial functioning, and premature death. The distinctions between BD-I and BD-II and between EOBD and LOBD do not clinically represent relevant subtypes for OABD patients. Mental healthcare professionals should treat all OABD patients with an integrative care model that takes into account cognitive and physical comorbidities and that contains elements aimed at improvement of psychosocial functioning and quality of life. Older age itself should not be a reason to withhold lithium treatment. Future research should collect data on essential data domains using validated measurement scales.

Relationship Between Medical Illness and Depression

Reda Ismail

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Depression is one of the most common comorbidities of many chronic medical diseases including cancer and cardiovascular, metabolic, inflammatory and neurological disorders. Indeed, the prevalence of depression in these patient groups is often substantially higher than in the general population, and depression accounts for a substantial part of the psychosocial burden of these disorders. Many factors can contribute to the occurrence of comorbid depression, such as shared genetic factors, converging biological pathways, social factors, health behaviours and psychological factors.

Neuromodulation in psychiatric disorders

Alaa Darwish

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Through the long journey of treatment of patients with psychiatric disorders still unmet needs in their management. Neuromodulation interventions have long been a core part of psychiatric practice. For example, electroconvulsive therapy (ECT) has been in clinical use since the early 20th Century. Today, these interventions have expanded to include transcranial magnetic stimulation (TMS), deep brain stimulation (DBS), and vagus nerve stimulation (VNS), each of which is cleared by the Food and Drug Administration (FDA) for the treatment of psychiatric disorders. Psychiatrists must be aware of these interventions to help their patients and give them the best possible medical care.

GLP-1RA in Eating Disorders: Separating Facts from Fiction

Heba Essawy

Prof. of Psychiatry, Cairo, Egypt

Binge Eating Disorder is a mental illness characterized by recurrent binge eating episodes in the absence of appropriate compensatory behaviors. It results from poor coping with negative affect, mood dysregulation and distress intolerance. Patients use food as an escape plan to redirect their attention from the stressor and for reinforced reduction of stress. BED is linked to obesity, low self-esteem, guilt and depression with high risk of suicide and various physical complications such as DM, hypertension, cardiac problems and cerebrovascular strokes. Detailed assessment of the neurobiological risk factors and addressing the psychopathological implications of BED are necessary to mitigate its negative consequences and morbidities. Different therapeutic modalities are implemented for improving the relation between the patient and food including E-CBT for eating disorders, Interpersonal Psychotherapy, and Dialectical Behavioral Therapy. Serotonergic antidepressants have an effective role in targeting impulsivity/compulsivity related to binge episodes, modulating both emotional reactivity and reward processing. Also we will discuss, the Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are a new group of drugs that were originally developed to treat type 2 diabetes and that are increasingly prescribed to manage weight. GLP-1 RAs have been shown to be very effective at lowering blood sugar levels. However, there is a lack of evidence to inform whether GLP-1 RAs could be administered in populations with Binge eating disorders. We will provide an overview of how GLP-1RAs act in the brain to increase feeling of satiety as well as reduce hedonic aspects of eating behaviour such as craving. Covering what is known about the role of GLP-1RA in treatment of Binge Eating disorders.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. Below the bird, a large, multi-towered stone castle with crenellated roofs sits on a rocky island in the middle of a blue body of water. A flag flies from a tall pole on the castle. In the foreground, several small boats are docked at a pier. The overall scene is bright and clear, with a strong blue color palette.

Symposia Presentations

Symposium 1: War and Trauma

One city story: The psychological impact of war atrocities on university students in Mosul, Iraq

Maha Younis

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People in Mosul, Iraq faced many acts of violence between 2014 and 2017 when the city was seized and ruled by the terrorist group of Islamic State of Iraq and Syria (ISIS). We aimed to determine the prevalence of symptoms of post-traumatic stress disorder (PTSD) among university students of Mosul. This cross-sectional study was conducted between the period of 15 April and 29 December 2020. Data were collected from 305 university students by face-to-face interview. The Iraqi modified version of the Harvard Trauma Questionnaire (HTQ) was used to assess the prevalence and degree of PTSD symptoms. The mean age of the 305 participants was 21.46 ± 2.76 years; 224 (73.4%) of the students were females, and 259 (84.9%) were single. PTSD was found in 12% of the participants. There was no significant association between PTSD and socio-demographic variables. PTSD symptoms were associated with the type of injury and frequency of the trauma. The study revealed a lower rate (12%) of PTSD among the university students of Mosul despite being exposed to life-threatening and violent war that warrants further studies to identify the attributing factors and preventive measures.

Conflict, War and Crisis: Mental Health of Children and Adolescents

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The devastation of War is indescribable and difficult to deal with geopolitically. The worst effected are children stuck in them, they do not have the resources necessary to cope with the issues the prevalence of mental health and other health issues are unanimously higher in such vulnerable children. Therefore it is necessary to review and prepare for such circumstances as from the mental health perspective. Training and curricula need to be developed and research funding needs to be prioritized to better the livelihood and survival of children seeking refuge and living in conflict zones globally. Preparedness for this real world existing problem needs redressal. The current review of tries to focus on the issues, complexity of problems and puts recommendations so that humanitarian aid can be made available for the survival of the children in conflict-ridden areas. The loss of identity culture and childhood makes them prone to developing a huge burden of psychological health issues and makes them vulnerable to poor coping mechanisms and further hazards post the conflict or the war the impact is not only physical and psychological for the suffering generation but also leaves imprints in their genetics on epigenetic levels changing genetic expressions in the future generations to come. As mental health is being hailed as a global priority this issue requires to be dealt with specialized health care workers, and policymakers. Hence it is important to provide ethical and safe care to the children in conflict zones for the betterment of humanity at large.

Self-reported reactions of hospital personnel exposed to a stressful workplace: an item-wise psychometric study to refine the Impact of Event Scale - Revised (IES-R)

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Introduction: The prevalence of PTSD varies significantly across cultures, from 0% in Nigeria to 6.8% in the United States, raising important questions about the validity and cultural sensitivity of PTSD measurement tools. While PTSD research initially focused on combat-related trauma, it has since expanded to include trauma arising from civil conflicts, natural disasters, and pandemics. Indirect trauma exposure, such as that experienced by healthcare workers during health crises, has become a critical area of study. The 22-item Impact of Event Scale-Revised (IES-R), a popular self-report tool for assessing PTSD, measures symptoms across the dimensions of intrusion, avoidance, and hyperarousal. Despite its widespread application, the IES-R has not yet been rigorously evaluated using item response theory (IRT) to determine how individual items perform in terms of discrimination and difficulty. This study aims to address this gap by analyzing the psychometric properties of the IES-R items among hospital workers exposed to trauma during the COVID-19 pandemic.

Methods: Data were collected from 1,000 employees of a large hospital during the COVID-19 pandemic and analyzed using Samejima's Graded Response Model (GRM) within the framework of IRT. Statistical analyses were performed using the R programming language (version 4.0.4), specifically leveraging the mirt package for estimating item discrimination (a) and difficulty (b) parameters. This approach evaluated the instrument's effectiveness in capturing trauma-related distress.

Results: The IES-R items indicated substantial discriminative ability (a) and covered a range of distress severity (b) associated with traumatic experiences. The scale proved reliable and informative for assessing individuals with moderate to severe trauma-related symptoms. Notably, item #10 ("jumpy or easily startled") and item #6 ("thought about it when didn't mean to"), respectively reflecting the hyperarousal and intrusion domains, excelled in distinguishing between levels of traumatic distress. Conversely, items targeting avoidance and sleep disturbances exhibited comparatively lower discriminative power.

Conclusion: The IRT analysis highlighted the IES-R's utility in assessing trauma-related symptoms following exposure to traumatic events. Identifying the most discriminative and informative items offers valuable insights for refining PTSD measurement tools, enabling the development of an optimized scale with enhanced precision.

Psychological and Biological Long-term Consequences of Trauma Survivors in Kurdistan/Iraq

Hataw Sharif, Ibrahim Mohammed, Martin Hautzinger

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Extreme trauma, such as war and genocide, has long-term psychological and biological consequences. This study examines the impact of trauma among two survivor groups: 209 individuals affected by the 1988 Halabja chemical attack and 264 survivors of the 2014 ISIS-led Yazidi genocide in Shingal. The research assesses the relationship between chronic stress biomarkers and mental health outcomes using validated psychological scales (PCL-5, HSCL-25, PHQ-15, PSS-14) and cortisol levels derived from hair samples. Findings indicate that for the Shingal group, cortisol levels exhibit a weak positive relationship with PTSD ($p = 0.063$) and stress severity ($p = 0.057$) while showing a significant positive association with physical symptoms ($p = 0.001$). However, cortisol does not significantly predict depression symptoms ($p = 0.195$). Among the Halabja group, PTSD severity is significantly influenced by gender ($p = 0.019$) and occupation ($p = 0.005$), but not by cortisol levels ($p = 0.795$). Depression severity is weakly linked to income ($p = 0.060$) and significantly associated with occupation ($p = 0.014$), while cortisol levels have no effect ($p = 0.864$). Living location affects Stress severity considerably ($p = 0.009$), but cortisol remains an insignificant predictor ($p = 0.530$).

Overall, while gender, occupation, and environmental factors play a role in psychological distress, cortisol's predictive value remains limited. These findings highlight the complex interplay between trauma, socio-demographic variables, and biological stress markers in shaping long-term mental health outcomes among genocide and war survivors.

A Study on long-term outcome in Kurdish Trauma Survivors

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The Kurdistan region went through several tragedies, including the chemical attack in 1988, and genocide of the Yazidis in 2014, the impact of these events is profound on the mental and physical health of the survivors. This study focuses on mental health condition in survivors who have been exposed to chemical attack, examining the prevalence of psychological disorders and their correlation with sociodemographic factors. The study recruited a total of 534 participants. Data collected from March to September 2023. Participants underwent psychological measurement using the PTSD Checklist for DSM-5, Patient Health Questionnaire-15 for somatic symptoms, and Hopkins Symptom Checklist-25 for depression and anxiety. Chi-square tests, ANOVA, and multiple regression analyses are used to evaluate the associations among the variables. The sample was composed of 234 males (43.8%) and 300 females (56.2%), with a mean age of 53.66 years. In all the scales, women showed higher levels of psychological symptoms than did men (PCL-5-M = 38.99 vs. M = 31.97; $p < 0.001$), HSCL-25 (M=2.21 vs. M=1.89; $p < 0.001$), and PHQ-13 (M=15.56 vs. M=11.17; $p < 0.001$). A higher education level was correlated with lower psychological symptomatology, $p < 0.001$. Multiple regression analyses revealed gender, HSCL-25 score, and trauma exposure as predictors of PTSD symptoms (adjusted $R^2=0.683$). These findings outline serious psychological and somatic effects among survivors, underscores the urgent need for targeted mental health interventions for survivors of chemical attacks, with particular attention to women and those with lower levels of education.

War trauma

Les Spencer

UN-INMA, Australia

SE Asia post stress amelioration experience 2000-2004 during doctoral research contract with University of the Philippines and auspices by UNICEF. Contexts included inter-war contexts in Mindanao, Southern Philippines; post conflict East Timor; post killing fields Cambodia; post war Vietnam. Prolonged depth interviews with 154 men, women, and girls. All reported being tortured and physically and emotionally harmed - some over protracted periods. Common elements were that they held to the idea that life is very hard and one has to make the best of inevitable terrible times. This was an integral aspect of daily life. And we know how to keep going and get on with life. Where possible draw on the psychosocial resources of your community, return to normal routines as soon as possible, take the time to use somatic (bodily) ways to normalise- become aware of your internal phenomena and then narrow down to being aware of your awareness - firstly of breathing, then physical holding patterns and returning to relaxed symmetry, normalising breathing, noticing spasm and shaking and staying with that till it subsides.

These East Asian indigenous and oppressed minority ways I have found easy to pass on in other contexts such as Western Kenya, Mount Elgon region where way has been passed on as narrative that was then readily adapted to local culture with transformative outcomes.

Co-presented with Kenyan colleague in Bergen, Norway conference where transformative ways were readily adapted and adopted by 34 masters and PhD student nurses from Ghana.

The Long-Term Impact of Repeated War Exposures on Mental Health in Older Adults: Findings from the Lebanon Study on Aging and Health

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Introduction: Exposure to war events has significant implications for mental health, with the burden persisting long after active conflict ends. Given Lebanon's history of internal and external wars, this study aims to investigate the association between cumulative lifetime exposures to war and the mental health of older adults in Lebanon, specifically depression and anxiety.

Methods: Data were obtained from the baseline of the Lebanon Study on Aging and Health (LSAHA), a population-based cohort study. 2,863 older adults aged 60+ completed the war exposure module. Two indicators were constructed: work/property loss and physical harm, each categorized into four levels based on the number of occurrences (none, one, two, and three or more), regardless of the person central to the event (participant themselves or close family members).

Depression (CES-D-8, cutoff ≥ 9) and anxiety (GAD-7, cutoff ≥ 10) were assessed. Logistic regression, with adjustment for gender, age, education, childhood SES, and residence, examined associations between exposures and outcomes. Adjusted Chi-square tests for trends were also performed.

Results: Over half of participants (58.7%) experienced at least one war event, 41.6% lost work/property, and 39.6% reported physical harm. The majority (74.5%) reported feeling moderately/very affected by war and violence, irrespective of exposure. While exposure to war events generally occurred in young adulthood (mean age at last occurrence=34.1), the ages at last exposure ranged between 1-93 years. Based on adjusted analysis, older adults who experienced 2+ occurrences of physical harm or 3+ occurrences of work/property loss were significantly more likely to report anxiety. As for depression, significant associations were found for two occurrences of physical harm and any occurrence of work/property loss. Adjusted Chi-square for trends analysis showed a significant dose-response relationship.

Conclusion: The study found a gradient relationship between exposure to war events and poor mental health in older adults in Lebanon. This suggests that repeated exposure does not necessarily foster resilience but rather exacerbate the impact of war exposures on mental health. Community-based programs can play a crucial role in addressing the mental health needs of older adults affected by war.

Funding

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Women and Gambling: Trauma and Other Factors Affecting the Therapeutic Process

Antonia Anastasiadou

KETHEA ALFA (Therapy Center for Dependent Individuals Alfa), Athens, Greece

Introduction: Both gambling-related problems and trauma have long been associated with serious consequences for individuals, their families, their health and society. The mainstream research on the relationship between trauma and gambling is limited to a quantitative approach. In addition, few papers have focused on the female population in Greece.

Method: The present study follows the qualitative approach of analyzing eight (8) biographies of the female members of the treatment program KETHEA ALFA (Therapy Center for Dependent Individuals ALFA), Athens - Greece. This particular method is chosen as we believe that this technique - biography writing - is utilized in the context of women's treatment. The biographies contain important elements from the life of each person, such as their education, the relationship of gambling in the family, the psychological problems they have dealt with, the period of initiation and obsessive and compulsive involvement with gambling, marriage and relationships with other family members.

Results: The biographies indicated that factors such as history of abuse, psychological status, health factors and social relationships are associated with gambling. Among the factors, trauma emerged as a critical element in women's relationship with gambling. Secondly, the analysis showed that the integration of personal history into the treatment process enhances women's self-awareness and self-esteem, facilitating their rehabilitation and reintegration into society.

Conclusions: Methodologically, the qualitative research complements existing quantitative research by offering a more in-depth understanding of the trauma and gambling through the discourse of the women themselves. Our findings demonstrate that there is much more need for research in order to explore and understand the complex relationship between trauma and gambling. For treatment programs, such KETHEA ALFA, the use of the biographical method emerges as a powerful tool in the treatment process, offering a deep understanding of women's needs and experiences.

War Neurosis... Late sequels

Mohamed Reda Elfeky

Psychiatry Armed Forced Hospital, Cairo, Egypt

Late psychiatric problems in relation to war is an issue related to complicated Personal, Family and societal Problems ...An area of Military Psychiatry that needs much more work to manage.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a cliff overlooking the sea. A flag flies from a tall pole on the castle. Several boats are docked at a pier in the foreground. The overall scene is serene and majestic.

Symposia Presentations

Symposium 2: Suicidology & Psychotherapy

Indecisiveness: Dimensions & Management

Wa-il Abouhendy

Professor of Psychiatry Zagazig University Head of Anxiety & OCSDs Unit Arab Federation of Psychiatrists, Zagazig, Egypt

The presentation begins with a definition of Indecisiveness in psychology, then explains the causes of Indecisiveness and decision-making process, then the relationship between Indecisiveness and obsessive-compulsive symptoms, and the results of neurobiological studies supported by functional brain imaging mechanisms that have begun to understand the neuroscientific basis of decision-making (brain circuits for decision-making).

Then the relationship between Indecisiveness and rumination, the relationship between pathological Indecisiveness and compulsive personality disorder are explained, Objectivity of dropping Indecisiveness from the diagnostic criteria for compulsive personality disorder since the fourth American classification, then its first place in a group of six "other common features" in the diagnosis of compulsive personality disorder in the fifth edition of the American classification (APA, 2013).

Then a short introduction to cognitive behavioral therapy for Indecisiveness.

Implementing Dialectic Behavioral Therapy for Adolescents in Residential Care Settings: A different Experience and challenge

Nehal Mostafa

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Adolescence is a transitional period of significant physical and psychological changes that are necessary for normal growth and development. It is a high-risk period for developing emotional dysregulation, impulsivity and several maladaptive behaviors (Dodge K et al., 1991). DBT is conceptualized considered as a transdiagnostic therapy program that helps patients who suffer due to a biological disturbance, lack of their psychosocial skills and living in an invalid environment. The founders of DBT with adolescents are Miller and Rathmus, who had developed DBT-Adolescents. The DBT-A adaptation has been approved by Marsha Linehan, who developed the DBT (Linehan M., 2014). DBT for adolescents includes five modules (mindfulness, emotion regulation skills, distress tolerance skills, interpersonal effectiveness skills and walking the middle path). These skills are given throughout 6 months in a group format. Mindfulness and distress tolerance skills are the most valued skills by the adolescents (Rathus JU et al., 2015). Meta-analysis reviews and additional studies showed positive outcomes regarding the application of DBT program in residential treatment, inpatient treatment, juvenile corrections, and many other contexts (Pennell A et al., 2019). DBT is useful in reducing self-destructive behaviors and has positive outcomes when applied in residential treatment. It is very important to investigate their' subjective experiences, barriers and challenges towards applying DBT program in residential treatment. A DBT program was conducted for 6 months on a group of female adolescents in a residential care setting with different experience, challenges and outcomes that we are going to discuss.

Cognitive Behavioral Therapy for Adolescents

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Introduction: Adolescence is a critical period of development, marked by significant physical, emotional, and social changes. Many adolescents struggle with mental health issues, such as depression, anxiety, and behavioral disorders. Cognitive Behavioral Therapy (CBT) has emerged as a promising approach for addressing these issues.

Method: This randomized controlled trial aimed to evaluate the effectiveness of CBT for adolescents with mental health issues. A total of 50 adolescents aged 13-18 years were randomly assigned to either a CBT group or a wait-list control group. The CBT group received 12 sessions of individual therapy, while the control group received no treatment.

Results: Results showed that the CBT group demonstrated significant reductions in symptoms of depression, anxiety, and behavioral problems compared to the control group. These improvements were maintained at 3-month follow-up. Additionally, the CBT group showed significant improvements in self-esteem and social skills.

Conclusion: This study provides evidence for the effectiveness of CBT for adolescents with mental health issues. The results suggest that CBT can be a valuable treatment approach for reducing symptoms of depression, anxiety, and behavioral problems, and improving self-esteem and social skills.

Why adolescents do not want to live? An evolutionary approach to youth suicides

Vsevolod Rozanov

St.-Petersburg State University, Saint Petersburg, Russian Federation

Introduction: Adolescent suicides and suicide attempts have increased significantly, particularly in the past several decades. It corresponds with the rising incidence of mental health problems and the manifestation of psychopathological personality traits in every generation that follows.

Method: We integrate knowledge on evolutionary understanding of behavior, including evolutionary psychology and psychiatry, and apply it to the situation with adolescents' suicides.

Results: From the perspective of the Darwinian theory suicide is an evolutionary paradox. Classical behavioral genetics evaluates genes contribution as 40-45%, while SNP-based heritability is estimated as 3-5%. Furthermore, demonstrating the importance of epigenetic pathways implies that the environment plays an even more significant role. Suicidal thoughts and attempts increase when social and psychological stressors interact with a stress-vulnerability phenotype. The latter is associated with structural brain abnormalities caused by stress-induced epigenetic phenomena throughout development. Evolutionary psychology posits that main traits, cognitions and behaviors have been suited for slowly developing environments, while now we are facing an extreme influence of digital technologies. Such situation is characterized as an evolutionary mismatch. Transgenerational transmission of stress-vulnerability with the involvement of epigenetic phenomena provides a plausible explanation of quick changes in suicidal behavior. Although teen suicides have been documented for ages, the "digital stress" of the modern world renders adolescents more susceptible to frustrations and feelings of unhappiness. Although the primary theories of suicide address the reasons why individuals choose to die, teenagers may have distinct motivations: they do not wish to live. However, there may be both positive and negative consequences of the digital environment on behavior, personality, and cognition. Immersion in the internet throughout development can cause stress and frustration, but it can also result in high levels of cognitive mastery and flourishing. The percentage of those who will gain and those who will feel helpless and ineffectual may thus increase. **Conclusion.** The challenging task of establishing the conditions necessary for adolescents to master the digital world in a dosed manner, after reaching the age of psychological stability, and with a balance between meaningful activity and entertainment/social media exposure falls on child psychiatry, adolescent psychology, pedagogy, and society at large.

Assessment of suicide risk: challenges, current models, and a unifying framework: The Source-Problem-Solution-Motive (SPSM)

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There is a wide range of self-harming behaviours, some are with an intent to die. The behaviours present a significant challenge for mental health services. Recent national guidelines advocate abandoning tools based on tick boxing and a move toward a personalised psychosocial assessment. This paper introduces the Source-Problem-Solution-Motive (SPSM) model, a framework for the assessment and management of these behaviours. The model builds on the contribution of other suicidologists, especially Jean Baechler. The four stages provide a comprehensive approach that enables an exploration of the internal logic of the behaviour. This is achieved by combing because and the in order to motives and hence integrating causal explanations with empathic understanding. This allows a personalised approach, but also a structured one that can be taught and generalised. The paper examined evidence from theoretical and empirical research in this area and attempted to integrate it within the SPSM model.

Faith healers are taking over the role of psychiatrists in Iraq

Maha Younis

Professor of Psychiatry, College of Medicine, University of Baghdad, Baghdad, Iraq

Background: Due to lack of education and awareness, faith healing has become a popular way of treating psychiatric patients.

Objective: To ascertain the role of faith healers in the treatment of psychiatric illnesses by exploring the percentage of patients attending those healers.

Methods: A semi-structured questionnaire was applied through a direct face-to-face interview with the patients and their companions, it inquired whether the patient has ever visited faith healers, the method of treatment the patients were subjected to, and their opinion about the benefit they got regarding improvement in their condition.

Results: Among the total 482 cases; 279 (57%) reported going to faith healers (FHs) at any time before, during, or after a psychiatric consultation. Of those, 84.6% reported visiting FHs less than 10 times, while 15.4% went 10 times or more; 36.9% still believe that the treatment of FHs is accepted or even good (21.5%), while 30.9% realized that it is useless, and 10.7% think it is bad. No association was found between going to FHs and patient age or gender, while there was a significant association with marital status ($p = 0.02$) and with education ($p = 0.001$). Patients with schizophrenia/psychosis or bipolar disorders visited FHs significantly more often than those with other diagnoses.

Conclusion: Faith healing is prevalent in Iraq and FHs may overwhelm the role of psychiatrists in treating mental illnesses. Sincere efforts are needed to help build public awareness and to improve accessibility and utilization of mental health services for this vulnerable group.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a cliff overlooking the sea. A flag flies from a tall pole on the castle. Several boats are docked at a pier in the foreground. A red banner with white text is positioned in the middle of the image.

Symposia Presentations

Symposium 3: Updates in Addiction Management

The impact of psychiatric disorders of parents on the severity of substance use disorder in their offspring

Samir Abou El Magd

Professor of Psychiatry Addiction Medicine Unit Cairo University, Cairo, Egypt

Materials and Methods: This is a cross-sectional study containing 150 patients and their parents who were diagnosed with substance dependence according to DSM-IV criteria. Patients were recruited from Psychiatry and Addiction Prevention Hospital of Cairo University; Faculty of Medicine.

Results: In the patients' group, mean age was 24.89 (± 4.52) and ranged from 18 to 36 years. 96% of them were males, and 4% were females. In the parent group, mean age was 51.59 (± 5.48) and ranged from 49 to 65 years. 84% of them were mothers, and 16% were fathers.

Patients' group was associated with a moderate degree of education (46.7%), 73.3% were single, and 64% were unemployed. Anxiety disorders (80%) and depressive disorders (69.3%) were the most prevalent among the parents' group.

ASI score was a statistically significant predictor for the incidence of parents' psychotic and schizoid disorders (100% sensitivity, 86.3% specificity, AUC=0.887, P-value <0.0001). Additionally, we found a significant correlation between patients' ASI scores and parents' psychiatric disorders.

Conclusion: This result emphasizes the relation between patient substance use disorder and psychiatric disorder of their parents. Patients' ASI score may be a possible measure for parents' mental disorders. Further research is needed to validate our findings.

The Role of Psychedelics in Psychiatric Treatment: Current Evidence and Ethical Considerations

Shaimaa Arafa

Faculty Of Medicine For Girls Al Azhar University, 6 October, Egypt

Introduction:

- Overview of Psychedelics in Psychiatry: Introduce psychedelics such as psilocybin, MDMA, and ketamine, and their historical use in medicine.

Highlight the resurgence of interest in these substances for psychiatric treatment in recent years.

- Purpose of the Talk/Article: To explore the evidence supporting psychedelic use in psychiatric disorders and to examine the ethical concerns that accompany their use in clinical settings.

Adult Attention Deficit Hyperactivity Disorder among adult male patients with tramadol dependence: A comparative study

Samir Abou El Magd

Professor of Psychiatry Addiction Medicine Unit Cairo University, Cairo, Egypt

Aim of the study: This study was conducted to compare the presence of Adult ADHD diagnosis in each group using Adult ADHD self-rating scale and MINI plus version 5. Also, to correlate between the presence of adult ADHD diagnosis and severity of tramadol dependence and cannabis dependence through scores of addiction severity index (ASI), Adult ADHD self-rating scale, and MINI plus version 5.

Subjects and Methods: 90 subjects were involved in the study, divided into three groups, each consisting of 30 individuals. These groups were tramadol dependent group, cannabis dependent group, and healthy controls.

Results: It was found that adult ADHD is more common in the cannabis group (63.3% of the sample), followed by the tramadol group (40% of the sample), and the healthy control group (13.3% of the sample). According to the data of ASI, it was found that there is a significantly higher level of impairment in alcohol and drug status, occupation and support status, social status, legal status, and psychiatric condition. There was an association between the presence of adult ADHD diagnosis and severity of addiction in alcohol and drug status, with employment and support status being significant in the cannabis dependence group only, without significant correlation in the tramadol dependence group.

Evaluation of Executive Functions in Adolescent Males with Synthetic Cannabinoid (Strox) Dependence and those with Cannabis Dependence, a Comparative Study

Mennatallah Ibrahim Mohamed, Lamis Ali El Ray, **Sandra W. Al Seesy**

Background: The use of Synthetic Cannabinoids has been increasing throughout the world and has become a major public health problem. Synthetic cannabinoid products have effects similar to those of natural cannabis but they are more potent and dangerous and their use has resulted in various adverse effects.

Aim: To assess the executive functions in patients with synthetic cannabinoid dependence and compare them to patients with cannabis dependence and controls.

Method: The study was a case control study that was conducted on 75 subjects who were recruited from Psychiatry and Addiction Medicine Hospital, Faculty of Medicine, Cairo University over a period of 8 months. 25 adolescent male patients with synthetic cannabinoid dependence were compared to 25 adolescent male patients with cannabis dependence and 25 matched controls. SCID I was administered to the patients and controls to exclude comorbid Axis-I psychiatric diagnosis. All subjects were assessed by Trail Making Test (TMT), Verbal Fluency Test, Clock Drawing Test, Cube Drawing Test, digit span, Frontal Assessment Battery (FAB) and Addiction Severity Index (ASI).

Results: There was a statistically significant difference between the three studied groups in the scores of TMT, verbal fluency test, clock drawing test, cube drawing test, digit span and FAB ($p < 0.001$), with SCs group showing the greatest impairment. The results of the study showed no significant correlation between the substance use data and the impairment in the executive functions.

Conclusion: Patients with SCs dependence show greater impairment in executive functions when compared to healthy controls and patients with Cannabis dependence.

Keywords: Synthetic cannabinoid, Cannabis, Executive Functions.

Practical Cases of Comorbid Substance Use

Mohamed Elwasify

Mansoura Faculty of Medicine, Egypt

Background:

Comorbidity of substance use refers to the co-occurrence of substance use disorders (SUDs) with other mental health conditions, medical conditions, or behavioral disorders. 45% of individuals with SUDs have a co-occurring mental health condition.

Comorbid Mental Health Conditions

1. Mood disorders: Depression, bipolar disorder
2. Anxiety disorders: Post-traumatic stress disorder (PTSD), generalized anxiety disorder
3. Personality disorders: Borderline personality disorder, antisocial personality disorder
4. Psychotic disorders: Schizophrenia, schizoaffective disorder
5. Trauma-related disorders: PTSD, complex trauma

Learning Objective: After completing this activity, you should be better able to:

Identify appropriate treatment strategies for patients with mental illness and comorbid substance use.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a cliff overlooking the sea. A flag flies from a tall pole on the castle. Several boats are docked at a pier in the foreground. The overall scene is bright and scenic.

Symposia Presentations

Symposium 4: Sport & Mental Health

Burnout in Elite Youth Athletes: Development of a Global Sports Psychiatry Research Collaboration

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³Cairo University, Cairo, Egypt

⁴University of Vienna, Vienna, Austria

Background: Burnout in elite youth athletes is a significant concern characterized by physical, emotional, and mental exhaustion due to the demands of high-level sports participation. It often arises from prolonged exposure to stressors that are common in highly competitive environments. Here are several key aspects of burnout in this context:

1. Physical and Emotional Exhaustion
2. Decreased Performance
3. Lack of enthusiasm or a loss of interest in participating.
4. Reduced Sense of Accomplishment
5. Pressure and Expectations become overwhelming.
6. Lack of Balance:
7. Negative Psychological Effects

Method: Based on over 40 years experience with youth athletes, Prof. Baron developed a Youth Sport Burnout Screener. The screener was created on the validated BDSA and has been beta tested in Elite Youth Sports Training Camps and has resulted in the creation of an international collaboration, led by Prof Baron. The screener has gotten IRB approval and has been translated into 5 languages to date

Results: This is an ongoing study, but data from the past year has demonstrated it is an effective early screening tool for youth burnout in elite sports. This will be the first presentation of the initial data, along with a discussion of creating the global collaboration

Conclusion: The positive impact of youth sport participation is well documented. However, to address burnout in elite youth athletes, a multifaceted approach is necessary. It often involves promoting recovery, providing mental health support, adjusting training loads, and ensuring open communication between athletes, coaches, and parents. Encouraging diversification of interests beyond sports can also help maintain a healthy balance and prevent burnout. This must start with early identification of symptoms. A user-friendly symptom screener, culturally sensitive, and in the athletes native language is warranted. This collaborative effort of leading sports psychiatrists from around the globe will contribute to maximizing the benefits of high level youth sports participation, while promoting the growth of youth sports psychiatry.

Incorporating Exercise and Lifestyle Psychiatry as a Novel Intervention for Psychiatrists

David Baron

Stanford University School of Medicine, Palo Alto, United States

Background and Methods: Incorporating physical activity and exercise into treatment plans can be highly beneficial for patients, and psychiatrists can include these components in several ways. Here's how psychiatrists might effectively integrate physical activity into mental health treatment plans:

1. **Assessment and Discussion:**

- **Initial Evaluation:** During assessments, psychiatrists can inquire about the patient's current physical activity levels, preferences, and any barriers to exercise. Understanding the patient's baseline fitness and readiness for physical activity helps tailor recommendations.

- **Education:** Provide information on the mental health benefits of physical activity, which include improving mood, reducing anxiety, mitigating depression symptoms, and enhancing cognitive functioning.

2. **Setting Goals:**

- **Personalized Plans:** Collaborate with the patient to set realistic and achievable physical activity goals based on their interests and abilities. Tailor suggestions to individual preferences to boost adherence.

- **SMART Goals:** Encourage setting Specific, Measurable, Achievable, Relevant, and Time-bound goals to enable tracking and motivation.

3. **Integrating Exercise into Routine:**

- **Incremental Changes:** Recommend starting with small, manageable activities to integrate physical activity seamlessly into daily routines. Activities could include walking, gardening, or simple stretching exercises.

- **Scheduled Activities:** Encourage patients to incorporate exercise into their schedules as they would any other important activity, providing structure and consistency.

4. **Collaboration with Other Health Professionals:**

- **Integrative Teams:** Work as part of a multidisciplinary team that might include healthcare providers focusing on physical wellness to ensure holistic care.

5. **Behavioral Strategies:**

- **Motivational Interviewing:** help patients explore their own motivations and barriers, supporting commitment to incorporating physical activity.

- **Progress Monitoring:** Schedule regular check-ins to discuss progress, celebrate successes, address challenges, and adjust plans

6. **Addressing Barriers:**

- **Problem Solving:** Help patients overcome logistical barriers

- **Social Support:** Encourage engaging in group activities or exercise with family or friends to enhance adherence through social support.

Results and Conclusion: By systematically integrating exercise into treatment plans, psychiatrists can leverage its powerful mental health benefits to complement other therapeutic strategies, fostering a more comprehensive approach to mental health care.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. Below the bird, a large, ornate stone castle with multiple towers and a central dome sits on a rocky island in the middle of a blue body of water. A flag flies from a tall pole on the castle. In the foreground, several boats are docked at a pier. The overall scene is bright and scenic.

Symposia Presentations

Symposium 5: Art, music & bibliotherapy

Visualizing the Unconscious: The Annulment Pulsion in Art Representations

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Introduction: This study explores the psychodynamic concept of the "annulment pulsion," as theorized by Massimo Fagioli, and its depiction in various art forms. It focuses on how this non-conscious mechanism, emerging at birth in response to stimuli, is represented in art that embodies themes of negation and emotional absence.

Method: Employing a qualitative analysis, this research examines modern and contemporary artworks, particularly those using materials such as Vantablack. It also analyzes narrative elements in literature and film that portray psychological annulment. The study integrates theoretical frameworks from psychodynamics with art criticism.

Results: Artists like Anish Kapoor, employing materials that visually negate the form of art objects, exemplify the annulment pulsion. These artworks symbolically represent the psychological mechanism where overwhelming realities are rendered 'non-existent.' Narrative techniques in various media that illustrate characters emotionally detaching from traumatic memories further validate the presence of this pulsion across artistic expressions.

Conclusion: The annulment pulsion, a fundamental psychodynamic process, finds profound expression in art, providing a unique window into non-conscious human experiences. Art not only captures but also communicates complex psychological realities, making it an invaluable resource for understanding the depths of human psyche. This study underscores the relevance of psychodynamic concepts in interpreting artistic expressions and contributes to a broader comprehension of psychological phenomena in cultural contexts.

Efficacy of Arts-based Social Prescribing for Mental Health in Adults with Psychiatric Diagnoses: Results from a Randomised Controlled Trial

Nikos Stefanis^{1,2}, Vicky Efthymiou^{2,3}, Eleni Giannoulis^{1,2}, Lambros Yiotis^{2,4}, Sofia Martinaki^{1,2,9}, Katerina Mavromichali⁵, Marlen Mouliou^{2,6}, Aphrodite Pantagoutsou^{1,2}, Theodora Skali^{1,2}, Polyxeni Skaltsi^{1,2}, Eleni Theodoridou^{2,8}, Ilias Vlachos^{1,2}, Raphaëlle Delpech⁷, Daisy Fancourt⁷, Argyris Stringaris^{1,2,7}

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Introduction: It is unclear whether arts-based social prescribing is efficacious for people with mental illness.

Methods: Three-hundred-and-eighty-two adults (mean age 52 years +/- 14 years) in the community with psychiatric diagnoses receiving care as usual (CAU) by their mental health care teams in Greece, were referred via a novel Arts on Prescription scheme. Participants were randomised either to a group-based art intervention (Art + CAU) in the form of regular activities involving theatre, cinema, dance, photography, museum visits, or music events, or a waitlist-control (CAU) for 12 weeks. Participants were evaluated at baseline, 6 and 12 weeks via the Patient Health Questionnaire-9 (PHQ-9) for depression, the Generalized Anxiety Disorder-7 (GAD-7) for anxiety, and Warwick-Edinburgh Mental Well-being Scale (WEMBS) for wellbeing.

Results: At 12 weeks, 156 and 155 for Art + CAU and CAU respectively completed the trial. In linear mixed effects models (n = 373 participants), Art + CAU led to greater decreases in depression (estimated marginal mean, EMM -1.63, 95%CI -2.81 to -0.45), anxiety (EMM -1.62, 95%CI -2.59 to -0.66), and wellbeing (EMM 2.69, 95%CI 0.71 to 4.67). A significant interaction between group and time was observed for all three outcomes using Hochberg step-up correction: depression: (F(2, 661) = 5.45, p = 0.0045), anxiety (F(2, 657.90) = 6.02, p = 0.0026), and wellbeing (F(2, 657.37) = 3.0365, p = 0.049). There were greater reliable improvements for both PHQ-9 and GAD-7 (≥6 and ≥4 point decreases respectively) in the Art + CAU (15.2% and 17.2%, respectively) compared to the CAU group (5.5% and 8.8%, respectively). There were no adverse events in either arm.

Conclusions: Arts on prescription appears efficacious in improving mental health and wellbeing amongst people with psychiatric diagnoses when compared to a care as usual waitlist control group.

Funding: The study carried out by the University Mental Health, Neurosciences and Precision Medicine Research Institute "Costas Stefanis" (UMHRI) has been sponsored by the Hellenic Ministry of Culture under the "Arts on Prescription as Complementary Care in Mental Health" Programme of the National Recovery and Resilience Plan, Greece 2.0, funded by the European Union - Next Generation EU.

Arts and Mental Health: A Qualitative Focus Groups Evaluation of the Arts on Prescription Programme' s Impact on Psychiatric Patients' Well-Being in Greece

Theodora (Dora) Skali^{2,1,8}, Marlen Mouliou^{2,6}, Katerina Mavromichali^{2,5}, Vicky Efthymiou^{2,3}, Eleni Giannouli^{2,1}, Lambros Yotis^{2,4}, Sofia Martinaki^{2,10,1}, Afrodite Pantagoutsou^{2,1}, Polyxeni Skaltsi^{2,1}, Eleni Theodoridou^{2,9}, Ilias Vlachos^{2,1}, Raphaelle Delpech⁷, Daisy Fancourt⁷, Argyris Stringaris^{2,1,7}, Nikos Stefanis^{2,1}

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Introduction: The Arts on Prescription Programme in Greece is a person-centered intervention examining the impact of art-based activities on psychiatric patients' well-being. Complementing therapy, it promotes emotional expression, self-awareness, and social connection. Over two three-month periods, it involves weekly two-hour sessions in art spaces, facilitated by an artist and a mental health professional specialized in group dynamics. This study qualitatively assesses its effects on mental well-being.

Method: A qualitative approach using Focus Groups (FG) gathered insights from 15 FG/80 FG participants, including patients and coordinators, who signed the consent form for FG participation. Data were collected at the end of each 3 month-cycle through structured FG discussions exploring participants' experiences, emotional responses, and perceived benefits of art activities. Thematic Analysis identified key themes, guided by the models of "Reclaiming Sense of Self," "Surfacing Empathy," and "Building Community" (Orr et al., 2024). NVIVO 15 supported coding, categorizing, and interpreting data to patterns and themes.

Results: The analysis of the data related to patients reveals: a)reclaiming a sense of self–discovering talents, boosting self-esteem, reconnecting with motivations, experiencing satisfaction from growth, and feeling more relaxed, empowered, and less isolated, b)building community–participating in shared creative activities, interacting with strangers, forming emotional connections, building trust, enhancing social ties, and fostering belonging, c)rediscovering empathy–understanding others, forming empathetic bonds, and collaborating with individuals from diverse backgrounds.

And, related to coordinators, the findings reveal: a)shifting perspectives on Mental Health–significant changes in understanding individuals with mental health challenges, leading to greater empathy and awareness, b)building collaborative skills–enhanced ability to work with diverse individuals, fostering trust, acceptance, and effective teamwork, c)personal and professional growth–increased fulfilment, empowerment, and connection, with a deeper appreciation of the transformative potential of creative interventions.

Conclusion: These results indicate that arts-based interventions can significantly enhance mental well-being when integrated into community-based settings. It underscores the transformative potential of art in fostering a sense of self, building community, and enhancing empathy, even when not used as a direct therapeutic tool. Future research should explore the long-term effects and adaptability of such interventions across diverse contexts.

The study was conducted by UMHRI "Costas Stefanis" sponsored by the Hellenic Ministry of Culture-"Arts on Prescription" Programme in Greece 2.0, funded by EU-Next Generation EU.

Arts on Social Prescription for Mental Health in Adults with Psychiatric Diagnoses: Art-based research on the patients' experience through collective drawings.

Lambros Yotis^{2,4}, Eleni Giannouli^{1,2}, Afrodite Pantagoutsou^{1,2}, Vicky Efthymiou^{3,2}, Sofia Martinaki^{10,1,2}, Katerina Mavromichali⁵, Marlen Mouliou^{6,2}, Theodora (Dora) Skali^{1,8,2}, Polyxeni Skaltsi^{1,2}, Eleni Theodoridou^{9,2}, Ilias Vlachos^{1,2}, Raphaelle Delpech⁷, Daisy Fancourt⁷, Argyris Stringaris^{1,2,7}, Nikos Stefanis^{1,2}

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⁷Faculty of Brain Sciences, University College London, London, UK

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¹⁰Department of Social Work, University of West Attica, Egaleo, Athens, Greece

Introduction: A growing body of evidence highlights the therapeutic benefits of integrating the arts as an adjunct treatment in psychiatric care. This research examines the efficacy of a nationwide Arts on Social Prescription Programme in Greece, initiated by the Hellenic Ministry of Culture in collaboration with a committee of experienced mental health professionals. The pilot study involved participants with different psychiatric diagnoses in 12 weekly arts-based activities, including theatre, dance, visual arts, music and cinema, delivered in accredited cultural institutions. A 12-week, parallel group, randomised controlled trial, was supplemented by qualitative and arts-based assessments of participants' perceived outcomes. The sample of the arts-based research consisted of 311 participants in 53 different artistic activities, out of 380 taking part in total.

Method: The participants' overall experience was assessed through collaborative drawings, created during the final session of each activity. Uniform drawing materials and instructions were provided to all groups: a) Participants first marked a personal space on a shared sheet of paper, drawing images or writing words representing their experiences. b) They then observed their work from a distance, identified affinities and drew connections between their contributions. c) Finally, participants collaboratively titled the collective drawing. All drawings were submitted to the research committee and three experienced arts therapists conducted a detailed analysis. Content analysis, supported by NVIVO15, included both qualitative and quantitative assessments of the drawings based on general impressions, style, structure, content, use of colour, materials, connections and titles. The interpretative analysis focused on meanings related to mental health, well-being and creativity.

Results: The results showed a high level of emotional involvement and expression, with recurring images, symbols and words reflecting positive emotions, optimism and new perspectives. Most of the collective drawings showed significant interconnections. The most common symbols represented themes of freedom, hope, human contact, connection with nature and spiritual unity.

Conclusion: According to the participants, the Arts on Social Prescription programme improved self-expression, creativity, communication and overall well-being. These findings highlight the potential of cultural institutions to promote social inclusion, foster meaningful interactions and inspire hope through arts programmes tailored to people with mental disorders.

*The study has been carried out by the University Mental Health, Neurosciences and Precision Medicine Research Institute "Costas Stefanis" (UMHRI), sponsored by the Hellenic Ministry of Culture under the "Arts on Prescription as Complementary Care in Mental Health" Programme of the National Recovery and Resilience Facility Plan, Greece 2.0, funded by the European Union-Next Generation EU.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits on a rocky island in the water. The Egyptian flag flies from a pole atop the castle. Several boats are docked at a pier in the foreground. The overall scene is bright and scenic.

Symposia Presentations

**Symposium 7: Innovating Psychiatry Education:
Global Insights, Egyptian Leadership, and
Collaborative Innovations**

Navigating a different training system for IMG Psychiatrists

Hussien Elkholy^{1,2}

¹*Clinical Neuroscience Department, Brighton And Sussex Medical School (UK), UK*

²*Okasha Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Egypt*

International Medical Graduates (IMGs) aiming to establish themselves as psychiatrists in the United Kingdom encounter a unique set of pathways within the structured training environment. The UK provides several distinct career paths for IMGs, such as the Core Psychiatry Training programme, which serves as an essential foundation for further specialization. Alternatively, IMGs can opt for direct entry into specialty training allowing experienced doctors to bypass certain initial requirements if they demonstrate equivalent competencies.

Another crucial pathway is the Medical Training Initiative (MTI), which offers short-term training opportunities in the UK, enabling IMGs to gain valuable experience within the National Health Service (NHS) while contributing to local services. This initiative facilitates knowledge exchange and enhances the global reach of UK psychiatric training.

Another pathway is the CESR which allows experienced psychiatrists to provide evidence and be recognised as consultants without further training.

IMGs face challenges such as adapting to the NHS's cultural and clinical practices, which can differ significantly from those in their home countries. Additionally, navigating the General Medical Council (GMC) registration process and meeting language proficiency requirements can present initial hurdles.

To support IMGs in overcoming these challenges and making informed decisions about their career trajectories, structured mentorship, and support programmes are essential.

A white seagull is flying in the upper right quadrant of the image against a blue sky with wispy clouds. In the background, a large stone castle with multiple towers and a central dome sits on a cliff overlooking the sea. A flag is visible on a pole near the castle. The sea is dark blue with white-capped waves. A red banner with rounded corners is positioned in the middle of the image, containing the text 'Symposia Presentations'. Below the banner, a white rectangular box contains the text 'Symposium Symposium 8: Art Therapy Evidence Based of Well Being in Mental Health' in red.

Symposia Presentations

**Symposium Symposium 8: Art Therapy Evidence
Based of Well Being in Mental Health**

Challenges of Mental Health

Miriam Abascal Zimms

En Casa with Miriam, Lutz, United States

This part of the symposium will explore the critical intersection of mental health and overall wellbeing as it relates to the patient. It addresses the challenges associated with stigmas, cultures and fears associated with access to or knowledge of these types of mental health programs/wellness when help-seeking, their related cost, and the availability of any complimentary programs.

The speaker will share her 15-year journey as a two-type cancers survivor while avoiding a third through an elective surgery due to genetics and a familial history. She will examine her experience with the unique socio-cultural factors that influence mental health access for people of color as a Guatemalan American. The discussion will include the impact of generational trauma, familial genetics, economic conflict, and gentrification in communities.

The symposium will highlight innovative tools and techniques, a U.S. Arts in Medicine program, and culturally relevant approaches to mental health and wellbeing, drawing on social- and community-based marketing principles, traditional and integrative practices, and the integration of mental health arts in medicine programs into hospitals and medical facilities. The speaker will address the importance of understanding inequalities and fostering collaborative partnerships to create sustainable and equitable mental health solutions for various populations.

Finally, this symposium aims through lived examples of the speaker, specific outcomes, and evidenced-based support for the methods used to bring about mental health wellness during and after her cancers journey. And to also allow for a deeper understanding of the complexities surrounding mental health education, outreach, and barriers for patients.

Challenges of Art Therapy

Manale Elewah

Art2care, Alexandria, Egypt

This abstract constitutes the Challenges of Art Therapy as part of the Art Therapy, Evidence Based Well-Being in Mental Health Symposium. Art therapy is considered a very important tool nowadays to implement the concept of mental healthcare through art interventions.

First, this abstract explores the effectiveness of art therapy in well-being through evidence based experiences. Based on real success stories of art therapy across Egypt, the effectiveness of art therapy interventions has been demonstrated with multiple populations and in various settings. In conducting art therapy interventions with individuals from Arab communities, art therapists may encounter complex cultural, religious, and political issues. Understanding therapy processes should incorporate service and societal influences on therapist and client. Training needs to include understanding adversity, trauma, and working with trauma; and to better equip all populations exposed to trauma.

Second, this abstract lists the actual challenges facing art therapists in Egypt and the Arab World compared to other European and American Art Therapists. The journey of art therapists starting from education, practicum, supervision, licensing, to accreditation. The information presented in this abstract not only serves as a source of foundational, prerequisite, and essential knowledge required of all those working in art therapy, arts in medicine and arts in health and but also provide a preparation resource for the future of art therapy critical encountered issues.

Finally, the abstract demonstrates evidence based on how art therapy elevates emotional well-being to help individuals face stress and anxiety which they experience on daily basis via a documentary video.

Mental Health / Well-Being

Sahar Khalil

African Union, PACC/6, Egypt

This presentation explores the critical intersection of mental health and overall wellbeing within the diverse contexts of Africa. It addresses the significant challenges posed by the prevalence of mental health disorders, the limited access to resources, and the persistent stigma that hinders help-seeking behaviors across the continent.

We will begin by examining the unique socio-cultural factors that influence mental health in African communities, including the impact of historical trauma, poverty, conflict, and rapid urbanization. Subsequently, we will delve into the current state of mental health services, highlighting the existing gaps in infrastructure, workforce capacity, and funding.

Furthermore, the presentation will showcase innovative and culturally relevant approaches to promoting mental wellbeing, drawing on community-based initiatives, traditional healing practices, and the integration of mental health into primary healthcare systems. We will emphasize the importance of addressing systemic inequalities and fostering collaborative partnerships to create sustainable and equitable mental health solutions.

Finally, we will discuss strategies for strengthening mental health advocacy, raising awareness, and empowering individuals and communities to prioritize mental wellbeing as an integral component of overall health and development in Africa. This presentation aims to contribute to a deeper understanding of the complexities surrounding mental health in Africa and inspire action towards building a future where mental wellbeing is accessible and prioritized for all.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower portion of the image, a large, ancient stone castle with multiple towers and battlements sits on a rocky island in the middle of a body of water. A flag is visible on a tall pole atop the castle. Several boats are docked at a pier in the foreground. The overall scene is bright and scenic.

Symposia Presentations

**Symposium 15: Menopause in the Workplace:
Mental Health Challenges, Impact, and Ev**

The Invisible Battle: Mental Health During Menopause

Hussien Elkholy^{1,2}

¹*Clinical Neuroscience Department, Brighton and Sussex Medical School, UK, ²Okasha Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Egypt*

Menopause is a significant transitional phase in a woman's life that can profoundly impact mental health and well-being. In the work environment, women experiencing menopause may face challenges such as mood swings, anxiety, depression, and cognitive difficulties, which can affect their performance and productivity. The stigma and lack of understanding surrounding menopause further exacerbate these issues, leading to feelings of isolation and stress. To support women during this period, workplaces can implement measures that foster a supportive and inclusive environment.

Firstly, raising awareness and educating employees about menopause can help destigmatize the condition and promote empathy. Creating a culture where women feel comfortable discussing their experiences without fear of judgment is crucial. Additionally, flexible working arrangements can accommodate the fluctuating physical and mental health needs of menopausal women. Employers could offer options such as remote work, adjustable hours, or extended breaks when necessary. Providing access to mental health resources, such as counseling services and stress management programs, can also be beneficial. Encouraging a supportive network among colleagues and promoting peer support groups can further aid in reducing the sense of isolation.

Addressing the mental health challenges associated with menopause in the workplace is essential for the wellbeing and productivity of women. Through education, flexibility, access to resources, and fostering a supportive culture, employers can significantly contribute to the health and well-being of their employees, ensuring a more inclusive and productive work environment.

The Menopause Factor: Addressing Workplace Challenges for Women

Farah Ahmed³

¹*Noor Corporate Health Solutions, Dubai, United Arab Emirates*

²*Mohammed Bin Rashid School of Government, Dubai, United Arab Emirates*

³*Medi Sense Clinic, Dubai, United Arab Emirates*

Menopause has been a silent burden carried by women in the workplace for several reasons. In this session, we will recap the physiology and symptoms of menopause, the duration and incidence of symptoms among women and then we will relate this to how it affects women in the workplace. We will discuss how to support women in this stage of their life from an occupational health standpoint and discuss the behaviours of supportive managers and employers towards women based on research.

Menopause Friendly Workplaces: Designing Inclusive Accommodation

Mostafa Yosef El Shahed

Faculty Of Medicine Ain Shams University, Cairo, Egypt

Menopause presents unique mental health challenges that can significantly impact employee well-being and workplace performance. This talk explores evidence-based strategies for creating supportive work environments that acknowledge and accommodate the needs of menopausal employees. It examines how tailored workplace policies—such as flexible work arrangements, targeted health initiatives, and environmental adjustments—can mitigate the mental health impacts of menopause. The talk critically assesses the benefits of these interventions in reducing stigma, enhancing job satisfaction, and fostering a more resilient workforce. By identifying common barriers and proposing actionable recommendations, the talk aims to guide organizations in developing inclusive practices that not only support the mental health of menopausal employees but also contribute to overall organizational effectiveness.

A white seagull is flying in the upper right quadrant of the image against a blue sky with wispy clouds. In the background, a large stone castle with multiple towers and a central dome sits on a cliff overlooking the sea. A flag is visible on a pole atop the castle. The sea is dark blue with white-capped waves. A red banner with rounded corners is positioned in the middle-left area, and a white banner with rounded corners is below it.

Symposia Presentations

Symposium 16: Scoping Perinatal Psychotropics: Case-based Insights for Safe Prescriptions

Pharmacological treatment of Depression in pregnancy

Gihan ELNahas

1-Ain Shams Medical School 2-International Association Women Mental Health, Cairo, Egypt

This presentation delves into the critical subject of pharmacological treatment of depression during pregnancy, emphasizing the impact of untreated maternal depression on both pregnancy and birth outcomes. Informed by the latest advances in perinatal psychopharmacology, it delivers practical, evidence-based guidelines to assist with clinical decision-making. At the heart of the discussion is the rational prescribing of antidepressant medication during pregnancy, based on rigorous risk-benefit analysis to ensure the best plans for care. Real-world lessons are incorporated through the use of case vignettes, with pragmatic insights and an emphasis on the individualized care nuances. In tackling this delicate balance, the presentation aims to empower healthcare professionals with the information and the skills necessary to attain better maternal and fetal health outcomes.

A white seagull is flying in the upper right quadrant of a blue sky filled with wispy clouds. Below the sky, a large red banner with rounded corners contains the text 'Symposia Presentations'. Underneath the banner, a white rectangular box contains the text 'Symposium 17: Workplace Trauma and Its Impact on Mental Health at Work'. The bottom half of the image shows a large, multi-towered stone castle with a flag on top, situated on a rocky island in the middle of a blue body of water. Several boats are docked at a pier in the foreground.

Symposia Presentations

**Symposium 17: Workplace Trauma and Its Impact
on Mental Health at Work**

The Role of Leadership in Fostering Psychologically Safe Workplaces

Farah Ahmed³

¹*Noor Corporate Health Solutions, Dubai, United Arab Emirates*

²*Mohammed Bin Rashid School of Government, Dubai, United Arab Emirates*

³*Medi Sense Clinic, Dubai, United Arab Emirates*

The success of organizations is highly dependent on the vision and leadership of those at the top. Just as business related KPIs (key performance indices) and directives are decided at this level, so too does corporate culture. The overarching corporate culture is shaped by leaders who direct policies and practice which directly affect how psychologically safe employees feel within an organization. In this session we will discuss various ways leaders influence the workplace by virtue of their role. We will explore the definition of psychological safety in the workplace. We will also cover aspects of personal behavior, managing of operations and governance at work which help to support psychological safety. We will finally highlight a case example on how finances/ income affect the mental health of employees in an organization.

The impact of trauma-informed organizational policies

Tina Balachandran

Flourishing Minds Clinic, Doha, Qatar

Trauma-informed organizational policies play a crucial role in shaping workplace culture, fostering psychological safety, and supporting employee well-being. As workplaces increasingly recognize the prevalence of workplace trauma—arising from critical incidents, chronic stress, discrimination, and toxic work environments—there is a growing need for policies that acknowledge and mitigate these impacts. This session examines how trauma-informed policies contribute to employee resilience, engagement, and overall organizational health.

We will explore key principles of trauma-informed workplaces, including trust, transparency, empowerment, and peer support. Case studies and research findings will highlight effective policy approaches such as mental health accommodations, flexible work arrangements, confidential reporting structures, and leadership training in trauma sensitivity. Additionally, we will discuss how organizations can integrate trauma awareness into HR strategies, performance management, and employee assistance programs to create a more supportive and inclusive work environment.

By implementing trauma-informed policies, organizations can reduce burnout, absenteeism, and turnover while promoting a culture of psychological safety and recovery. This session offers practical insights for HR professionals, organizational leaders, and mental health practitioners seeking to develop workplaces that prioritize employee well-being and long-term resilience.

The Effectiveness of Workplace Mental Health Interventions

Mostafa Yosef El Shahed

Faculty Of Medicine Ain Shams University, Cairo, Egypt

Workplace trauma and stress have increasingly profound effects on employee mental health, productivity, and overall well-being. This talk examines the effectiveness of mental health interventions designed to mitigate the impact of trauma in diverse work environments. This session highlights evidence-based strategies such as tailored psychological support, comprehensive stress management training, and trauma-informed care practices. The session critically evaluates the outcomes of these interventions and explores the challenges organizations face, including cultural barriers and resource limitations, in implementing sustainable mental health programs. Practical recommendations will be offered to guide employers in creating resilient and psychologically safe workplaces. By integrating current insights with actionable strategies, this talk aims to empower organizations to enhance mental health support systems and foster environments where employees can thrive.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a cliff overlooking the sea. A flag flies from a tall pole on the castle. The foreground shows the dark blue, rippling water of the ocean.

Symposia Presentations

Symposium 18: Child and Adolescent Psychiatry

Exploring Comorbidities in Autism Spectrum Disorder: Challenges and Perspectives

Maha Sayed

Professor of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt

Comorbidities in ASD manifest as impairments outside of its core diagnostic features; the latter being deficits in social communication/interaction, and restricted, repetitive patterns of behavior, interests, or activities, including sensory processing difficulties. Epilepsy, psychiatric/behavioral complaints, and gastrointestinal (GI) disorders are common comorbidities of ASD, especially in subjects with intellectual disability (ID). Comorbidities frequently manifest in preschool years and their presence may be the best predictor of maladaptive behavior, respective of ASD symptom severity, presence of ID or limitations in adaptive functioning.

Camouflaging in ASD and ADHD

Salwa Tobar

Mansoura University, Mansoura, Egypt

Camouflaging in ASD and ADHD

Camouflaging was thought to be present only in ASD but it was found also in ADHD. This talk will try to highlight its mechanisms, benefits and drawbacks.

Child and Adolescent Psychiatric Emergencies

Taghreed Elshafie

Al-azhar University, Cairo, Egypt

Safety plays a crucial role in psychiatric evaluation in youth. The ED setting often affords clinicians more resources to help manage psychiatric crises. Use of quiet or seclusion rooms, continuous observation, medication for agitation, and physical restraint are at times necessary to contain patients who pose an imminent risk to themselves or others. Interventions like these should be used sparingly and only when clinically appropriate as they come with their own risks (e.g., adverse drug effects, injury, emotional trauma, etc.).

These interventions, though vital at times for the physical safety of the patient or others, can also decrease the patient's and the family's sense of emotional safety.

Working with emergency medicine treatment providers to find private, quiet spaces will allow patients and their families to feel more at ease with the assessment and may facilitate disclosure of psychiatric symptoms or precipitating conflicts. In instances where private spaces are not available, or the patient's behavior poses too great a risk to assess alone, taking time at the beginning of the evaluation to inquire about ways to address patients' comfort (e.g., food or drink, chairs, having caregivers nearby) can also mitigate patients' reticence.

Simple measures to address both physical and emotional safety may obviate the need for more restrictive measures later in the evaluation and treatment process.

Management Strategies for Abused Children: From Victim to Survivor

Hala Taha

Professor Of Psychiatry Azhar University, Cairo, Egypt

Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, or strangers.

Globally, it is estimated that up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in the past Abstract

Experiencing violence in childhood impacts lifelong health and well-being

International studies reveal that nearly 3 in 4 children aged 2-4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers, and 1 in 5 women and 1 in 13 men report having been sexually abused as a child.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a rocky cliff overlooking the sea. A flag is visible on a pole atop the castle. The foreground shows the dark blue, textured surface of the water.

Symposia Presentations

Symposium 19: Stress in the Womb: Unravelling the Maternal-Fetal Connection

Revealing Maternal Stress Transmission to Offspring

Gihan ELNahas

1-Ain Shams Medical School 2-International Association Women Mental Health, Cairo, Egypt

This presentation examines the pivotal role of maternal stress transmission to offspring, with a focus on diagnosing and addressing Perinatal Mood and Anxiety Disorders (PMADs). The discussion focuses on the profound impact that maternal stress has on birth outcomes and on the mechanisms by which the stress is transmitted to the fetus during development through the Hypothalamic-Pituitary-Adrenal (HPA) axis. Focusing on the need for a holistic understanding, the presentation integrates the biological, psychological, and social factors to underscore the need for a holistic model of intervention. Recommendations call for biopsychosocial intervention that minimizes the adverse consequences of maternal stress, ensuring better maternal health and healthier developmental pathways for children.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a cliff overlooking the sea. A flag flies from a pole on the castle. Several boats are docked at a pier in the foreground. The overall scene is serene and majestic.

Symposia Presentations

Symposium 20: The many facets of borderline personality disorder

Identity psychopathology in borderline personality disorder

Ehab Elbaz

Psychiatry department, Military Medical Academy, Ca, Egypt

Borderline personality disorder is a heterogeneous disorder. patients with this disorder may exhibit a wide variety of psychopathology symptoms and signs. one of the core psychopathology symptoms in borderline personality disorder is the identity disturbance and identity psychopathology. Identity itself is a poorly understood concept in personality psychology and the clinical presentation of its psychopathology in patients with borderline personality disorder is not easy to detect. The focus of this presentation is on understanding identity psychology and how may patients with borderline personality disorder experience psychopathology in their identity. Also, different interventions targeting these symptoms will be reviewed.

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Symposia Presentations

Symposium 21: Challenges and Innovative Approaches Managing Stress in Different Settings

Challenges in Managing Depression and Anxiety in Perinatal Settings

Hussien Elkholy

Brighton And Sussex Medical School (UK), UK

The perinatal period, encompassing both pregnancy and the postpartum phase, presents unique challenges in the diagnosis and management of depression and anxiety. Many cases go undiagnosed due to the complexities involved in distinguishing normal psychological changes from clinical symptoms. Clinically, hormonal fluctuations, physical changes, and psychosocial stressors contribute to the onset of anxiety and depression, making the diagnostic process more difficult.

Screening for depression and anxiety during the perinatal phase is crucial but remains inconsistent across different healthcare settings. Despite the availability of validated screening tools, their utilisation varies widely, often depending on factors such as healthcare policy, provider training, and resource availability. This inconsistency results in gaps in early detection and intervention, potentially exacerbating outcomes for both the mother and child.

The management of anxiety symptoms and depression in the perinatal period is further complicated by concerns regarding medication safety and the need to balance the benefits of pharmacological interventions against potential risks to the fetus or breastfed infant.

Moreover, service variation substantially impacts the quality of care women receive. Access to specialised perinatal mental health services is not uniform, with significant disparities observed based on geography, socioeconomic status, and healthcare system infrastructure.

In conclusion, addressing the challenges in managing depression and anxiety in perinatal settings requires a multifaceted approach. This includes improving screening protocols, providing clear guidance on medication use, and ensuring equitable access to mental health services.

Stress Management – An Organizational Perspective

Farah Ahmed^{1,2}

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Managing stress always has two pathways – one is the personal factors and the other is the environmental factor. Within organizations the environment is made up of both physical and cultural aspects that contribute to the levels of stress that employees face. In this session we will discuss the six main factors that contribute to stress in the workplace. We will discuss how to assess and manage these factors. We will also look at the International Labour Organisation’s concept of “Decent Work” looking at the 5 Dimensions of Decent Working Time to help employees achieve a better work-life balance while managing the demands of work.

Body-Based Interventions as Viable Therapeutics

Amy Amla Kartar, Balázs Örszik, Brittany Anderson, Iris Asllani, Anna-Marie Bibby-Jones, Clara Strauss, Stephen Bremner, Sam Robertson, Sarah Garfinkel, Jessica Eccles, Lisa Quadt, Hugo Critchley, Alessandro Colasanti

Brighton And Sussex Medical School, Brighton, United Kingdom

The popularity of body-based therapies as a tool for psychological distress is rapidly expanding, reflecting a growing recognition of the brain-body link in mental health disorders.

One example is breathwork, where controlled breathing patterns that increase ventilatory rate or depth can evoke subjective experiential states analogous to altered states of consciousness evoked by psychedelic drugs. These states include components such as euphoria, bliss, and perceptual differences. However, the neurobiological mechanisms underlying the profound subjective effects of high ventilation breathwork remain largely unknown and unexplored. These mechanisms need to be characterised to identify safety parameters which enable clinical research, ultimately making breathwork a viable therapeutic option for difficult-to-treat psychiatric disorders. This talk discusses novel findings from a breathwork neuroimaging study, including autonomic and cerebral haemodynamic alterations. These alterations may underlie the pivotal mental experiences that mediate the positive therapeutic outcomes of this breathwork modality.

Another body-focused therapeutic approach targets interoception, i.e. the perception and representation of internal bodily signals. Aligning Dimensions of Interoceptive Experience (ADIE) is a validated therapy that can engender enduring changes in trait anxiety by enhancing perceptual precision and mitigating misinterpretation of cardiac sensations that otherwise amplify anxiety. This talk discusses the steps taken to digitise and increase the accessibility of ADIE as a therapist-led or software-guided digital intervention for anxiety (HeartRater:Clinical) within NHS talking therapy services.

Investigation of body-based therapies is imperative for accessibility, providing alternatives for individuals who find the emotional language in typical psychotherapy challenging, and for addressing today's rising incidence of mental health disorders.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, multi-towered stone castle sits on a rocky island in the middle of a blue body of water. A flag is visible on a tall pole atop the castle. The overall scene is bright and scenic.

Symposia Presentations

Symposium 22: Attention Deficit Hyperactivity disorder ADHD, a lifetime disorder

ADHD in infancy and childhood; from crib to school

Mona Mahmoud El Sheikh

Okasha Institute Of Psychiatry, faculty of medicine, Ain Shams University, Cairo, Egypt

Attention deficit hyperactivity disorder (ADHD) has long been described, it is the most prevalent disorder in children and adolescents. Recently, its span has extended to include infants from 0-3 years, with the introduction of infant psychiatry and hyperactivity disorder as one of the most prominent disorders diagnosed in this early age, spanning to early, middle and late school years. Each age has its own unique presentation and emergent clinical and therapeutic issues. This presentation will discuss the different diagnostic criteria for ADHD across the different age groups, highlighting the updated management and clinical dilemmas from early infancy till late adolescence.

Adult ADHD, challenges and opportunities

Hussien Elkholy

Ain Shams University (Egypt), Brighton and Sussex Medical School (UK), Cairo, Egypt/UK

In the UK, the prevalence of ADHD in adults is about 4% and is more commonly diagnosed in men, with a male to female ratio of 3:1 (NICE, 2024). There is growing evidence that this is an underestimation of the actual numbers. Moreover, many still believe that ADHD is childhood disorder and do not acknowledge its impact in adulthood. This presentation aims at addressing this belief and shed the light on the challenges facing this group.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, ancient stone castle with multiple towers and battlements sits atop a cliff overlooking the sea. A flag flies from a pole on the castle. Several boats are docked at a pier in the foreground. The overall scene is serene and majestic.

Symposia Presentations

Symposium 24: Reflections from WPA Addiction Psychiatry Section

Complexity of Women Trauma Oriented Addiction Care in Middle East Settings

Rama Kamal

Naufar Addiction Rehabilitation and Research Centre, Doha, Qatar

Substance use disorders in females is increasing markedly worldwide, also in countries of the middle east. It is associated with a range of higher health risks, social exclusion and predisposing trauma related complexity. Women suffering from drug addiction may have specific requirements in terms of diagnosis, treatment and management. In this talk will highlight presentation of use patterns in the middle east cohort Qatar as example (N= 250) and the challenges in providing treatment for this group of patients. It addresses besides substances use also the patients patterns in seeking treatment and the impact of stigma related to the disorder. Further similarities to international findings and differences will be described. In addition, we will describe a tailored SUD treatment program for Arab females which is culturally sensitive, incorporating treatment of associated comorbidities as personality disorders and Trauma management.

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. Below the bird, a large, ornate stone castle with multiple towers and a central dome sits on a rocky island in the middle of a blue body of water. A flag flies from a tall pole on the castle. In the foreground, several boats are docked at a pier. The overall scene is bright and scenic.

Other Sessions Presentations

Workshop 5

The current Guidelines for Treatment of Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Syndrome Associated With Streptococcal Infection (PANDAS)

Ahmed Mubarak

Faculty of Medicine Tanta University, Tanta, Egypt

Objectives: is to outline the consensus guidelines for symptomatic treatment for (PANS) and (PANDAS). How to apply these guidelines to different patients with PANS & PANDAS.

Methods: an interactive workshop with the target audience utilizing slides and video clip presentation and open discussion then concluding remarks on how to diagnose and apply the treatment guidelines.

Conclusion: The treatment of PANS/PANDAS is symptom based and closely mirrors that of childhood mental illness of idiopathic etiologies.

Mainstays of treatment include Psychoeducational, Psychotherapeutic, Pharmacological Behavioral, family, school-based interventions. All these measures reduce suffering and improve functioning until the immunologic and infectious processes are addressed.

Fortunately, many patients with pans/pandas will recover completely and symptomatic treatments can be discontinued. Others are less fortunate and have ongoing symptoms that require continuous intervention and accommodation.

A seagull is flying in the upper middle part of the frame against a blue sky with wispy clouds. In the lower right, a large stone castle with multiple towers and a flag on top sits on a rocky outcrop. Below the castle, several boats are docked at a pier in the water. The entire scene is bathed in a blue light.

Other Sessions Presentations

**Novel approaches in child and
adolescent Psychiatry**

Borderline personality disorder in an inpatient sample of Egyptian adolescents: Prevalence, correlates and short term prognosis

Mohammad Seleem, Asmaa El Zoghby, Somia Elseady, Mai Salem, Noha Fnoon, Ahmad Hasan, Reham Amer

Tanta University, Tanta, Egypt

Borderline personality disorder (BPD) is considered one of the main mental health challenges with severe morbidity, high social costs, and substantial prevalence. Some retrospective studies in adult patients with BPD showed that Over 30% of patients with BPD began self-harming when they were 12 years of age or less, with another 30% initiating self-harm between the ages of 13 and 17. The validity of the diagnosis of (BPD) in adolescence has long been debated. However, the disorder has now been better ascertained, and the evidence justifies that BPD is a reliable and valid diagnosis in adolescence that is associated with acute risks and serious long-term consequences including poor psychosocial functioning and high morbidity and mortality. Some prospective studies reported that Only 40-50% of adolescents diagnosed with BPD will continue to fulfill the criteria of the diagnosis in their adulthood.

Our inpatient unit was started in Tanta psychiatry and neurology center in 2013 to be the first specialized university-affiliated psychiatric inpatient unit to serve both children and adolescents in the wide catchment area of Nile Delta (about 13 million people). Many adolescents fulfilling the criteria of admission in our unit also fulfilled the criteria of borderline personality disorder in addition to several other psychiatric diagnoses. Our efforts to translate, validate and apply reliable diagnostic tools for borderline personality disorder in children and adolescents will be outlined together with the prevalence, demographic and clinical correlates of the diagnosis and the short term follow up prognosis of two cohorts of adolescents fulfilling the criteria of the diagnosis after the application of a brief dialectical behavior therapy program versus treatment as usual.

Psychometric properties of the Arabic version of the Child Behavior Checklist (CBCL), Youth Self Report (YSR), and Teacher's Report Form (TRF) in a sample of Egyptian children

Mohammad Seleem¹, **Reham Amer**¹, Mohamed Elhosary², Sameh Saada³, Eid Abo Hamza⁴, Yomna Elfert⁵, Sanaa Abd El-fatah Abdo⁵, Ibrahim Kabbash⁵, Thomas Achenbach⁶

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Background: The Achenbach System of Empirically Based Assessment (ASEBA) forms are among the most studied instruments for assessing behavioral, emotional, social, and thought problems in children and adolescents worldwide. Although ASEBA instruments have been translated into Arabic, fewer studies have investigated their psychometric properties and norms in Arabic speaking societies than in other societies.

Methods: Revisions were made to the Modern Standard Arabic (MSA) translations of the Child Behavior Checklist for Ages 6–18 (CBCL/6–18), the Teacher's Report Form (TRF), and the Youth Self-Report (YSR). Parents of 6–18-year-old who came to the general pediatric clinic in Tanta University Hospital during a 2-year period for routine check-up were invited to fill out the CBCL/6–18 (N=595), while 11–18-year-olds were invited to fill out the YSR (N=409). TRF were filled out by teachers (N=329).

Results: Confirmatory factor analyses supported the previously reported eight-factor syndrome structure of the forms with good psychometric properties and moderate cross-informant correlations. The mean CBCL/6–18 and YSR Total Problem scores qualified for the previously established ASEBA Multicultural Norm Group 2, while the mean TRF Total Problem score qualified for group 3.

Conclusions: The good psychometric properties and the identification of Multicultural Norm Groups for scores obtained with the Arabic translations of ASEBA forms in Egyptian society support use of the ASEBA for assessment and outcome evaluations of behavioral, emotional, social, and thought problems among Egyptian youth.

ADHD in females: Is it different?

Mahmoud Elwasify

Egypt

ADHD is highly prevalent and trending worldwide disorder with major impacts on all aspects including both adults and children from both genders. The aim of this talk is to highlight the latest findings in differences in ADHD clinical profiles between male and females across the lifespan and to show the biological and psychosocial basis standing for these differences.

Global Perspectives on Body Image: Cultural and Psychological Influences Across International Analysis

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Background: Body image is a multifaceted construct influenced by perceptual, affective, and cognitive elements, significantly shaped by sociocultural and psychological factors. Disturbances in body image can range from transient discomfort to persistent concerns, potentially escalating to psychopathology. This study, B-IMAGED, explores the correlations between psychological traits and body image concerns, particularly after the COVID-19 pandemic, which has intensified body-related anxieties due to increased social media engagement and decreased physical activity.

Methods: The study employed a cross-national approach, recruiting 768 participants from Germany, Italy, Brazil, and the Philippines. Data were collected through online surveys assessing body uneasiness using the Body Uneasiness Test (BUT-A) and psychological traits such as perfectionism, cognitive rigidity, detail orientation, mentalization, and susceptibility to psychosis. Statistical analyses included correlation and network analysis to elucidate the interactions between body image concerns and psychological traits across different cultural contexts.

Results: Preliminary findings indicated significant correlations between body image concerns and psychological traits such as perfectionism and cognitive rigidity across all participant groups. Notably, a strong relationship was found between increased perfectionism and heightened body image uneasiness. The study also highlighted considerable gender differences, with women generally reporting greater body image concerns and experiencing higher psychological distress. Furthermore, the impact of the COVID-19 pandemic was evident, exacerbating body image concerns across populations.

Conclusions: The results underscore the importance of considering cultural and psychological dimensions in addressing body image concerns. Identifying key psychological traits that correlate with body image concerns can aid in developing tailored therapeutic approaches that accommodate individual and cultural sensitivities. The study advocates for ongoing research to fully understand these dynamics and to identify potential resilience factors across different cultural and gender groups, emphasizing the need for interventions that are sensitive to the nuanced experiences of diverse populations.



Other Sessions Presentations

Workshop 6



Psychopharmacology of Pediatric oncology Patients

Taghreed Elshafie

Al-azhar University, القاهرة الجديدة, Egypt

The last decades have brought increasing recognition of mental illness in all populations of children. There has been a concurrent increased recognition of the impact that mental illness can have on the health and wellbeing of children with medical illness and the impact that medical illness can have on a child's mental health. While pediatric psychopharmacology in the medically ill child lags behind evidence-based adult practices, there are nevertheless an expanding number of treatment options. Here we will explore pharmacologic considerations for children with cancer; these include psychiatric side effects of common non-psychoactive medications, psychoactive medications by indication, and pharmacologic interactions and adverse effects at the intersection of oncology and psychiatry.



Other Sessions Presentations

WPA President's Choice Lectures



Efficacy and Role of Guidelines on Schizophrenia worldwide: A metareview

Peter Falkai, Silvana Galderisi, Wolfgang Gaebel

Ludwig Maximilians University of Munich, Germany, München, Deutschland

There are numerous national guidelines on schizophrenia, addressing important aspects of the diagnosis and treatment of schizophrenia.

The guidelines try to form a corridor to enable practitioners to make a reliable diagnosis of schizophrenia as well as to treat this disorder successfully in the most possible cases. Centrepieces of the guidelines are the choice of the right pharmacotherapy in acute and long-term phase of the illness, the use of evidence-based combinations and as well as how to deal with treatment refractory conditions. Apart from the effectiveness of these guidelines their limitations are given consideration as well, to show that they are indeed only guiding recommendations, but at the same time enable the clinician to treat each patient according to their individual necessity.

The Winning Mindset: Exploring the Intersection of Mental Health and Sports

Mena Mirhom

Columbia University Medical Center, New York, United States

Background: Mental health is increasingly recognized as a critical component of athletic performance and overall well-being. Athletes face unique psychological stressors, including performance pressure, injury recovery, and public scrutiny, all of which can contribute to conditions such as anxiety, depression, substance use, and burnout. Despite growing awareness, mental health remains under-addressed in sports settings, highlighting the need for evidence-based interventions and a multidisciplinary approach.

Method: This session will draw from my experience as a sports psychiatrist working with professional basketball, soccer, and football teams, integrating clinical insights with recent research. The presentation will cover:

1. Evidence-Based Interventions – Strategies such as cognitive-behavioral therapy (CBT), mindfulness, and resilience training tailored for athletes.
2. Multidisciplinary Collaboration – Case examples demonstrating effective partnerships between psychiatrists, coaches, trainers, and nutritionists to optimize athlete mental health.
3. Performance Enhancement Techniques – Practical applications of sports psychology principles to improve focus, motivation, and emotional regulation.

Results: Research, including Reardon et al. (2019), supports the link between mental well-being and athletic performance. Case studies from professional teams illustrate how integrating mental health strategies leads to improved performance, reduced burnout, and greater team cohesion. Feedback from athletes and coaching staff highlights increased awareness and engagement with mental health resources.

Conclusion: This session underscores the importance of prioritizing mental health in sports, offering practical tools for psychiatrists, coaches, and athletes. A holistic, multidisciplinary approach enhances both mental resilience and athletic success, paving the way for a healthier and more sustainable sports culture.

Needs of parental caregivers of schizophrenia patients considering gender aspects

Johannes Wancata

Medical University Vienna, Vienna, Austria

Introduction: Relatives of patients with schizophrenia suffer numerous emotional and financial burdens. Several studies reported a reduction in social contacts, financial problems, difficulties at the job and restrictions in everyday life. Others found that a large proportion of family caregivers feel depressed, have sleeping problems and are exhausted. Sophisticated studies have shown the positive effects of family interventions. These positive effects concern both, the patients and the relatives. Research on the needs of family caregivers is very limited. To the best of our knowledge, studies on the needs considering gender aspects have not been done before.

Methods: We investigated how often which interventions are needed among 101 family caregivers (i.e., mothers and fathers) using the "Carers' Needs Assessment". In addition, the Family Burden Questionnaire (FPQ) and Involvement Evaluation Questionnaire (IEQ) were used.

Results: The interventions needed most frequently according to the mothers' and fathers' subjective view were "Counselling and support" (75.0% and 60.6%), "Individual psychoeducation" (57.8% and 27.8%), and "Relatives group guided by a professional" (50.9% and 30.8%). Mothers always reported higher frequencies of needed interventions than fathers. Unfortunately, these needs were often not or only partially met, while an overprovision of interventions was rarely found. The number of mothers' needs was predicted by more psychiatric symptoms, not living with a partner and a shorter duration of the patients' illness. Among fathers we could not identify any predictors for the number of needs.

Conclusions: Fathers as well as mothers often need professional support. Overall, mothers exhibited more needs for interventions than fathers. The differences between mothers and fathers show the importance of considering the carer's gender in clinical work.

Life expectancy after the first suicide attempt, can the excess mortality be partly explained by accelerated aging?

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²Karolinska Institutet, Stockholm, Sweden

Objective: To assess excess mortality among first time suicide attempters compared to the general population with focus on gender differences. Further, we aimed to study if suicide attempters show accelerated biological aging related to natural causes of death.

Methods: Remaining life expectancy was calculated for a nationwide cohort of all 187 894 persons 18 years or older hospitalized for the first-time attempted suicide in Sweden in 1971–2010. The genome-wide methylation pattern was measured using the Illumina Infinium Methylation EPIC BeadChip in whole blood of two cohorts of suicide attempters (n=88, n=97). Estimators of intrinsic and extrinsic EA acceleration were investigated.

Results: The reduction in life expectancy for men debuting with a suicide attempt at 20 years of age was 18 years while the reduction for women was 11 years. The gender difference in life expectancy attenuated in patients making their first suicide attempt at age 70 years or older. Suicide deaths explained about 20% of the total mortality within 10 years of the suicide attempt.

In the first clinical cohort the baseline DNAmGrimAge exceeded chronological age by 7.3 years on average conferring a mean 24.6% increase in relation to actual age. Accelerated epigenetic aging in suicide attempters was uninfluenced by high intent-to-die and choice of lethal methods. In the second cohort consisting of only women, EA estimator DNAmGrimAge exceeded chronological age by 8.8 years.

Conclusions: Preventative healthcare efforts aimed at curtailing excess mortality after suicide attempt may benefit from acting equally powerful to recognize somatic comorbidities irrespective of the severity inherent in the act itself associated mainly with suicide risk. Men commit more often suicide and use violent methods. Other possible explanations for gender gap in life expectancy with focus on gender differences concerning neurobiological studies of suicide attempters will be discussed.

Beyond the 'Absent Father' Myth: How Structural Violence Through ACEs and APIs Impacts the Father-Child Relationship

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Introduction: Men racialized as Black are often stereotyped as "absent fathers". This gross characterization ignores their presence and absolves the meaningful role of structural violence in the life course. Adverse Childhood Experiences (ACEs) and Adverse Police Interactions (APIs) are two forms of trauma that disproportionately affect those racialized as Black and likely influence the relationships fathers have with their children.

Methods: We pooled a purposive sample of self-identified men racialized as Black with at least one living child from the U.S. Health and Retirement Study (aged 51+, N=147). Independent variables: ACEs — measured using a sum of 10 self-reported adverse experiences occurring before age 18; and APIs — measured as a binary variable indicating experiences of state-sanctioned trauma, including having had trouble with the police before age 16, experiencing an unfair police encounter, and/or imprisonment for at least three days. Dependent variables: (1) Contact — the frequency of interactions between fathers and their children; (2) Positive Relation — the average score for items measuring the extent to which children understand, support, and connect with their father; and (3) Negative Relation — the average score for items measuring how frequently children make demands of the father, criticize him, disappoint him, or make him feel unnerved. Regression analyses assessed the effects of ACEs and APIs on outcomes for fathers racialized as Black.

Results: Analyses found that APIs are associated with decreased contact between fathers and their children ($\beta = -0.920^*$; 95% CI [-1.93, 0.09]) and an increase in negative relation ($\beta = 1.022^*$; 95% CI [-0.06, 1.13]). ACEs are associated with a significant decrease in positive relation ($\beta = -0.472^{***}$; 95% CI [-0.538, -0.130]) and a significant increase in negative relation ($\beta = 0.249^{**}$; 95% CI [0.04, 0.43]).

Conclusions: These findings paint a complex picture of the multifaceted nature of traumatic experiences and their impact on the father-child relationship. More specifically, state-sanctioned police violence and childhood trauma have deleterious effects, undermining fathers' abilities to maintain healthy relationships with their children. There is a need to shift from stereotypes to addressing structural violence via trauma-informed approaches.

* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

A white seagull is captured in flight against a vibrant blue sky filled with wispy clouds. In the lower right, a large, multi-towered stone castle sits on a rocky island in the middle of a blue body of water. A flag flies from a tall pole on the castle. Several boats are docked at a pier in the foreground. A red banner with white text is positioned in the middle of the image.

Other Sessions Presentations

Early Career Presentations

Diagnosis and Comorbidities of Borderline Personality Disorder

Yasser Elghazzawy

Egy Armed Forces, Cairo, Egypt

BPD is a challenging disorder, from both research and clinical perspectives. Borderline personality disorder (BPD), which is characterized by persistent and pervasive cognitive, emotional, and behavioral dysregulation, is among the most severe and perplexing behavioral disorders.

The disorder almost always co-occurs with other diagnoses, suggesting it may be best captured by common symptom dimensions, rather than simple stand-alone diagnosis. Dimensional models of diagnosis address limitations of traditional categorical modes.

The advances support a move toward a hybrid or integrative model of understanding borderline personality disorder that appears to represent fundamental features of general personality dysfunction more broadly.

The treatments proven for the disorder may in fact be transdiagnostically effective across the major comorbid conditions of borderline personality disorder.

Emotion Recognition Deficits in Autism Spectrum Disorder: Accuracy and Response Time

Maryam Masoumi¹, Mahdieh Saeidi², Rommy Cedeno³, Zerimar Ramirez², Divya Aishwarya Gandhi⁴, Zahra Shahrivar¹, Mehdi Tehrani Doost^{1,5}, Sasidhar Gunturu⁶

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Background: Autism spectrum disorder is a neurodevelopmental condition characterized by persistent challenges in social communication and restricted, repetitive behaviors. Emotion recognition deficits are a core feature of ASD, impairing social functioning and quality of life. This meta-analysis evaluates emotion recognition accuracy and response time in individuals with autism spectrum disorder compared to neurotypical individuals and those with other neurodevelopmental disorders.

Methods: This systematic review with a meta-analysis was conducted following PRISMA guidelines. A comprehensive literature search across PubMed, Scopus, Cochrane Library, and Web of Science identified 13 studies published between 2006 and 2024. Data on emotion recognition accuracy and response times were synthesized using standardized mean differences in random-effects models. Heterogeneity was assessed using the I^2 statistic, and sensitivity analyses were performed to ensure robustness.

Results: Individuals with ASD exhibited significantly lower overall emotion recognition accuracy compared to TD individuals (SMD = -1.29, 95% CI: -2.20 to -0.39, $p < 0.01$) and NDDs (SMD = -0.89, 95% CI: -1.23 to -0.55, $p = 0.02$). Response times were significantly prolonged in ASD compared to TD individuals (SMD = 0.50, 95% CI: 0.36 to 0.63, $p < 0.01$) but not when compared to NDDs. Emotion-specific analyses did not consistently reveal significant differences across emotions (fear, anger, happiness, sadness, disgust, surprise), with substantial heterogeneity observed across studies ($I^2 > 50\%$).

Conclusions: This systematic review with a meta-analysis highlights significant impairments in emotion recognition accuracy and processing speed among individuals with autism spectrum disorder, particularly compared to neurotypical individuals. These findings underscore the importance of developing targeted interventions to address these deficits, which are foundational to improving social cognition and quality of life in autism spectrum disorder. Future research should prioritize standardized methodologies and explore cultural and contextual factors influencing emotion recognition abilities.

Prevalence And Severity of Insomnia in Adult Outpatients Attending Kasralainy Psychiatry and Addiction Treatment Hospital

Eman Abdalraheem, Alia Saleh, Abdelrahman Asl

Faculty of Medicine - Cairo University, Maadi, Egypt

Introduction: Insomnia is highly prevalent among patients suffering from psychiatric disorders. The diagnosis of insomnia in these patients is known to affect the clinical presentation and treatment outcomes. The symptoms and severity of insomnia may vary according to the nature and severity of the psychiatric disorder.

Objectives: The study aimed to assess the prevalence and severity of insomnia in adult psychiatric outpatients attending Psychiatry and Addiction Medicine Hospital, Faculty of Medicine, Cairo University and to find the relation between the severity and type of the psychiatric disorder and the severity and type of insomnia.

Method: The study was an observational, analytical cross-sectional study that involved 390 patients diagnosed with the following disorders according to the DSM-5 TR, depressive disorders; 126 (32.2%), anxiety disorders; 69 (17.6%), psychotic spectrum disorders; 67 (17.1%), bipolar and related disorders; 50 (12.8%), trauma and stress related disorders; 46 (11.8 %), obsessive compulsive disorder; 30 (7.7 %) and somatic symptoms disorders; 2 (0.5%). Patients were subjected to the Sleep Disorder Interview, Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI) and Global Assessment of Functioning Scale (GAF).

Results: Among patients, 314(80.5%) of the studied sample suffered from insomnia, with a higher prevalence in female patients (91.5%) compared to male patients (67.2%). Insomnia prevalence was (96%) in depressive disorder, (97.1%) in anxiety disorders, (49.3%) in psychotic disorder spectrum, and (32 %) in bipolar and related disorder, while all patients suffering from trauma and stress related disorder, obsessive compulsive disorders and somatic symptoms disorders patients had insomnia ($P < 0.001$).

The severity of Insomnia as measured by ISI was positively correlated with the severity of the psychiatric disorder ($r = 0.341$, $P = 0.00$) and negatively correlated with its duration respectively ($r = -0.285$, $P = 0.00$).....

Conclusion: ... Insomnia is highly prevalent in outpatients with psychiatric disorders. Insomnia severity is related to the duration and severity of psychiatric disorder being higher in acute stages of the disease and decreased in severity with the prolonged duration of the psychiatric illness.

The role of personality to pain

Theodora Ntotsi

Faculty of Medicine, Thessaloniki, Greece

The aim of the present bibliographic research is to investigate the correlation of personality with pain.

Especially the relationship of psychological characteristics of neuroticismo and extroversion in relation to pain perception and the development of pain coping strategies was studied.

A number of studies have been conducted in the specific area of the influence of personality on pain. According to this un the results, high levels of neuroticism affect the perception and intensity of pain and are a predictive factor of poor health of the individual as well as the development of incomplete pain coping behaviors.

In contrast, extroverted individuals have a higher pain threshold and greater tolerance. They also develop strategies to cope with pain and consequently perceive pain with less intensity.

The above data contributes to the recognition of how the psychological characteristics studied affect the experience of pain.

Resilience in Crisis: Comprehensive Mental Health Support for War-Affected Sudan

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Background: Sudan's ongoing humanitarian crisis, exacerbated by armed conflict, economic instability, and mass displacement, has significantly impacted the mental health of healthcare professionals and medical students. Psychological resilience is crucial in equipping individuals with adaptive coping strategies to navigate these challenges. The Resilience ECHO Program was developed to enhance resilience, mental health awareness, and psychological first aid skills among frontline healthcare workers and senior medical students in Sudan.

Methods: This study employed a quantitative pre- and post-intervention design to assess the effectiveness of the Resilience ECHO Program. Conducted over four weeks via Zoom, the program included nine interactive sessions adapted from the Behavioral Health Providers Workforce Resilience (BHPWR) curriculum and translated into Arabic. Participants were recruited through the Sustainable Development Response Organisation (SuDRO) and partner organizations. Data were collected using structured online surveys before and after the program, assessing demographic characteristics, knowledge of resilience concepts, and self-reported resilience levels using the Brief Resilience Scale (BRS). Statistical analysis, including paired t-tests and Wilcoxon Signed-Rank tests, were conducted using SPSS to evaluate changes in resilience knowledge and levels.

Results: A total of 100 participants completed the pre-program assessment, with 84 completing the post-program survey. The mean resilience score increased from 3.35 ± 0.7 pre-program to 3.63 ± 0.7 post-program ($p < 0.001$), indicating a statistically significant improvement. Knowledge of resilience concepts also showed a significant increase ($z = -3.59$, $p < 0.001$). Correlation analyses identified associations between resilience scores and demographic factors, including professional experience and displacement status. Participants provided positive feedback, with 77.2% rating the program as excellent.

Conclusion: The Resilience ECHO Program demonstrated effectiveness in enhancing resilience and mental health awareness among healthcare professionals and medical students in Sudan. These findings highlight the critical need for scalable resilience-building interventions in conflict-affected settings. Future research should focus on long-term outcomes and the integration of resilience training into broader mental health support frameworks.

Keywords:

Resilience, Mental Health, Sudan, Conflict, Psychological First Aid, Healthcare Professionals, Project ECHO

Community-Driven Trauma Intervention: Establishing a Narrative Exposure Therapy KIDNET for children and adolescents in the Gaza Strip

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In the Gaza Strip, decades of enduring conflict, occupation, previous and the current genocidal war (Amnesty International, 2024) have resulted in extremely high exposure to traumatic life stress, including widespread displacement, disability and death. The humanitarian crisis has a severe impact on the region, leading to a significant mental health burden of the population. Traumatic stress caused by repeated threats to human life and integrity - especially experienced during childhood - has devastating short- and long-term consequences for physical and psychological health and impairs the development of individuals, families, and communities alike.

We propose to introduce a community-based Training of Trainers (ToT) model to evaluate the current mental health needs and deliver specialized outpatient care for children and adolescents who have experienced trauma in the Gaza.

The project will include systematic population screening offers and evidence-based trauma-focused treatment for minors in regional outpatient service settings for children. In a first step, 12 healthcare professionals in Gaza will be trained and educated stepwise in Narrative Exposure Therapy (NET) and associated approaches including KIDNET (NET adapted for children) through a high-standard academic training, led by a team of international experts. The mental health experts will be educated as Master Trainers (multipliers) to maintain the capacity long-term, to manifest critical knowledge within the community and establish long-term co-leadership of the project.

NET is a universally applicable psychotherapeutic approach, with demonstrated effectiveness in numerous countries, cultures, and (post-)conflict settings characterized by high levels of violence and a wide range of psychopathology within the population. NET is a manualized, brief (6-12 sessions) intervention program, free from copyright barriers.

Our aim is to build an evidence-based hub for comprehensive trauma treatment and research tailored to Palestinian communities and crisis response in settings of ongoing conflict. Reliable prevalence rates of trauma-related disorders and associated mental health conditions will be assessed based on established population screening methods, incorporating a three-level triage approach to ensure effective intervention and care.

A seagull is shown in flight against a blue sky with wispy clouds. In the background, a large stone castle with multiple towers and a flag is situated on a rocky island in the water. The overall scene is a coastal landscape with a blue color palette.

Poster Presentations

PP01 | Effect of transcranial direct current stimulation on functional capacity in schizophrenia: A study protocol for a randomized controlled trial

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Background: A majority of patients with schizophrenia suffer from disturbances of functionality, e.g. cognitive function and functional capacity (FC), which hinders social recovery. Specifically, FC is defined as the ability to perform everyday living skills, and mediates between cognition and real-world function. Transcranial direct current stimulation (tDCS), one of the non-invasive brain stimulation methods, uses a portable, relatively low-cost apparatus, and has been shown to alleviate cognitive impairment of schizophrenia (Narita et al. Schizophr Res 2020).

Methods: To see the effect of tDCS on FC in patients with schizophrenia, we have planned a randomized controlled trial. The study protocol adopts a two-arm, parallel-design, in which patients and assessors will be blinded. Outpatients meeting DSM-5 criteria for schizophrenia will be enrolled, and randomized to receive either active or sham stimulation (with 10 sessions in five consecutive days). FC will be evaluated by the UCSD Performance-based Skills Assessment-Brief as primary outcome. Cognitive function, as measured by the Brief Assessment of Cognition in Schizophrenia, and psychotic symptoms will also be evaluated. Data will be collected at baseline, immediately after the last stimulation, and 1 and 2 months thereafter.

Results: As of December, 2024, a total of 43 patients have been randomized either to active tDCS stimulation group or sham-treatment group.

Conclusions: If active stimulation elicits a greater clinical improvement compared with that of sham stimulation, it may add to the treatment strategy to improve functional outcomes, by means of feasible brain stimulation methods, including tDCS, in patients with schizophrenia.

PP02 | A cultural-sensitive Act-Belong-Commit-based school intervention reduces the burden of anxiety and depression in adolescents: a group-randomized trial from Uganda

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Introduction: Schools can be pivotal in addressing mental health challenges, especially in low-income settings like Uganda. However, randomized controlled trials tailored to cultural and contextual factors in low-income settings are absent. This group-randomized trial examines the impact of a culturally sensitive Act-Belong-Commit (ACT) intervention, combined with physical activity, on anxiety and depression among Ugandan adolescents attending school.

Methods: A total of 2,598 adolescents (1,295 in the intervention group, 1,303 in control; 1,199 boys; average age 16.3 ± 1.0 years) from four schools were randomized by school to either a 12-week, two-hour weekly teacher- and peer-led ACT and physical activity intervention or a care-as-usual control. Anxiety (GAD-7), depression (PHQ-9-A) were measured pre- and post-intervention. Childhood trauma (CTQ-SF), self-reported health, wealth and food security status were measured at baseline. Linear mixed modeling was used for analysis.

Results: Moderate effects on anxiety (Cohen's $d = 0.50$, 95% CI = 0.42-0.57) and small effects on depression (Cohen's $d = 0.44$, 95% CI = 0.36-0.52) were observed in the intervention compared to the control condition. The intervention's anxiolytic effects were moderated by age, sex, and scores on CTQ-SF and PHQ-9, while the antidepressant effects were moderated by sex, food insecurity, health status, and GAD-7 scores.

Conclusion: ACT combined with physical activity is an effective whole-school intervention to reduce anxiety and depression symptoms in adolescents, especially in those with food insecurity. However, additional attention should be directed to girls, those with a history of childhood neglect or abuse, and those with poor health status.

PP03 | Evaluating the off-label antipsychotics prescribing practices for insomnia at outpatient clinics

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Introduction: Insomnia, a prevalent sleep disorder, adversely impacts quality of life and often coexists with psychiatric conditions, worsening symptoms and impairing treatment adherence. Despite evidence-based treatments like Cognitive Behavioral Therapy for Insomnia (CBT-I) and FDA-approved medications, off-label use of second-generation antipsychotics (SGAs), such as low-dose quetiapine, remains common, especially in psychiatric populations. This raises safety concerns due to risks like cardiovascular events, hepatotoxicity, and weight gain. Recent guidelines, including the 2023 European Insomnia Guideline, emphasize non-pharmacological treatments and discourage SGA use. This audit evaluated prescribing practices for insomnia and promoted adherence to international guidelines for safer care.

Methodology: A retrospective audit analyzed 50 patient records from adult psychiatric outpatient clinics at Alexandria Main University Hospital over six months. Patients had insomnia comorbid with psychiatric disorders. Data included demographics, insomnia characteristics, prescribed SGAs (type, dosage, rationale), and other treatments (pharmacological and non-pharmacological). A standardized form ensured accuracy and confidentiality.

Results: The audit revealed disparities in insomnia management. Among the 50 patients assessed, 60% were prescribed medications, with SGAs frequently used off-label, often without documented justification. Only 4% of patients were offered CBT-I, underscoring the overwhelming preference for pharmacological interventions. Females constituted 72% of the sample, with Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD) being the most common comorbidities. Patients were found to be 33 times more likely to receive medication than CBT-I.

Conclusion & Recommendations: This clinical audit highlights a significant imbalance in insomnia management, with a heavy reliance on SGA use and minimal non-pharmacological treatment for insomnia. The findings underscore the critical need for enhanced documentation practices, focused clinician training programs, and greater accessibility to evidence-based therapies and sleep education initiatives. Efforts should prioritize aligning clinical practices with current guidelines, promoting the safer and more effective management of insomnia in psychiatric care. Future audits and educational initiatives can play a vital role in advocating acceptance of alternatives like CBT-I, ensuring better outcomes for patients.

PP04 | Personalized Neurofeedback in Psycho-Sexology: Utilizing CROWN Neurosity and Muse S for Optimizing Sexual Response

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Introduction: Psychogenic sexual dysfunctions, including erectile dysfunction (ED), anorgasmia, and hypoactive sexual desire disorder (HSDD), are prevalent conditions impacting mental and emotional well-being. Traditional psychotherapeutic interventions lack objective neurophysiological data for personalized treatment strategies. This study explores the potential of CROWN Neurosity and Muse S neurofeedback in optimizing sexual response, reducing performance anxiety, and enhancing autonomic regulation.

Method: A randomized controlled trial (RCT) was conducted with 48 participants (26 males, 22 females, aged 25-55 years) diagnosed with psychogenic sexual dysfunctions. The study incorporated eight weeks of personalized neurofeedback training, using real-time EEG modulation of alpha, theta, and beta oscillations targeting the prefrontal, limbic, and sensorimotor networks. Participants underwent weekly neurofeedback sessions, coupled with guided cognitive-behavioral therapy.

Results: Findings demonstrated a 32% increase in sexual arousal self-reports ($p < 0.001$), a 45% reduction in performance anxiety ($p < 0.005$), and a 27% improvement in parasympathetic activation measured through HRV ($p < 0.01$). The neurofeedback intervention significantly modulated EEG patterns associated with sexual function and emotional regulation.

Conclusion: This study provides compelling evidence supporting the integration of EEG-based neurofeedback in psycho-sexology as a precision therapeutic tool. AI-assisted neurofeedback personalization enhances treatment efficacy and offers a novel pathway for addressing psychogenic sexual dysfunctions. Ethical concerns regarding data security and AI bias detection remain crucial for widespread clinical adoption. Future research should focus on refining adaptive neurofeedback protocols to further individualize therapy and enhance long-term treatment outcomes.

PP05 | Emotional Therapy Through Neurofeedback: Modulating Negative Emotional States Using Muse 2 and VR Oculus Quest

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Introduction: The integration of neurofeedback (NFB) and virtual reality (VR) has emerged as a promising tool in psychotherapy and neuromodulation for treating anxiety and depression. Despite advances in VR exposure therapy, current methods lack real-time EEG-based emotional regulation. This study examines how Muse 2 headband and Oculus Quest VR can synchronize neurofeedback with immersive environments to facilitate self-regulation of negative emotions in individuals with generalized anxiety disorder (GAD) and major depressive disorder (MDD).

Method: A randomized controlled trial (RCT) was conducted with 60 participants (30 diagnosed with GAD, 30 with MDD, aged 18-50 years). The intervention group (n=30) underwent eight weeks of combined VR exposure and Muse 2 neurofeedback training, focusing on modulating alpha and theta waves during virtual guided relaxation and exposure to calming stimuli. The control group (n=30) received standard cognitive behavioral therapy (CBT).

Results: Muse 2 EEG recordings indicated a 41% increase in alpha wave activity ($p < 0.001$) and a 37% reduction in beta wave hyperactivity ($p < 0.005$) during VR exposure sessions. Self-reported anxiety and depressive symptoms decreased by 50% (GAD group, $p < 0.001$) and 45% (MDD group, $p < 0.001$), significantly outperforming the control group.

Conclusion: This study demonstrates that EEG-guided VR therapy enhances emotional self-regulation and accelerates symptom relief in GAD and MDD patients compared to traditional psychotherapy alone. Long-term studies are needed to assess the persistence of neurophysiological changes beyond the treatment period. Additionally, given the increasing role of AI-driven analysis of EEG data, it is crucial to establish ethical guidelines regarding data ownership, bias prevention, and ensuring AI algorithms are calibrated to reflect individual neural variability. Future research should integrate adaptive AI feedback mechanisms for optimizing personalized interventions in mental health care.

PP06 | Neuroplasticity and Cognitive Stimulation through Mendi: A New Model for Preventive Psychiatry

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Introduction: Neuroplasticity is a key factor in maintaining cognitive resilience and mental well-being. Preventive psychiatry increasingly explores neurofeedback-based cognitive training as a method to counteract cognitive decline. This study examines the Mendi neurofeedback system, which leverages real-time cerebral blood flow (rCBF) regulation, to enhance executive function, emotional regulation, and stress resilience in individuals with early-stage cognitive impairment or genetic predisposition to neurodegenerative diseases.

Method: A double-blind randomized controlled trial (RCT) was conducted on 80 participants aged 45-70, all presenting mild cognitive impairment (MCI) or a family history of neurodegenerative disorders. Participants were randomly assigned to two groups:

- Experimental group (n=40): Eight-week daily neurofeedback training using Mendi, focusing on enhancing prefrontal cortex activation and neuroplasticity.
- Control group (n=40): Engaged in traditional cognitive exercises (e.g., problem-solving, memory tasks).

Functional near-infrared spectroscopy (fNIRS) and standardized neuropsychological assessments (MoCA, Trail Making Test, Stroop Task) measured cognitive flexibility, executive function, and working memory performance.

Results: Compared to the control group, participants in the experimental group demonstrated:

- 32% improvement in executive function scores ($p < 0.001$).
- 27% reduction in emotional dysregulation markers ($p < 0.005$).
- Enhanced prefrontal cortex perfusion, confirmed by fNIRS.
- 29% increase in long-term memory retention ($p < 0.001$).

Conclusion: The results suggest that neurofeedback-based cognitive stimulation with Mendi significantly improves cognitive performance and emotional regulation, supporting its integration into preventive psychiatry models. Future research should investigate long-term neuroplastic effects, AI-driven protocol personalization, and ethical considerations regarding patient autonomy in neurofeedback therapy.

PP07 | Personalized Music Therapy and EEG Neurofeedback for Mood Disorders

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Introduction: Music therapy is a well-recognized non-invasive intervention for mood disorders, yet its direct impact on neurocognitive regulation remains underexplored. EEG-based neurofeedback combined with personalized music therapy may enhance emotional resilience by modulating alpha and theta wave activity. This study examines the effects of Muse S and Mendi neurofeedback devices with customized music therapy on individuals with major depressive disorder (MDD) and bipolar disorder (BD). The Mendi device, utilizing fNIRS (functional Near-Infrared Spectroscopy), measures prefrontal cortex activity and cerebral blood flow, optimizing cognitive and emotional regulation through biofeedback.

Method: A randomized controlled trial (RCT) included 100 participants (ages 25-60) diagnosed with MDD (n=50) and BD (n=50), randomly assigned to:

1. Neurofeedback + Personalized Music Therapy (n=50)
2. Standardized Relaxation Music (n=50)

The 10-week intervention involved daily 30-minute sessions. EEG assessed alpha/theta modulation, while fNIRS tracked prefrontal activation. Psychological assessments included Hamilton Depression Rating Scale (HAM-D) and Positive and Negative Affect Schedule (PANAS).

Dropout rates were monitored, and intent-to-treat (ITT) analysis accounted for attrition bias. EEG data were processed using Fast Fourier Transform (FFT) and Independent Component Analysis (ICA) for accuracy. Ethical compliance followed GDPR & HIPAA standards, with AI bias mitigation strategies applied.

Results: Compared to controls, the experimental group exhibited:

- ✓ 45% reduction in HAM-D scores (Cohen's d = 0.78, 95% CI: 0.62-0.94, p < 0.001)
- ✓ 35% increase in PANAS-positive affect (Cohen's d = 0.64, 95% CI: 0.50-0.78, p < 0.005)
- ✓ *20% enhancement in prefrontal cortex activation (fNIRS, p < 0.005)

EEG data confirmed increased theta coherence in the limbic system, correlating with improved emotional stability.

Conclusion: Findings suggest neurofeedback-assisted music therapy significantly enhances mood regulation and cognitive resilience. However, large-scale adoption depends on cost-effectiveness and fNIRS accessibility. Future research should explore long-term neuroplasticity retention and real-time AI-assisted music selection based on individual EEG signatures.

PP08 | Neurofeedback and Artificial Intelligence in Psychotherapy: Ethical Dilemmas and Patient Data Confidentiality

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Introduction: Neurofeedback combined with Artificial Intelligence (AI) represents a transformative approach to psychotherapy, offering real-time modulation of brain activity to enhance emotional regulation. However, integrating AI-driven EEG-based neurofeedback presents significant ethical dilemmas, particularly regarding data ownership, patient autonomy, and algorithmic bias. This study examines ethical implications, focusing on how CROWN Neurosity and Muse S can be responsibly utilized in psychotherapy while ensuring adherence to HIPAA, GDPR, and APA ethical standards.

Method: A qualitative study was conducted through semi-structured interviews with 30 mental health professionals (psychiatrists, psychotherapists, and neurofeedback practitioners) across Europe and North America. Thematic analysis was applied to extract key ethical concerns. Additionally, an evaluation of regulatory frameworks (GDPR, HIPAA, and APA ethics code) was performed to assess compliance challenges in AI-assisted psychotherapy.

Results: Thematic analysis revealed three dominant ethical concerns: (1) Data Privacy & Ownership: 86% of participants emphasized concerns over EEG data being stored by third-party AI systems, raising risks of unauthorized access; (2) Algorithmic Bias: 73% indicated potential biases in AI-driven interpretation of neural patterns, which could impact diagnostic accuracy; (3) Patient Autonomy & Manipulation Risks: 91% of therapists expressed concerns about AI-driven modulation of mood and cognition, potentially compromising patient agency. Regulatory review confirmed that while HIPAA and GDPR offer strong protections, current frameworks lack explicit provisions for AI-based psychotherapeutic neurofeedback.

Conclusion: While AI-integrated neurofeedback presents groundbreaking opportunities in psychotherapy, the ethical risks must be addressed through enhanced transparency, strict data access policies, and algorithmic accountability. Future research should explore regulatory adaptations for AI-driven mental health interventions, ensuring a balance between innovation and patient rights.

PP09 | Assessing the Recovery of People with Serious Mental Illness: Adaptation and Validation of the Maryland Assessment of Recovery in Serious Mental Illness Scale (MARS) in the Greek Context.

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Introduction: How can we determine the outcomes of a therapeutic intervention in patients with mental health disorders? This is a critical question that necessitates the continuous reassessment and evaluation of our interventions, whether pharmacological and/or psychological, not only to enhance patient outcomes but also to ensure the efficient allocation of resources. The translation and cultural adaptation of validated assessment tools, standardized according to international guidelines, are key components of effective mental health practice. The Maryland Assessment of Recovery in Serious Mental Illness Scale (MARS) is a widely utilized instrument for measuring recovery in individuals with severe mental illness.

Objective: To introduce the Greek version of the MARS questionnaire and describe the methodology used for its validation in the Greek population.

Methodology: The MARS questionnaire comprises 25 brief statements assessing recovery in individuals with serious mental illness. Translation and cultural adaptation adhered to international standards, ensuring linguistic and cultural relevance. The validation process involved assessing reliability, validity, and conducting factor analysis to identify key thematic dimensions, as well as evaluating stability through test-retest reliability.

Results: Most participants were male (n=54, 53.5%), while 47 (46.5%) were female. The mean age of patients was 47.20 years (SD = 10.35). All patients were on medication, and the majority had been hospitalized in a psychiatric clinic (n=81, 80.2%), with an average of 2.83 hospitalizations (SD=2.36). The onset of illness occurred at a mean age of 23.35 years (SD=9.38). The internal consistency of the MARS tool was excellent, with a Cronbach's alpha of 0.941 for the total scale and 0.888 for the extracted dimensions Empowerment & Responsibilities and Holistic & Hope, indicating adequate construct validity. However, confirmatory factor analysis showed poor fit for the six-factor model of the MARS. The intraclass correlation coefficient (ICC) was 0.730 (p<0.001), and the Pearson correlation coefficient was 0.588 (p=0.002), demonstrating adequate test-retest reliability.

Conclusions: The MARS questionnaire is a reliable and valid tool for assessing recovery in individuals with severe mental illness in both clinical and research settings. By completing this self-report measure, individuals actively engage in their recovery, reflecting on their condition and evaluating their progress. Mental health professionals can utilise this feedback to refine therapeutic plans and establish new treatment goals.

PP10 | Utilising the integrated case formulation model and SPSM model of suicide in inpatient setting to assess risk and inform management

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Case: A 22-year-old male of Indian origin presented with escalating depressive symptoms; profound low mood, social withdrawal, and hypnagogic hallucinations of a female voice urging him to end his life. The patient had suicidal thoughts and acted on them by obtaining a fake firearm and threatening a law enforcement officer to provoke a lethal response. After being subdued and arrested, the patient disclosed his suicidal intent, prompting an MHA. He was voluntarily admitted for further care. The patient had a history of previous suicide attempts.

Intervention Treatment: Assessment using integrated case formulation model: The patient had a traumatic childhood with emotional and physical abuse from both parents. His mother left the household when he was 16, exacerbating his emotional deprivation. Currently, he experiences ongoing physical abuse by his father. He has an outgoing, cheerful personality but struggles with impulsivity. His functional life has been largely unaffected, as he maintained a job, hobbies, and social connections.

Risk and motive assessment using SPSM model: Source of the problem: Traumatic childhood and ongoing abuse by father.

Perception of the problem: The patient believes the abuse will never end and feels there is no solution other than death.

Solution: Suicide, as an escape from the abuse.

Psychological interventions: The intervention focused on changing the patient's perception of suicide as the only way out, encouraging alternative options to address his abuse, and focusing on fulfilling aspects of his life.

Social interventions: Housing was arranged for the patient to live independently, away from the abusive environment.

Pharmacological treatment: The patient was treated with venlafaxine, an antidepressant, to address his depressive symptoms.

Results: The patient showed significant improvement while hospitalized, with notable gains in mood and outlook on life. He remained stable in the community, with no further admissions or suicide attempts.

Conclusion: The integrated case formulation model, which considers the patient's unique personal factors, and the SPSM model, which addresses the patient's experience of the problem, led to better outcomes. This approach focused on altering the source of the patient's distress and his perception of it, resulting in a more effective and personalized treatment plan.

PP11 | Clay Therapy As Trauma Relief Tool for Mental Health Patients

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Introduction: Art therapy is known as an interdisciplinary field where art therapist combines approaches from different fields such as art education, counseling, neuroscience, visual art, and others (Bucciarelli, 2016). Clay therapy has been employed as an intervention to reduce PTSD symptoms since it provides a non-threatening environment for refugee children and adolescents to facilitate the expression of feelings that are linked to trauma and identify some feelings that can lead to a sense of relief. (Sommers-Flanagan, 2007; Case and Dalley, 2014; Kalmanowitz and Ho, 2016; Akthar and Lovell, 2019; Wahlbeck et al., 2020).

Methods: The study aimed to explore the female adult refugees subjective understanding of their current situation, to explore how this understanding manifests itself in the archetypes, symbols and themes of the clay work in relation to a Jungian theoretical framework, to explore the extent to which clay work facilitates dialogue in the therapy process, to determine whether this conscious awareness facilitates the processes of integration. Clay was used as medicine for therapeutic potential for the body as well as for wounds on the soul. Clay allowed for spontaneous molding, stimulated the tactile brain centers, rehabilitated fine motor skills, offered opportunities for correction and change, permitted creation of 3-dimensional forms, symbols and objects.

Results: As a result of the Sudanese and Syrian crises, Egypt now hosts the largest number of registered refugees and asylum-seekers in its history. At the same time, renewed conflicts and political instability in East Africa, and the Horn of Africa as well as the unrest in Iraq and Yemen, have driven thousands of South Sudanese, Ethiopian, Iraqi, and Yemeni individuals to seek refuge in Egypt.

Conclusion: Refugees and asylum-seekers live in an urban setting in Egypt and are largely concentrated in Greater Cairo, Alexandria. In addition, a considerable number of refugees and asylum-seekers rely on humanitarian assistance to meet their basic needs and to receive medical or psychosocial support. Art therapy workshops showed that therapeutic practices that rely on non-verbal treatment, such as clay therapy, may promote healing refugee learners affected by war (Harris, 2009; Rowe et al., 2017; Zubala and Karkou, 2018).

PP12 | Impulsivity, suicidality, and emotional dysregulation in women having borderline personality disorder with and without substance dependence

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Objective: The objective of this article is to detect differences between women having borderline personality disorder (BPD) with and without substance dependence, regarding impulsivity, suicide, and emotional dysregulation.

Patients and Methods: A total of 40 women with BPD (diagnosed by structural clinical interview for DSM SCID II) were compared with 40 women diagnosed as having BPD with substance dependence (diagnosed by SCID I and SCID II), attending the outpatient clinic in Cairo University hospital, using BPD severity index, Barratt Impulsiveness Scale, and Difficulties in Emotional Regulation Scale.

Results: BPD with substance dependence women were more impulsive than those without substance dependence, but there was no difference between both groups regarding suicide and emotional dysregulation.

Conclusion: The findings of the study have clinical implications for the management of women with BPD.

PP13 | Illicit Substance Exposure in Pregnancy and Offspring Mortality Risk: A Nationwide Taiwan Study

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Background: To investigate the association between prenatal illicit substance exposure and offspring mortality, addressing the unclear links between specific and multiple substances and increased mortality.

Methods: This 16-year retrospective cohort study used Taiwan's National Health Insurance Research Database, the Taiwan Maternal and Child Health dataset, and the Integrated Illegal Drug Database, including 1,937,301 pregnant women who delivered from 2004 to 2019. Among them, 11,477 used illicit drugs during pregnancy, with a matched control group of 45,908 non-users based on maternal age, income, and childbirth year. Of the drug users, 26.9% used multiple substances, primarily methamphetamine and opioids. The primary outcome was all-cause mortality, analyzed for deaths before and after one year. Cox regression models were employed to assess mortality, with results presented as adjusted hazard ratios (aHRs) with 95% confidence intervals (CIs). A p-value below 0.05 was considered statistically significant.

Results: Offspring from drug-exposed mothers had a higher all-cause mortality rate (1.0%) compared to the control group (0.5%). Polysubstance use had an adjusted hazard ratio (aHR) of 1.65 (95% CI 1.15-2.35), opioids an aHR of 1.71 (95% CI 1.12-2.61), and methamphetamine an aHR of 1.63 (95% CI 1.12-2.37). Significant risks persisted for children over one year with pre-pregnancy drug exposure (aHR 1.70, 95% CI 1.07-2.71) and first-trimester exposure (aHR 2.67, 95% CI 1.06-6.69).

Conclusions: The findings underscore a dire public health issue, associating prenatal illicit substance exposure, notably multiple substances use, opioids, and methamphetamine, with heightened offspring mortality rates, calling for targeted interventions and further research.

PP14 | Gender differences on alcohol consumption in Kosova- Results from steps survey

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Backgrounds: Gender differences on alcohol use are evident in many countries. Globally, men consume more alcohol than women do, but recent studies suggest that females are more susceptible to alcohol-induced liver inflammation, cardiovascular and other diseases. Aim was to carry out an epidemiological survey on prevalence of alcohol consumption in Kosova.

Methods: A population-based survey was conducted among people aged 18-69 years from April 2018 to June 2019 using the WHO STEPs instrument. 2800 randomly selected households were approached using multistage cluster sampling, and 2695 agreed to participate in the survey (response rate 96.2%).

Results: Alcohol had been consumed in the previous 30 days by 23.6% men (95% CI 19.6% - 27.6%) and 7.4% (95% CI 4.6% - 10.1%) of women in study population. Only 10.1% of the population had consumed alcohol in the previous 12 months, men 11.2% (95% CI 8.3% - 14.2%) and women 8.9% (95% CI 6.3% - 11.5%). Overall, men consume alcohol at a higher rate than women. Frequency of daily alcohol consumption in the past 12 months among current drinkers has great difference by age groups. Among men age 45-69 year percentage of daily drinkers was 14.4% (95% CI 8.7% - 20.1%) than the 18-44 age group was 1.7% (95%CI 0.1% - 3.3%). Among women age 45-69 year percentage of daily drinkers was 3.3% (95%CI -0.6% - 7.1%) than the 18-44 age group was 0.5% (95%CI -0.5% - 1.4%). The average number of drinking occasions in the past 30 days among current drinkers was 4.5; men had more drinking times (5.1) than women (2.8).

Conclusion: Prevalence of alcohol consumption among women in Kosovo was lower than in men.

Keywords: Alcohol consumption, gender difference, Kosova

PP15 | Behavior of medical students at the University of Prishtina "Hasan Prishtina," Kosova, in relation to substance use: a cross-sectional survey

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Background: Abuse of tobacco, alcohol and other illicit drugs continue to rank among the leading preventable causes of morbidity and mortality worldwide, calling for a stronger national and global public health response. Aim of this study was to investigate the behaviors related to substance use among medical students at the Medical Faculty, University of Prishtina "Hasan Prishtina" in Kosova.

Methods: During academic year 2023/24, 312 students of the Medical Faculty, University of Prishtina "Hasan Prishtina" participated in this cross-sectional survey. Data were collected through a self-administrated questionnaire which was prepared by investigators for the study purpose.

Results: Of the 312 students included in the research, 31.4% were in first year in general medicine, 27.9% first year nursing, 24.0% first year dentistry, 11.2% first year pharmacy and 5.4% master's degree in physiotherapy. A research found that 48.6% had ever smoked, 36.2% have ever used alcohol, 3.2% have ever used drugs, and 9.9% know a student at their faculty who has used drugs in the last year. However, only 12.2% declared that smoke tobacco every day. According to the faculties. Sometimes use tobacco 55.2% of Nursing; 54.7% Dentistry; 44.9% General medicine; 37.1% Pharmacy and 35.3% of students in the Master's degree. Every day smoked 4.6% of Nursing; 12.0% Dentistry; 24.5% General Medicine; 2.0% Pharmacy and no one of students in the Master's degree. Sometimes use illicit drugs 1.1% of Nursing; 5.3% Dentistry; 4.1% General Medicine; no one Pharmacy and 5.9% of Master students.

Conclusions: Findings of this study highlights the significance of immediate and comprehensive public health activities among healthcare students to eradicate these hazardous habits.

PP16 | Alcohol Consumption among first-year medical students at the University of Prishtina "Hasan Prishtina" in Kosova

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Background: Alcohol consumption is global health problem. There is high consumption of alcohol among medical students despite their knowledge about harmful effect of alcohol. Aim: To investigate alcohol consumption prevalence among first year medical students at the Medical Faculty, University of Prishtina "Hasan Prishtina" in Kosova.

Methods: Cross-sectional survey with 295 first year medical students of the University of Prishtina "Hasan Prishtina" participated in this. Data were collected through a self-administrated questionnaire which was prepared by investigators for the study purpose.

Results: The research included 295 first-year students of the Faculty of Medicine, University of Prishtina. According to gender, 67 or 22.7% were male and 228 or 77.3% were female. According to the fields of study, General Medicine was 98 or 33.2%, Nursing 87 or 29.5%, Dentistry 75 or 25.4% and Pharmacy 35 or 11.9%. To the question Have you ever tried alcohol? such as: beer, wine, brandy, etc. 107 or 36.3% answered positively, according to gender, 46.3% were male and 33.3% were female. According to the fields of study, when asked if they had ever tried alcohol, the first-year students of Dentistry with the highest frequency were 46.7%, Pharmacy 37.1%, General Medicine 32.7% and Nursing 31.0%. Of those who declared that they use it (n=107), only three students declared that they use it once a week, 11 once a month and the others once or twice a year.

Conclusion: Prevalence of alcohol consumption among first year medical student in University of Prishtina "Hasan Prishtina" Kosovo was lower

Keywords: Alcohol consumption, first year medical student in University of Prishtina "Hasan Prishtina" Kosovo

PP17 | Length of stay and re-admissions in community mental health centers in rural US adults with suicidality

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Background: Approximately 49,000 people died by suicide in the United States in 2022 (CDC, 2023). Rural communities have higher suicide rates than urban communities (Barnhorst et al., 2021). This disparity may be due to unique risk factors, including lack of access to mental healthcare, stigma, increased substance use, poverty, and access to firearms (George et al., 2021; Kalesan et al., 2020).

Community mental health clinics (CMHCs) play an important role in maintaining the health of rural populations, however, they are frequently the target of budget cuts. Our research group is a community-university partnership that seeks to generate data-driven messaging that rural CMHCs can use in advocacy efforts to policymakers. The purpose of this analysis was to determine if CMHCs are responsive to the needs of people who attempt suicide.

With input from our community partners, we hypothesized that people who reported a suicide attempt would have a longer time in treatment, reflecting a person-centered approach. Secondly, we hypothesized that a person who attempted suicide would have more readmissions, suggesting that a CMHC was able to respond to a reemergence of emotional distress.

An a priori sensitivity analysis with 1:1 matching was planned to assess the robustness of findings.

Methods: Electronic health records (EHR) were sourced from two CHMCs from rural counties in the U.S. Data contained baseline demographics, admission and discharge dates, and self-reported suicide attempts. Cox proportional hazards models evaluated the influence of suicide attempts on re-admissions and time in treatment.

A 1:1 matching technique without replacement was implemented to create balanced cohorts for the sensitivity analysis.

Findings: Out of 10,627 total clients, 114 (1.07%) had documented suicide attempts. People with a suicide attempt spent 1.5 months longer in treatment ($p=.02$) and had 3 times as many ($p<.01$) admissions as those who did not have an attempt.

Discussion: CMHCs are responsive to people who attempt suicide but there is room for improvement. In an ideal world, findings would be confirmed by a prospective study with robust case matching. However, analyses with EHRs are comparatively quick and far less expensive, permitting policymakers to make data-driven decisions in less time.

PP18 | Cognitive-Behavioral Therapy for alcohol use disorder results in significant reduction in World Health Organization drinking risk levels

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Background: The World Health Organization (WHO) has released two key guidelines regarding alcohol use in the past 20 years. Drinking risk levels describe four levels of drinking for women and men ranging from low risk to very high risk. For those in treatment, a 1- or 2-level reduction is associated with positive health and psychosocial outcomes. In 2022, the WHO said there is no safe level of alcohol consumption, suggesting that treatment programs should prioritize helping patients achieve abstinence.

Evaluating Cognitive Behavioral Therapy (CBT), the current gold standard behavioral treatment, for efficacy from the perspective of WHO guidelines is a current gap in the literature. The aim of this analysis is to determine what percentage of people reduce their drinking consistent with WHO recommendations, including abstinence, following treatment with CBT.

Methods: Treatment-seeking men and women (N=205) with a DSM-5 diagnosis of AUD completed 12 sessions of CBT. The Timeline Follow Back assessed drinking at baseline and end-of-treatment. Descriptive statistics determined the number of people who achieved abstinence or reduced their drinking by 1, 2, or 3 levels. Wilcoxon's signed rank test evaluated significance.

Results: At baseline, 53 (25.9%) people were WHO low risk drinkers; 40 (19.5%) were medium risk; 57 (27.8%) were high risk; 55 (26.8%) were very high risk. At end-of-treatment, 151 (73.7%) were low risk (including 17 abstinent); 35 (17.1%) were medium risk; 14 (6.8%) were high risk; and 5 (2.4%) were very high risk.

51 (24.9%) people reduced drinking one level; 54 (26.3%) decreased drinking two levels; 29 (14.1%) decreased drinking three levels. 57 (27.8%) people started treatment at low risk and ended treatment at the same level; 10 (4.9%) started treatment at medium risk or higher and ended treatment at the same level; 3 (1.5%) increased one drinking level; 1 (.05%) increased 2 levels.

Wilcoxon's signed rank test indicated a significant decrease ($Z = -10.007$; $p < .000$).

Conclusion: Approximately 8% of people became abstinent while more than 65% of people reduced their drinking by one or more risk levels following CBT. This analysis supports reinvigorating research efforts that encourage abstinence.

PP19 | Caffeine consumption in patients with schizophrenia: fewer negative symptoms at the cost of attention

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Background: Caffeine, the most widely consumed psychoactive drug, is suggested to improve negative and cognitive symptoms while worsening acute psychotic symptoms of schizophrenia. The aim of this study was to explore the aforementioned hypothesis in a sample of Greek patients with schizophrenia.

Methods: Fifty-three patients (mean age: 44±11, range: 20-68, 40 males, 25 smokers) with schizophrenia according to ICD-10, participated in the study. The Greek standardized version of the Positive and Negative Syndrome Scale (PANSS), which includes three additional subscales measuring patient perilous behavior (anger, intolerance to deferred gratification, and emotional volatility), was used. Blood serum concentration of paraxanthine, the active metabolite of caffeine, was quantified using high-pressure liquid chromatography. The lower limit of quantification (LLOQ) was 0.125 µg/mL. The SPSS-26 program was employed for statistical analysis using the non-parametric Mann-Whitney-U test.

Results: Twenty-nine caffeine consuming patients had paraxanthine levels above LLOQ (mean paraxanthine levels: 1.885±1.406 µg/mL range: 0.081-5.275 µg/mL). No differences were observed in age, duration of illness, BMI and medication (in chlorpromazine equivalents), between caffeine and non-caffeine consumers. In caffeine-consuming patients, paraxanthine levels were positively correlated with lower PANSS scores in poor rapport, passive/apathetic social withdrawal, active social withdrawal and higher scores in poor attention, anger, intolerance to deferred gratification, and emotional volatility. Furthermore, among these patients, higher scores of delusions were observed in smokers (n=20) compared to non-smokers (n=9).

Conclusion: In agreement with previous studies, consumption of caffeine was associated with improvement of certain negative symptoms while increasing the risk of patients' perilous behavior. In contrast to previous studies, caffeine consumption deteriorates attention in patients with schizophrenia. Lastly, smoking potentially aggravates positive symptoms in caffeine consuming patients.

PP20 | EEG measurements of phototherapeutic interventions: A pilot study

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Introduction: Phototherapy, including art-based interventions, has emerged as a promising complementary treatment for depression by modulating neurobiological functions. This pilot study aimed to investigate cortical activity elicited by phototherapeutic interventions using self-generated photographs versus standardized control images, as measured by electroencephalography (EEG) in both depressed and healthy subjects.

Methods: EEG recordings were obtained from 20 depressed patients and 20 healthy controls during the viewing of seven self-made photographs and seven control images. Each image was displayed for 2 minutes at a distance of 280 cm, with the presentation order randomized. Baseline recordings without visual stimuli were captured for 3 minutes at both the beginning and end of the session. The Cz electrode, positioned along the midline of the sagittal plane, was used for time series analysis of cortical responses. Additionally, subjective affective reactions were recorded using the Self-Assessment Manikin (SAM) to evaluate emotional responses to the images.

Results: In the healthy control group, a statistically significant increase in alpha band power was observed during the second half of the viewing session for both self-generated and control images ($p = 0.04$). Moreover, significant enhancements in beta ($p = 0.03$) and theta power ($p = 0.004$) were specifically associated with self-generated photographs during the latter half of viewing. In contrast, depressed patients did not exhibit significant changes in cortical activity across either half of the image presentation, regardless of image type. Furthermore, a strong negative correlation between beta band activity and depression severity was identified. Group comparisons revealed that depressed patients displayed reduced alpha, gamma, and theta power relative to controls, while beta power remained statistically elevated across stimuli.

Conclusion: These preliminary findings suggest that phototherapeutic interventions using self-generated imagery can modulate cortical activity in healthy individuals, an effect that appears diminished in depressed patients. The differential EEG responses observed indicate potential neurobiological markers associated with depression and highlight the complexity of phototherapy as an intervention. Further studies with larger sample sizes and comprehensive analyses are definitively required to confirm these results and fully elucidate the underlying mechanisms of phototherapeutic effects on cortical activity. Overall, the present study lays the groundwork for future research aimed at optimizing phototherapy protocols and improving clinical outcomes in depression.

PP21 | The Burden of Stigma: Mental Health Challenges of Transgender Individuals in South Asia – A Systematic Review

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Introduction: Transgender individuals in South Asia face unique mental health challenges, exacerbated by deep-seated social stigma, cultural norms, and widespread discrimination. This systematic review explores the impact of stigma on the mental health outcomes of transgender communities in South Asian countries, focusing on anxiety, depression, and suicidal behaviors.

Methods: Adhering to PRISMA 2020 guidelines, a comprehensive literature search was conducted across PubMed, EBSCO Open Dissertation, and Europe PMC from September to October 2024. The search identified studies examining the mental health effects of social stigma on transgender adults in South Asia. A total of 199 articles were initially identified, of which 10 studies met the inclusion criteria. These studies included cross-sectional, qualitative, and mixed-method designs with a combined sample size of 1,146 participants from India, Pakistan, Nepal, Iran, and Bhutan. Data extraction and quality assessments were conducted using the Newcastle-Ottawa Scale (NOS) and Critical Appraisal Skills Programme (CASP) checklist.

Results: The review highlights the pervasive impact of stigma, manifesting through violence, exclusion from education, employment discrimination, restricted healthcare access, and societal rejection. These barriers contribute to heightened rates of anxiety, depression, and suicidal ideation among transgender individuals. Vulnerable groups, such as hijras, Kothis, trans men, and trans women, face severe marginalization, with many forced into sex work due to economic discrimination. Despite these challenges, social support, access to gender-affirming care, and inclusive environments were associated with improved mental health outcomes. However, the reliance on cross-sectional designs and self-reported data in most studies limited causal interpretations.

Conclusion: This review underscores the urgent need for culturally sensitive interventions to mitigate the effects of stigma on transgender individuals in South Asia. Strategies to improve access to mental health services, reduce stigma, and promote social acceptance are essential. Future research should prioritize longitudinal studies, explore underrepresented populations, and address regional disparities to develop comprehensive policies that enhance the well-being of transgender communities across South Asia.

PP22 | Digital Overload: Understanding the Mental Health Consequences of Excessive Screen Use in Adolescents

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Introduction: The increasing screen time and social media usage among adolescents raise significant concerns regarding mental health. This systematic review investigates the relationship between screen time, problematic social media use (PSMU), and mental health outcomes, including anxiety, depression, and behavioral issues in adolescents aged 10 to 19. Adolescents are particularly vulnerable due to their developmental stage, making this an urgent area of research.

Methods: This systematic review adheres to PRISMA guidelines. A comprehensive literature search was conducted across PubMed, Science Direct, and EBSCO Open Dissertations between November 1 and November 12, 2024. The search targeted studies examining screen time and mental health outcomes, focusing on adolescents aged 10–19. Nine studies, including cross-sectional, longitudinal, and randomized controlled trials, met the inclusion criteria, representing a total sample size of 18,047 participants. Data were extracted, synthesized, and analyzed for quality and relevance.

Results: The findings consistently underscored the harmful effects of excessive screen time, including disrupted sleep patterns, decreased physical activity, social isolation, and heightened anxiety and depression. Vulnerable groups, such as Black female adolescents and Welsh-speaking youth, were disproportionately impacted. The COVID-19 pandemic intensified these negative effects, amplifying anxiety, depression, and social pressures, while also highlighting the dual nature of social media as both a source of emotional relief and psychological distress. School-based interventions proved effective in reducing screen time and improving mental health outcomes, particularly in alleviating anxiety and depression. Additionally, family dynamics and community environments emerged as more influential in shaping adolescents' internalizing behaviors than digital media. However, the reliance on self-reported data and the prevalence of cross-sectional study designs posed limitations on establishing causal relationships.

Conclusion: This review underscores the urgency of implementing targeted strategies to mitigate the adverse effects of excessive screen time and promote adolescent mental well-being. Future research should focus on diverse populations, individual coping mechanisms, and sociocultural factors to develop comprehensive, evidence-based interventions for the digital age.

PP23 | Offered services and diagnosis treated in Mental Health Centers Community Based in Kosovo for 2023

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Background: Mental health is a key component to overall health and is closely linked to physical health. Factors at the individual, family, community, and society levels can influence mental health. The health institution offers the possibilities of diagnosis, treatment and rehabilitation of persons with mental disorders. Health care for persons with mental illness is provided by multidisciplinary teams. Aim of the study is to present the services offered and diagnosis treated in mental health centers based in community in Kosovo for 2023.

Methodology: The study is descriptive with retrospective components. The data is taken from the Report of Chronic Non-communicable Diseases reported in the National Institute of Public Health in Kosovo and the report "Health Statistics" 2023 reported from Agency of Statistics of Kosovo for the year 2023. Data were tested with chi-square test for the level of confidence $p < 0.05$.

Results: In Kosovo, there are mental health centers community-based in seven regions, Prishtina, Mitrovica, Prizren, Peja, Gjakova, Ferizaj, Gjilan. During the period January - December 2023, these provided services were reported in total 121 134 visits among them were, 6352 home visits, 21281 day stays, 28408 psychiatric specialist visits, 60 569 occupational therapy, sports, recreation, 4524 social worker services. The most common diagnoses that have received services at these centers are: Schizophrenia (F20) with 58.8 %, Other mental disorders due to known physiological condition (F06) with 6.8%. Major depressive disorder, recurrent, severe with psychotic symptoms (F33.3) with 6.3%. According the gender, the highest percentage of these diagnoses was among men with a percentage of 56.7%, with a significant difference.

Conclusion: Analyzing that most diagnoses treated in these institutions need to strengthen mental health services close to the community

Keywords: mental health centers, services- diagnosis, Kosovo

PP24 | Balancing Mental Health and Kidney Function: A Systematic Review of Antidepressant Use in Renal Impairment

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Introduction: Depression is highly prevalent among individuals with chronic kidney disease (CKD) and end-stage renal disease (ESRD), significantly affecting their quality of life. However, the safety and efficacy of antidepressant therapies in this population remain underexplored due to altered pharmacokinetics and a higher risk of adverse effects. This systematic review evaluates the safety, efficacy, and dosing considerations of antidepressants in patients with varying levels of renal impairment, aiming to inform clinical guidelines and promote personalized treatment strategies.

Methods: Following PRISMA 2020 guidelines, a comprehensive literature search was conducted across PubMed, ScienceDirect, ClinicalTrials.gov, and Medline between July 25 and August 5, 2024. Studies published between 2019 and 2024, focusing on adults with renal impairment receiving antidepressant therapy, were included. Outcomes assessed included antidepressant safety profiles, efficacy in reducing depressive symptoms, and the impact of renal impairment on pharmacokinetics. The quality of studies was assessed using established tools such as the Cochrane RoB 2, ROBINS-I, and Newcastle-Ottawa Scale. Data synthesis involved narrative analysis, focusing on dosing adjustments, adverse effects, and clinical outcomes.

Results: Out of 2,861 articles initially identified, 11 studies met inclusion criteria, comprising randomized controlled trials, controlled clinical trials, and observational studies with a total sample size of 192,684 participants. Findings highlighted that antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs) like sertraline, demonstrated efficacy in reducing depressive symptoms among patients with CKD and ESRD. However, certain antidepressants, such as SSRIs, were associated with increased risks of adverse outcomes, including hip fractures and hypotension, particularly in patients undergoing dialysis. Pharmacokinetic studies revealed the need for dose adjustments in severe renal impairment, with drugs like solriamfetol and esmethadone requiring tailored dosing strategies. Despite evidence supporting the short-term efficacy of antidepressants, long-term safety data remain limited.

Conclusion: This review underscores the importance of individualized antidepressant therapy in patients with renal impairment, considering their unique pharmacokinetic profiles and susceptibility to adverse effects. Regular monitoring, dose adjustments, and patient-centered care are critical to optimizing outcomes and minimizing risks. Future research should focus on long-term outcomes, underrepresented populations, and the development of CKD-specific clinical guidelines to improve the management of depression in this vulnerable population.

PP25 | Youth Suicide in school, and Substance Withdrawal: The Case of a Schoolgirl and Ecstasy Use

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Background: The evolution of psychotropic substances over time has increasingly motivated youth, especially schoolchildren, to consume them at an early age. Typically, boys are more affected by the illegal consumption of psychotropic substances.

Without ecstasy: Ecstasy, or MDMA (methylenedioxymethamphetamine), is a synthetic drug classified as both a psychostimulant and a hallucinogen. Frequently used in party settings such as rave events, it is particularly popular among young people seeking emotional and social stimulation. However, its use is associated with serious risks, including psychiatric, cardiovascular, and neurotoxic disorders, as well as potential dependence.

Methods: This case involves a 14-year-old schoolgirl with no apparent clinical history. She was in her fourth year of middle school. Over time, she developed psychiatric symptoms, including hallucinations and euphoria. Given her young age, her parents did not initially suspect substance abuse. One morning, the girl was found hanging in her room with a fixed ligature. An indeterminate death certificate was issued. A post-mortem examination confirmed death by vital hanging. Toxicological analysis was conducted, revealing the presence of methylenedioxymethamphetamine (MDMA or ecstasy), a psychostimulant, which explained her early psychiatric symptoms.

Results: The toxicological results demonstrated the significant impact of psychostimulants on early psychiatric and psychological manifestations. This highlights the vulnerability of young schoolchildren to substance abuse, especially when undiagnosed.

Conclusions: This case emphasizes the urgent need for preventive measures against psychotropic substance abuse among schoolchildren. It underscores the critical role of school psychologists in identifying early warning signs of substance abuse and addressing them effectively. Enhanced awareness and systematic interventions in schools are essential to safeguard vulnerable populations and mitigate the risks associated with psychotropic substance abuse.

PP26 | PTSD in Sidi Bel Abbès Schools: Risk Factors, Prevalence, and Solutions

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This study examines the prevalence and contributing factors of Post-Traumatic Stress Disorder (PTSD) among school-aged children in the Sidi Bel Abbès region. A sample of 176 students was assessed to identify the psychological impact of various forms of violence experienced within the school environment. Key risk factors observed include physical violence, bullying, and instances of sexual assault. Alarmingly, 10% of the participants reported having experienced inappropriate touching, highlighting the severity of the issue.

Physical violence and bullying were the most frequently reported forms of aggression, with both peers and, in some cases, adults being identified as perpetrators. These forms of abuse have led to significant emotional distress, directly impacting the students' mental well-being and academic performance. The study underscores how these traumas often manifest as PTSD symptoms, such as intrusive thoughts, avoidance behaviors, and heightened anxiety, which severely hinder the students' ability to thrive in an educational setting.

In light of these findings, the study emphasizes the urgent need for comprehensive interventions. Preventive strategies should include raising awareness among students, teachers, and parents about the long-term psychological impact of violence and harassment. Establishing school-based counseling services and implementing strict anti-violence policies are critical measures. Additionally, creating a safe and supportive school environment through teacher training and peer support programs could significantly mitigate the risk of PTSD in vulnerable students.

This research highlights the pressing need to address violence and trauma in schools in Sidi Bel Abbès to ensure the well-being of young learners. By prioritizing mental health and fostering a culture of respect and safety, schools can play a pivotal role in protecting students from the lasting effects of trauma.

PP27 | Test anxiety among Egyptian medical students: prevalence, associated factors, and coping strategies - A cross-sectional nationwide study

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Background: Test anxiety is a common problem among medical students and can have detrimental effects on their mental well-being and academic achievement. To cope with test anxiety, students may resort to unhealthy coping strategies. Thus, this study aimed to estimate the prevalence, associated factors, and coping strategies of test anxiety among medical students in Egypt.

Methods: A convenience sample of 2437 undergraduate medical students from seven universities representative of Egypt's seven regions was recruited in this study. The prevalence of test anxiety was determined using the Westside Test Anxiety Inventory (WTAI), associated factors and coping strategies were assessed using self-reported questions, and psychological distress was measured using the ten-item Kessler Psychological Distress Scale (K10). Test anxiety and psychological distress scores were shown to participants at the end of the questionnaire which acted as a means of raising awareness and empowering the participants with knowledge about their mental health. Using the R programming language, logistic regression was adopted to identify the possible determinants of test anxiety.

Results: The prevalence of test anxiety among study participants was 46.9 %. The independent predictors of test anxiety in the final multivariate regression model included filling out the questionnaire during the exam period or within one week after the end of the exam period (AOR = 0.75 and 0.65; respectively), being somewhat or fully satisfied with academic performance (AOR = 0.59 and 0.35; respectively), studying with a group (AOR = 1.81), taking private courses in all subjects (AOR = 2.38), participating in extra-curricular activities (AOR = 0.77), sleeping more than six hours on average (AOR = 0.71), and having moderate, high, or very high psychological distress (AOR = 4.65, 21.5 and 99.3; respectively). Religious practices were the most prevalent coping strategy against test anxiety.

Conclusion: Test anxiety is common among medical students in Egypt. These findings are useful for future studies examining student test anxiety and developing prevention strategies and intervention programs.

PP28 | Psychiatric Aspect of Cancer: which type of Relation?

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Emotional distress and psychiatric disorders are common among patients with advanced cancer. Oncologists play an advanced cancer is distressing for both patients and their caregiver(s). In addition to suffering mounting physical debility, patients have to deal with the emotional impact of their illness and poor prognosis. Although most manage to cope effectively with these challenges, some do not. For instance, most terminally ill patients report having some positive feelings (65%),¹ but a few (3%) have frequent suicidal thoughts, which is a marker for distress.² Also, some patients have pre-existing psychiatric disorders that are exacerbated in the context of advanced disease, whereas others develop new symptoms of anxiety or depression during the course of their illness. And, all patients will eventually have to face the difficult task of preparing for death. important role in screening for these conditions, providing first-line treatment and referring patients for further evaluation and treatment when indicated.

PP29 | The placebo effect in psychiatric practice: Akkermansia muciniphila

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Background: Studies have shown that *A. muciniphila* can improve symptoms of neuropsychiatric disorders by regulating the gut microbiota of patients. On the other hand, there is evidence that the use of placebo groups of healthy individuals and individuals with Familial Mediterranean fever (FMF) can be avoided when designing clinical trials on *A. muciniphila* probiotics. The current study aims to determine whether placebo affects the diversity of gut *A. muciniphila* in neuropsychiatric patients.

Methods: Data were collected from PubMed (keywords: clinical trials, patients, neuropsychiatric disorders, gut microbiota, placebo, 2000–2025).

Results: A placebo is a pharmacologically inert drug that is given to a patient not for its actual effect, but to induce calmness. In placebo-controlled trials, the effects of the test substance are compared with the effects of an inactive placebo, assuming that the subject is unaware of the nature of the substance being administered and taking into account their positive attitude towards the drug. The results of the study confirmed that placebo had no effect on the diversity of *A. muciniphila* in all studies examining the gut microbiota of neuropsychiatric patients.

Conclusions: As in the trials involving healthy subjects and patients with FMF, placebo also had no effect on gut *A. muciniphila* in psychiatric patients; placebo groups may also be missing in the trials involving psychiatric patients.

PP30 | The relationship between climate change anxiety and symptoms severity among individual with schizophrenia across seasonal variations: A Prospective Cohort Study

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Background: Schizophrenia demonstrates complex interactions with environmental factors, including climate change. This study aimed to investigate the relationship between climate change anxiety and symptoms severity among individual with schizophrenia across seasonal variations and its determines.

Methods: A cohort study was conducted at Assiut University's Psychiatry Hospital, involving 40 individual with schizophrenia and 40 healthy controls. Participants were assessed using multiple tools including the Personality Inventory for DSM-5 (PID-5), Montreal Cognitive Assessment (MOCA), Climate Change Anxiety Scale (CCAS), Symptom Checklist-90-Revised (SCL-90-R), and Positive and Negative Syndrome Scale (PANSS). Data collection spanned a full annual cycle to capture seasonal variations.

Results: The schizophrenia group showed elevated scores across all personality subscales and lower cognitive function scores than other group. Also, schizophrenia group exhibited significantly higher climate change anxiety scores compared to controls, with pronounced seasonal variations. Summer presented the highest mean scores for positive symptoms (16.4 ± 5.935), negative symptoms (20.45 ± 5.033), and general psychopathology (39.28 ± 9.597). Medical comorbidity emerged as a significant predictor of climate anxiety in autumn and winter, while negative symptoms predicted anxiety during winter and spring periods.

Conclusions: schizophrenia group experience significant seasonal fluctuations in climate change anxiety, and symptoms, particularly during summer. These findings underscore the importance of considering environmental factors in schizophrenia management and suggest the need for targeted interventions to address climate-related anxiety in this vulnerable population.

PP31 | A Prospective Study of the Impact of an Emotional Intelligence Program on Opioid Relapse and Its Determinants in upper Egypt

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Background: Opioid use is a growing concern worldwide with high relapse rates and psychiatric comorbidities. Emotional intelligence (EI) has been associated with positive health outcomes, yet limited research exists on EI-based interventions for opioid use disorders. The study aimed to assess EI levels among individuals with opioid addiction and implement an EI program to reduce addiction severity and relapse rates, as well as examine potential factors that contribute to enhancing EI.

Methods: A quasi-experimental study assigned 40 males with opioid use disorder into an intervention group receiving a 2-week EI program (n=20) and a control group (n=20). Healthy comparison group (without opioid use disorder) (n=20) was also included. Measures including the Emotional Intelligence Scale, Personality Inventory for DSM-5, Symptom Checklist-90-Revised (SCL-90-R), Addiction Severity Index, and Advance Warning of Relapse (AWARE) questionnaire were used to assess the groups at baseline, 2 weeks and 3-month follow-up in patients with opioid use disorder.

Results: The healthy group exhibited lower scores on disinhibited personality subscales, maladaptive personality traits, and SCL-90-R subscales than the opioid addiction groups at baseline. The EI intervention group displayed substantial increases in EI subscale scores at the second and third follow-up assessments compared to the control group. At AWARE scale follow-up, all control group patients had relapsed, versus only one patient in the EI intervention group.

Conclusions: Participants with opioid addiction demonstrated lower baseline EI and higher rates of psychiatric symptoms and maladaptive personality traits than healthy group. A brief EI intervention led to significant EI increases and lower relapse rate versus standard treatment alone.

PP32 | Dementia-associated risk factors of Parkinson's disease: A hospital-based study of dementia in a large cohort of upper Egypt Parkinson's patients

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Background: Dementia in Parkinson's disease (PD) is a major burden and significantly affects patients' quality of life. Previous studies found that older age at onset and presence of the akinetic-rigid (AR) subtype are associated with an increased likelihood of dementia in PD. The present study aimed to assess factors that are related to the development of dementia in PD.

Methods: Eighty-three PD patients were consecutively recruited. Demographic and clinical details, Montreal cognitive assessment (MoCA), Movement Disorder Society Unified Parkinson's Disease Rating Scale (MDS-UPDRS), walking speed, and instrumental activity of daily living (1) were assessed. Resting motor threshold (rMT), was also assessed in a subgroup of patients with and without dementia.

Results: According to the MoCA cutoff score of 26, 45 had PD (54.22%) and 38 cases (45.78%) had Parkinson's Disease Dementia (PDD). The age and age at onset were significantly older in the PDD group ($P= 0.006$ and 0.018 respectively). The patients reclassified into AR and tremor dominant (TR) phenotype. PDD patients were more likely to have the AR (81.6%). Walking speed and MDS-UPDRS score, and IADL scores were significantly worse in PDD than in PD. Stepwise linear regression analysis of risk factors related for developing Dementia revealed that; higher MDS-UPDRS scores, later age of onset, and higher rMT values were the strongest risk factors for developing dementia.

Conclusions: Higher UPDRS score, later age of onset, and higher rMT values were the strongest risk factors for developing cognitive decline in PD patients and provide valuable insights for further investigation and potential clinical considerations.

PP33 | A Systematic Review Exploring the Neuropsychiatric Safety of GLP-1 Receptor Agonists in Patients Taking Second-Generation Antipsychotics

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Background: Second-generation antipsychotics (SGAs) are commonly used to treat psychotic disorders but often cause metabolic side effects like weight gain, hyperglycemia, and dyslipidemia. Co-prescribing GLP-1 receptor agonists (GLP-1RAs) has shown promise in reducing these effects, as multiple trials and meta-analyses report significant reductions in weight, fasting glucose, and cholesterol. However, concerns remain about the neuropsychiatric safety of GLP-1RAs in patients taking SGAs. While some reports link GLP-1RAs to depressive symptoms, larger studies and 2024 FDA reviews found no association with suicidal ideation. A recent meta-analysis also noted decreased depressive symptoms in elderly patients on GLP-1RAs.

Objective: This systematic review aims to examine the neuropsychiatric safety of GLP-1RAs specifically in patients who are co-prescribed SGAs, focusing on the incidence of adverse psychiatric events in randomized controlled trials.

Methods: We conducted a systematic search of databases such as PubMed and MEDLINE for randomized controlled trials and observational studies that evaluated psychiatric outcomes in patients co-prescribed GLP-1RAs and SGAs. Studies that reported on adverse psychiatric events, including depression and suicidal ideation, were included. Animal studies and trials not involving SGAs were excluded from the analysis.

Results: Initial findings from large-scale studies suggest that GLP-1RAs do not increase the risk of psychiatric adverse events in patients taking SGAs. Retrospective analyses, such as those conducted by Ueda et al. (2024) and Tang et al. (2024), further support the safety of GLP-1RAs, showing no increased risk of suicide or severe depressive symptoms. On the contrary, some data even suggest that GLP-1RAs may have antidepressant effects, as highlighted by Chen et al. (2024).

Conclusions: This review supports the neuropsychiatric safety of GLP-1RAs in patients taking SGAs, alleviating a key concern for clinicians. These findings may facilitate more widespread use of GLP-1RAs to counteract the metabolic side effects of SGAs, improving both the physical and mental health of patients treated with antipsychotic medications.

PP34 | Gamified Interventions and Wearable EEG Integration for Anxiety Modulation: A Computational Neuroscience Approach

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Background: Anxiety disorders are a significant global health concern, requiring innovative, scalable solutions. This study integrates classical conditioning with wearable neurotechnology to induce and resolve anxiety. By pairing gamified conditioning principles with real-time biofeedback, we present a novel framework for non-invasive, personalized mental health interventions.

Methods: Classical conditioning formed the basis of anxiety induction and resolution. A 5-stage Python-based basketball game systematically paired neutral stimuli (e.g., ball movement) with stress-inducing conditions, such as increased speed or tighter time limits, acting as unconditioned stimuli. Over repeated exposures, users developed conditioned responses (anxiety) to neutral stimuli, demonstrated by elevated beta wave activity (13–30 Hz), reduced heart rate variability (HRV), and heightened skin conductance.

To resolve anxiety, classical conditioning was employed during recovery phases. Neutral stimuli were paired with calming cues (e.g., slower speeds, soothing sounds), encouraging relaxation and diminishing anxiety responses. Physiological data—recorded using the Flowtime EEG Headband tracked cognitive states, capturing transitions from stress to relaxation.

Signal processing techniques, including Fast Fourier Transform and Independent Component Analysis, extracted meaningful patterns from EEG data. Clustering algorithms (k-means, DBSCAN) classified cognitive states, while machine learning tools (DeepSeek, You.com) validated anxiety-related trends. Biofeedback provided real-time insights, reinforcing emotional regulation strategies.

Results: The gamified system effectively induced anxiety, evidenced by Stage 3 stress markers: beta wave dominance, reduced HRV, and 60% focus. Recovery phases (e.g., Stage 4) achieved 80% relaxation, marked by alpha wave activity (8–13 Hz) and improved HRV. The Flowtime Headband demonstrated 85% accuracy in correlating biofeedback with self-reported anxiety levels. Machine learning identified engagement during stress (40%) and drowsiness during baseline (20%), validating the framework.

Conclusion: This study demonstrates that classical conditioning can systematically induce and resolve anxiety, offering a controlled, engaging solution for mental health management. Combining gamified conditioning with wearable EEG technology provides a scalable, real-time approach to personalized therapy. Future work will enhance electrode design, noise reduction, and AI-driven adaptive feedback for broader applications.

Keywords: Classical conditioning, Gamification, EEG, Flowtime Headband, Anxiety detection, Biofeedback, Heart rate variability, Computational neuroscience.

PP35 | Evaluating Access and Usage of Interactive Health Information for Mental Health Literacy among Rural Turkish Students

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The prevalence of mental health problems among students has been reported to be as high as one in four (Sanci et al., 2018). Following the ongoing recovery from the COVID-19 pandemic, the occurrence of a 7.8 magnitude earthquake on February 6, 2023, further exacerbated the mental health crisis in Turkey. This crisis is particularly concerning due to the existing shortage of mental health workers and Many of the students do not get help because of the lack of information and the limitation of mental health resources.

Methods: Given the urgent need to address mental health issues in the young adult population, an effective media program was developed to enhance students' mental health literacy. This program involved creating a documentary video featuring interviews with psychologists. the program accounted into the honor, culture, tradition, values, and customs of the Turkish population. A total number of 80 students was recruited on a random sampling method for pre and post-test from the study area of Elazig, Turkey.

Results: Many rural students in the study area are struggling with mental health issues. The causes are many but a special one has to do with the trauma from a devastating earthquake in 2023. Many of these students do not get help because of the lack of information and the limitation of mental health resources. 94% of student have not used mental health facilities, out of the remaining 6% that have used mental health facilities 38.5 talks to university counselor, 23.1% consulted a psychologist online and 23.1 consulted their friends. Also, 58.5% of respondent signify to have friends that have mental health issues. After exposing the student to a video awareness program 84% could recognize mental health issue and admitted they have not utilized a mental health facilities. After the posttest 41.4% and 39.7% has developed help seeking efficacy from family/friends and Psychologist respectively.

In conclusion, the use of mental health information that honors the culture and tradition of a locality is effective tools to improve Mental health literacy: awareness and destigmatizing individual with mental health issues.

PP36 | Vicarious Trauma in Mental Health Practitioners: Beyond the Quiet Suffering

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Introduction: Mental health practitioners dedicate themselves to alleviating the distress of others, yet they are frequently exposed to vicarious trauma—a subtle but pervasive form of secondary trauma. This study examines how therapeutic background, treatment modality, intrinsic personality traits, and the quality of professional training and supervision converge to influence the development of vicarious trauma in these professionals.

Method: Employing an integrative psychodynamic framework, a qualitative approach was adopted to capture the lived experiences of mental health practitioners. Data were collected through in-depth clinical case analyses, structured self-report assessments, and reflective narratives from supervisory sessions. This multi-method design enabled an exploration of how variations in clinical practices and support structures modulate the impact of vicarious trauma.

Results: The analysis revealed multiple dimensions related to the nature of professional practice, inherent personality traits, and professional roles. Additionally, key factors associated with supervision, the treatment methodologies employed, social dynamics, and the criteria for patient selection were identified.

Conclusion: The study underscores the multifaceted nature of vicarious trauma and implementing structured supervision, ongoing professional development, and tailored psychotherapeutic support is imperative to mitigate the deleterious effects of secondary trauma. Recognizing vicarious trauma not only as an occupational hazard but also as an opportunity for professional growth can foster a more resilient mental health workforce, ultimately enhancing the quality of patient care.

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