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ADDRESSING MENTAL HEALTH NEEDS IN THE ALPS-ADRIA-DANUBE REGION: STIGMA, COMMUNITY BASED CARE, STRESS AND SUICIDALITY

ABSTRACTS
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ABSTRACTS

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PLENARY LECTURES

Psychiatry – at present and in future

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Is it the reality that psychiatry is going through a deep crisis, both as a scientific discipline or as a medical speciality? There are quite a lot of reasons for such psychiatry crisis from disappointment in classification, dualistic perspective in research, and identity crisis of psychiatrists as medical professionals and subsequent recruitment crisis and many more. But nevertheless, psychiatry will survive, but is not clear in what form. Different reasons for the crisis will be discussed and also the possible options for psychiatry’s survival.

Neurobiology of suicidal behaviour

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Aetiology of suicidal behaviour could be divided into genetic predisposition and environmental triggers; however interactions between two groups of factors could be traced back to childhood. Research of neurobiological causes of suicidal behaviour is limited as no convincing animal model of suicide has been implemented to date. Similarly, studies using endophenotypes faces important methodological problems. Serotoninergic system was studied in patients with suicidal behaviour primary due to its involvement of serotonin in impulsive-aggressive behaviour and depression, which have been shown to be a major risk factor in suicidal behaviour. Multiple lines of evidence indicated that impairment in BDNF expression could be found in patients with suicidal behaviour and suicide victims. Genetic association studies linking BDNF to suicide suggest that suicidal behaviour may be associated with a decrease in BDNF functioning. It seems that especially specific gene variants regulating the serotoninergic system and other neuronal systems involved in stress response are associated with suicidal behaviour. Other functional polymorphisms such as those involved in the monoaminergic neurotransmission have been associated with suicidal behaviour. However, it seems that not only gene polymorphisms by itself but also regulation such as epigenetic regulation of gene expression are involved in neurobiology of suicidal behaviour.
SECTION SYMPOSIA

SS-1
Challenges in addiction rehabilitation in Egypt after the revolution

Organised by Sherif Abdalla (Egypt)

In the absence of Replacement therapy, namely methadone and buprenorphine, and harm reduction protocols, complete abstinence is the only therapeutic strategy in Egypt. Addiction Rehabilitation in Egypt has been controlled for a long time by the 12 steps model and addiction counselors. This model has a lot of drawbacks and unethical practices in Egypt, especially with the deficiency in the police and supervision power in the country.

We will try to share our experience of a cognitive behavioral rehabilitation model and the challenges it has in a developing country. We will also throw some light on the impact of the 2011 revolution, the economic crisis and the political unrest on the practice of addiction therapy in Egypt.

SS-2
Rehabilitation and recovery – evolving needs and methods

Organised by Henrik Wahlberg (Sweden)

Health services are scrutinized for efficiency and outcome. Mental health services need to be innovative and reach out beyond targeted programs, taking into consideration personal circumstances and focusing on recovery and rehabilitation needs.

The increasing diversity of the population in most countries in the World is a challenge to Psychiatry. Diversity is reflected into the services’ accessibility, treatment options, cooperation and outcome.

Many countries have services targeting minority cultures, as immigrants. Yet the ambitions are rarely extended to rehabilitation and recovery, including a mutual cooperation with traditional healing methods. The symposium will give examples of rehabilitation needs and recovery.

Successful rehabilitation and recovery require active participation, personal development, skills training, personal empowerment and social participation, difficult to achieve in a traditional service setting. The symposium will describe the activities, principles and achievements of the successful international Clubhouse model.

Alternative solutions for psychosocial rehabilitation of people with mental illnesses

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During the recent 15 years many activities have been undertaken to re-organize the mental health services and to implement alternative and better solutions for psychosocial rehabilitation for people with mental illnesses, under the auspices of the Ministry of Health of the Republic of Macedonia.

A diversity of community mental health services have been established creating new paths for deinstitutionalisation, alternatives for social re-integration and re-establishing dignity and human rights of people with mental illness. The new alternatives to hospitalisation include community mental health centres (8), protected homes (3), income generating enterprises (2) and social clubs (3).

Outcomes overall on the national level:
- Decrease of 35 % of hospital beds in all 3 psychiatric hospitals (within 13 years).
- Reduction of long term hospitalisation (~ 30% of average length of hospital stay).
- National mental health strategies and action plans for community mental health.
- A law for the protection of human rights of people with mental illnesses.
- Budget reforms supporting community mental health and social rehabilitation.

The transformation of the old psychiatric services and the implementation of alternatives for psychosocial rehabilitation have led to more efficient services and improved clinical outcomes, human rights and social integration.
Psycosocial rehabilitation of traumatized migrants and refugees

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International guidelines and accreditations influence mental care aiming to secure cultural diversity. With increasing globalization attention is paid to ethnic backgrounds. Staff should obtain competencies in order to fulfil the needs of minority groups. Free and equal access to care irrespective of ethnic and cultural background should be ensured.

Presently 10 % of patients treated in Danish psychiatric institutions has a non-Danish background. According to the National Board of Health all regions must provide services directed towards patients with other ethnic backgrounds and for traumatized refugees.

Services differ between the regions, but have an emphasis on multidisciplinary teams. It is however a fact that evaluating treatment outcome of traumatized refugees by the different services offered has made slow progress despite the rapid expansion of such programs in Denmark as well as worldwide - despite the increasing focus on and need to provide documentation on how the services work and to facilitate the best and most efficient care.

The paper will give an outline of the diversity of rehabilitative services including spiritual services; use of cultural formulation; randomized study comparing different kinds of therapy; with a discussion of advantages and shortcomings of the different kinds of care.

Rehabilitation and Empowerment, challenges for psychiatry

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Clinical psychiatry uses most of its recourses on clinical treatment. Less attention is paid to rehabilitation, social integration, recovery or quality of life.

Rehabilitation and recovery require different methods than those used in clinical psychiatry. The patient has to become the subject of the process instead of an object of treatment. Social sciences, skills, interaction, participation and pedagogies are as important as clinical psychiatry.

The Club-house model has been in use for 65 years. 340 clubhouses in 30 countries support 100,000 members. The non-profit Club-house centers generate a social peer support network offering friendship, activities, opportunities, responsibilities and empowerment. The model supports the growth of each members personal abilities and social capacities and a unique and highly efficient model for psychiatric rehabilitation and recovery.

The International Standards for the Clubhouse Program are (ICCD):
- Voluntary participation, members have access to all activities.
- A unique collegial relationship between staff and members.
- A dignified, attractive environment for important work.
- Structured work-ordered day-to-day activities that support self-esteem, confidence and friendship (the foundation of the recovery process).
- Organized, effective strategies for gainful employment.
- Opportunities for the members to complete their education.

Post-acute treatment and psychiatric rehabilitation of asylum seeker in Bavaria, Germany

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Objective: The interest in psychiatric treatment and adequate rehabilitation of asylum seeker has increased during the last decades. Yet the controversy about treatment and outcome discrepancies in the population remains. The study analyzes differences between acute and post-acute as well as rehabilitation treatment of psychiatric disorders.

Method: 308 Asylum seekers mostly from Iran, Afghanistan, former Russian countries, Iran and others have been examined by a psychiatrist and a psychologist. 100 Asylum seekers were invited to follow-up examinations about 6 months later.

Results: Only 36 asylum seekers referred to the re-examination were interviewed for psychiatric and psychotherapeutical interventions.

Conclusions: The most frequent diagnosis was PTSD followed by depression and insomnia. There was insufficient compliance with a minimal participation in the follow-up examination. Most of the asylum seekers did not have an appropriate treatment after 6 months. The specific problems related to the post-acute treatment and the psychiatric rehabilitation of this vulnerable group will be described in detail and discussed during the presentation. The study shows differences in response and rehabilitation between different ethnic groups and the necessity of subsequent diversified treatment policies.
The network of Italian psychiatric services and the rehabilitative activities in the light of recovery: some crucial questions

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After the new psychiatric law (1978), the main efforts of organization were directed towards starting up Units for acute patients in General Hospitals and Community Mental Health Centres. In a second phase, starting in the nineties, a substantial number of Non Hospital Residential Facilities was established. Despite a considerable variability from region to region, these services constitute a complete network that allowed the transition from a psychiatric care based on Mental Hospitals to a Community based one.

In the presentation the rehabilitative role of various services and the critical issues that emerged during the last few years will be discussed from the perspective of individual recovery.

E-mental health in treatment of ethnic minorities

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Increased migration requires clinicians with selected skills as the large majority of migrants do not speak the language of their respective host country. The treatment of such patients is costly due to use of interpreters with consequent longer treatment time, less efficacy and decreased patient and provider satisfaction. One solution might be the use of videoconference in order to remove geographical and cultural (linguistically) barriers. Videoconferencing equipment connected the Little Prince Psychiatric Centre in Copenhagen with several "stations" (GP clinics psychiatric departments, one asylum seekers’ centre and two social institutions) in Denmark. Since May 2006 the stations were also connected to Swedish department of the centre where bilingual clinicians were readily available. So called "cross cultural telepsychiatry model" has been used in order to treat ethnic minorities via their mothertongue(s) i.e. without use of interpreters but via bilingual clinicians that were connected to patients via video-link.

Patients reported high level of satisfaction and willingness to use telepsychiatry again and recommend it to others. They prioritized telepsychiatry via mothertongue rather than interpreter assisted care. International telepsychiatry collaboration may contribute to further improvements in the quality of care delivered to ethnic minorities with limited language abilities.

References:
SS-3
Psychosocial rehabilitation and recovery: Current Trends

Organised by Afzal Javed (Pakistan)

Proposed by WPA Section on psychiatric rehabilitation in collaboration with World association for psychosocial rehabilitation.

The concept of psychosocial rehabilitation is getting a number of many conceptual changes in many areas of its practice. Services from long stay institutions are moving towards community services looking more at empowerment, psycho-social development and the quality of life for those who suffer from chronic and enduring mental illnesses. Recovery, a new term that has developed from the service user movement, also emerges as a movement incorporating many new ideas that are being advocated with a strong voice in many countries. However the meaning and understanding of the term Recovery is still debated and its use in different settings is witnessed with a remarkable difference in its use.

Although current scene on psychosocial rehabilitation is getting new dimensions from the work that is mainly taking place in the developed countries but there have been some excellent models of practice that have been implemented in developing countries as well. This symposium will look at such developments and will present papers that will focus on some practical steps taken place in different countries when it comes to strengthening psychosocial rehabilitation programmes. It is expected the deliberations at the session will generate new ideas in this field and will strengthen the existing services in different areas of mental health.

Recent development of Mental Health in Armenia

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Psychiatric services in Armenia are provided in the psychiatric hospitals and wards of general hospitals, as well as in a very small number of psychotherapy offices in some polyclinics. Most part of finances (about 90%) is allocated in hospital care and outpatient care mostly is just providing medicines.

Social Psychiatry, psychosocial rehabilitation, community based services are in the first steps of transition. Involvement of social workers, psychologists and other professionals in Psychiatric care is far from satisfaction. Moreover in Armenia there are no license requirements for organizations to provide psychosocial rehabilitation and community based care.

A working group was created in 2012 to develop a mental health Policy for the Republic of Armenia within the framework of signed memo between Ministry of Health & Open Society Foundations.

The objectives of Policy are: ensure the transition from institutional care to comprehensive community-based programs, integrate mental health in the general health services, raise public awareness of mental health issues, provision of comprehensive & accessible psychiatric and general medical, psychological, and counseling support, care, and other forms of assistance; ensure evidence-based and cost-effective interventions for all those in need of mental health care and treatment; improve the educational system for specialists and others.

Psycho-social rehabilitation and recovery: South African perspective

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Psycho-social rehabilitation is an essential practice of assisting patients in a recovery phase to integrate socially at given levels of functioning. This includes getting back into the community, their families and also with the possibility of starting to work at a level consonant with their level of functioning. Sometimes mentally ill patients have not reached their previous optimum level of functioning on discharge from hospitals and therefore an intermediate caretaker situation must be in place to prevent any further relapses. In the South African context, non-governmental organizations play a significant role in guiding such patients in the route to full recovery and social integration. A focus will be primarily on the role of (SADAG) South African Depression and Anxiety Group in provision of constant support, information, and review of medication, psycho-education and various supportive psychotherapies to enhance smooth rehabilitation and recovery after an acute episode of illness. SADAG works with patients who have depression and anxiety disorders but has extended its operations to include patients living with bipolar mood disorder, schizophrenia and teenagers who are suicidal and those who have attempted suicide. In promoting recovery and social integration of patients, SADAG tackles the problem of stigma headlong and empowers patients in various manners to know their rights and to know how to access available help at existing public and private health resources.
Psycho education programme for the Caregivers: Experience from Pakistan

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Pakistan Psychiatric Research Centre and Fountain House, Lahore, Pakistan

During the last few decades, there has been an increase focus all over the world towards community care of psychiatric patients thus leading to an increase in care giving responsibility on family and friends. There is a need for more involvement with carers of patients with mental illnesses. Family burden is a “psychological state produced by the combination of physical work, emotional pressure, social restrictions, and economic demands arising from taking care for a patient as well”.

Like many developing countries, in Pakistan, family plays a vital role in patients’ life keeping in view of the closed family system/norms. Having a psychiatric patient as family member can lead to greater amount of burden on whole family like economic burden, feelings of hopelessness, depression, disturbed and unhealthy home environment, lack of social support, fear of stigmatised attitude, dysfunctional family roles.

Keeping in view the needs for involving families and caregivers, a psycho education programme was started at Fountain House, Lahore. This paper will describe this project and present some results showing the effectiveness of mental health promotion services in a low income country.

Community based social services and Slovenia, cooperation among sectors – challenges and obstacles

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Human resource and financial capacities of public and private providers of mental health, especially organizations in social welfare and non-governmental organizations are disproportionately presented. The barriers and challenges for collaboration between providers include weak role and power users in decision making and planning services in the local communities. Comparative analysis of cooperation between the sectors in Europe and the role of international recommendations in national settings.

Community-Based Rehabilitation (CBR) and the Clubhouse Model as Means to Mental Health Policy

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Presentation is focused on the Mental Health Policy Reforms, the Community-Based Rehabilitation (CBR) and the Clubhouse recovery model, in many countries called as Fountain House model. About 30 international mental health policy recommendations from 1990s onwards were the data sources; of them most important is the new UN Convention on Rights of People with Disabilities (UN 2006. The documents were analyzed and compared with five different recovery-oriented approaches and key concepts of the rehabilitation science. Human rights, equal opportunities, involvement and choices of users, right to live in the local community, supportive human relationships and empowerment are the major common principles of these mental health policy recommendations.

According to the international research the Clubhouses achieve the following results for members and their communities:

- Clubhouses promote their members’ recovery, quality of life and general wellbeing;
- Participation reduces remarkably hospital stays and the use of other health and social services;
- Participation helps members to obtain motivation for education, learning new skills and for transitional and supported employment in open labour market;
- However, Clubhouse activities are not satisfying the needs of all members, for this minority other choices are needed.

References:
REGULAR SYMPOSIA

RS-01
Hot topics in addiction treatment

Organised by Andrej Kastelic (Slovenia)

Patients using mental health services have a high prevalence of substance abuse and drug addiction. Many drug users have comorbid mental health problems. The needs of both populations for treatment are often improperly met. Treating either of the disorders represents a challenge.

Prognosis of treatment of patients with these comorbid disorders is poorer so the outcome of both disorders is worse when patients are undertreated. Poor medication compliance, high level of recidivism, rehospitalisation, high degree of symptom severity, impaired psychosocial functioning, increased risk of suicide and risky behaviour are associated with not properly treatment of the disease.

Only the combined efforts of addiction and mental health services offer the chance of a good outcome. Discrimination and stigma of this population are usually multiplied.

There are different models of comprehensive care for patients with comorbid disorders. The effective programmes should be able to take advantages of potential interfaces between drug users and the health care system through primary care, specialized mental health services and drug treatment programs in communities and prisons from HR to high threshold programs.

No single model is sufficient in any given environment.

Participants of the symposium will discuss different treatment approaches and practices for patients with comorbidities as in the majority of countries in the region and globally where mental health and addiction treatment programmes are mostly well developed, there is a huge gap in treatment of this most vulnerable population.

Medication-assisted treatment and use of clinical guidelines for treating drug users in Slovenia

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Medication-assisted treatment (MAT) for opioid addiction is the fundamental opioid addiction treatment programme around the world and in the Republic of Slovenia, resulting in reduction of harm associated with illicit drug use, improved public health, fewer emergencies and hospitalisations, overdoses, HIV, hepatitis and other blood-borne infections, and in reduced criminal behaviour of drug users.

With the development of addiction treatment and increasing number of patients a need emerged to develop besides treatment guidelines and recommendations a set of clinical pathways for treating drug users in addiction treatment programmes. The aim of the guidelines and clinical pathways is to improve the quality of treatment, unify treatment interventions with not loosing individualized approach, reduce the costs of the programmes and enable evaluation.

The authors will present treatment guidelines and clinical pathways for outpatient and inpatient treatment, MAT, use of benzodiazepines in addiction treatment programmes, treating drug users with hepatitis C, treating pregnant drug users, for use of drug testing and recommendations for assessing the capability for driving.

As the Slovenian model for MAT in communities and custodial settings and drug addiction treatment broader is completely or at least partly currently used in more than twenty countries worldwide good practices and future challenges will be discussed.

Building relationship with patient in addiction field

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Theoretical starting-points: In patients addicted to illicit drugs entering the treatment process may be present ambivalence to treatment, fluctuating motivation, fear of changing, a strong sense of insecurity and inadequacy in a new therapeutic situation. Their emotional lability, poor frustration tolerance as well as other factors that are part of the disease of addiction further reduce the chance of successful treatment. If the pressure of above described events for patients is too strong, there is resistance and the desire to escape from difficult situations. Consequently, it appears a desire to use drugs, which may be so strong that a patient stops his further treatment. The purpose of the hearing of a patient in CZOPD is to create an environment where patients will be able to withstand the pressures described. He must gain enough positive experiences, which will help him to endure at the beginning of the therapeutic process as well as in the later stages and at the stage when the maintenance of abstinence increasingly depends on ourselves. Employees in health care are in the process of psychotherapeutic treatment, where we actively participate often uncertain and less confident in the correctness of interventions. We wonder to what extent our activities support the psychotherapeutic process that creates the above described safe environment and getting positive experiences. The purpose of our research was to identify and understand which behaviours and activities of our
employees in nursing care that are helpful for a patient in the process of medical treatment.

**Methods:** We have conducted a qualitative research. Data were collected using semi-structured interviews with patients who have successfully completed the healing process at CZOPD or are still in the treatment, but successfully maintain the abstinence (they have completed at least detoxification section). Analysis of the empirical material are made on the basis of inductive or substantive theory, which is characterized by an analytical process technology by creating concepts, categories and propositions.

**Sample:** the sample of our research was purposive. We have included patients who successfully maintain abstinence and were willing to participate in the study. We conducted 10 interviews.

**Results:** The outcome are following categories: Communication, partner relationship management, patient follow-up care, the patient acceptance, personal characteristics of employees in a health care, safety and obstacles in relationships. It is important to communicate openly with our patient, to give him clear information, to be respectful and to know how to calm him down. All our patients need is warmth and closeness. Distance, contempt and rigidity in interpersonal relationships are disturbing to our patients. In our employees they appreciate the accessibility, responsiveness, flexibility and the fact that we care about them and are sensitive to their situation.

**Factors associated with the outcome of opioid drug addiction treatment in Slovenia – preliminary results**

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*Center for Treatment of Drug Addiction, University Psychiatric Hospital Ljubljana, Ljubljana, Slovenia*

**Objectives:** According to data treatment motivation and readiness are closely linked to retention. There are instruments for measuring the stages of motivation and readiness, and predict treatment retention and outcome (1).

**Method:** This study describes the validation process for the Slovenian version of the Circumstances, Motivation and Readiness (CMR) scale by De Leon (2). The validation process included 131 male and female patients with opioid addiction at Center for Treatment of Drug Addiction Ljubljana.

**Results:** Cronbach alfa coefficients for each of the three CMR subscales and for the total score were calculated. The total alfa was 0.842. Alfa for M was 0.860, for C 0.372 and for R 0.818. Exploratory factor analysis extract 3-factor solution with 56% explained total variance. Factors aren’t exact match to dimensions C, M and R.

**Conclusion:** Based on these results we can conclude that Slovenian translation of CMR is valid for evaluating patients’ motivation and readiness for treatment. Nevertheless further research is needed concerning factorial structure.


**Suicide attempts among patients treated in opioid substitution treatment (OST) programs in Slovenia**

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**Aims/Objectives:** Substance use presents a risk factor for suicide attempt, suicide and overdose. Accidental overdose and suicide are the main causes of mortality among people who abuse drugs. The aim of the present study is to determine possible differences in gender, age, education, employment, marital status, religion, suicide in family, drug use among family members, overdoses and victimisation among patients with history of suicide attempt compared to patients without history of suicide attempt in OST programs.

**Methods:** altogether 235 consecutive patients, willing to fulfill the questionnaire in four different treatment centers in Slovenia were included.

**Results:** About a quarter of patients (62/235; 26.4%) reported past suicide attempt. There were no significant differences in gender, age, marital status and drug use among family members between both groups. In the group of patients with history of suicide attempt there were significantly less employed and more religious individuals, more suicide attempts and suicides among family members, more victimisation and more overdoses compared to the group without history of suicide attempt.

**Conclusion:** It seems that family history of suicidal behaviour and history of previous overdoses and victimisation but not demographic characteristics are associated with suicide attempts within this vulnerable population.

**References:**

RS-02

Stigma and discrimination

Organised by Vesna Švab (Slovenia)

The postulates of work against the stigma of mental illness: are they still valid?

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Stigmatization and consequent discrimination of people with mental illness is gradually becoming recognized as the chief obstacle to the development of mental health programs and anti-stigma activities have been developed in numerous countries in Europe and elsewhere. Most of these programs took form of campaigns against stigma and although some changes of attitudes of the general population (and of some of its subgroups) resulted from these campaigns stigma still remained a powerful determinant of the quality of mental health care and of the quality of life of people with mental illness and their families. A possible explanation for the relatively modest effects of anti-stigma programs is that they used paradigms of work which have are becoming obsolete and therefore unlikely to lead to significant reduction of stigmatization and of its consequences. The presentation will list the currently widely held postulates of work against stigma and examine whether they need to be changed or replaced by postulates in tune with the current developments in medicine, psychiatry and society at large.

Global pattern and cross-cultural variations in reported discrimination among people with major depression. Findings from the ASPEN/INDIGO study.

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Background/Objectives: Depression is today the third leading contributor to the global burden of disease, the first in middle- and high-income countries. Although several effective treatments are currently available, fewer than half of people with depression receive treatment. Barriers to care include the lack of resources, and stigma and discrimination associated with mental disorders. This study aimed to: (1) assess nature and severity of experienced and anticipated discrimination reported by adults with major depression worldwide; (2) compare levels of experienced and anticipated discrimination across countries

Methods: In a cross-sectional survey (the ASPEN/INDIGO study), people with diagnosis of major depression were interviewed in 34 countries worldwide with the Discrimination and Stigma Scale (DISC-12)

Results: Overall, 1082 people participated. Of these, 79% reported experiencing discrimination in at least one life domain. The main source of perceived discrimination was represented by the family and marriage context. Multivariate models found that higher level of experienced discrimination was associated with several lifetime depressive episodes, at least one lifetime psychiatric hospital admission, being single and unemployed. However, individual variables only accounted for 28% of variance. Some additional variables not considered in the models, including contextual factors, should probably be taken into account. The context seems to play a relevant role, since both experienced and anticipated discrimination widely differed across countries. Developed countries (according to the classification based on the Human Development Index) displayed higher levels of reported discrimination than developing countries. A sort of “dose-effect” relationship between anticipated discrimination and levels of socio-economic development was found; this difference remained significant also after having taken into account covariates.

Discussion/Conclusion: Discrimination related to depression acts as a barrier to full social participation. Besides some individual clinical characteristics, the socio-cultural environment seems to play a crucial role in determining levels of perceived discrimination.

MDAC-ASPEN WP 7 Recommendations to Government

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2University Ljubljana, ASPEN research group, Ljubljana, Slovenia

Background: The study was grounded in a human rights approach, taking as its starting point the UN Convention on the Rights of Persons with Disabilities (CRPD). Article 4(3) of the CRPD forms the basis of the research, setting out that, “[i]n the development and implementation of legislation and policies to implement the [CRPD], and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations.” Article 1 of the CRPD makes clear that mental health service users (people with psycho-social disabilities are included within the CRPD’s ambit.

Method: The main research question was to what extent do civil society organisations participate in mental health
legislation and policy reform in Slovenia? This was discussed with 16 NGOs active in the field of mental health and eight persons working in governmental ministries and other governmental bodies. 

**Results:** The WP 7 part of EU funded Antistigma European Network programme produced recommendations for EU governments to increase participation of civil society in decision making. The ASPEN recommendations for the Slovenian government are to be presented.

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**Mental health discrimination in the workplace and legal and social barriers to employment of people with major depression: Findings from the European ASPEN study.**

**Van Bortel, T.** and the EU ASPEN Study Group

*Institute of Public Health, University of Cambridge, Cambridge, United Kingdom*

**Background/Objectives:** The overall aim of the ASPEN study is to contribute to the reduction of stigma and discrimination of people with depression in the 27 EU Member States and to communicate this knowledge to relevant stakeholders. Specific research was also conducted into personal experiences of stigma and discrimination of people with mental health problems in the workplace as well as research on existing barriers to employment in which gaps were identified between law and practice within the participating EU Member States. For the latter, the relevant standards of EU Equality Directives as well as the UN Convention on the Rights of Persons with Disabilities (CRPD) were used as benchmarks.

**Methods:** Data was gathered through literature reviews, focus group discussions with people with psycho-social (mental health) disabilities, and face-to-face interviews with the Discrimination and Stigma Scale (DISC-12) in which mixed method data was gathered regarding experienced and anticipated discrimination in relation to employment across all 18 participating EU countries.

**Results:** Stigma (both anticipated and experienced) about mental ill-health was defined as one of the key barriers to employment. Participants also mentioned significant issues surrounding disclosure, bullying, harassment and neglect at the hands of colleagues and employers. Further, adequate health and social care as well as organisational ethos and work pressures were reported to be major contributing factors to ill health, social exclusion, low self-esteem, and hampering recovery.

**Discussion/Conclusion:** The results of the ASPEN study in 18 EU countries clearly indicate that much more needs to be done to tackle stigma and discrimination of people with mental health problems in the workplace as well as to empower and support people to re-enter the workplace after a period of ill-health. Reasonable adjustment should be provided, such as flexible working hours, and all workplace personnel, including managers and employers, should receive training on mental health and wellbeing. Furthermore, workplaces should provide healthy environments for all their staff in order to prevent employment-related ill-health, and to contribute to individual and organisational wellbeing.
RS-03
Self-disorders in schizophrenia and their therapeutic implications

Organised by Borut Škodlar (Slovenia)

This symposium consists of 4 presentations: 2 from Denmark (Julie Nordgaard & Josef Parnas and Mads G. Henriksen, all from Hvidovre Psychiatric Hospital and Center for Subjectivity Research, University of Copenhagen) and 2 from Slovenia (Jurij Bon and Borut Škodlar, University Psychiatric Hospital Ljubljana).

As the first, the empirical research on self-disorders in schizophrenia with implications for psychoeducation will be presented (Julie Nordgaard & Josef Parnas). As the second, the intricate relations between self-disorders in schizophrenia and poor insight with important therapeutic implications will be discussed from empirical and conceptual perspectives (Mads G. Henriksen).

Self-disorders may prove to be a promising approach to identification of intermediary endophenotypes of schizophrenia. Their relation to electrophysiological indices of visual working memory deficits will be discussed (Jurij Bon).

As the last, the research on self-disorders in schizophrenia will be addressed from the psychotherapeutic perspective, which is one of the crucial off-shoots of self-disorders research (Borut Škodlar).

Self-disorders in schizophrenia: Correlations and psychoeducation

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Aim: The aim of the study was threefold: 1) to examine the specificity of EASE (Examination of Anomalous Self-Experience scale)-measured self-disorders to the schizophrenia spectrum disorder in first-contact in-patients; 2) to assess the concurrent validity of self-disorders by exploring correlations between self-disorders and other psychopathological dimensions (positive symptoms, negative symptoms, formal though disorder and perceptual disorders) of schizophrenia, 3) to explore relations of self-disorders to IQ, sociodemographic-, and extrinsic illness characteristics.

Methods: A sample of 100 diagnostically heterogeneous, first-admitted in-patients underwent a comprehensive psychiatric interview. Self-disorders were elicited by means of the EASE scale. All interviewed subjects were IQ-tested. The diagnostic distribution of the EASE-scores was tested with analysis of variance, whereas the relations between the EASE-scores and other symptomatic dimensions of schizophrenia were tested with Spearman’s rho.

Results: Self-disorders aggregated significantly in the schizophrenia spectrum disorders, with no differences between schizophrenia and schizotypal disorders. EASE-scores correlated moderately with other psychopathological dimensions of schizophrenia.

Conclusions and Implications: Self-disorders aggregate selectively in the schizophrenia spectrum disorders, with similar levels in schizophrenia and schizotypy. The study lends validity to the view of self-disorders as an experiential vulnerability phenotype of the schizophrenia spectrum disorders. The lack of correlations between SDs and DUP or DUI may indicate that SDs form more basic vulnerability traits. The absence of a significant correlation between SDs and IQ suggests that the SDs are not IQ depended. The implications for standard assessment of psychiatric patients and for psycho-education in SDs in schizophrenia spectrum patients will be discussed.

What is poor insight into illness in schizophrenia?

Henriksen, M. G.
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Poor insight into illness is considered the primary cause of treatment noncompliance in schizophrenia. Yet, the complexity of the phenomenon of poor insight is not well understood, and we are still short of solid answers to the most basic questions: why do many patients with schizophrenia not feel ill in the sense of attributing their abnormal experiences to this mental disorder, and what is poor insight into illness really? These are the central questions, which the presentation raises and strives to provide preliminarily answers to. The presentation has two parts. In the first part, I will discuss the definition of poor insight, review the available results from empirical studies, and critically discuss the predominant conceptual accounts of poor insight (which consider it as an ineffective self-reflection, caused either by psychological defences or impaired metacognition). I will argue that these accounts are at odds with the phenomenology of schizophrenia—according to which schizophrenia is a specific disorder of the self that involves a variety of alterations of the structures of experiencing that affects the very conditions of self-experience and self-reflection. In the second part, I will propose a novel, phenomenologically oriented account of poor insight in schizophrenia. I will argue that the reason why most schizophrenia patients have no or only partial insight and consequently do not comply with treatment is rooted in the nature of their (non-psychotic) anomalous self-experiences (i.e. self-disorders) and the related articulation of their psychotic symptoms.
Self-disorders in schizophrenia and psychotherapy

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Study of self-disorders in schizophrenia has a long history in psychiatry, both in clinical psychiatric as well as in psychotherapeutic stream of research. Disorders on a very basic level of experiencing oneself and the world around, as it is the case in schizophrenia, induce profound feelings of anxiety, estrangement and uneasiness at any kind of exposure. Living with these profound instabilities and anxiety lead patients to all sorts of defense, compensation and escape strategies. We can see even acute psychotic experiences, such as delusional and hallucinatory experiences, as one of these strategies (far from implying voluntary and self-made nature of acute psychotic experiences). In treatment of schizophrenia, especially in psychotherapy, we try to address all these levels of experiences: from basic anxiety and estrangement to defense and compensation strategies as well as delusions and hallucinations. Study of self-disorders with clinically useful instruments for assessment, e.g. EASE (Examination of Anomalous Self-Experience), provides a solid ground for such psychotherapeutic endeavors. Patients experience exploration of their basic self-disorders and search for their alleviation as a crucial part of their (psycho)therapy and recovery.

RS-04
Depression, anxiety and pain: A clinical triad

Organised by Virginija Novak Grubič (Slovenia)

Aim/Objectives: Depression is a common mental disorder with the prevalence of 10-20%, presenting with various symptoms. About 50% of depressed patients report pain (1). Major depressive disorder and anxiety disorders are often accompanied by chronic painful conditions. Psychiatrists rarely pay enough attention to somatic or painful symptoms in patients with depression and anxiety, and depressed mood may be overlooked in patients with pain in primary care (2). The connection between depression, anxiety and accompanying pain is not completely understood although some common neurobiological pathways are proposed. The aim of this symposium is to provide the basic necessary information on comorbidity of depression and anxiety with painful physical symptoms.

Methods: First, the neurobiological background will be presented, followed by two overviews of comorbidity of depression, anxiety and pain from the point of terminology, epidemiology, differential diagnostics, psycho-social aspects and treatment strategies.

Results/Conclusions: All depression symptoms should be recognized and treated in order to achieve good clinical outcome. It has been recently proposed to raise the awareness of pain in psychiatric population in order to ease artificial boundaries separating psychiatric and medical formulations of brain disorders (3).

References:
Addressing Mental Health Needs in the Alps-Adria-Danube Region: Stigma, Community Based Care, Stress and Suicidality

RS-05

Anti-stigma movement in the region and the world

Organised by Tsuyoshi Akiyama (Japan)

The stigma of mental illness is a severe burden for people suffering from mental illness and for their relatives and also negatively affects mental health services and related professions. Since the “WPA Program to fight against stigma because of schizophrenia – open the doors” various approaches have been tried with aims at different target groups. From these experiences we have learned that broad, creative and enduring activities are necessary to achieve the goal. In this symposium, movements of anti-stigma are reported from regional and global perspectives.

RS-06

Obravnava kriznih stanj kot priložnost za spremembe

Organised by Brigita Novak Šarotar (Slovenia)

Predlagamo simpozij 4 predavanj, ki bi jih pripravil tim EKI.
1) Brigita Novak Šarotar: Hospitalna obravnava oseb v krizi - umik simptomov ali še kaj več?
Na Enoti za krizne intervencije obravnavamo osebe, pri katerih se je v krizni situaciji porušilo čustveno ravnotežja in pri katerih se izraža simptomatika kriznega stanja, pogosto so sprejeti po poskusu samomora ali pa ravno zaradi samomorilne ogroženosti. Ob celostni obravnavi, ki zajema tako farmakoterapijo kot tudi različne psihoterapevtske intervencije, se simptomi kriznega stanja večinoma hitro umaknejo, torej se vzpostavi predkrizni nivo funkcioniranja, cilj obravnave pa je doseči tudi višji nivo od le-tega.
2) Jana Borštnar: Vpliv obravnave posameznika na družino
Na Enoti za krizne intervencije obravnavamo posameznika v krizni situaciji. Dosežena sprememba vpliva tudi na druge sisteme, predvsem na posameznikev družinske člane, zato je pomembni del obravnave tudi družinski sistemski pristop.
3) Peter Zajc: Soočanje z diagnozo resne telesne bolezni
Na Enoti za krizne intervencije se pogosto hospitalno zdravijo tudi osebe s prilagoditveno motnjo povezano s telesno boleznijo, ki je novonastala ali pa je prišlo do poslabšanja kronične telesne bolezni. Cilj obravnave ni samo sprejemanje zdravljenja telesne telesne bolezni, ampak izboljšanje funkcioniranja v življenju, ki pogosto vključuje priлагoditev živiljenjskih ciljev.
4) Saša Ucman: Odvisnost kot krizno stanje
Pri osebah, ki so zaradi kriznega stanja sprejeti na Enoto za krizne intervencije pogosto tekom obravnave ugotavljamo, da je odvisnost od alkohola ali anksiolitikov in hipnotikov celo poglavito vzrok za nastalo krizno stanje ali je pomembni dodatni dejavnik in zaplet. Hospitalizacija na Enoti za krizne intervencije je zato priložnost, da se takega posameznika usmeri v nadaljnjo ambulantno ali hospitalno obravnavo odvisnosti.
RS-07
Community psychiatry and community care – what are the priorities
Organised by Vesna Švab (Slovenia)

Community care is one of the priorities of European Mental Health Action Plan. Services for people with are to be organized as accessible and comprehensive as possible close to peoples’ homes. The commitment to deinstitutionalization continues, but several countries still strengthen institutionalization and rise number of hospital and asylums' beds as proved by DECLOC report. Growing institutionalization is in opposition to demands of the CRPD convention accepted already in 2008. The first multidisciplinary regional community mental health teams (CMHTs) for Slovenian regions are established in 2013. The first reports about their development are to be presented as well as obstacles in the programme implementation. The experience from Italy (Trieste) where deinstitutionalization and community movement began in 1986 are to be presented as well as experiences from other central European countries. The growing knowledge about the best practice examples from NGOs, primary care and ACT teams are to be compared and discussed regarding basic demand about safety, empowerment of service users and their carers and fairness.

An open door / no restraint system of care: the challenge of a comprehensive community-based service
Mezzina, R.
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Trieste is a town without a psychiatric hospital for more than 30 years so far, that demonstrates that is possible to shift from total institution to a fully community based service, without barriers, immersed in the community, and a low threshold of access. The paradigm of illness is broken in favour of that of the person and process of care and rehabilitation keeps its focus on whole life, recovery and social inclusion. In a practice with the highest degree of freedom, there is the lowest ratio of involuntary treatments, open-door and no-restraint principle everywhere, no use of forensic hospitals. The MH Dept includes 24 hrs integrated comprehensive CMH Centres, group homes, day centres, social clubs, work cooperatives. Creating personalised itineraries toward recovery and social inclusion is the organisational-strategic key, in which the person has an active role and contractual power, and there is also an innovative policy related to integrated health and social care planning. The role of the WHO Collaborating Centre for Research and Training, based in Trieste, is to support deinstitutionalisation and service development worldwide, particularly in the South-East of Europe. The strategy and the guidelines of that action are described.

Education for community care in Slovenia: European Public Health Education or Training in Skills and Legislation
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Background: The first multidisciplinary regional community mental health teams (CMHTs) for Slovenian regions are established in 2013. The education for these teams and wider professional mental health public was prepared in collaboration with University Plymouth, Slovenian and Austrian NGOs, service user and carer organizations together with the University of Maribor.

Methods: The draft of the educational programme was distributed to service users and families’ representatives, to Universities, Mental Health Europe, and NGO Vienna. In this international consortium it was decided that an NGO should organize this programme to access involvement in academic process, empowerment, control and involvement in educational needs assessment.

Results: The primary care teams that were the beneficiaries of the programme supported the proposed education, as well as NGOs. The proposed evaluation method of the programme and first results are to be presented.

Discussion/conclusion: Community care is different to the institutional culture. Therefore there is a need for serious political decision about establishing community care services aiming especially on de-institutionalisation and the individual support for to achieve inclusion in community-living. Following the UN-CRDP User Representatives should be involved in all steps of the programme from development over teaching to evaluation.

Public health aspect on mental health in Carinthia
Janet, E.
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View of public health in the area of mental health is different from the view of a psychiatrist in the fact, that we are primarily interested in the population and after then to the individual. In addition, we are focused on prevention rather than on therapy. Recently we are getting acquainted with the availability of services in the field of mental health in our part of Slovenia.

In Carinthia, we are several years intensively engaged with one of the phenomena (which is also an indicator) of mental health: suicide. Some years ago, we began the process of de-stigmatizing suicide, mental illness and also with the education of all those at the primary healthcare level, who encounter this problem. We found a serious shortage of professionals in the field of mental health, and
so we are looking for ways to improve this existing situation. Thus, we also participate in the project of community psychiatry in Carinthia.

Community mental health teams-first experience in Slovenia

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First CMHT working in the Slovenian region of Posavje was established in 2013. The first steps towards improved access to psychiatric services and better quality of care were needs assessment, education of staff and a public mental health campaign. Local media, politicians and local stakeholders were involved in the preparation of the project. The CMHT team was organized in Health Center, thus at the primary level of care. It is strongly connected with GP practices, local centers for social work and non-government organizations. The information about the start of the work was publicly proclaimed and the contact number was publicly available to everybody in need. There are 90 patients already included in the programme and first assessments are made. Experience, obstacles and improvements of mental health service in the region in 6 month period will be described.

Eight years of Assertive Community Treatment in University Psychiatric Hospital Ljubljana – outcomes and dilemmas

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In 2006, after completing a professional exchange in UK, a mobile psychiatric team started placing first patients in the Assertive Community Treatment based care. In the last eight years over 150 patients were treated by the mobile team, the first team to implement the ACT in Slovenia. The ACT services are contentiously available to 60 patients and are also used to provide care for the patients under supervised care. The presentation will briefly address the outcomes of treatment with. The outcomes of supervised care will be presented for the very first time. Further on the emphasizes of presentation will be on the dilemmas and problems of implementing and developing community treatment programs in Slovenia.

Mapping of the situation of the mental health care in Czech Republic

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Central European region is an area where in recent decades profound political, economic and social changes occurred and health care systems were substantially changed including psychiatric services. It is possible to find similar as well as dissimilar trends in individual countries. Psychiatric Societies and other bodies are trying to introduce new concepts and programs innovating the traditional approach to the treatment of individuals with mental disorders, but these activities often were not fully supported by organizers and payers of the health care. The revenues for mental health care used to be quite low in comparison with western European countries. Some form of deinstitutionalization happened in the majority of them with tendencies to build community mental health services. However, new forms of reinstitutionalization are also possible. Recent global socio-economic crisis starts to influence mental health problems of many people in the region, such more frequent depressions and changing rate of suicides. There are some peculiarities in individual countries. Situation, recent changes and plans in the Czech Republic as an example will be discussed more in detail.

References:
Jaspers and delusions: An echo of the 100th birthday of Jaspers’ General Psychopathology

Organised by Jurij Bon (Slovenia)

In this symposium 4 speakers: 2 from Germany (Jann Schlimme, Psychiatric University Hospital Charité in Berlin and Samuel Thoma, Philosophy and Psychiatry Department, University of Heidelberg) and 2 from Slovenia (Borut Škodlar and Matej Potočan, both from University Psychiatric Hospital Ljubljana) will present their research on Jaspers’ understanding of delusions in relation to relevant modern conceptualizations of delusions in clinical-phenomenological approaches. First, the Jaspers conception of delusion and delusion formation will be presented (Matej Potočan). Then the mutual enrichment and mutual critique between Jaspers and phenomenological-psychiatric school in the field of delusions will be discussed (Samuel Thoma). As third, on the ground of phenomenology of receding delusions a bottom-up genesis of delusions, which is an alternative to Jaspers’ understanding of delusions, will be presented (Jann Schlimme). And as the last, the formation of delusions from self-disorders as conceptualized in the empirically-validated phenomenological approach will be compared with Jaspers’ notions on delusions (Borut Škodlar).

Jaspers on delusion and delusion formation

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Jaspers starts his chapter on delusion with an even for a contemporary psychiatry important sentence: “To say simply that a delusion is a mistaken idea which is firmly held by the patient and which cannot be corrected gives only a superficial and incorrect answer to the problem.” He continues with “delusion proper implies a transformation in our total awareness of reality”. The famous characteristics of delusion, i.e. extraordinary conviction, imperviousness and impossibility of content, are for Jaspers mere external characteristics and he argues for a distinction between original experience from the judgment based on it, which has a tremendous therapeutic implications, e.g. for CBT and other psychotherapy approaches. Very influential is also Jaspers’ distinction between primary delusion or delusion proper and secondary delusion or delusion-like idea. The former, was his claim, are “incomprehensible, unreal and beyond our understanding”. They are primary pathological experiences, which “demand for their explanation a change in personality”. We could see in Jaspers’ “change in personality” equivalent of that, which is in contemporary phenomenological psychiatry known as self-disorder. It is this vein of research, i.e. self-disorders, which is promising for getting “behind these (abovementioned) external characteristics into the psychological nature of delusion” as Jaspers put it.

The limits of phenomenological description of delusion – examination of a Jaspersian critique

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For Karl Jaspers, phenomenology has the basic function for each psychopathological task to empathize with the psychic life [Seelenleben] of the patient and to describe this in clear terms. Yet it would be wrong to identify Jaspers as a follower of the phenomenological-psychiatric school. This has to do with changes in phenomenology, which, starting in 1913 emerged as an eidetic science of transcendental consciousness (Husserl 2009). Precisely this distinguished use of phenomenology should from now on identify the fault line between the classical German psychiatric school and phenomenological psychiatry. In the fourth edition of his General Psychopathology (1946) Karl Jaspers developed a paradigmatic critique of this phenomenological strand in psychopathology by pointing out the limits of phenomenological description especially for cases of delusion. Consequently Jaspers’ critique is most relevant when it comes to the description and comprehension of delusion which Jaspers himself judged to be incomprehensible. In my assessment of Jaspers’ critique I will try to define the very nature of phenomenological description of primary delusion. I will first situate Jaspers’ critique in its historical and psychiatric context and then analyse its coherence by looking at important examples of the phenomenological descriptions of delusion.

The phenomenology of receding delusions: Arguments for a bottom-up genesis of delusions

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According to Karl Jaspers and the German tradition of phenomenological psychopathology two criteria can be named as paramount for delusional convictions: a) the extraordinary degree of conviction concerning particular ideas; and b) the outright rejection of alternative explanations, the so called Unkorrigierbarkeit (incorrigibility) of these convictions (ideas). Both criteria seem to indicate that delusions are primarily a disorder of thought. This may hold true for long-term delusional ideas or convictions, since our convictions inform and, at least partially prescribe our experiences. However, our convictions can be, and often are challenged by our experiences, implying
that delusional convictions require at least a minimum of experiential support.

In my presentation I will draw on in-depth phenomenological descriptions of receding delusions. While some patients recover from delusions, including a critical stance towards their own delusional experiences, other patients maintain a double orientation to reality and thus recover, more or less, with delusions. The phenomenology of receding delusions demonstrates that perceptions and immediate prima facievaluings are the experiential fundament of delusional convictions, and that delusional convictions are no longer required, or even criticized, if this perceptual or affective support stops.

The phenomenological descriptions of the first-person perspective of receding delusions favour concepts of a bottom-up genesis of delusions. Consequences for the Jaspersian approach to delusions are discussed.

**Delusion and self-disorders in schizophrenia**

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Delusion is for Jaspers a primary experience, implying “a transformation in our total awareness of reality”, i.e. a radical transformation of a totality of perceiving, thinking, feeling and acting/behaving. We have “such great difficulty in grasping”, Jaspers writes, this “transformation of basic experience”, when “everything gets a new meaning”. Following Jaspers’ analyses of the experience of reality, where “awareness of Being” and “primary experience of existence” play a crucial role in awareness of reality, we can connect his ideas with the self-disorders research within a continental phenomenological tradition. Self-disorders, we argue, play a fundamental and generative (trouble générateur) role in delusion formation. When self is unstable and disordered on a very basic, prereflective level of selfhood, which colors every experience, then new interpretations of everything (frameworks of understanding) “naturally” emerge. We then observe, as Jaspers writes, “that a new world has come into being”. We thus propose that understanding of delusion from basic self-disorders could be a way to see behind the curtain of Jaspers’ notable incomprehensibility (Unverständlichkeit).
RS-09

Preventing stigma and the human self: the doctor-patient relationship and the consultation and its role in reducing stigma

Organised by Rashid Zaman (United Kingdom)

Stigma still persists today in the attitudes towards those who suffer from mental illness. It has been said that the Consultation, when a human person who is ill or believed himself to be ill reveals his symptoms to a doctor who he trusts is the core of medicine. The consequence of this consultation is that a diagnosis is then made and hence a treatment plan. However what is called into operation in the consultation are deep issues related to the human self, and the self may be challenged when a diagnostic label is given and when consequently the person is labelled unwell or ill. The self may reject the role of being an ill person, or may become stigmatised because of the person’s previous understanding of the nature of illness. These difficulties can be addressed by open and honest discussion with the patient about the nature of illness and its consequences. One important way of maintaining the perspective of doctors in relating to the human person is the use of the Humanities as part of a Doctor’s training and daily practice. The humanities focus the doctor’s mind on the context of the human person with potential to act, rather than simply a disease to be treated. The symposium will describe these ideas from different points of view, including the ‘wounded healer’, or doctor who has a mental illness, the teaching of consultation skills to Medical Students, and working with people with disabilities.

Passion and Compassion in the Medical Humanities

Cao, E.
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In recent years, the medical field has undergone a shift from a biomedical reductionist model focused on the biological basis of disease toward a biopsychosocial model which considers interplay of biological, psychological and social factors in the understanding of disease. With such perspective shifts emerge areas of study interested in going beyond biology to understand health and illness, collectively known as the “Humanities and Medicine” or “Medical Humanities.” An attempt to define the Medical Humanities is difficult, in part because it is not yet a fully established community, and in part because the concept itself does not exist to be precisely defined. Rather, the Medical Humanities lives fruitfully as a broad and creative conglomeration of ideas and perspectives. The Medical Humanities draws on interdisciplinary perspectives from the social sciences (e.g., psychology, sociology, anthropology), arts (e.g., music, literature, visual arts), and humanities (e.g., history, philosophy, religion) to better understand the experiences, narratives, and representations of health and illness that are often ignored by the biomedical sciences alone. The humanistic and artistic side of medicine includes respecting the patient as a multi-dimensional, dynamic person and the uncertainty fraught in the complexity of everyday medical decisions. The value of the Medical Humanities extends beyond the clinic into academia as an investigation into different ways of understanding illness. The Medical Humanities promises to become increasingly relevant and necessary in present-day society, medicine, and academics. They aim to create an international community of investigators and practitioners immersed in enriched and nuanced perspectives of medicine, health, and disease – for a more passionate intellectual discourse and a more compassionate medicine.

Keywords: biopsychosocial model, medical humanities

The Wounded Healer

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Stigma still persists today in the attitudes towards those who suffer from mental illness. We see a fundamental divide between the ‘manic’ mind and the ‘asthmatic’ lung as if those who experience mental health challenges do so out of their own making and as such do not deserve the same kind of empathy as those who suffer from some other long term illness such as cancer. Carl Jung used the term, ‘The Wounded Healer’ as an archetype to describe doctors who experience mental health challenges. Nowhere is the aforementioned stigma more apparent than in the medical profession. Stigma is a major issue amongst ‘Wounded Healers’ so that they do not receive the benefits of early intervention. Over recent years, the Health Humanities has emerged as a distinct entity in attempts to ameliorate the limitations in the provision of healthcare services and as a way to combat stigma. In this presentation, we utilise verse and prose in order to provide a qualitative insight into the mind of a medic afflicted with manic-depressive illness and to convey the subjective experience of mental distress. We aim to take a stand against the stigma associated with mental health challenges, particularly in the medical profession.

Keywords: Stigma, medical profession, Health Humanities
Young Persons with severe disabilities and the New Humanism

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The Istituto Serafico Di Assisi specialises in the treatment of Young Persons with severe disabilities. These can be multiple and can be both physical and mental. The approach to these young persons depends on valuing them as Human Beings with the same value and uniqueness as other human beings. This then means that the young person receives genuine validation of themselves as human persons from both the staff and from each other. Numerous therapies are offered to the Young Persons according to their needs, and shall be described in the presentation, but the success of these therapies depends ultimately on the validation of the person mentioned above. This emphasis on the validation of the human person can be described as the development of a new humanism, or understanding of the human person within medicine, and clearly provides an important protection against stigma for these persons.

**Keywords:** disability, validation, human person

The Human Self and the Medical Consultation; Combating Stigma in the Doctor Patient Relationship

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It has been said that the Consultation, when a human person who is ill or believed himself to be ill reveals his symptoms to a doctor who he trusts is the core of medicine. The consequence of this consultation is that a diagnosis is then made and hence a treatment plan. However what is called into operation in the consultation are deep issues related to the human self, and the self may be challenged when a diagnostic label is given and when consequently the person is labelled unwell or ill. The self may reject the role of being an ill person, or may become stigmatised because of the person’s previous understanding of the nature of illness. These difficulties can be addressed by open and honest discussion with the patient about the nature of illness and its consequences. We will describe a new development aimed at teaching medical students the process of a psychiatric consultation. Two medical students see the patient, and sometimes the patient’s family, together with a psychiatrist. They sit in a circle, and while one student takes notes, the other leads the consultation, being guided in his questioning by the psychiatrist. The patient has given his prior consent to this procedure, which is seen as a teaching exercise by all concerned. Much explanation of the diagnostic process is given to both the student and the patient and his family during this process. Also much psychoeducation is given to the patient and his family. Feedback from the patients and their families is usually that they have understood a great deal about their situation. It is felt that carrying out the consultation in his way does lead to a good doctor-patient relationship and does help to ward off stigma.

**Keywords:** Consultation, Stigma, Diagnosis, doctor-patient relationship
RS-10
Geriatric psychiatry

Organised by Aleš Kogoj (Slovenia)

Mental disorders in old age are often associated with physical illness and social problems. Therefore effective management must be holistic. Biological, psychological and social factors have to be considered in each patient. Dementia and depression are the most important mental disorders in old age. Depression often presents with atypical symptoms which can easily be overlooked. On the other hand, elderly often experience depression as physical symptoms. Therefore reliable screening tests for depression are needed. Although they cannot replace clinical evaluation, they can be helpful in clinical practice.

Treatment of dementia cannot start without a proper diagnosis. Different screening tests are widely used for basic assessment of cognitive functions. Among many factors which can exert influence upon results is also insomnia. The neurobiology of behavioral and psychological symptoms which are very common in dementia is still unclear. One of such symptoms not fully understood is involuntary emotional expression disorder, also called pseudobulbar affect. Palliative care becomes an important issue with the progression of dementia. Before drawing up the guidelines, it is useful to know the views of relatives and professionals on this issue.

Every aspect of mental, physical and social wellbeing is important in the elderly. Therefore, effective treatment and appropriate care is one to alleviate symptoms of mental disorders in old age without increasing incidence of falls.

The role of serotonin in patients with Alzheimer’s disease and aggressive behavior

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Aims/Objectives: Alzheimer disease (AD) is a progressive neurodegenerative disorder manifested by progressive decline in cognitive functions, and the emergence of a variety of behavioral disturbances which might be associated with altered serotoninergic system (1). The studies on platelet 5-HT concentrations in AD and aggressive behavior yielded inconsistent results (2-5). The aim of the study was to investigate the role of serotonin (5-HT) in patients with Alzheimer’s disease and aggressive behavior based on peripheral marker such as platelet 5-HT concentrations.

Methods: Platelet 5-HT concentrations were measured using ELISA in patients with AD enrolled according to NINCDS-ADRDA and DSM-IV-TR criteria for AD and coexisting aggression.

Results: No significant difference in platelet 5-HT concentrations between patients expressing aggressive behavior and patients without aggressive behavior was found (t = 0.67; NS).

Conclusion: Our results suggest that aggressive behavior in patients with AD is not necessary due to altered serotoninergic transmission. Considering pharmacotherapy of aggressive behavior in AD it seems that the attempt to restore deficits of the serotoninergic transmitter systems is not the reasonable choice, but the use of acetylcholinesterase inhibitors, memantine, and atypical antipsychotics would be appropriate.

References:
Screening tests for depression in old age

Kogoj, A., Vičič, E., Babnik, P., Strbad, M.
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Prevalence of depression among the elderly is higher than among the general adult population. However, it often goes unrecognized and untreated due to its different clinical picture and existence of numerous physical symptoms that doctors often ascribe to other co-morbidities.

We wanted to find the best screening test for depression in late life that would enable the doctors quicker and more efficient recognition of depressive disorders among the elderly and help them get treated sooner.

Our research included completing two screening tests for depression (Geriatric Depression Scale – GDS and Patient Health Questionnaire 9 – PHQ-9) among 73 long-term care residents. We then compared their sensitivity (SE), specificity (SP), positive predictive value (PPV) and negative predictive value (NPV) at different cut-off scores for. Comparison of ROC curves for both tests showed no statistically significant difference between the tests (area under the curve (AUC) was in both cases 0.90). Cut-off score for GDS was at 11/12 points and for PHQ-9 at 5/6 points.

Mental disorders and falls in old age

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Introduction: There are several reasons for increased number of falls in old age. These include the expected age-related changes, as well as frequent physical and mental disorders.

Methods: Data on falls in Psychogeriatric Department.

Results: Falls were more frequent in intensive wards. They were also more frequent in patients with dementia compared with other patients.

Discussion: Mental disorders represent an additional factor for falls. The total number of falls in our department is comparable to some of the data from abroad. Falls with serious injury were rare.

References:

Palliative care in dementia

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Palliative care becomes an important issue with the progression of dementia. Alzheimer Europe, for example, is of the opinion that a palliative care approach should be adopted for people with end-stage dementia as attempts to cure and prolong life are inappropriate for them.

Questionnaire was made to verify the position of relatives and professionals on palliative measures in end-stage dementia.

Current practice in Slovenia does not often take into account known recommendations.

Before drawing up the guidelines, the need for a comprehensive education on this topic among relatives and professionals is needed.

References:

Effect of acute sleep deprivation on cognitive functions

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Aim: To determine what effects sleep deprivation has on results of SKT and KPA tests.

Methods: We tested the cognitive function of 23 volunteers (healthy non-smokers, good sleeping habits, aged 18-24) sorted randomly into 2 groups (two different testing regimes). Stroop, Sternberg and the test for measuring choice reaction time were used as control tests. SKT and KPA were used as try-outs. Every examinee took all five tests six times during the course of 3 testing days (morning, evening). A non-parametric Wilcoxon signed-rank test was used for the statistical analysis of test results for two dependent samples.

Results: The decline in test results after sleep deprivation as opposed to those after proper sleep is statistically significant. With SKT for the collective result (p<0.04), the second (p<0.01), eighth (p<0.01) and third task (p<0.02), all three for tests performed in the morning. With KPA for the collective result (p<0.03) and the remembrance exercise (p<0.02), both for tests performed in the evening. The difference was statistically significant also in all three variations of the Stroop test.

Conclusion: The study confirms that sleep deprivation causes lower scores on SKT and KPA dementia-measuring tests, irrespective of other causes for the decline in cognitive function.
RS-11
Community Mental health and stigma in developed and new services

Organised by Peter Pregelj (Slovenia)

Whereas some European Countries have well established Community Psychiatric services, other countries are beginning to develop theirs.

The aim of this symposium is to compare the experiences of countries who have recently started developing community psychiatric services with those which have developed these services over a long period of time. In particular, we attempt to discuss how issues related to stigma and social inclusion, as well as some ethical Issues are dealt with in different services.

Comparing Mental Health Services in Italy and UK

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Introduction: Italian Mental Health services have, since the Basaglia Law, been oriented to providing non-stigmatising community services. The services in Rural Umbra are god examples of this.

The aim of our work is to evaluate and compare some of the key indicators that characterize one English Community Health team (Bedford), two Italian Mental Health Services, in Bastia and Magione, and one University Hospital Mental Health Service, in Perugia.

Our work was conducted on the basis of a collaboration between Cambridge University and University of Perugia (Italy).

Subjects and Methods: We analyzed and described the teams with information about the number of psychiatrists, types of staff and population in the catchment area.

Furthermore, we analyzed their caseloads, referring to epidemiologic features and diagnostic aspects.

We considered the population that reached the services in February 2013.

Results: there are some differences between the organization of the team and the caseload of the Community Mental Health Services in Italy and in England and between the community health services and the hospital one.

As for the diagnostic aspects, Mood Disorders seem to be the most frequent diagnosis in each service (Bedford 53.8%, Perugia 48%, Magione 45%, Bastia 38%).

Conclusions: The World Health Organisation identifies strong links between mental health status and development for individuals, communities and countries. In order to improve population mental health, countries need effective and accessible treatment, prevention, and promotion programmes. Achieving adequate support for mental health in any country requires a unified and shared approach.

Little research has been done to describe the Mental Health Services in the different countries of the world, consequently more studies are needed to assess the improvements in mental health system in relation to the services available to the population. In our study, according with the literature, we detected that mood disorders are the most represented in the population.

Keywords: Community Mental Health Team, Community Mental Health Service, Mental Health, Mood disorders

Why use the least restrictive option in Community Mental Health Services

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The use of the least restrictive option in delivering psychiatric services has been a very important aspect of the design of services in Western Europe ever since Pinel ordered the chains to be removed from Psychiatric Patients during the French Revolution. In some areas of the world, Psychiatric Patients are still held in chains.

The necessity to use the least restrictive option is linked with important issues including ensuring that patients engage with services and continue to be concordant with treatment after discharge from hospital. To achieve this it is necessary to treat patients with dignity.

However, in many parts of Europe mental health provision still is dependent on large Psychiatric Hospitals, and within them patients are still often confined in restrictive circumstances.

European Patients, all of whom are European Citizens, need to have the same access to services across the European Union, and therefore mental health service provision disparities across the Union, including the provision of non-stigmatizing services and the use of the least restrictive option, are in fact a question of Human Rights.

Keywords: Restriction, Human Rights, Psychiatric Services, community Psychiatry
Learning and developing community mental health services – the ethical aspects of experiences from University mental hospital Ljubljana

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In 2005 the team of six professionals from University psychiatric hospital Ljubljana visited Luton and Cambridge mental health trust on a professional exchange to learn about community mental health services. In six weeks we managed to observe most of different community mental health services and decided to develop assertive community treatment (ACT) team on our return. In eight years of performing ACT based care we are daily faced with ethical dilemmas, walking on the boundaries between well being and personal freedom of our patients. The problem is far greater in court ordered form of community based treatment – supervised care – the treatment implemented in the Slovenian mental health act from 2009. The presentation will explain the process of learning of community care important skills in UK, the ethical aspects of implementation of ACT based care and the dilemmas of supervised care.

Keywords: professional exchange, community care, assertive community treatment, ethical dilemmas, supervised care

Community Mental Health services and Stigma in UK mental health services

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Mental Health services have developed in the UK into complex community services comprising Community Mental Health Teams, Assertive outreach teams, Home Treatment and Crisis Teams and Early Intervention In Psychosis Teams. All of these teams work to a recovery model thus emphasizing that the aim of the services is to return patients to as normal functioning and to as full a social inclusion as possible, even in spite of resistant symptoms. Hence, in Community Psychiatry in the UK, anti-stigma measures can be seen not to be separate programs, but instead to be embedded within the design of the core services themselves.

Keywords: Community Teams, Stigma, Recovery
RS-12
Neurophysiological correlates and therapeutic potentials of meditative practices

Organised by Jurij Bon (Slovenia)

The impact of long-term meditation on attentional engagement

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Neurology Department, University Medical Centre, Ljubljana, Slovenia

Meditation improves certain cognitive abilities, possibly causing sustainable changes in mind and body after long term practice. In presented EEG study we detected differential improvement in the ability to inhibit distracting stimuli by experienced meditators.

Meditation induces transcriptional changes in epigenetic modulators

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The common epigenetic changes include DNA methylation, histone modifications and chromatin remodeling. We detected rapid differential expression of several genes, which encode proteins that chemically modify genomic DNA, histones, and chromatin remodeling factors in peripheral blood after meditation.

Breathing control in meditation: is there a shared mechanism of influence on brain oscillatory activity?

Jeran, J.
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Meditation practices commonly employ different kinds of breathing control or other breathing related activities. In EEG study we investigated whether changes in breathing patterns are crucially related to changes in brain oscillatory patterns, typical for meditative states.

What can meditative practices offer in treatment of psychiatric disorders?

Skodlar, B.
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Meditation is commonly recognized as an activity beneficial for (mental) health and wellbeing. There are several modern psychotherapeutic techniques, e.g. mindfulness, drawing from fundamental meditative principles. We will discuss their clinical usefulness and potential risk when employing them in treatment of different types of major mental disorders.
SW-1
Diagnosis and treatment of combat related stress disorders

Organised by Igor Marinić (Croatia)

Mental disorders caused by traumatic stress event represent important topic from both civilian and military aspects. Establishing a diagnosis, and assessment of symptoms intensity, origin of trauma, comorbidity, suicidal risk, psychological impact of trauma, personality structure, and social and family support is important and complex procedure. Treatment of combat veterans is complex one, and adequate treatment options for specific stress disorder should be chosen, either psychopharmacological treatment, psychotherapy, or combination of both methods. During the therapy, some specific issues in patients with traumatic disorders should have to be addressed, such as feelings of shame and guilt. Along stress related disorders, many patients develop comorbid disorders such as depression, anxious disorders, or alcohol dependence, which also have to be addressed.

Psychophsyhiology in stress related disorders: our experience

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Aim: To present results of our published psychophysiological studies, and our clinical experience with applied psychophysiology, biofeedback (BFB) and neurofeedback (NFB), for stress related disorders.

Methods: In psychophysiological studies heart-rate (HR), respiratory sinus arrhythmia (RSA), electrodermal activity (EDA), and electromyography (EMG) was analyzed. Electrodermal feedback, heart rate, peripheral temperature, respiration, EMG or neurofeedback were chosen for treatment of patients, specifically managing anxiety, arousal, cognitive correlates or dissociative symptoms.

Results: In chronic trauma group (war veteran PTSD) startle habituation and baseline HR were the most reliable psychophysiological indices of PTSD (1), and in acute trauma group (traffic accident ASD) it was EDA (2). ASD resulting from interpersonal assault had similar psychophysiological profile to PTSD (3). Heightened startle magnitude in acute trauma (civil) seemed as a good predictor of PTSD, and lack of startle habituation seemed as a stable marker of PTSD(4).

Conclusion: Psychophysiological measures should be considered as a potential biological marker for acute and chronic trauma phase.

References:

Cognitive – Behavioral treatment of Combat Veterans with PTSD

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In presentation there are explained characteristics of cognitive behavioural treatment of combat veterans who have diagnoses of PTSD. The treatment consists of assessment of PTSD symptoms, comorbid psychiatric disorders, work on core beliefs, sense of guilty and shame, cognitive distortions. We have to choose appropriate treatment intervention, psychotherapy or medication treatment or combination of both methods. It is very important to make a confidenatal therapeutic relationship and to make a treatment plan with the patient. The main interventions of CBT are: psychoeducation, cognitive restructuring, emotion regulation, exposure, anger management, posttreatment program for maintaining and preventing relapse.

References:
Contract in therapy of patients with stress related disorders

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Aims: To review existing approaches to making contracts in therapy of patients with stress related disorders.  
Methods: Analysis of available literature concerning therapeutic concepts regarding contracts in therapy of psychotraumatized patients.  
Results: Therapeutic contract is an important part in the therapy of psychotraumatized patients and an important element in establishing a therapeutic relationship. Forming a safe environment in which an alliance and positive relationship could be built is one of most important issues during the treatment of trauma victims. Several types of contracts will be shown and important characteristics of each type of the contract would be discussed.  
Conclusion: Making the therapeutic contract helps to make secure and reliable therapeutic environment that facilitates the therapeutic process of psychotraumatized patients and create the opportunity to work through the traumatic experience.

References:  

Factors associated with referral to psychiatric treatment in war-survivors in Croatia

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Objectives: The aim of this study was to examine the factors associated with referral to psychiatric treatment in the sample of war-survivors in Croatia.  
Methods: A cross-sectional survey was conducted with a sample of 333 war-survivors in Croatia. Clinical measures included the Structured Clinical Interview for DSM-IV (SCID-I/NP, version 2), the Clinician-Administered PTSD Scale (CAPS), the Beck Depression Inventory (BDI) and the Semi-Structured Interview for Survivors of War (SISOW).  
Results: In logistic regression analysis, in addition to some demographic and trauma variables, the critical factors in referring someone for psychiatric treatment are severity of depression and severity of disability due to PTSD symptoms. Severity of PTSD on the contrary, showed no significant predictive value for the referral to psychiatric treatment.  
Conclusion: Our findings of the critical predictors of referral to psychiatric treatment suggest the importance of further attempts to improve the clinical practice of GPs in recognition and management of PTSD. Early treatment of PTSD patients could prevent chronification and irreparable harm in global functioning due to PTSD.

References:  

Measuring shame- and guilt-proneness: comparison of two approaches

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Aims: 1. To develop the Croatian version of two measures of shame and guilt proneness that are based on two dominating approaches: the test of Self-Conscious Affect (TOSCA-3) - representing scenario based, and the Personal Feelings Questionnaire (PFQ-2) – representing adjective checklist approach.  
2. To compare measures after applying them both to the same population, since previous researches applied them to different populations when evaluating their properties.

Methods: We translated the questionnaires and applied them to 138 students. We conducted factor analysis, measure adaptation, descriptive and reliability analysis and examined inter- and intra-instrument correlations.

Results: Females scored higher on both shame- and guilt-proneness TOSCA subscales, but not on PFQ-2 subscales. Psychometric properties of both measures were good and improved after scale adaptation. Shame- and guilt-proneness were more correlated in the scenario based approach. The correlation between guilt-proneness subscales was low. Shame-proneness subscales were more correlated (R2=36%).  
Conclusion: Both measures are reliable dispositional measures. Our data confirm that they correspond to different aspects of shame- and guilt-proneness.

Group therapy in the treatment of traumatized persons

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A traumatic experience greatly changes the perception of inner and outer world in a traumatized patient (1). Feelings of deep isolation, alienation, helplessness, and distrust, together with interpersonal problems and socially dysfunctional behaviour, are the main psychological components of such persons (2). This population often feels rejected from the larger society (or even judged and blamed for their difficulties) and therefore group psychotherapy, has the central role in the integrated psychiatric treatment (3).

The presentation will present the long-term (5 years) group psychotherapy work with war veterans with PTSD. The goal of psychotherapeutic work was: relieve the symptoms; help veterans to develop more mature adaptation mechanisms, and stimulate the repairation of discontinued and fragmented self to support personality integration and reintegration of the veterans into family and society. At the end of the group work they have better QoL, especially in the field of social functioning and family relations and also the number of hospitalizations decreased. The limitation of this type of work with traumatized persons is habituation on group and problem with separation, especially in passive-dependent members.

References:
Forensic Psychiatry in Europe – recent developments

Organised by Nicoleta Tătaru (Romania)

Section Workshop of the Forensic Psychiatry Section of WPA

Forensic psychiatry is a subspecialty of clinical psychiatry which requires special legal and criminological knowledge and experience in the treatment of mentally disordered offenders. Forensic psychiatrists should have solid psychiatric training as well as practical experience in dealing with mentally disordered offenders. The double knowledge in psychiatry and law defines the subspeciality of forensic psychiatry and provides the ethical foundations for its practitioners. Forensic psychiatrists deal with some of the most difficult patients in psychiatry. They are concerned with the assessment of complex cases, including risk assessment, and with the treatment of mentally disordered offenders, typically in secure settings such as secure hospitals or prisons. Furthermore, forensic psychiatrists act as expert witness in court, commenting e.g. on issues of criminal responsibility and competency to stand trial. Within this symposium/workshop special problems of Forensic Psychiatry in different European countries are discussed.

References:

Prison psychiatry in Germany – recent developments

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The high prevalence of mental disorders in prisoners has been impressively demonstrated in several surveys. In Germany, there is a lack of method-based studies on the prevalence of mental disorders in prison, which examine a large, representative sample of a prison population with standardized diagnostic instruments and provide a diagnosis oriented on international classification systems. One study examined the prevalence of mental disorders within a group of German male sentenced prisoners who did not pay their fine and were imprisoned in October 1999. Impressling was the large amount of persons (10%) with psychotic symptoms in lifetime prevalence. Regarding the lack of appropriate longitudinal, long-term studies examining a larger, representative sample of a prison population under constant legal commitment conditions we did a replication of the above mentioned study five and ten years later. The paper will present first results. Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving raise to tension between patient care and protection of the public.

References:

Forensic psychiatry in Romania and some other Balkan countries

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Psychiatry, Psychiatry Ambulatory Clinic, Oradea, Romania

In Balkan countries like in all other countries, forensic psychiatry as a sub-specialty between psychiatry and legal medicine, an interface between mental health and the law, is focused on assessment and treatment of people with mental disorder who show antisocial or violent behaviour. After a brief history of forensic psychiatry in some Balkan countries, the author describes the services, the high and medium secure units found in forensic hospitals, prison hospitals or in general psychiatry hospitals. Generally our countries’ legislation respects the international documents of WHO, UN, etc., concerning the protection of mentally ill people. The legislation calls for adequate treatment and respect for the human rights of the persons with mental disorders. Ethical questions remain in dispute, like patient’s needs vs. social needs and human rights, legality vs. morality. Forensic psychiatrists are also involved in the care of prisoners, those in prisons or jails, and the care of the mentally ill and dangerous (such as those who have been found not guilty by reason of insanity). The quality standards must be improved, especially those concerning elementary care needs and quality of life of forensic psychiatry patients (accommodation, food, sheltered house, sheltered work places and community involvement).
References:
WORKSHOPS

W-1
Different levels of stigmatization in psychiatry

Organised by Vladimir Miloševič (Slovenia)

The origin of the word stigmatization is deriving from the Greek word "stigma", which referred to marking, that was cut or burned into the skin of slaves, criminals and traitors. The aim of that was to visibly identify that person as morally week. These persons were to be avoided particularly in public places. In now-days stigmatization refers to specific groups, like: psychiatric patients, drug addicts, HIV patients, different gender identities etc. Stigmatization of psychiatric patients is present through relation of family or society toward them, but also through relation of psychiatric professionals toward the patients, which is present through diagnostic definitions, professional slang, therapeutic approach etc. Another aspect of stigmatization in psychiatry is related to different relations among psychiatric professionals and among psychiatric and psychotherapeutic schools.

In this workshop the participants are invited to explore different ways and types of stigmatization of psychiatric patients (how our patients are stigmatized by society, where is the responsibility of us as psychiatrists in this phenomenon, how language influence the process of stigmatization) by using sociometry, socio- and psychodrama method.

W-2
Psychotherapy of suicidality

Organised by Vaclav Hyrman (Canada)

Suicide risk can be effectively reduced by psychotherapeutic techniques such as CBT, DBT and motivational interviewing. This is to introduce a conceptual framework and a technique of brief psychotherapy useful in suicide prevention.

The tendency to self-harm and suicide are emotional patterns, not rational ones. Like all emotions, these patterns serve a useful purpose, though they may be painful. Pain and fear protect us, anxiety motivates us. Being unhappy and crying is the most important emotion for baby's survival. When parent ignores a baby's crying, the baby cries louder. We tend to repeat emotional patterns that worked for us in the past, often in early childhood. If they do not work, we try harder and the emotion escalates out of control.

For little children, adults are their higher power, in a very practical (not religious) sense. Many children have experienced that adults could ignore them when they were crying, smiling or demanding attention, but they would spring into action when they see a child in harm's way. It is postulated that for these children being in harm's way, doing themselves harm, is encoded in their subconscious as the most powerful way of getting help from a higher power. The purpose of self-harm is therefore an appeal for such help.

The first step in this therapy is helping the patient to understand that the compulsion to self-destruct stems from the need for help from a higher power. Next step is identifying the higher power needed; understanding that eliminates the need for self-destruction.

It requires some humility to admit that one is always dependent on powers greater than oneself. We depend on both external powers, such as society, nature or technology, and internal powers, such as knowledge, acceptance or insight, not only for comfort, but for our very survival.
W-4
Vascular brain injury and geriatric depression and the new diagnosis dilemma

Organised by Nicoleta Tătaru (Romania)

The prevalence of late-life mentally disorders is increased and the most common of them are depressive and cognitive disorders, frequently they are co-morbid especially in the very old patients. Depression in the elderly is often not recognized or is inadequately treated. The differential diagnosis is especially difficult when the depression syndrome is not classical major depression and does not meet criteria for dementia, or presence of the cognitive impairment is concomitant with a cerebro-vascular disease. Recently, late-onset depression can be understood as the direct consequence of brain damage, especially micro vascular lesions.

‘Vascular depression’ being a new subtype of late life depression, appeared a new diagnosis dilemma between: Vascular depression and Vascular dementia, sub-cortical dementia, with more vegetative symptoms influenced by subcortical brain changes, and same vascular risk factors. Subcortical brain changes may play role in the regulation of patterns of depressive symptoms and the new concept of a ‘vascular depression’ subtype of late-life depression, as diagnosis and phenomenology. In elderly who develop major depression, subcortical brain changes influence the clinical symptomatology of the depression. The quality of care, treatment and rehabilitation is an expression of social development, culture and civilisation level.

The new diagnosis dilemma: vascular depression vs. vascular dementia

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Clinical and therapeutic dilemmas for the clinicians are: diagnose depression in the patients with Alzheimer disease and other dementia, the aethio-pathogenesis and treatment of depression and cognitive impairment when they occur together and how does it differ from ‘pure depression’ and ‘pure cognitive impairment’ and the best clinical assessment of cognitive impairment in the elderly depressed patients.

‘Vascular depression’ being a new subtype of late life depression, appeared a new diagnosis dilemma between: Vascular depression and Vascular dementia, sub-cortical dementia. The differential diagnosis is especially difficult when the depression syndrome is not classical major depression and also the dementia syndrome does not meet criteria for dementia, or presence of the cognitive impairment is concomitant with a cerebro-vascular disease. After a short presentation of clinical aspects and differential diagnose between vascular dementia and vascular depression, we discus about treatment which comprise preventive and curative treatment of risk factors, diet, treatment of depression, as well treatment of vascular diseases.

The place of non-pharmacological treatments has not been adequately investigated; however they are part of the ‘complete management package’ in the elderly with mentally disorders.

References:
Young people participating in the rehabilitation programme commonly used black humor and culturally mediated stereotypes about mental ill persons and mental health rehabilitation for young people studying in vocational schools and diagnosed with depression or anxiety disorder want to be faced like any other, not as mental ill persons. Young people with psychiatric disorder want to be faced with their illness.

Young people with depression or anxiety disorder had an important role in the rehabilitation programme. They felt a sense of belonging when interacting with mental health rehabilitation staff. They were introduced to the programme concept and quality of life. The rehabilitation programme implemented and funded by the Finnish Social Insurance Institution (Kela) aims at developing a new form of mental health rehabilitation for young people aged 16-25 years studying in vocational schools and engaged in full-time education. Two rehabilitation programmes for young people with depression or anxiety disorder were implemented and funded by the Finnish Social Insurance Institution (Kela) in December 2013. The findings are presented and discussed in the presentation during the congress.

Methods and results: The study included 8 rehabilitation courses lasting 18 months during 2011-2013, each for maximum of 12 participants. The data are collected using questionnaires at three different points of time (baseline, after 12 months, and after 18 months). The data are collected using the social Insurance Institution of Finland Functional capacity Unit, National Institute for Health and Welfare, Helsinki, Finland, National Institute for Health and Welfare, Helsinki, Finland, and Social Insurance Institution of Finland, Helsinki, Finland.

Introduction: The OPI mental health rehabilitation programme commonly used black humor and culturally mediated stereotypes about mental ill persons and mental health rehabilitation for young people studying in vocational schools and diagnosed with depression or anxiety disorder want to be faced like any other, not as mental ill persons. Young people with psychiatric disorder want to be faced with their illness.

Conclusions: One method in dealing with the own situation is the recovery of young people with bipolar disorder in a similar condition. Peer support has an important role in the schizophrenia spectrum about mental ill persons and mental health rehabilitation for young people studying in vocational schools and diagnosed with depression or anxiety disorder. The OPI mental health rehabilitation programme represents a unique model that can be used in preventive mental health problems. So far, the results and experiences of the program and its impact are promising.
Are we talking about stigma? – The outpatient treatment of alcohol dependence

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“Alcoholism is a particularly severely stigmatized mental disorder”, according to a review of population studies,[1] WHO and Institute of mental health data show that Slovenia is facing serious consequences of alcohol use. In Slovenia general practitioners usually do not ask patients about their alcohol drinking patterns. One of the salient reasons for this attitude is the stigma of alcohol dependence.[2] During the last ten years the funds for outpatient treatment of alcohol dependence have been transferred from the public to the private sector. Research of stigma attitudes of patients in our health center’s waiting rooms towards patients with alcohol dependence revealed troubling stigmatization of the latter group. Recorded data of focus groups at the last year’s therapists’ meeting in the Podravje region showed a need for a “normal network for comprehensive care of patients with alcohol dependence”.

References:

Education of family physicians for treatment of patients with mental disorders in Croatia

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Aims: To harmonize graduate, postgraduate education and specialty training in family medicine (FM) in order to ensure development of competencies necessary for treatment of patients with mental disorders (1,2,3,4).

Methods: “Family medicine” course at the graduate level; „Generic competencies of the specialist-medical expert“ generic module and “Mental health care and addiction” module at the postgraduate level; one month at psychiatry and twenty-two months in FM during the specialty training ensure the development of competencies necessary for treatment of patients with mental disorders in the FM setting.

Results: “Family medicine” graduate course incorporates lecture “Patient-physician relationship and communication skills” and seminar “Patients with mental disorders in family medicine”.

“Generic competencies of the specialist-medical expert” generic module, incorporated in postgraduate professional study and based on CanMEDS framework, provides development of generic competences.

“Mental health care and addiction” module at the post-graduate level and participation in the daily work of psychiatrists and family physicians during specialty training ensure the development of generic and specific competences.

Conclusion: Harmonization of graduate, postgraduate education and specialty training in FM provides the development of generic and specific competences and prepare family physicians to meet the needs of the patients with mental disorders in the FM setting.

References:

Integrative psychiatry as a part of integrative medicine

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2 School of Medicine, University of Ljubljana, Ljubljana, Slovenia

Different treatments, also the treatment beyond the scope of school of medicine, like complementary and alternative medicine (CAM), open up new treatment options for patients and for their physicians. Patients independently collect information about their health problems and want to get the second opinion from professionals whom they trust. They also want to check whether a given CAM method is appropriate to treat their problems. Integrative medicine (IM) opens a field of expertise, where school medicine and CAM can cooperate for benefit of the patients. IM became a part of curriculum in many medical schools, and has its own research journals (1). Integrative psychiatry gives new opportunities for all (patients and physicians) who seek treatment in holistic way, including spiritual part of every human. Marc Galanter in his article concludes that the issue of spirituality should be integrated into resident training and into group support for hospital based patients (2).

References:
Primer dobre prakse - obravnava bolnice s težko ponavljaljočo se duševno motnjo v skupnosti

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V institucijah, bodisi bolnišnicah, inštitutih, zavodih lahko bolnik z duševno motnjo relativno dobro obvladuje vsakodnevne aktivnosti, ker ima ustrezno podporo. Težje se znašajo v skupnosti, kjer se znažde sam pred kopico nerešljivih problemov, ko mora vedno znova sam organizirati svoje življenje, strukturirati čas in pri tem obvladovati dejavnike, ki bi lahko ponovno sprožili bolezen. Zaradi osnovnih značilnosti duševne motnje od zmanjšanja sposobnosti delovnega in socialnega funkcioniranja do nesposobnosti uresničitve različnih življenjskih vlog (delavec, starš, partner...) slabše skrbi zase in za svoje telesno zdravje, je kot bolnik v glavnem pasivni objekt v procesu zdravljenja, rehabilitacije in ponovnega vračanja v skupnost.

Pri razvijanju novih oblik izvenbolniščne obravnave bolnikov z duševno motnjo smo v Univerzitetnem kliničnem centru Maribor, Oddelek za psihiatrijo, ob formalnem vidiku velik poudarek namenili tudi vsebinskemu vidiku, kjer je v ospredju dobro funkcioniranje posameznika v njemu pomembnih vsakodnevnih življenjskih aktivnostih v njegovem domačem okolju in skupnosti. Pomemben delež obravnave pri tem zavzema delovna terapija, s pomočjo katere posamezniku omogočamo bolj samostojno, aktivno, odgovorno, kvalitetno in zadovoljno življenje in s tem učinkovito vključevanje v skupnost.

V prispevku bova predstavili primer dobre prakse - proces obravnave bolnice s kronično duševno motnjo in njeno uspešno samostojno vključevanje v skupnost.

References:

Non-motor aggression and cyclothymic affective temperament are closely intertwined in patients with affective mood disorders

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Aims: There is a scarce of studies dealing with intertwinement of different aspects of aggressive behaviour and temperament among various affective disorders. Our aim was to explore in a group of outpatients with mood disorders the relationship between affective temperaments and aggression.

Methods: 46 outpatients with bipolar disorder – type I (BMD-I), 18 outpatients with bipolar disorder – type II (BMD-II) and 36 outpatients with major depressive disorder (MDD) were assessed with the Aggression Questionnaire [1] and the short version of Slovenian Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A) [2].

Results: The factorial analysis of the mean temperament scores revealed two main factors in patients with mood disorders, i.e. prominent cyclothymic profile (cyclothymic, depressive, irritable, and anxious traits) and prominent hyperthymic profile (hyperthymic traits). Patients with prominent cyclothymic profile got their diagnosis of affective disorders later in their life and displayed more non-motor aggressive behaviour (anger and hostility) in comparison with patients with prominent hyperthymic profile.

Conclusion: Anger and hostility could represent stable personality characteristics of prominent cyclothymic profile that endure even in remission. It seems that distinct temperamental profile could serve as a good diagnostic and prognostic value for non-motor aspects of aggressive behaviour.

References:
Suicide in military

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Military is an elevated load and higher risk environment, especially for participants involved in high level intensity operations. An important role represents also so-called pre-loaded personality. To date, there has been no systematic effort across countries to collaboratively examine the public health problem of military suicide and to identify best practices for suicide prevention among Armed Forces and Veterans or there are different ways of monitoring and follow-up. The purpose of the research project is to establish an up to date overview of the epidemiological situation in different NATO member countries. Standardization of follow up procedures are important for better future comparability of data.

Likovna terapija pri obravnavi psihiatričnega bolnika

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Prispevek naslašča nekatere humanistične likovnoterapevtske pristope pri obravnavi psihiatričnega bolnika. V osprajdu je fenomenološki pristop, avtorice Male Betensky, ki bolnika s pomočjo likovnega medija obravnava kot subjekt – fenomen s splošnimi skupnimi, toda njemu lastnimi kvalitetami in naravanostmi, katere individualno določajo njegove odnose z drugimi in njegovo umecenost v življenjski svet. Likovni terapevt v procesu terapije bolniku pomaga prepozнатi strukturo posameznih likovnih elementov in opozarja na njihove medsebojne odnose. Povezovanje notranje izkušnje s strukturno dinamiko likovnega izdelka pripelje do osebnih odkritij s ciljem generalizacije na druga življenjska področja. Fenomenološki pristop nadalje vzpostavlja bolj strukturirane in direktivne oblike likovnoterapevtske obravnave z namenom zajeti čim širši spekter bolnikov oziroma njihovih težav in potreb. Teoretična izhodišča se v drugem delu prispevka povezujejo s prikazom praktičnega primera, ki ilustrira in razjasni procesni način likovnoterapevtske obravnave. Dotakne se tudi ikonografije in simbolike likovnega izraza ter izpostavlja nekatere dileme pri opredeljevanju psihopatologije s pomočjo likovnega medija. V ta namen je na kratko predstavljena Wadesonova raziskava, ki se osredotoča na likovno produkcijo psihiatričnih bolnikov. Ključne besede: likovna terapija, fenomenološki pristop, psihopatologija likovnega izraza

Art therapy – A treatment modality for psychiatric patients

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The paper discusses different art therapeutic humanistic approaches used in treatment of psychiatric patients, with an emphasis on phenomenological approach, authored by Mala G. Betensky. Phenomenological art therapy sees a patient as a person – phenomenon with generally shared, but individually colored innate qualities and dispositions which determine his interactions with others and define his lifeworld. Art therapist helps the patient to identify the structure of individual visual elements and points to their mutual relations. Integrating inner experience with the structural dynamics of art works leads to self-discovery and change. The phenomenological approach is further correlated with more structured art therapy interventions to cover a wide range of patients, i.e. their problems and needs. Theoretical frameworks are associated with short case presentations that illustrate and better explain the process based art therapy. The iconography and symbolism of art expression are mentioned to highlight certain dilemmas in defining psychopathology in patients’ art work, supported by Harriet Wadeson’s research and my personal findings.

*Keywords*: art therapy, phenomenological approach, psychopathology of pictorial expression

*References:*

The relationship between the family member’s mental representations and behaviour patterns in psychosomatic families

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Psychosomatic families can usually be characterized by the rigid frontier(s) of the (sub)system(s), problems of communication and incapacity for changes. The parents seem to be overprotective and do not let their child(ren) go his/her(their) own way. The person with his/her psychosomatic disorder often comes to the centre of the family members’ attention due to his/her symptoms. In this way, he/she gets the longed-for care, although the real problem of the family system (generally the parents’ long-standing conflict) will not be solved. The aim of my study was to explore and compare some of the aforementioned manifestations of the dysfunctional organization that can typically be observed in psychosomatic families on the level of the family members’ (1) mental representations by Gehring’s (2010) Family System Test (FAST) (2) and behaviour patterns that were recorded on video during the individuals’ dynamic representations. The analysis of the videos was made by the Noldus Observer XT 8.0 program software. Among other things, more „balanced” and rigid family structures were explored in the psychosomatic families. Finally, the results demonstrated a close correlation between the measured factors on the considered two analytical levels of the investigation, which may confirm the validity of the obtained results.

This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system”. The project was subsidized by the European Union and co-financed by the European Social Fund.

References:

Psychotherapist Socrates method of dialogue

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Socrates method of dialogue is not only describes techniques, but also therapist attitude. The attitude of the therapist in dialogue is curious and inquisitive, trying to understand and encourage the patient. He/she leads the patient with concrete questions, to reflect and think about his/her own manners of thinking. The therapist helps to recognize the contradictions and deficiency for building self-functional epistemology. We will look in the method and technique of the Socrates’s way of dialogue.

In a short, I will represent the possibility of interaction clinic philosophy in everyday psychiatry and psychotherapy work.

References:

Problem of misuse of synthetic cannabinoids in patients with psychotic disorder

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Synthetic cannabinoids are relatively novel substances of abuse. The use of these compounds has been increasing in recent years, also among patients with severe mental disorders. This represents a problem for several reasons. There is an increasing number of synthetic cannabinoids on the illegal market, which occur in very different physical forms (cosmetics and herbal products, etc). Consequently, their identification is difficult. Another problem is their psychotropic action, which is unpredictable, with very different clinical presentations, even with a variety of clinical pictures in different patients using the same substance.

At the same time, detection by conventional (urinary) screening is not possible, because the chemical structure of most of these substances is different from the structure of natural cannabinoids. Additional problems with the detection of these compounds are their chemical diversity, their short half-life and the emergence of ever new substances on the market, whose metabolites are yet unknown. Thus, the standard method of detection of synthetic cannabinoids is chromatography - gas chromatography with mass spectrometric detection and liquid chromatography with tandem mass spectrometry.

References:
Aktivnost glutamat dehidrogenaze v likvorju

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V številnih nevrodegenerativnih boleznih je aktivnost Glutamat dehidrogenaze (GLDH) v možganih znižana. Želeli smo ugotoviti ali obstajajo merljive količine GLDH v likvorju.

GLDH smo določali v likvorju, krvnem serumu in levkoцитih pacientov brez (n=35) in z nevrološkimi obolenji in različnimi nevrološkimi simptomi (n=56).

V raziskavo je bilo vključenih 91 pacientov. Določili smo referenčne vrednosti GLDH v likvorju 8,0–106 nkat/L. Pacienti z degenerativnimi motnjami (n=6) in motnjami perifernega živčevja (n=11) so imeli statistično pomembno znižane aktivnosti GLDH v likvorju (8,17 nkat/L (± 4,58) oziroma 19,64 nkat/L (± 21,21). Ugotovili smo prisotnost obeh izoencimskih oblik GLDH v likvorju vendar brez statistično pomembnih razlik.

Aktivnost GLDH v likvorju je očitno znižana pri pacientih z nevrodegenerativnimi motnjami in motnjami perifernega živčevja. Odkritje je novo, za kar so nadaljnje raziskave.

Refe
rences:

The feminine and the maternal in institution care for adolescents and young adults

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All therapeutic institutions are implicitly or explicitly referred to maternal functions as they receive, contain and surround the patients they treat. Caring functions are indeed very close to maternal functions. The feminine introduces to the gender and generational differences, to the otherness at large, which are one of the main tool that can be used for therapeutic purposes with disorganized patients. Closely articulated with a caring environment, therapeutic sessions will have to trigger an elaboration of the connection between Feminine and Maternal, with the objective of rebuilding the patient's psychic space, an inferiority that will allow intimacy. This paper will discuss how, through the transference and the counter transference dynamics, conditions can be met to make possible in the patient's representations, disjunctions and articulations between Feminine and Maternal and how this can be of major usefulness in the treatment of psychically suffering adolescents and young adults. We will illustrate this hypothesis by brief vignettes of various psychopathological situations.
The prevalence of high anxiety and substance use in university students in the Republic of Macedonia

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Aim: To determine the prevalence of high anxiety and substance use in university students in Republic of Macedonia.

Material and Methods: 742 students, aged 18-22 years, who attended first (188 students) and second year of Medical Faculty (257), Faculty of Dentistry (242), and Faculty of Law (55) within University “Ss. Cyril and Methodius” in Skopje were evaluated. Beck Anxiety Inventory (BAI) was used for measuring the severity of anxiety. Psychiatric interview was performed with students with BAI scores ≥25. A self-administered questionnaire about the habits of substance (alcohol, nicotine, sedative-hypnotics, and illicit drugs) use and abuse was also used.

Results: Highest mean BAI scores were obtained in first year medical students (16.8 ± 9.8). Fifteen percent of all students and 20% of first-year medical students showed high levels of anxiety. Law students showed highest prevalence of substance use and abuse.

Conclusion: High anxiety and substance use as maladaptive behaviors in university students are not systematically investigated in our country. The study showed that students show these types of unhealthy reactions, regardless of the curriculum of education. Student counseling service which offers mental health assistance needs to be established within University facilities in R.M along with the existing health services.

References:

Managing Opioids Addiction in Poly-substance drug users

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Abuse of more drugs of abuse is indicated generically as polyabuse. The traditional approach explains that subjects are most likely to bind with the substance that best compensates its basic psychopathology. An alternative approach requires that the combined use of substances pharmacologically different represents a tactic to maximize the experience hedonic. No one can speak of real abuse in cases where psychoactive substances are used to alleviate the consequences of intoxication or withdrawal syndrome. This modality characterizing substances, which by their nature (opioid medications, clonazepam), have little or no property of abuse, permits them to be used for therapeutic purposes. For example, resorting to street methadone does not seem to be a surrogate form of heroin addiction, but rather represents means of harm reduction, with treatment seeking occurring shortly after its initiation. In addition, cessation of illicit opioid abuse and retention in treatment are positively correlated with decrease in alcohol and cocaine abuse and the absence of the psychosocial complications associated with such abuse, in poly-abuser heroin addicts engaged in an enhanced opioid maintenance treatment.

Is phosphorylation of glucocorticoid receptor potential marker of vulnerability to depression?

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Etiology of depression includes several pathophysiological mechanisms: dysregulation in monoaminergic transmission, inflammatory and oxidative stress, neurotrophic disturbances, myotonic dysfunction, hypothalamic-pituitary-adrenal axis (HPA) modulation and epigenetic influences(1). Modulation of HPA axis in depression has been evaluated either trough cortisol concentration or trough the level of its molecular regulator, the glucocorticoid receptor (GR). The data support the concept that impaired GR function, particularly GR protein posttranslational modification, might be a key mechanism of the vulnerability to depression (2). Our recent research indicated that although acutely depressed subjects had same levels of total nuclear GR in leukocytes, they differ from the controls due higher phos-
phorylation of nuclear GR at serine 226 and decreased pGR-S211/pGR-S226 ratio (GR activity ratio), suggesting reduced transcriptional activity of GR (3). In addition, in healthy adults with different levels of sub-threshold negative affective states, we found positive correlations between pGR226/neuroticism and negative correlation of GR activity ratio/negative affectivity (4). Present investigation, the first of this kind, highlighted the value of GR phosphorylation-related research in identifying protein-based molecular biomarkers of altered GR function and impaired HPA activity in depression.

References:

Chronic dissociative amnesia with postpartum onset

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Aims/Objectives: Dissociative amnesia is causally linked to psychological stress. Biological susceptibility characterizes parturition, resulting from alterations in hormones and neurotransmitters, including changes in those that modulate stress responses. Little data are however available about the epidemiology of perinatal dissociative amnesia. Herein we aim to present a patient who developed lasting retrograde amnesia for personal events immediately after the uncomplicated delivery of a healthy offspring.

Methods: The patient was investigated medically, neuropsychologically and neuroradiologically.

Results: This premorbidly healthy 38 year old married woman showed retrograde amnesia in the episodic-autobiographical memory domain, with abrupt postpartum onset. Standard structural brain imaging and medical work-up were unremarkable. A trial of selective serotonin re-uptake inhibitor for subclinical depression led to reduction in irritability and improved capacity to bond with the newborn, but no changes in the retrograde memory impairments. Performance on standard anterograde memory tests was within normal limits. Anamnesis elicited no evidence of marital conflicts. Antenatally there was a suspicion of fetal congenital malformation. Although this was not confirmed, it constituted a source of psychological distress.

Conclusions: Dissociative amnesia after parturition might reflect a stress hormone mediated brain desynchronisation during retrieval, resulting from the interplay between changes in hypothalamic-pituitary-ovarian circuit and psychological factors.

References:

Overcoming stigma in mental health: Psychoeducational and behaviour modification course

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Mental Illness is very common and is associated with significant disability. Stigma because of mental illness is also ubiquitous in the society.

Methods: We have created a new course for people with mental illness to help them learn more and be able to practice ways to overcome stigma in their lives and themselves. The course is a closed group with five to eight participants, co-led by a mental health professional and a person with lived experience. The course consists of 7 two hour sessions and focus on the following topics: Introduction and orientation; Depression, Anxiety and Recovery; Self-Stigma; Social Stigma – Family, Friends and Medical settings; Stigma in Education, Housing and the Workplace; Disclosure; and Conclusion. There is a homework assigned between sessions.

Results: A pilot running of the course has just completed. It was used for a fine-tuning of the course and finalizing the course content. Feedback was encouraged and was used for these purposes.

Conclusions: The course: “Overcoming Stigma in Mood and Anxiety Disorders” may have a significant role in helping people with those disorders to achieve recovery.

References:
Fear from society to survive

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³ Humanities, Farhangian University, Hamedan, Iran

Most of the children with physical disability disorder suffer from the shame they experience when attending the community. Being under the stigmatizing glances and lack of participation in collective activities, most of these students are tired and disappointed with their parents’ complaints about their disabilities and disorder and could not bear the situation in the school. Most of them prefer to stay at home not to hear words about their disabilities. Due to traditional view on physical disability or mental disorder. The physically disabled students are at stake of hearing wrong words and stigmatization in their behavior. To change the situation, the authors decided to apply a two-fold teaching for both schools and parents. There was a chess competition for students and the disabled students were set to compete with normal students. In addition the students were coordinated to have song groups The songs chosen for rehearsal focused on help, kindness and altruism. On other side, the parents of disabled students were asked to practice chess with their children at home. The results showed that verbal interaction among both groups of students increased in their sports activities and they did not use any verbal aggression towards each other. The disabled children were more enthusiastic to attend chess clubs to enrich skills in chess.

References:

Principi in tehnike spreminjanja telesne samopodobe pri osebah z motnjami hranjenja

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V prispevku bom predstavila principi in tehnike spreminjanja telesne samopodobe pri osebah z motnjami hranjenja. Tehnike temeljijo na kognitivno vedenjski tropologiji. Prvi del je namenjen prepoznavanju tipičnih bazičnih prepričanj in miselnih distorzij, ki povzročajo negativna, boleča notranja doživljanja povezana s telesom. Drugi del pa predstavlja spopadanje z vedenji, ki vzdržujejo negativen odnos do telesa (izogibanje, zakrivanje, preverjanje, popravljanje videza).

Samomor s sovražnim namenom

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V nasprotju s suicidologijo, ki izhaja iz socioloških, psiholoških ali psihopatoloških predpostavk, se antropologi trudijo pojasniti samomor, kot kulturološko konstruirano dejanje, ki je izpeljano v kontekstu kulturološko determiniranega sistema pomenov. V sklopu te teoretske predpostave se izpostavlja pomen inter-subjektivnega prostora, v katerem se izpelje samomorilni dejanje. Kulturni antropologi opisujejo specifične samomore v domorodiških kulturah, od Polinezije, južne Amerike do Afrike. Poglavita značilnost teh samomorov je, da oseba, ki se čuti nemočno v odnosu na neko avtoriteto, oznani svoj namen in vzrok celotni skupnosti in nato na preferiran način stori samomor. V teh samomorih je prepozna škodljiv, sovražen namen do osebe, ki se proglasi za odgovornega glede samomora. Opisani pojav sicer deluje precej ekstotičen in irelevanten glede razumevanja samomorčevalnih dejanj v zahodni civilizaciji, vendar poslovila pisma samomorilcev, napisana v slovenskem, madžarskem in angleškem jeziku razkrijejo, kako je pojav samomora s sovražnim namenom prisoten tudi v teh sodobnih kulturah. Avtor bo v sklopu svojega predavanja predstavil samomor s sovražnim namenom v svoji izvirni, antropološki pojavnosti, pa tudi lastne ugotovitve na osnovi trans-kulturne raziskave poslovilnih pisem.

Ključne besede: samomor, sovražni namen, kulturna antropologija, poslovila pisma

Delovna terapija na področju duševnegazdravja – preprosto je lahko učinkovito

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Ključne besede: delovna terapija, duševno zdravje, procesna obravnavo

ORAL COMMUNICATIONS
Occupational therapy in mental health – simple can be effective

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This paper will present the Slovenian Integrative Model of Occupational Therapy in Mental Health (SIM OT MH), authored by Jožica Petek. The model does not yet fall within the generally approved methods. Basic characteristics of SIM OT MH are its simplicity and clarity in terminology, which makes it more understandable to patients, their significant others and to mental health professionals. In spite of its simplicity the model remains highly professional. The Model equally includes client’s and occupational therapist’s personality, environmental possibilities and the doctrine of the therapeutic team working with the patient. The emphasis is on continuous spiral movement of occupational therapy treatment – from prevention strategies used in patient's living environment to institutional treatment with a view to the earliest possible return to the community (home and work environment), which again includes elements of prevention with constant regard to current health care legislation.

SIM OT MH is based on different theoretical approaches and models of occupational therapy, which are constantly updated with the latest findings in philosophy and practice of occupational therapy.

Keywords: occupational therapy, mental health, process based treatment

References:


Mild cognitive disorder is pre-disease risk factor of dementia in middle age subjects with metabolic syndrome

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We examined the associations of mild cognitive impairment (MCI) with components of metabolic syndrome (MS) such as the lipid spectrum in middle age subjects.

Methods: Collected data from 271 patients with MS, (30 – 60 years) have been analyzed using the Mann-Whitney test. All patients passed through: battery of cognitive tests. Level of blood glucose and plasma indicators of lipid spectrum were assessed according to NCEP criteria.

Results: 271 subjects were divided into 2 groups: A – with MCI (212) and B - without MCI (49). Significantly strong connection between level of total cholesterol (TC), cholesterol low density lipoprotein (LDL-C), lipoproteins of very low density (VLDL), the glucose and MCI in group A were obtained. Optional subjects with signs of MS and MCI had a higher level of VLDL and LDL-C in comparison with subjects without MCI. Increasing in the level of LDL and VLDL can provoke MCI in middleages with MS.

References:

Impaired information processing and executive dysfunction in late onset depression

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Aims/Objectives: Purpose of the present study was to assess cognition in patients with late onset depression in the symptoms-free remission period. The study of cognition was focused on executive function and speed of information processing (1). It was measured with Stroop-related ERPs and RTs in a modified computer version of the Stroop test which is highly sensitive to frontal functions.

Methods: Thirty four patients with late-onset depression were included after they had reached remission. They were compared to twenty four age-, gender- and education-matched healthy controls. Each participant completed a single item computer version of the Stroop task using verbal response mode. EEG and RT were simultaneously recorded.

Results: RTs were significantly prolonged in patients across all conditions of the Stroop paradigm, and the interference effect was significantly greater in patients compared to controls in incongruent as well as in verbal condition. Results also revealed abnormal late positive Stroop related potentials in the period of about 500 – 600 ms (2).

Conclusion: The specific combination of the observed interference effects, an overall RT slowing and abnormal ERPs in all conditions of the Stroop task, supports a conclusion that information processing is impaired overall and not only in the motor stage.

References:
Genetic influences and alcohol dependence in Slovenian population

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Studies show an important role of heritability in the development of alcohol dependence (AD) [1]. Genes involved in ethanol metabolism and serotonin (5-HT) pathway may be involved in AD [2-4]. The aim of our study was to explore whether specific polymorphisms in these genes are associated with AD in Slovenian population. Subjects included: 101 acute alcohol-dependent inpatients, 100 former alcohol-dependent patients and 97 healthy blood donors. All subjects were genotyped for CYP2E1 -1053C>T, CAT -262C>T, 5-HTTLPR and rs25531 (tri-allelic 5-HTTLPR), TPH2 rs1843809, rs4290270, rs7305115, rs4570625 as well as receptor genes 5-HT1A rs6295 and 5-HT1B rs13212041.

Results show higher frequency of CAT T alleles (p = 0.001) in alcohol-dependent patients. Significant differences were observed between groups regarding the genotype frequency distribution of 5-HTTLPR (p = 0.008) and tri-allelic 5-HTTLPR (p = 0.023) polymorphism, however no clear gene dose effect was observed. There was no association of the investigated polymorphisms in CYP2E1, HT1A and HT1B receptor or TPH2 genes with AD.

The most interesting finding of our study is that the CAT -262 C>T polymorphism influences the susceptibility to AD. Further studies are required to confirm these preliminary findings.

References:

Ten-year epidemiological study on suicide attempts in Skopje, Republic of Macedonia

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Aim: To provide basic epidemiological data on suicide attempts that resulted in admission to the University Clinic of Toxicology and Emergency Medicine (UCTE) in Skopje during a 10-year-period (1999-2008). There is a lack of published information regarding suicide attempts in the Republic of Macedonia.

Methods: Participants were 1683 patients from the territory of Skopje, who attempted suicides and who were hospitalized in the UCTE during the period of ten years (1999-2008). Variables included in the analysis were: age, gender, religion, method of suicide attempt and admission date. Statistica 7.0 was used for statistical analysis.

Results: A significantly higher number of suicide attempts were registered in females than in males from the territory of Skopje during the period of 1999-2008. Men who attempted suicide were older than women. Women of Christian religion affiliation attempted suicide more frequently than women of Muslim religion. The greatest number of attempts was during the summer season. Most common method of suicide attempt was intoxication with medications.

Conclusions: Attempted suicide rate has had a stable trend over the last decade. Female predominance of suicide attempts with a greater number of attempts during the summer months was noticeable. Intervening and preventive strategies must be targeted at younger females.

References:
Treatment satisfaction in children with cleft lip/palate in Lao People’s Democratic Republic

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Objective: To explore satisfaction on speech and treatment outcomes, as well as the further treatment needs for CLP in Lao PDR.

Methods: A literature review was undertaken and a background conducted on the problems of services for CLP in Lao PDR. A questionnaire was then developed to explore the magnitude of effects on speech and treatment outcomes as well as further treatment needs for CLP.

Results: Average scoring of children with CLP speech and configuration indicated that they have the least satisfaction with articulation and figure of lips. The majority of caregivers and patients agreed that correction of articulation defects was the aspect of their care most needing further treatment.

Conclusion: Satisfaction with speech and treatment outcomes was critical issues in Lao PDR requiring development of an appropriate therapy model for children with CLP.

References:

Relation between desinstitutionalisation in mental health services and increased number of forensic patients

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The process of desinstitutionalisation of mental health services in the last decades and the shift of resources towards community care is a modern approach of meeting the needs of the psychiatric patients and the community. On the other hand the increase of beds in forensic mental health facilities and the prolongation of stay in these institutions is a phenomenon of the recent decade. Are these processes interconnected? Metaanalysis of available data and studies will be presented and the anthropological consideration (author has masters degree in cultural anthropology).

References:

Medical doctor with alcohol dependence – The impact of stigma on seeking and getting the professional help

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Recent studies identified societal ‘taboo’ nature, time constraints, and doctors’ perceptions of patient dishonesty as the key barriers in discussing alcohol use with their patients (1). Although increased neurobiological knowledge improved public support for treatment, it did not influence the levels of stigma, being one of the highest for syndrome of alcohol dependence among mental illnesses (2).

The clinical experience of our Center’s treatment team supports scientific findings. Using a clinical vignette, our presentation explores the influence of stigma by health professionals towards alcohol dependence as a barrier to refer patients with alcohol related problems to treatment and as a barrier for health professionals with alcohol dependence to seek and get professional help.

References:
Association of polymorphisms in neurotrophin system genes with suicidal behavior in Slovenian population

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Aims/Objectives: In recent years a growing number of research studies have focused on neurotrophic system, especially on brain-derived neurotrophic factor (BDNF) and its receptor neurotrophic tyrosine kinase receptor type 2 (NTRK2), and less to nerve growth factor receptor (NGFR or p75NTK). Genetic variations in the first two have been implicated in major depression (MD) and suicidal behaviour (SB).¹,²,³,⁴ Our objective is to genotype 800 suicide victims and control subjects from Slovenian population for single nucleotide polymorphisms (SNP) in certain regions of candidate genes for MD and SB.

Methods: Eighteen SNPs in candidate genes of neurotrophic system were genotyped by real-time polymerase chain reaction method. Most of the chosen polymorphisms are located in interesting sites that is transcription factor binding and start sites, miRNA binding and CpG islands.

Results: Preliminary analysis of our data showed possible correlation of BDNF rs12273363, BDNF rs10767664, NTRK2 rs1147198 and NTRK2 rs11140714 with SB and alcohol abuse related SB.

Conclusions: Our preliminary results are partially consistent with our expectations to observe an association of genotyped SNPs with suicidal risk also in Slovenian population.

References:

Predpisovanje antipsihotikov mimo uradnih indicacij na Enoti za krizne intervencije v letu 2013 - primerjava z letom 2007

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References:

Motnje hranjenja pri moških pacientih, zdravljencih na Enoti za motnje hranjenja Psihiatrične klinike Ljubljana, Slovenija

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Namen: Pri moških pacientih Enote za motnje hranjenja Psihiatrične klinike Ljubljana (EMH) smo proučili vrste motenj hranjenja (MH) in uspešnost njihovega zdravljenja.

Metode: 40 moških in 263 ženskih pacientov je bilo z internim EMH vprašalnikom ocenjenih ob začetku in koncu hospitalizacije ter 3, 6 in 12 mesecev po njej.

Rezultati: Moški predstavljajo 13,2% EMH pacientov. Med njihovimi MH prevladuje anorexia nervosa (AN, 50%; v 65% restriktivna), sledita ji bulimia nervosa (BN, 25%, v 100% purgativna) in komplizivno prenajdenje (25%). Simptomatika MH in ITM se pri AN pacientih obeh spolov v ocenjevalnem obdobju značilno izboljšala, a sta 1 leto po hospitalizaciji pri moških glede na ženske stradanje in hiperaktivnost bolj izražena. Pri ženskah z AN ITM pomembno narašča ves čas opazovanja, pri moških AN pacientih le tekom hospitalizacije, kasneje pa stagnira. Stopnja recidiva AN v 1. leto po hospitalizaciji je pri ženskah 5,8%, pri moških 5,6%.

Zaključki: Pri moških EMH pacientih med MH prevladuje AN, ki je glede na AN pri ženskah pogosteje restriktivna in morda trdovratnejša, a podobno stopnjo recidiva v 1. leto po hospitalizaciji. Ugotovitve so v skladu z rezultati in priporočili tujih raziskav tega področja²,³.
Factors influencing discrimination experiences among people with mental disorder

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Background: People with mental disorder experience stigma and discrimination in every aspect of their lives, in social relationships, education, employment and health care. The aim of the present study was to explore which clinical and demographic factors predict the experiences of discrimination in different life domains.

Methods: Demographic data, clinical data, self-esteem, and the experience of discrimination using the discrimination and stigma scale version 12 (DISC-12) were assessed among 306 people with mental disorder. Data were analyzed using descriptive statistics and Logistic regression analysis.

Results: Hospitalization, involuntary hospitalization and self-esteem were the most important independent factors predicting the experience of discrimination in many life domains, especially regarding negative experienced discrimination. Other important factors influencing different life domains of the DISC-12 relating to negative experienced discrimination, anticipated discrimination, overcoming stigma and discrimination, and positive experienced discrimination were education, employment, diagnosis and gender.

Conclusion: Avoiding hospitalization by providing high quality community care including family and friends, improving hospital care and improving self-esteem of people with mental disorder might help to counteract stigma and discrimination experiences.

References:

The ethics of predicting the unpredictable

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The position of the mentally ill in the community is marked by stigma. This is because the criminal act perpetrated by a mentally ill person, as well as the reaction of the society, serve as “evidence” which deepens the generally accepted stigma of mental illness. The prosecution of such people is often accompanied by spectacular media coverage.

Forensic psychiatric assessment of danger to self and others is based on predisposing and accidental factors: hereditary, personal, social, clinical. Each carries a different weight. The court appointed expert witnesses make their forensic prognostic estimates based on evidence and facts. However, the court does not have to accept them.

The expert’s assessment, as well as the decisions of the judicial authorities, may also be affected by various environmental factors. Evaluation is often restrictive and leads to suspension of freedom, which can mean a violation of the person’s fundamental rights. The question is whether and how the stigma of mental illness affects the professionals in the decision-making process. Is risk prediction even possible? Where are the boundaries between ethical conduct and minimum risk? This paper discusses these issues through case studies and in the context of current legal regulations in the Republic of Croatia.

References:
Following survivors of suicide people in a three year period

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Objective: To study demographic and clinical facts on survivors of suicide people in a 3 year period.

Methods: Descriptive and longitudinal trial by assessment suicidal survivors with DSM IV-TR criteria and Hamilton & Beck Scales for Depression.

Results: From 16 survivors of 13 suicidal persons; they were 2 males (12.5 %) and 14 females (87.5 %). Relative survivors were mostly 7 parents (43.8 %). According age, 8 survivors aged 34-41 y.o (50 %); Ten survivors (62.5 %) had features for Major Depressive Disorder, Eleven survivors (68.7 %) presented behavioral suicide; 4 had suicidal ideation (25 %) and 7 made a suicidal attempt (43.1 %): 3 females (42.8 %) used a poison. Regarding feelings expressed by survivors respect to victims; guilty in 9 (55.4 %), rage in 3 of them (18.8 %), resignation in 3 (18.8 %). Nine survivors were in treatment (56.2 %).

Conclusion: In this trial there were a predominance of female suicidal survivors, young and adult, mostly mothers and sisters, with high prevalence of MDD, and near 70 % of them with suicidal behavior also, being guilty the most predominant feeling respect to suicide victims. So they also become a high risk population for suicide, with a chronic sequelae, requiring a following for a long time.

References:

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Reelin Gene Polymorphisms and Completed Suicide

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Introduction: Suicide is a complex phenomenon, an outcome of environmental, genetic, and epigenetic factors. Proteins, like large secreted signalling glicoprotein reelin, involved in important processes in brain plasticity, cell-cell interactions, synaptogenesis, and in neuron migration, seem to be interesting candidate genes for study of suicide.

Objectives: Many studies have shown associations of reelin gene with different mental disorders, like major depression, schizophrenia and bipolar disorder, which are often implicated in suicidal behaviour. It has been shown that reelin expression is consistently decreased in all three disorders. However, there are no studies until today performed on suicide explicitly.

Aims: To test the association between suicide and three single nucleotide polymorphisms (SNPs) in reelin gene (rs2965087 in 5'-end, rs7341475 in intron 4, and rs362691 in exon 22).

Methods: Genotyping of SNPs on 396 suicide victims and 211 controls and blood alcohol level determination. Statistical analysis of genotype and allele frequency distributions between groups of suicide victims and controls was performed.

Results: For intron4 polymorphism we observed statistically significant lower frequency of common allele G in female suicide victims relative to female controls. Contradictory, in male suicide victims we observed higher polymorphic allele A relative to male controls, but it was statistically insignificant.

References:

POSTERS

P-01
Employing empowerment indicators in Finnish mental health services

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Aims: In a mental health context, empowerment refers to the level of choice, influence and control that users of mental health services can exercise over events in their lives. Strengthening participation between the service users and professionals requires equal partnerships and knowledge about the empowering factors in health services. Empowerment and participation are emerging concepts in the mental health and beginning to influence the practices.

Methods: Empowerment indicators can enhance the user involvement in services and build the foundation for inclusive, coherent and respectful ways to work with clients. Utilizing the indicators of empowerment developed by WHO (2010), it was scrutinized how empowerment and participation are actualised in national mental health services at local as well as national level.

Results: Many of the indicators are already well established by relevant legislation and practices.

Conclusion: Learning from these projects will provide valuable information about the views of service users and their families; the kind of services that are working well and services that can be further developed to better match user needs. Reviewing and employing the indicators should be an essential part of the process.

P-02
Mental health promotion handbook - promoting mental health of older people

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Personnel working in social and health care sectors require more knowledge and skills on promoting mental health. There is a need for educational material and continuing education on mental health promotion in settings such as older people's residences. A European partnership project aimed to build capacity for mental health promotion by providing knowledge and skills for mental health promotion practice. This was done by developing practical mental health promotion handbooks for different settings including older people's residences. The handbook for older people's residential setting was developed according to the needs of professionals and target groups themselves. A pilot version of the handbook was field trialed with health and social care professionals in Finland and Austria in 2012. The aim was to gather and evaluate information about the practicality of the handbook. The pilot participants familiarised with the contents of the handbook and tested mental health promotion activities and exercises provided in the handbook. The handbook was modified according to the results of the field trials. The final handbook was published in spring 2013. The developed mental health promotion handbook provides practical tools and methods for care workers and nurses to promote older people's mental health in residential setting.

P-03
The power of peer support – Experiences on mental health rehabilitation alongside work among employees with psychiatric disorder

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Introduction: AMI mental health rehabilitation project implemented and funded by the Social Insurance Institute in Finland (Kela) aims at developing a new form of outpatient group rehabilitation for adults in paid employment with depression or anxiety disorder. The aim of this study is to examine participants' experiences on participating the rehabilitation course alongside work and on benefits of the rehabilitation.

Methods: The data were gathered by interviewing six rehabilitation groups during 2011-2013 (focus group interviews, n=38). Interviews will be transcribed and thematically analyzed in December 2013.

Results: So far, it seems that talking about mental health problems at work place is not easy. Some participants felt barriers in telling their employers about their condition. According to participants, peer support is the most remarkable benefit of AMI rehabilitation. Individuals participating in the program felt a sense of being understood when interacting with other in similar condition.

Conclusions: Peer support seems to have remarkable power in recovering process. Mental health problems do not need to stop individuals from working but adequate support has to be provided.
P-04
A course of the illness and clinical characteristics of mixed states in bipolar mania

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Background: The aim of this study was to elucidate the course of the illness and clinical characteristics of mixed states in bipolar mania.

Methods: The subjects were inpatients diagnosed with bipolar I disorder, manic, between 2003 and 2010 and were classified into three groups: “pure mania (PM)”, “probable mixed mania (PMM)”, and “definite mixed mania (DMM)”. The charts of subjects were retrospectively reviewed for demographic and clinical characteristics prior to the index episode, clinical data regarding the index episode, and course of the illness over a 12-month follow-up period.

Results: The inter-episode remission rate was lower in the DMM than in the PMM. There were no significant differences in clinical data regarding the index episode. Suicidality was higher in the DMM compared with the PMM and PM. Subjects with DMM were more likely to be young at admission, to be female, to have familial affective loading, and to have a history of suicidality compared with the PM in the regression model.

Conclusion: The results of the present study suggest that mixed states in bipolar mania had different clinical characteristics and a more severe illness course, including a lower inter-episode remission rate, than did a non-mixed mania.

P-05
Is it useful to use the Korean version of the mood disorder questionnaire for assessing bipolar spectrum disorder among Korean college students?

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Background: The purpose of this study was to assess the usefulness of the Korean version of the Mood Disorder Questionnaire (K-MDQ) as a screening tool for the identification of bipolar spectrum disorder (BSD) among Korean college students.

Methods: The sample of 1,020 college students was stratified to reflect geographical differences among the students. The K-MDQ and an epidemiological survey were administered. To validate the K-MDQ, the Korean version of the Bipolar Spectrum Diagnostic Scale (K-BSDS) and the Structured Clinical Interview for DSM-IV (SCID) were also administered.

Results: The rates satisfying MDQ criterion 1, and all three MDQ criteria, were 55.5% and 2.3%, respectively. According to the K-BSDS, 59.9% of the sample met the criteria for BSD using a threshold of 10, while no statistical differences were observed among subgroups. When we examined the diagnostic agreement between K-MDQ and K-BSDS, 79.5% of students who met MDQ criterion 1 were also positive on the BSDS. Sixteen (21.6%) of the 74 students who participated in the SCID interview were diagnosed with BSD.

Conclusion: Although the K-MDQ is a useful screening tool to detect BSD among inpatients and outpatients, it does not appear useful among college students.
P-06
Mixed-state bipolar I and II depression: Time to remission and clinical characteristics

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Background: We compared the time to achieve remission and the clinical characteristics of patients with bipolar depressive mixed state and those with bipolar depressive non-mixed state.

Methods: The subjects were inpatients diagnosed between 2006 and 2012 with bipolar I or II disorder, depression; “pure depressive state (SMX)”, “sub-threshold mixed state (SMX)”, and “depressive mixed state (DMX)”: three or more manic symptoms in a depressive episode. The subjects’ charts were retrospectively reviewed to ascertain the time to achieve remission from the index episode and to identify other factors, such as demographic and clinical characteristics, specific manic symptoms, and pharmacological treatment, that may have contributed to remission.

Results: The time to achieve remission was significantly longer in the DMX and SMX than in the PD. Adjustment for covariates using a Cox proportional hazards model did not change these results. Clinically, subjects with a DMX were more likely to have manic symptoms in the index episode, especially inflated self-esteem and psychomotor agitation than those in the PD.

Conclusion: These findings showed that sub-syndromal manic symptoms in bipolar depression had different clinical characteristics and a more severe illness course, including a longer time to achieve remission, than did a pure depressive state.

P-07
The differences in the clinical characteristics and treatment pattern between major depressive disorder patients with and without psychiatric comorbidity

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Background: This study aims to identify the differences in the clinical characteristics and treatment pattern between major depressive disorder patients with and without psychiatric comorbidity.

Methods: The medical records of patients who discharged with the diagnosis of major depressive disorder from the Department of Psychiatry, Yeouido St. Mary’s hospital from 2008 to 2010 were reviewed.

Results: A total of 142 patients were enrolled, and among them, 61 patients had psychiatric comorbidity. We divided 142 patients into two groups (with-comorbidity group and without-comorbidity group) according to whether they had psychiatric comorbidity or not. With-comorbidity group showed younger age, higher rate of male, longer educational years, and higher rate of being single, divorced or separated than without-comorbidity group. With-comorbidity group showed younger age at onset, longer duration of index hospitalization, and higher number of previous hospitalization than without-comorbidity group. Without-comorbidity group was more likely to be prescribed with antidepressant monotherapy, while with-comorbidity group was more likely to be prescribed with the combination therapy. But this difference did not reach statistical significance.

Conclusion: Various sociodemographic and disease-related variables were found to be different between depression patients with and without psychiatric comorbidity.
P-08
The changes in prescription pattern of aripiprazole among psychiatric inpatients

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Objectives: We aimed to investigate the changes in prescription pattern of aripiprazole among psychiatric inpatients.

Methods: We compared prescription patterns in inpatients treated with aripiprazole between 2009-2013 and 2002-2008. The subjects’ charts were retrospectively reviewed to ascertain the distribution of psychiatric diagnoses and to identify other factors, such as demographic characteristics, starting/maximum doses, and treatment regimen for diagnoses.

Results: Among the patients in the 2009-2013, the most common psychiatric diagnosis was bipolar disorder, although among the patient in 2002-2008, schizophrenia and other psychotic disorders was the most common diagnosis. Patients with schizophrenia and other psychotic disorders, major depressive disorder, and bipolar disorder in the 2009-2013 had significantly lower starting doses than those in the 2002-2008. Maximum doses with schizophrenia and other psychotic disorders in 2009-2013 were significantly higher than those in the 2002-2008, whereas patients with major depressive disorder in 2009-2013 had significantly lower than those in the 2002-2008. Aripiprazole monotherapy decreased from 16.7% to 2.7% in schizophrenia and other psychotic disorder. The polypharmacy increased from 21.4% to 47.3% in bipolar disorder.

Conclusion: Treatment with aripiprazole has extended in indication beyond schizophrenia and other psychiatric disorder to mood disorder and other diagnosis in recent years.

P-09
The prevalence of bipolar spectrum disorder in the Korean college students according to the K-MDO

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Background: The purpose of this study was to assess the prevalence of bipolar spectrum disorder (BSD) in the general Korean population.

Methods: A sample of college students (n = 1026) was stratified to reflect geographical differences accurately in Korean college students. The Korean version of the Mood Disorder Questionnaire (K-MDO) was administered and an epidemiological survey carried out between November 2006 and February 2007. BSD was defined as a score of at least seven K-MDO symptoms that co-occurred and resulted in minimal or more functional impairment.

Results: The prevalence of BSD was 18.6% (95% confidence interval [CI] 16.2-21.0) in total, being 19.8% (95% CI 16.3-23.2) in men and 17.5% (95% CI 14.2-20.8) in women. The prevalence of BSD was more common in rural dwellers than in urban dwellers (P = 0.008, chi-square test). Univariate and multivariate regression models showed that rural residence was a significant factor associated with BSD. There were no significant relationships between BSD and gender, age, and socioeconomic status.

Conclusion: The prevalence of BSD found in the present study is higher than that reported by other epidemiological studies in Korea and in international studies.
The causes of acute psychiatric conditions are often proved to be a neurological or any other medical disease that requires immediate treatment. In the emergency psychiatric room we are often confronted by patients with severe somatic illness, which is presented with psychiatric symptoms.

We will briefly present three clinical cases of patients with acute severe somatic conditions, who were referred in psychiatric emergency room.

The first patient had herpetic encephalitis, which have been presented only with psychiatric symptoms. The second case is a patient with alcohol dependence, admitted for suspected alcohol delirium, after admission it was found to have septic shock. In the third case, we present, it was assumed patient have psychosis, but it turned out, he is addicted to alcohol, have epileptic seizures and he was confused due to multiple intracerebral hematomas.

Differential diagnosis in these cases is difficult. The evaluation includes a thorough medical history and detailed physical and neurological examination. Often, these cases represent life-threatening and frequently reversible conditions, where immediate diagnosis and treatment is necessary.

References:

P-11
The prevalence of comorbid depressive symptoms and alcohol dependence considering Lesch subtypes

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Objectives: Prevalence of comorbid depression and alcohol dependence differs substantially when applied to specific Lesch typology subtypes. Type III patients show pre-alcoholic mood changes and common primary depression, which requires specific treatment. Depression is also common in type II and is usually secondary.

We evaluate the prevalence of comorbid depressive symptoms among different Lesch subtypes of alcohol dependence and determine whether there is a difference in the prevalence of depressive symptoms immediately upon admission and after 10 days and 4 weeks.

Methods: We differentiated patients to Lesch subtypes and compared two subgroups: in subgroup A depressive symptoms were assessed at admission; in subgroup B after ten days and four weeks. Beck questionnaire for depression (BDI-II) and clinical assessment were used. We included patients aged 18–60 y.o. with ICD-10 diagnosis F10.2. 61 patients completed the questionnaires.

Results: The prevalence of comorbid depressive symptoms is higher in Lesch subtype II and III patients. Lesch subtype III shows a relatively stable depressive symptoms. Lesch subtype II patients show more prominent anxiety symptoms, which gradually resolves.

Conclusions: In addition to other diagnostic tools, Lesch typology could be useful to differentiate depressed alcoholic patients, who might need specific treatment for depression.

References:
Psychosis in Huntington’s disease – case report

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Psychiatric symptoms are a common feature of Huntington’s disease (HD). There is evidence that psychiatric symptoms can occur months and years before neurological symptoms. Huntington disease is associated with a wide range of behavioral and psychiatric disturbances, including affective disorders, irritability, apathy, psychosis and dementia. Delusions and hallucinations are less common in HD than other psychiatric symptoms.

We introduce clinical case, of 29 years old male, with very atypical course of sporadically type of Huntington’s disease (Westphal variant). 6 years ago he came for the first time in our psychiatric ambulance, because of affective symptomatology and adjustment disorder. 3 years later he was diagnosed with HD. At 2013 he was twice admitted at our psychiatric hospital because of psychotic symptomatology. He has predominantly psychotic symptoms with delusions and hallucinations, resistant on psychopharmacologic treatment. The neurological symptoms and signs, presented by the patient, are also atypical for this subtype of Huntington’s disease.

Keywords: Huntington disease, psychiatric symptoms, delusions, hallucinations

References:
**P-14**

**Traumatic brain injury and sexual dysfunction**

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**Aims:** Studying psychopathological disorders and characteristics of sexual dysfunction in men with long-term consequences of traumatic brain injury, the development of effective treatment and rehabilitation.

**Objectives:** A study was conducted with 108 men undergoing TBI with varying severity.

**Methods:** Data analysis was performed using a clinical-psychopathological, sexological, psychometric methods, neuropsychological studies of higher mental functions.

**Results:** Most of the subjects were in the group from 18 to 29 years. Perhaps an active participation in wars, using automated tools (vehicles, production, etc.) were the reasons for this high risk of injury in this group. Sexological examination revealed decreased libido in 29%. There was also a combined disorders (gipolibidemiya and erectile dysfunction, increased libido and retarded ejaculation, decreased libido and retarded ejaculation). Isolated erectile dysfunctions were in 16% of men.

**Discussion:** Recovery of sexual function are important in young people, as this category of patients more vulnerable by social problems and their rehabilitation resources are the highest. Integrated approach of rehabilitation in patients with long-term consequences of TBI provides great therapeutic options in the treatment of sexual dysfunctions.

**Conclusions:** The results tend to confirm the theory which postulates the presence of neurodevelopmental abnormalities in bipolar disorder. This relationship seems to be more robust than for schizophrenia disorder where is widely accepted the influence of neurodevelopmental injury. Even though we consider the need of more accurate studies to confirm this trend.

**P-16**

**Psychiatric complications of deep brain stimulation**

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**Aims:** The poster presents a case report about two male patients who underwent deep-brain stimulation after diagnosed with Parkinson's disease.

**Background:** Deep-brain stimulation (DBS) is a neurosurgical treatment involving the implantation of a pulse generator that sends electrical impulses to specific parts of the brain(1). It is believed to result in a loss of cell excitability and to “jam” the signal flow out of a dysfunctional structure (2).

**Case history:** Our patients experienced severe psychiatric complications (e.g. mania and psychosis) after DBS and were admitted to a psychiatric department. They received atypical antipsychotic drugs only because of their Parkinson's. Although clozapine was used as a first-line agent, not all symptoms disappeared. Additionally heavy side effects emerged, so we switched to quetiapine and valproate (3). Through dose titration and utilization of different pharmaceutical forms both patients were stabilized.

**Discussion:** The patients and their families were offered extensive psychosocial support to facilitate their rehabilitation and to improve the quality of their interpersonal relationships. However, some cognitive impairments and higher impulsivity are likely to remain despite treatment.

**Conclusion:** Acknowledging several pitfalls, good preparation and selection of candidates for DBS are necessary to minimize the possibility of psychiatric complications.

**References:**


P-17
Preliminary algorithm for assessment and treatment of obsessive compulsive disorder

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Obsessive compulsive disorder (OCD) is one of the anxiety disorders, characterized by either obsessions and/or compulsions, present on most days for a period of at least two weeks. The subject tries to resist them, since obsessive thought or compulsive act is not in itself pleasurable. The obsessions or compulsions cause distress or interfere with the subject's social or individual functioning [1].

After establishing the diagnosis by evaluation of severity of symptoms by the Yale Brown Obsessive Compulsive Scale (YBOCS) [2], the patient is informed about treatment options. There are effective, evidence based [3], pharmacological and psychotherapeutic treatments for OCD [4,5].

The authors will present an algorithm of diagnostic methods and treatment options for OCD, with two clinical cases.

References:

P-18
Fifteen-month follow up of an ACT program for chronic patients with mental illness

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2 Psychiatry, Sacred Heart Hospital, College of Medicine, Hallym University, Anyang, South Korea
3 Psychiatry, College of Medicine, Wonkwang University, Iksan, South Korea
4 Psychiatry, Soonchunhyang University Chonan Hospital, Chonan, South Korea

The aim of this study was to evaluate the effect of an Assertive Community Treatment (ACT) program on psychiatric symptoms, global functioning, life satisfaction, and recovery-promoting relationships for individuals with mental illness.

Thirty-two patients were part of the ACT program, and 32 patients were in a standard case management program and served as a control group. Follow up with patients occurred every 3 months for 15 months after baseline interview for a total of five follow-up sessions. We recorded BPRS, GAF, life satisfaction, and recovery-promoting relationship scale as primary outcome variables.

For BPRS, both groups showed significant decline in symptom severity, but there was no significant difference in the BPRS change during the follow-up period between the two groups. For GAF, the change between the two groups was statistically significant. Both groups showed no significant differences in the change of life satisfaction, and there was no significant difference in the change of recovery-promoting relationships between groups.

In this study, we observed that ACT was significantly better in improving GAF than case management, and ACT produced a significant decrease in BPRS score. Overall, ACT may have some advantages over a standard case management program.

References:
P-19
The possibility of resilience as a protective factor for suicidality in depressed patients

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2 Psychiatry, Soochunhyang University College of Medicine, Cheonan, South Korea
3 Psychiatry, Dongguk University College of Medicine, Kyeongju, South Korea

Objective: Resilience may be a factor that can attenuate the strength of association between suicide ideation and suicide attempt. The purpose of the study was to explore the role of resilience as a protective factor for suicide in patients with depression.

Methods: The 55 participants underwent a psychiatric interview with Mini International Neuropsychiatric Interview, Columbia University Suicide Rating Scale (CSSRS), Beck's Depression Inventory, the Beck's Scale for Suicidal Ideation, and the Resilience Scale. In line with the collected data from CSSRS, 19 patients were classified as the suicide group and 36 patients were identified as the non-suicide group.

Results: Two groups did not show significant differences in the mean scores of the three self-report scales. The test of full model against a constant only model was statistically significant, indicating that predictors as a set reliably distinguished between suicide attempters and non-suicide attempters. Nagelkerke’s R² of 241 indicated a relationship between prediction and grouping. The Wald criterion demonstrated that only suicide ideation×resilience interaction effect made a significant prediction. Either suicide ideation or resilience was not a significant predictor.

Discussion: Our results suggest the probability that resilience moderates the relationship between suicide ideation and attempted suicide.

References:

P-20
The parents’ mourning about their child who has never been born. Children with pervasive developmental disorders (PDDs) in the family.

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Young couples usually long for some children. The role of the newborn baby is significant because he/she is the founder of the family system. In this way, the infant’s health status will influence the parents’ relationship with one another, and the family system also undergoes changes. The parents may remain alone with their problems and become isolated from the social environment. The aim of my study was to explore the changes of the family system from the atypically developing child’s birth to nowadays and to get a better view about the organization of these families. In my investigation I used Gehring’s (2010) Family System Test (FAST), with some changes, linking responses to (1) a typical situation from the present, (2) the event of the child’s birth (3) and a conflict situation/the time period after the child’s diagnosis. The results show that the diagnosis often led to a serious crisis in the families and the parents usually became emotionally isolated from each other, what is more, in several cases the family fell apart after this happening. In contrast, families with a typically developing child were able to cope with difficulties more effectively, as well as mothers demonstrated more balanced family structures.

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References:

POSTERS 59
P-21
The phenomenon of triangulation and other characteristics in psychosomatic families

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The development of different disciplines highlighted the role of the system approach in connection with more phenomena. In this way, the organization of the family system or the phenomenon of triangulation (when one person or a group becomes a part of two people’s conflict), can also be understood much better in this frame. Psychosomatic families can often be characterized by dysfunctional organization and triangulation, which could be well grasped by the projective method, Gehring’s (2010) Family System Test (FAST), which was used in my study. The aim of my investigation was to explore the changes of the family structure in varied situations focusing on the phenomena of triangulation in the cases of asthmatic, panic patients’ and healthy individuals’ families. Based on my results, the family structure seems to be more rigid in psychosomatic families with an asthmatic patient, as well as triangulation can usually be observed in the static and dynamic family representations that were demonstrated by the family members of these dysfunctional family systems. However, further researches are needed to get a more comprehensive view about the organization of these psychosomatic families, and comprehensive studies could refute/confirm the presence of similar characteristics among the given family systems.

This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 “National Excellence Program – Elaborating and operating an inland student and researcher personal support system”. The project was subsidized by the European Union and co-financed by the European Social Fund.

References:

P-22
Lithium Intoxication within normal therapeutic blood level: A case report

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Case: A 45-year-old male patient has been suffering from bipolar disorder. He has a history of hypertension, intracranial hemorrhage, alcohol dependence. He had been on the maintenance treatment of Lithium 600 mg/day, quetiapine 100 mg/day. On May 14th, 2013, due to hypomanic episode, Lithium and quetiapine were increased to 900 mg/day and 200 mg/day and a week later to 1200 mg/day and 400 mg/day, respectively. He was found lying down and continuously shaking extremities, was transferred to ER on June 8th, 2013. Lithium was stopped for a week, and tremor disappeared with conservative treatment at ICU. 14 days after the discharge, the patient revisited other institution and prescribed with Lithium 600 mg/day and valproic acid 600 mg/day and quetiapine 400 mg/day. When the medication was restarted, the patient show recurring of the symptoms. After readmission to our hospital, all the medications were discontinued, were normalized with conservative therapy.

Discussion: Despite the fact that blood concentration of Lithium is within the safety range, resolution of CNS toxicity, symptoms of which may last more than 7 to 10 days. In addition, after complete recovery, symptoms of toxicity reoccur even within the therapeutic range of its concentration when treatment with Lithium was restarted.

References:
P-23
Treatment of Neuroleptic Malignant Syndrome in Child and Adolescent: A case report

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2 Psychiatry, Soonchunhyang University Cheonan Hospital, Cheonan, South Korea

Case: A 14-year-old male patient, diagnosed with schizophrenia. He was prescribed with 6mg/day of risperidone in combination with 300 mg/day of quetiapine. The 3 days before the onset of neuroleptic malignant syndrome, all oral medications were stopped along with NPO for treatment due to manifestation of paralytic ileus from worsening of underlying constipation; in addition, IM injection of haloperidol was only allowed for the symptom control. The day before the onset, an IM injection of 15 mg of haloperidol and 10 mg of lorazepam resulted in vomiting, headache, fever of 39°C, systemic tremor and stiffness, confusion, tachycardia and sweating. Blood work-up performed on day of admission at ICU indicated CPK 2836 IU/L and myoglobin 337.2 ng/ml, and CPK, after peaking at 4493 IU/L, continuously decreased and was normalized by the 18th day at ICU. Diazepam, dantrolene, domperidone, L-Dopa/benserazide and cold blanket were applied. Normalization of hematologic abnormalities were followed by stabilization of tremor, stiffness, and high fever on the 18th day.

Discussion: Neuroleptic malignant syndrome is an exigent condition which may cause fatal outcomes in the field of psychiatric treatment. Cautious pre-evaluation of risk factors in patients requiring neuroleptics are critical in order to prevent fatal complications.

References:

P-24
Initial psychiatric symptomatology in a patient with motor neurone disease

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We present a case of a 61-year-old female patient with moderate depression, initially treated with escitalopram, who over the course of three months developed dysphonia which progressively worsened to dysarthria followed by complete loss of speech production abilities, along with progressive dysgraphia. She gradually developed severe emotional incontinence and gait disturbances with frequent falls as well as difficulties swallowing. A thorough cognitive evaluation was limited by the patient’s inability to speak and write as well as by what seemed to be attention problems. We did not notice any signs of psychosis or behavioural changes other than emotional lability.

After the motor deterioration progressed, the patient was eventually diagnosed with motor neurone disease, confirmed by electromyography. She was symptomatically treated with moderate doses of amitriptyline which led to significant improvement of emotional incontinence and excessive salivation, as well as with baclofene and riluzole for spasticity. Frontotemporal executive dysfunction that can mimic a psychiatric disorder may precede or follow the onset of upper and/or lower motor neurone dysfunction. (1,2,3,4)

References:
P-25
Effect of cognitive-behavioral group therapy on depression, anxiety and anger in patients with coronary heart diseases: randomized controlled study

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Objective: The purpose of this study was to investigate the effects of cognitive-behavioral Group therapy (CBGT) on depression, anxiety, anger and anger expression in patients with coronary heart diseases.

Methods: Among the 135 patients with coronary heart disease, 37 patients were randomly allocated into experimental group (CBGT, 16 sessions, twice a week + cardiovascular medication) and control group (only cardiovascular medication) and compared. To examine the effect of CBGT, the scores of Beck Depression Inventory (BDI), State-Trait Anxiety inventory (STAI), and State-Trait Anger Expression Inventory (STAXI) between experimental and control groups were compared after CBGT. To figure out the effects of CBGT, mixed ANOVA using 2 x 2 repeated measurement design were used.

Results: Depression were reduced in experimental group compared to control group. Stat anxiety was reduced in experimental group compared to control group, but not in trait anxiety. State and trait anger were reduced in experimental group compared to the control group. In anger expression, anger-control was increased and anger-out and anger-in were reduced in experimental group compared to control group.

Conclusion: The cognitive-behavioral group therapy was significantly reduced depression, state anxiety and anger. In anger expression, anger control was increased and anger-out and anger-in were decreased. CBGT would be a psychosocial intervention program in patients with coronary heart disease.

References:

P-26
Impaired probabilistic classification learning with feedback in major depression – preliminary data

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Introduction: In major depression (MD) changes in basal ganglia regarding size, structure, cerebral perfusion and function could be discovered [1–4]. Neuroimaging shows recruitment of the striatum during feedback (FB) based implicit learning, while the medial temporal lobe (MTL) is associated with paired associate (PA) based implicit learning [5]. Learning with corrective feedback (FB) is impaired in basal ganglia diseases like Parkinson’s disease or Chorea Huntington. The purpose of this study was to evaluate whether FB-based implicit memory functions of BG are affected in MD.

Methods: The weather prediction task (WPT), a task of implicit probabilistic classification learning, was used to determine FB- and PA-learning in MD-patients (n=22) compared to healthy controls(n=23). To determine MDseverity Beck-Depression-Inventory and Hamilton-Rating-Scale-for-Depression were used.

Results: Relative to controls, patients with MD were selectively impaired in WPT-learning with FB (p≤0.05) but not in PA-learning. Furthermore, there were no significant differences between FB and PA-learning in both groups.

Discussion: These findings are consistent with neuroimaging studies showing structural BG-changes in MD and fMRI-neuroimaging which shows striatal recruitment during the FB-learning. Our results indicate a distinct impairment of basal ganglia function in MD, which could be assumed through structural and functional BG-changes and could now be neuropsychologically confirmed.

References:
P-27
Sex differences in suicide rates and suicide methods among adolescents in South Korea, Japan, Finland, and the US

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Objectives: To compare sex differences in suicide rates and suicide methods in adolescents in South Korea, Japan, Finland, and the United States.

Methods: We analyzed suicide rates and suicide methods of adolescents aged 15-19 years in four countries, using the World Health Organization mortality database.

Results: Among both male and female adolescents, the most common method of suicide was jumping from heights in South Korea and hanging in Japan. In Finland, jumping in front of moving objects and firearms were frequently used by males, but not by females. In the United States, males were more likely to use firearms, and females were more likely to use poison. The male to female ratio of suicide rates was higher in the United States(3.8) and Finland(3.6) than in Korea(1.3) and Japan(1.9).

Conclusions: Sex differences in suicide methods may contribute to differences in the suicide rates among males and female adolescents in different countries.

References:

P-29
Loneliness of marginalized groups

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This poster will review recent research that applies to the following marginalized groups, examine the loneliness that they experience, and describe how they cope with it. The marginalized groups that will be reviewed include:

- The homeless, their daily struggle to survive on the street, societal negative attitudes towards them, and the resultant loneliness they experience.
- People suffering from handicaps and physical disabilities, and the difficulties, who are incapacitated, and alone in their facing of their illness and mortality.
- Psychiatric patients and those released after in-patient psychiatric treatment. Some of them become homeless, the rest feel alienated, unaccepted by society, and possibly feared.
- People with sexual Orientation other than Heterosexual [Lesbian, Gay, Bisexual], who while more accepted and tolerated in the 21st century than ever before, are still struggling with being different and not truly feeling part of the larger society.

The poster concludes with a review of various areas that need further exploration [i.e. comparing the various experiences of alienation of marginalized groups; how can the local community and the state help them feel more of an integral part of society; techniques that they can learn to diminish their loneliness, and reconnect with society].

References:
**P-30**

**Treating Post Traumatic Relationship Syndrome (PTRS)**

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Over the last two decades, there has been a steady growth of research and theoretical papers on treating Posttraumatic Stress Disorder (PTSD). This poster addresses Post-traumatic Relationship Syndrome (PTRS) which results from the experience of trauma in intimate relationship. It differs from PTSD in the following ways: (1) in PTRS, the stressor may be physical, sexual, or emotional, whereas in PTSD, the stressor must be physical or involve a threat to the physical integrity of the self or others; (2) whereas in PTSD the stressor can be experienced or witnessed, PTRS requires direct involvement with the abuser and actually experiencing the abuse; and (3) in PTSD, the stressor must be in the context of an emotionally intimate relationship which in not the case in PTSD. Secondly, the response to the stressor differs. In PTRS, the person’s response involves rage at the perpetrator.

Four stages of treatment are described, namely: (1) Understanding, normalization, and desensitization of the traumatic responses; (2) Reflection and acceptance (which focuses on processing the trauma); (3) Integration of the trauma into the self-concept; and (4) Empowerment and growth.

**References:**


**P-31**

**Diferencialno diagnostične dileme in celostna obravnavo osebe v kriznem stanju na Enoti za krizne intervencije**

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Krizno stanje pomeni porušenje čustvenega ravnotežja na račun izgube ali grožnje pred izgubo, pri tem pa posameznikove možnosti obvladovanja stresnega dogodka ali situacije odpoved. Za nastanek kriznega stanja je pomembna predvsem posameznikova slabša sposobnost prilagajanja in obvladovanja stresnih situacij. S celostnim pristopom terapevtskega tima se oceni krizno stanje, s poslušanjem se vzpostavi terapevtski odnos in nato se skupaj z bolnikom poskuša opredeliti glavni problem ter narediti načrt za razrešitev kriznega stanja z namenom doseči predkrizni nivo funkciranja.

V prispevku bomo predstavili obravnavo 44-letnega pačenta, ki je bil sprejet na Enoto za krizne intervencije zaradi poslabšanja depresivno anksiozne simptomatike in suicidalnih misli. Pri pacientu se v ospredje postavljajo različne možne diferencijalne diagnostike po Mednarodni klasifikaciji bolezni 10 (huda depresija brez psihotičnih simptomov, bipolarna afektivna motnja, odvisnost od alkohola in odserviška osebnostna struktura), saj pacient zadnja leta navaja vsakoletna poslabšanja depresivne simptomatike z vmesnimi kratkimi obdobji večje energetske opremljenosti in manjšo potrebo po spanju Poleg tega pa naj bi že 13 let abstiniral od alkohola, pred treti leti pa mu je umrla tudi mati. S tehnikami kriznih intervenc se je izkazalo, da gre pri bolniku za krizno stanje nastalo zaradi preteklih izkušenj, osebnostnih potez in slabših tehnik obvladovanja stresnih situacij.

**References:**

Korean addiction treatment guidelines series (II): pharmacological treatment of alcohol withdrawal

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Objectives: This study aimed to investigate the experts’ consensus regarding current pharmacological practice in treating alcohol withdrawal.

Methods: The experts (n=150) sufficiently experienced in treating alcohol use disorder as a member of Korean Addiction Psychiatry, were asked to evaluate the appropriateness in questionnaire using 9-point scale. We classified the experts’ opinion into 3 categories based on the lowest scores of 6.5 or greater as a first-line treatment, 3.5-6.5 as a second-line treatment, and lower than 3.5 as a third-line treatment. The consensus was determined by chi-square test (p<0.05). Response rate was 70.4% (81/115).

Results: The survey results from the experts were as follows; 1) STT was the most appropriate strategy in treating alcohol withdrawal 2) Prophylactic benzodiazepine was recommended in managing expecting alcohol withdrawal 3) Among benzodiazepines, lorazepam was the most preferred. 4) For the patient with severe withdrawal, lorazepam 7.4mg/day was recommended. 5) Risperidone, quetiapine and haloperidol were the first-line drugs for the patient with combined psychotic symptoms. 6) 127.5mg for 2.8 months of prophylactic thiamine and 213.5mg for 6.2 months of thiamine for Wernicke-Korsakoff’s syndrome were recommended.

Conclusion: We hope that this Korean addiction treatment guideline would help to promote the efficacy of treatment for alcohol withdrawal.

References:

Qualities of good psychiatrists: Korean survey

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2 Neuropsychiatry, School of Medicine, Dongguk University, Gyeongju, South Korea
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Aims/Objectives: The aims of the present study were to identify the qualities that required for a good psychiatrist and to help improving the training of future psychiatrists.

Methods: Subjects were divided into patients and psychiatrists groups. For the survey, we used a questionnaire used in Singaporean survey with permission from the original author. The questionnaire was translated into Korean and revised.

Results: All individual qualities were group into for themes: “professional”, “Relationship”, “Academic-executive” and “Personal values”. Overall, the ranking orders of themes in two groups were the same, but patients appeared to consider “relationship” is more important than psychiatrist do.

Conclusion: It is concluded that a good psychiatrist in Korea can be defined as ‘A good communicator and listener with a professional manner, who respects confidentiality and shows good doctor-patient relationship.’

References:
**P-34**

Dynamics of PTSD among war veterans: A follow-up study

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**Objective:** A person, after a war, comes into contradictions with the society, based on the feeling of alienation and the need for adaptation to the peace conditions.

**Research methods:** 59 Karabakh war veterans were observed during 20 years with the use of the CAPS scale, the Mississippi scale (the military version), the BPAQ questionnaire, the SCL-90 questionnaire, «The patients-combatants examination card», clinical-psychopathological, somatic-neurological investigations.

**Results:** All patients met all criteria of CAPS. The average Mississippi scale measurement in the study group was 120.6±15.8, in the control group (100.6±29.7; p=0.0034). A marked increase in «hostility» measure (2.5±0.8) (compared to the previous year’s 2.2±0.16 in 1994); 71±0.14 (since 1999), also a clear dominance of aggression (36.6±7.4) and total BPAQ measure (92.4±15.8) were observed.

The high level of somatization (2.2±0.5) is explained by the absence of strong emotional experiences, the presence of unconscious «suppressed» anxiety, and long-term intractable existential, social and labor issues.

**Conclusions:** Psychiatric trauma and the clinical manifestations of PTSD undergo significant essential and formal changes during the long-term dynamics of the disease, leading to negative PTSD dynamics. A veteran’s combat trauma, in certain socio-political and economic conditions, grows into moral injury. PTSD transforms from socio-psychological phenomenon into clinical one.

**References:**


**P-35**

Vloge posttravmatskih simptomov pri razvoju samopoškodovalnega vedenja - prikaz primera

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Samopoškodovanje je namerno povzročena poškodba lastnega telesa, katerega namen je izrazito individualen in subjektiven1. V največ primerih pa predstavlja način soočanja z bolečimi, preplavljenimi čustvi. Zavedanje obsega in pomena samopoškodovalnega vedenja se kaže tudi v novi reviziji klasifikacijskega sistema DSM-5, kjer je v poglavju o t. i. stanjih za nadaljnje raziskovanje, kljub temu, da zaenkrat še ni duševna bolezen, prvič dobilo samostojno mesto.

Fenomen samopoškodovanja je multidimenzionalen in zagotovo je travmatiziranost ena od pomembnih dimenzij. Pojavlja se pri mnogih duševnih motnjah, pri borderline osebnostni motnji (BOM) pa je tudi diagnostični kriterij(2). Raziskave na področju travmatiziranosti – posttravmatične stresne motnje (PTSM), BOM in samopoškodovanja se zelo prepletajo. Veliko objavljene literature o povezanosti med travmo in samopoškodovanjem je na področju zgodnje otroške travmatizacije, tako je travma, zlasti spolna zloraba, pomemben napovedni dejavnik tveganja pri kasnejšem samopoškodovalnem vedenju(3). Mehanizem nastajanja in povezanosti je zelo kompleksen in še ne povsem dognan.

V prispevku bo predstavljenih nekaj teoretičnih konceptov povezanosti med samopoškodovanjem, PTSM in BOM(4). Predstavljen bo primer 30-letne paciente s hudo otroško travmatizacijo (spolno zlorabo), ki je bila na oddelku za psihiatrijo hospitalizirana večkrat, pod diagnozo PTSM in BOM. Samopoškodovanje predstavlja maladaptiven način kontrole in regulacije afekta v povezavi z vztrajajočimi posttraumatskimi simptomi.

**References:**


Zaključek: Obravnavo pacientov znotraj mladostniške psihiatrije zahteva interdisciplinarno povezovanje vseh strokovnih dejavnikov, ki se srečujejo z mladostniki. Na EAP s prikazanim načinom obravnavo upoštevamo vodilne smernice.
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Izražanje duševnih motenj pri okuženih s HIV

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Duševne motnje so pri osebah okuženih s HIV pogoste, a pogosto spregledane, se pa ob primernem zdravljenju lahko znatno izboljšajo. Duševne motnje lahko nastanejo kot posledica okužbe z virusom zaradi vnetnega procesa v osrednjem živčnem sistemu, nevropsihiatrične komplikacije pa so lahko tudi posledica stranskih učinkov protiretrovirusne terapije. Pomembne so tudi interakcije med protiretrovirusnimi zdravili in psihotropnimi zdravili. Prepoznavna in obravnava nevroloških in psihiatričnih simptomov duševnih motenj je pomemben del v zdravljenju bolnikov, ki so okuženi s HIV, saj število HIV+ v Sloveniji še vedno narašča. Predstavili bomo kratek pregled glavnih duševnih motenj, ki se pri okuženih s HIV najpogosteje pojavljajo, slovenske epidemiološke podatke ter priporočila za uporabo psihotropnih zdravil.

References: