

9th International Congress on Psychopharmacology & 5th International Symposium on Child and Adolescent Psychopharmacology

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9th International Congress on Psychopharmacology & 5th International Symposium on Child and Adolescent Psychopharmacology

Abstract:0009

Obsessive-Compulsive Disorder Comorbidity in Children with Schizophrenia: Treatment Response and Clinical Course

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ABSTRACT

Objective: Obsessive-compulsive disorder (OCD) is notably co-morbid in patients with schizophrenia. This overlap has drawn attention since several decades and the validity of a unique disorder recently named “Schizo-Obsessive Disorder (SOD)” has been queried by researchers. This study aimed to evaluate the treatment response and clinical course of children with both schizophrenia and OCD.

Methods: Ten children with both schizophrenia comorbid with OCD diagnoses and 19 children having pure schizophrenia were enrolled. All subjects were drawn from the database of Psychotic and Affective Disorders Outpatient Clinics of Ege University's Child and Adolescent Psychiatry Department. The mean drug doses at the points of remission and first psychotic episodes were standardized by using chlorpromazine equivalent dosages. The severity and clinical features of the illness were measured by CGI, YBOCS, and PANSS.

Results: The mean drug doses for first psychotic episodes were 491 ± 376 mg in SOD group and 290 ± 209 mg in pure schizophrenia group ($p=0.018$). This significance was also found for the mean doses for remission (512.40 ± 336.22 in SOD and 296.05 ± 147.25 , $p=0.012$). We found no statistical differences in the scores of CGI (SOD vs. pure schizophrenia: 5 ± 0.66 vs. 4.36 ± 0.83 , $p=0.094$), and PANSS (67.60 ± 11.84 vs. 69.84 ± 14.62 , $p=0.573$). YBOCS total score was 18.40 ± 6.99 in SOD children. We did not find any significant correlations between YBOCS, PANSS, CGI scores, and the mean drug doses at assessment points.

Conclusions: Children with both schizophrenia and OCD may require greater antipsychotic dosage than traditional schizophrenia cases to achieve the same clinical response. The clinical features of ‘schizo-obsessive’ children are similar to their adult counterparts.

KEYWORDS

Schizophrenia; obsessive-compulsive disorder; schizo-obsessive disorder; child; treatment

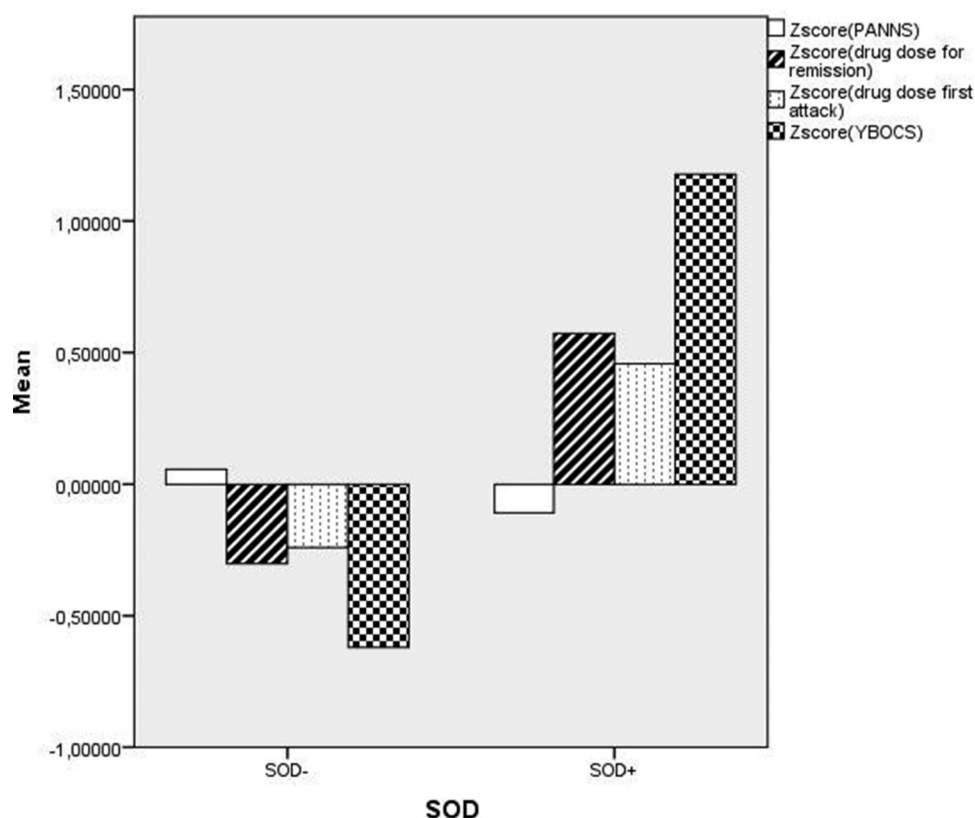


Figure 1. The comparison of the standardized z-scores of both diagnostic groups. Each bar represents the mean z-scores of the relevant variables. PANNS: Positive and Negative Syndrome Scale, YBOCS: Yale-Brown Obsessive-Compulsive Scale, SOD: Schizoid Obsessive Disorder

Table 1. Results of the diagnostic groups

	SOD+ (n=10)	SOD- (n=19)	p value
Age (M±SD)	15.50±1.50	15.89±1.55	0.779
Gender ratio (male/female)	3/7	4/15	0.495
Total PANNS score	67.60±11.84	69.84±14.62	0.573
Positive Scale	14.70±5.25	14.48±5.12	0.986
Negative Scale	19.00±5.83	21.05±7.39	0.334
General Psychopathology	33.60±6.29	34.05±7.45	0.684
YBOCS	18.40±6.99	1.78± 2.80	0.006*
CGI-Severity	5±0.66	4.36±0.83	0.094
CGI-Improvement	3.10±1.44	2.68±1.10	0.395
Drug dose			
First psychotic attack	491±376	290±209	0.018*
Remission	512.40±336.22	296.05±147.25	0.012*

*Statistically significant

Abstract:0051

The Influence of Duration of Disease on Clinical Characteristics in Middle-aged and Older Compared to Younger Patients with Schizophrenia

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ABSTRACT

Objective: Schizophrenia is a devastating psychiatric disorder affecting 1% of the population worldwide. Outcomes from schizophrenia vary considerably. Some deterioration in function

KEYWORDS

Middle-advanced age; young age; schizophrenia

or increase in the number of symptoms usually occurs within the first 5 to 10 years after the onset of the illness, but this may be followed by stability or even improvement in symptoms as the patient ages. In this study, we aimed to compare the clinical features of middle aged schizophrenia patients with young schizophrenia patients in order to determine the clinical appearance of schizophrenia in elderly patients.

Methods: We enrolled 55 patients aged 50 years and over and 72 patients aged 18–30 years who were diagnosed with schizophrenia for the study. All of the patients were assessed by the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS), the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q), the Extrapyramidal Symptom Rating Scale (ESRS), the UKU Side Effect Rating Scale, the Insight Assessment Scale, and the Morisky Medication Adherence Scale (MMAS-8) were administered.

Results: In terms of clinical features, scores of PANSS N and CDSS, Insight Scale, and Morisky Medication Adherence Scale scores were found to be statistically significantly higher than those of patients aged 50 years and over in the patient group. The neurological subscale scores of the UKU side effect scale were statistically significantly higher in patients aged 50 years and over than those aged 30 years and younger.

Conclusions: In middle-aged schizophrenic patients with prolonged disease duration; it was found that there was a need for larger scale, prospective studies for what is going on in schizophrenia and for factors to be taken into consideration in such cases.

Abstract:0085

Evaluation of Mean Platelet Volume in Patients with Schizophrenia

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ABSTRACT

Objective: Platelets are essential for progression of atherosclerotic lesions, plaque destabilization, and thrombus formation. Mean platelet volume (MPV) is a measure of platelet size and a good marker of platelet function and activation, which increases in cardiovascular diseases. MPV is routinely reported during complete blood count analysis. The aim of the present study was to evaluate MPV values of patients with schizophrenia compared to healthy controls.

Methods: In this retrospective study, we reviewed hospital-records of the patients who were consecutively admitted to psychiatry inpatient clinic between January 2015 and January 2017 with the diagnosis of schizophrenia. Healthy control subjects with no personal history of psychiatric disorder were included as a control group.

Results: One hundred (59 female, 41 male) patients with schizophrenia and 37 (20 female, 17 male) healthy controls were included in the study. There were no significant differences between the patient group and control group in the terms of age (mean age patient group vs control group: 37.72 vs. 35.03) and gender ($p=0.6$). Body mass index (BMI) was found to be significantly higher in the patient group than controls. The MPV was found to be significantly higher in patient group compared to the controls (MPV patient group vs. control group: 10.34 fL vs. 9.97 fL, $p<0.05$). There was no significant correlation between MPV and BMI ($r=0.10$, $p=0.35$), and duration of illness ($r=0.06$, $p=0.53$).

Conclusions: In conclusion, we found an elevated MPV in patients with schizophrenia compared to the healthy controls. Elevated MPV is a cardiovascular risk factor. Measurements of platelet activity may be used as a predictor of risk factors for cardiovascular diseases that are more frequently encountered in patients with schizophrenia.

KEYWORDS

Mean platelet volume; cardiovascular diseases; schizophrenia

Abstract:0206

Internalized Stigmatization in Schizophrenia: Relationship with Quality of Life and Treatment Compliance

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ABSTRACT

Objective: Stigmatization against mental illness can affect patients' help-seeking behavior and treatment. In this study we aimed to examine the impact of the internalized stigmatization on quality of life and treatment compliance in patients with schizophrenia.

Methods: Thirty patients who were diagnosed with schizophrenia according to DSM 5 diagnostic criteria were included in the study. Patients were evaluated with Socio-demographic Data Form, the Internalized Stigma of Mental Illness Scale (ISMI), Medication Adherence Rating Scale (MARS), and World Health Organisation Quality of Life Assessment-Brief (WHOQOL-Bref).

Results: Twenty-eight (93.3%) of the patients were male and 2 (6.7%) were female. Six (20%) of the patients were married. Six (20%) of the patients live alone. Twenty-four (80%) of the patients were unemployed. The mean age of the patients was 42.16 ± 12.56 , the mean year of illness was 17.88 ± 10.40 . Patients' mean ISMI total scores were 70.05 ± 10.87 . Mean ISMI subscales scores were; Alienation: 14.66 ± 3.74 , Stereotype Endorsement: 13.88 ± 2.47 , Perceived Discrimination: 13.77 ± 3.13 , Social Withdrawal: 15.94 ± 3.09 , and Stigma Resistance: 11.77 ± 2.62 . Patients' mean WHOQOL-Bref total scores were 77.72 ± 12.77 . Patients' mean MARS total scores were 16.17 ± 2.24 . There were statistically significant positive correlation between ISMI and WHOQOL-Bref total score, subscales of the general health, the social relationships and the environment. There were statistically significant positive correlation between WHOQOL-Bref total score and ISMI subscales of the alienation. There were no statistically significant correlation between MARS total scores and WHOQOL-Bref mean total scores and ISMI mean total scores.

Conclusions: In literature, it was reported that internalized stigmatization exacerbated the illness by worsening disease symptoms and delaying healing. In this study, it has been shown that internalized stigmatization of schizophrenia affects treatment compliance and quality of life.

KEYWORDS

Schizophrenia; internalized stigma; quality of life; treatment compliance

Abstract:0321

Cholinergic Alpha 7 Nicotinic Receptor Agonism Improved Cognitive and Negative Symptoms of MK-801-Induced Schizophrenia In Rats

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ABSTRACT

Objective: Postmortem studies of patients with schizophrenia showed that cholinergic alpha 7 nicotinic receptors (α -7 NACHR) binding levels and protein expressions were decreased in cognition-related areas such as hippocampus and prefrontal cortex. In addition to this, the fact that the prevalence of tobacco consumption is higher in patients with schizophrenia than healthy individuals encouraged researching of nicotinic receptors in schizophrenia pathogenesis and treatment. In this study, we aimed to examine the effect of A-582941, an partial agonist of α -7 NACHR, in sub-chronic MK-801 model of schizophrenia in rats.

Methods: Male Wistar Hannover rats were divided into four groups such as control (vehicle), MK-801 (0.2 mg/kg), MK-801+A-582941 (1 mg/kg) and MK-801+Clozapine (5 mg/kg) (n=8-10 in each). MK-801 was intraperitoneally (i.p.) injected twice a day for 7 days. Prepulse inhibition (PPI) of acoustic startle response test was conducted after last dose of MK-801. After a week washout period, A-582941 and Clozapine treatment were injected i.p for 6 days. Novel object recognition test (NORT) and social interaction (SI) test were conducted after the last dose of treatments.

Results: MK-801 decreased PPI ($p < 0.001$), discrimination index ($p < 0.001$), social following behaviour ($p < 0.05$) and increased social avoidance ($p < 0.001$) in PPI, NORT, and SI tests, respectively. Although A-582941 has no effect on PPI, it increased discrimination index ($p < 0.01$), following behavior ($p < 0.001$) and decreased avoidance while clozapine increased prepulse inhibition ($p < 0.001$), discrimination index ($p < 0.01$) and decreased social avoidance ($p < 0.001$) compared to MK-801 group.

Conclusions: As a gold standard in schizophrenia, Clozapine treatment improved disruptive effect of MK-801 on PPI, NORT and SI tests. Although cholinergic α -7 NACHR agonist A-582941 had no effect on disruptive effect of MK-801 on PPI, it had a stronger effect on negative and cognitive functions. These results suggested that α -7 NACHR agonism may have been a better treatment option for schizophrenia especially on cognitive and negative symptoms.

KEYWORDS

A-582941; MK-801; clozapine; alpha 7 nicotinic receptors; schizophrenia

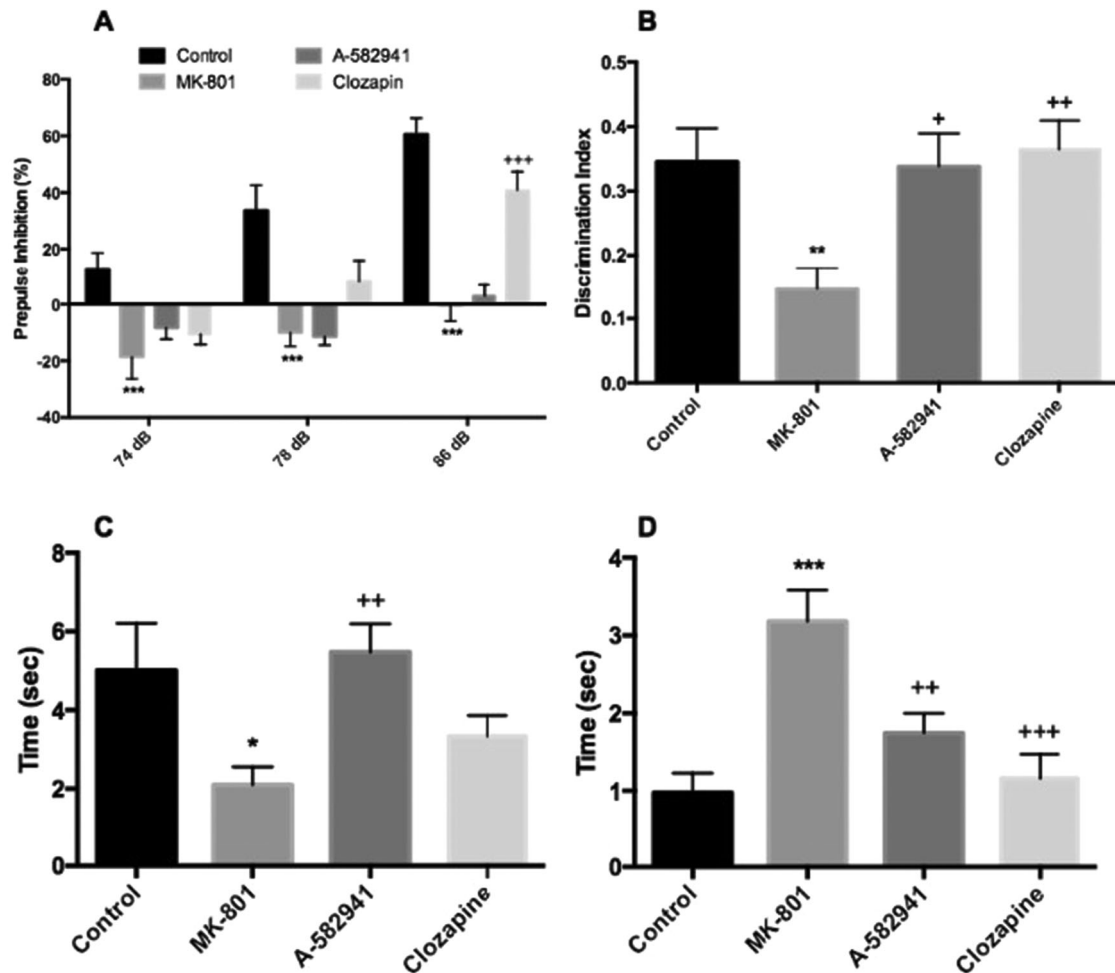


Figure 1. Prepulse inhibition (%) of acoustic startle response (A), discrimination index in NORT (B), following (C) and avoidance (D) behavior in SI test ($n=8-10$ in each). Data are expressed as mean \pm S.E.M and analyzed by using two way ANOVA for PPI and one-way ANOVA for NORT and SI and followed by Dunnett post-hoc test. * $p<0.05$, ** $p<0.01$ compared with the familiar object in NORT, ** $p<0.05$, *** $p<0.01$, **** $p<0.001$ compared with control group and + $p<0.05$, ++ $p<0.01$, +++ $p<0.001$ compared with the MK-801 group.

Abstract:0418

The mRNA Levels of Arginine Decarboxylase and Agmatinase in Chronic Schizophrenia Patients and Their Healthy Siblings: Comparison with Healthy Controls

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ABSTRACT

Objective: Alteration of agmatine metabolism has been reported in schizophrenia patients. To the best of our knowledge, no studies focused on agmatine metabolism in chronic schizophrenia patients and their healthy siblings. The aim of this present

KEYWORDS

Agmatine; schizophrenia; agmatinase; arginine decarboxylase; mRNA

study was to examine the mRNA levels of arginine decarboxylase and agmatinase in chronic schizophrenia patients and their healthy siblings and compare them with healthy controls.

Methods: Thirty-five patients with schizophrenia and their healthy siblings (n=35) were recruited for the study. The blood samples were obtained during the antipsychotic treatment. mRNAs were isolated from the plasma samples and cDNAs were synthesized. qRT-PCR method was administered to all samples. Thirty-five healthy volunteers who were matched for age, sex and education levels were used as the control group. Kruskal-Wallis test was used to compare variables between the groups. The alpha level of 0.05 was set up to indicate significance.

Results: The mRNA levels of arginine decarboxylase and agmatinase showed no differences between the groups.

Conclusions: This is the first study to show arginine decarboxylase and agmatinase mRNA levels in chronic schizophrenia patients and their healthy siblings together. The plasma agmatine level was found to be higher in schizophrenia patients compared with healthy controls. Unfortunately, no statistically significant differences were found between the groups in terms of mRNA levels. It was reported that the plasma agmatine levels were significantly increased in patients with schizophrenia and during the remission period of illness lower levels of agmatine were expected due to antipsychotic treatment. Our results demonstrates that both patients with chronic schizophrenia and their healthy siblings, and healthy controls showed similar patterns in agmatine metabolism. The agmatine metabolism may differ during different periods of the illness. Therefore, larger sample studies were needed to replicate our results.

Abstract:0149

A Study of Childhood Trauma in Patients with Panic Disorder

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ABSTRACT

Objective: It is widely known that childhood traumatic experiences are associated with most of the adult life psychiatric disorders such as disassociative disorders, mood disorders, anxiety disorders, and so on. In this study, the relationship between childhood traumatic experiences and panic disorder development was examined with regards to all types of traumas including sexual abuse, physical abuse, emotional abuse, emotional neglect, and physical neglect.

Methods: The sample for this study consisted of 59 outpatients and 61 healthy individuals serving as the control group. These individuals in the experimental group were selected from outpatients who had been diagnosed with panic disorder based on DSM-5 criteria and who did not have any other psychiatric disorder diagnoses. The healthy controls (n=61) were selected from medical staff and hospital attendants who had no psychiatric diagnoses or treatment. The individuals in both groups volunteered to participate in this study, and written informed consents were obtained from each of them. After this process, the Childhood Trauma Questionnaire (CTQ) was filled by the participants and Socio-demographic Form was completed by the researchers.

Results: The main finding we found was that the individuals in the study group had significantly higher scores with respect to the total CTQ score compared to the controls ($p=0.006$) and more specifically, the emotional neglect ($p=0.004$) and the emotional abuse sub-scale scores ($p=0.009$).

Conclusions: The results revealed that the type and quality of trauma experienced during the childhood period can be a predictor for the psychiatric disorder subtype that can occur in the future years.

KEYWORDS

Childhood trauma; emotional abuse; emotional neglect; panic disorder

Abstract:0380

Is Thiol-Disulfide Homestase a New Oxidative Stress Marker Relating to Generalized Anxiety Disorder?

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ABSTRACT

Objective: Generalized anxiety disorder (GAD) is a state of extreme anxiety, fear and anxious anticipation, which occurs almost daily with a number of events. The etiopathogenesis is not fully understood even though there are various psychological, social, genetic and biological factors among the causes of GAD. Thiols are an important component of the antioxidant buffer system. The thiols contain -SH groups ve these -SH groups react with oxidant molecules to protect the organism against oxidative damage. Disulfide bonds occur during this reaction. This disulfide bond can be reduced to the thiol group, so that the dynamic thiol disulfide homeostasis continues. In this study, we aimed to evaluate thiol/disulfide homeostasis, which has an important role in antioxidant defense, in patients with generalized anxiety disorder.

Methods: This study included 25 patients (19 female and 6 male) who were diagnosed with generalized anxiety disorder and 24 (10 female, 14 male) healthy controls. SPSS version 19.0 was used to perform statistical analyses.

Results: There was no statistically significant difference in the levels of native thiol (-SH), total thiol (-SH + -S-S-), and dynamic disulfide (-S-S) compared to the control group. Compared with the control group, the rates of SS - / - SH and - SS - / (- SH + -SS-) were statistically significantly higher in the patient group ($p = 0.032$ and $p = 0.032$, respectively). Moreover, the SH / (- SH + -S-S-) ratio was statistically significantly lower in the patient group ($p = 0.032$)

Conclusions: The results of this study showed that the antioxidant buffer system was weak in GAD patients. Our study is one of the first to assess the thiol/disulfide homeostasis in GAD patients. Further studies are required to replicate and generalize our results.

KEYWORDS

Generalized anxiety disorder; thiol/disulfide homeostasis; oxidative stress; oxidative stress marker; total antioxidant status

Abstract:0440

The Cultural Characteristics of the Forms of Expression of Anxieties in Patients with Generalized Anxiety Disorder

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ABSTRACT

Objective: Generalized anxiety disorder is a mental disorder, which is characterized by excessive fear and anxiety, disproportionate to real problems in the vast majority of days that last for at least 6 months. The prevalence of generalized anxiety disorder at 12 months is 0.9% for adolescents and 2.9% for adults. The prevalence throughout life has been reported as 9%. Genetic, biological and cognitive factors play a role in the development of the disease. GAD appears to cause serious occupational deterioration in approximately 38% of patients. Traditional societies tend to express their spiritual problems with their body language. In this present study, we aimed to examine the ways in which patients with GAD expressed their symptoms in a society where traditional and cultural characteristics were predominant for guidance to clinicians.

Methods: This study was carried out on 50 consecutive patients diagnosed with generalized anxiety disorder presented to Harran University School of Medicine's Psychiatry Outpatient Clinic.

Results: Of all complaints, 15 were related to the physical, 6 were related to the cognitive and 12 were related to emotional side. The emotional expressions mentioned were irritability (50%), anxiety (34%), intolerance (28%), fear (24%), distress, concern, crying, irritability, tension, anger, regret, and restlessness. Expressed cognitive symptoms were misconceptions (20%), fear of death (10%), indecision (6%), asocialization (4%), and absence and desire for loneliness. Physical signs of the patients were insomnia (20%), tremor (12%), dizziness (10%),

KEYWORDS

Generalized anxiety disorder; forms of expression of anxieties; cultural characteristics

palpitations (8%), feeling of no breathing (8%), headache, loss of appetite, chest pain, weakness, nightmares, throat knotting, sleepwalking, blushing, sweating, and stomachache.

Conclusions: In our preliminary analyses, while the frequency of reporting of physical symptoms was significantly higher in females ($p<0.05$), the frequency of reporting of cognitive symptoms was significantly higher in males ($p<0.05$). Reported frequency of emotional expressions did not differ according to gender status.

Abstract:0030

Effect of Presence of Maternal Psychiatric Disorders on Attachment to Parents and Peers in Children with Attention-Deficit/Hyperactivity Disorder

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ABSTRACT

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by inattention, hyperactivity, and impulsivity, which is observed in 3–7% of the children at school age. It is associated with significant disruption in developmental, cognitive, and academic domains. In recent years, intensive research has been conducted on the topic of Woman's Mental Health. Psychiatric disorders significantly affect individual and interpersonal relationships at all stages of individual's life.

Methods: 50 patients aged 11–17 years who were diagnosed as ADHD were enrolled to the study. Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version (K-SADS-PL) interview and Wechsler Intelligence Scale for Children-Revised (WISC-R), Relationship Scale Questionnaire (RSQ), and Inventory of Parent and Peer Attachment (IPPA) were administered to all cases included.

Results: Mean age was 12.78 ± 1.67 in patient group. Frequency of psychiatric disorder was 14% among mothers of the patients with ADHD. It was found that mean score for attachment to mother was 69, whereas mean score for attachment to father was 66. In peer attachment, highest mean score was found for disinterested attachment by 4.41 ± 1.19 . When attachment was assessed by maternal psychiatric disorder status, no significant differences were found in parent attachment, while a significant difference was found in favor of obsessive attachment to peer ($p<0.05$).

Conclusions: In our study, mean scores for obsessive attachment was found to be significantly higher in children in whom maternal psychiatric disorder was present. It was found that mothers of children with ADHD promoted less interaction with their children; that they were less responsive to positive and neutral interactions promoted by children; and that they used more negative, more reactive, more authoritative and more controlling but less positive parenting strategies. Previous studies reported that mothers of children with ADHD experienced more burn-out and have higher exhaustion levels when compared controls.

KEYWORDS

Maternal psychiatric disorders; ADHD; parent and peer

Abstract:0109

ADHD in Epilepsy and Primary ADHD: The Differences on Symptom Dimensions and Quality of Life

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ABSTRACT

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is among the most common psychiatric comorbidities in childhood epilepsy. The possible differences of epilepsy-related ADHD and primary ADHD have not been completely clarified. This study aimed to (1)

KEYWORDS

Epilepsy; ADHD; children

compare quality of life (QOL) among children with epilepsy, epilepsy-ADHD and primary ADHD and (2) compare ADHD symptom dimensions and subtypes between children with epilepsy-ADHD and primary ADHD.

Methods: A total of 140 children; 53 with epilepsy, 35 with epilepsy-ADHD and 52 with primary ADHD were included. KINDL-R, Turgay DSM-IV Disruptive Behavior Disorders Rating Scale (T-DSM-IV-S) and Conners' Parent Rating Scale (CPRS) were administered. ADHD subtypes were diagnosed according to the DSM-IV criteria. Neurology clinic charts were reviewed for epilepsy-related variables.

Results: Children with epilepsy-ADHD had the lowest (poorest) KINDL-R total scores. Epilepsy-ADHD group had more inattentiveness (IA) symptoms, while primary ADHD group had more hyperactivity/impulsivity (HA-IMP) symptoms. The frequencies of ADHD combined and IA subtypes were 60% and 40% in children with epilepsy-ADHD, and 80.7% and 19.3% in children with primary ADHD, respectively ($p=0.034$). Regarding the epilepsy-related variables, no significant differences were found between children with epilepsy-ADHD and those with epilepsy alone.

Conclusions: ADHD in epilepsy is associated with a significant poor quality of life and predominantly inattentiveness (IA) symptoms.

Table 1. KINDL-R Scores of Study Groups

KINDL-R	Epilepsy (n=53)		Epilepsy-ADHD (n=35)		Primary ADHD (n=53)		p
	Min-Max	Median [25-75 Percentiles]	Min-Max	Median [25-75 Percentiles]	Min-Max	Median [25-75 Percentiles]	
Total Score	23-106	87 [78.5-95.0]	55-100	72* [65-88]	67-96	83.5* [†] [78-87]	<0.001
Physical Well-Being	5-20	15 [12-17]	7-19	12* [9-15]	8-20	15.5 [†] [14-17]	0.001
Emotional Well-Being	0-20	16 [13-18]	7-20	15 [13-18]	11-19	15 [14-16]	0.193
Self-Esteem	0-20	14 [10.5-16]	5-17	11* [9-13]	5-16	12 [†] [10.25-13]	0.002
Family	5-20	17 [15-18]	7-20	15* [11-17]	6-18	12 [†] [12-16]	<0.001
Social	3-20	14 [11-16]	7-19	13 [9-15]	9-17	13 [12.25-15]	0.157
School	0-20	13 [10-15]	6-15	11* [9-13]	8-16	13 [†] [12-14]	0.005

P values are according to Kruskal-Wallis test.

* $p<0.05$ compared with Epilepsy group

[†] $p<0.05$ compared with Epilepsy-ADHD group

Table 2. Parent T-DSM-IV-S and CPRS Scores in Children with Epilepsy-ADHD and Primary ADHD Group

		Epilepsy-ADHD (n=35) Mean (SD)	Primary ADHD (n=53) Mean (SD)	p
Parent T-DSM-IV-S	Total	43.54 (14.45)	46.51 (18.13)	0.419
	Inattentiveness	18.34 (5.21)	15.50 (5.58)	<0.001
	Hyperactivity	14.20 (4.95)	16.75 (5.83)	0.001
CPRS	Total	46.34 (14.89)	48.65 (19.24)	0.193
	Learning problems	8.57 (3.16)	6.92 (2.86)	0.002
	Hyperactivity	5.65 (2.20)	6.76 (2.31)	<0.001
	Conduct Disorder	9.71 (6.01)	11.07 (6.07)	0.157
	Anxiety	8.60 (3.03)	9.59 (3.84)	0.005
	Psychosomatic	3.68 (2.37)	4.42 (2.65)	0.005

P values are according to independent samples *t*-test

Abstract:0119

The Prevalance and Risk Factors of Attention-Deficit/Hyperactivity Disorder Among Elementary School Children in Eskişehir Province

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ABSTRACT

Objective: Attention Deficit and Hyperactivity Disorder (ADHD) is most seen and known as highly heritable childhood disorder, but non-inherited risk factors also are important for its etiology as well. Epidemiologic data are essential for planning health services and implementing strategies of detection and early intervention, with possible substantial benefits on public health. In this study, we aimed to identify the possible risk factors that might predict ADHD and its subtypes and determine the prevalences in primary school age children in Eskişehir Province.

Methods: A total of 3,230 students from 10 primary schools and 8 secondary schools were recruited for the study. Socio-demographic data form and the DSM-IV-Based Child and Adolescent Behavioral Disorders Screening and Rating Scale were administered. SPSS Version 21 for Windows was used for statistical analyses. $p < 0.05$ was considered statistically significant for all analyses.

Results: ADHD prevalence rate was found 4.4% among 3,329 children and adolescents included in the study. The prevalence of the subtypes were; 2.3% for ADHD-I (inattentive type), 1.3% for ADHD-HI (hyperactive-impulsive type), and 0.8% for ADHD-C (combined type). Male gender was found as a significant risk factor for ADHD and its subtypes. In addition, having a housewife mother and a single parent, history of smoking during pregnancy, history of influenza/other respiratory tract infection, history of mental illness, presence of a chronic disease in the child, and having comorbid epilepsy or asthma were also risk factors for ADHD and its subtypes.

Conclusions: The prevalence rate of ADHD in Eskişehir province was found to be the least in Turkey. According to Turkish Statistical Institute data (2013), Eskişehir province having more literacy rate in women, might be a protective factor for ADHD in their children. According to our findings, encouraging mothers for working, avoiding smoking and prevention from infection during pregnancy are essential in reducing the environmental risk factors of ADHD. The relatively high risk of ADHD in children with chronic diseases such as epilepsy or asthma should also be kept in mind.

KEYWORDS

Attention deficit and hyperactivity disorder; prevalence; risk factor; child-adolescent; mental health

Abstract:0157

Defense Mechanisms and Methods for Coping with Stress of Mothers Whose Children with Attention-Deficit/Hyperactivity Disorder

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ABSTRACT

Objective: In our study, it was aimed to examine anger and the ways of expressing anger, ways of coping with stress and defense mechanisms in the mothers of children with ADHD.

Methods: The study included 61 mothers of children with ADHD and 55 mothers without known psychiatric disorders in their own and in their children. Participants completed Socio-demographic Form, The Defense Style Questionnaire, Conners Teacher Rating Scale was completed for the children with ADHD.

Results: In our study, there was no difference between the mothers with ADHD and control group mothers in terms of anger levels and anger expression styles. However, when the duration of ADHD increased, the anger scores in the mothers increased and the defense mechanism scores decreased. In the presence of comorbid disease in children with ADHD, the scores of the controlled anger expression styles in the mothers of the patient group were higher ($r=0.272$, $p=0.03$), the scores of somatization defense mechanism were higher

KEYWORDS

ADHD; anger; coping; defence mechanism

($r=0.269$, $p=0.036$), the behavioral nullity scores as a method of coping with stress were found to be higher ($r=0.193$, $p=0.05$).

Conclusions: In our study, there were no differences between the mothers with ADHD and control group mothers in terms of anger levels. However, when the duration of ADHD increased, the anger scores in the mothers increased. This suggested that early diagnosis and treatment of the disease would be beneficial in terms of preventing the mother from raising the level of anger and being able to cope with the disease. In the presence of a comorbid psychiatric disorder in children with ADHD, anger levels in the mother were increasing and somatization was more frequently used. This finding showed us how difficult it was for families to deal with ADHD.

Abstract:0175

An Examination of Gross and Fine Motor Skills and Their Correlates in School Age Children with Attention-Deficit/Hyperactivity Disorder: Preliminary Results

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ABSTRACT

Objective: Attention-deficit/hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in school-age children. Recently ADHD studies have shifted increasingly toward the neurodevelopmental perspective and a number of studies have explicitly addressed the relationship between ADHD and motor deficits. We evaluated motor proficiencies in school-aged children with ADHD and a control group to identify specific neuromotor developmental characteristics in the ADHD group. In addition, we tried to define the best correlates of poor gross and fine motor skills for ADHD symptom domains and severity and executive functions.

Methods: Participants were 11 boys and 4 girls with ADHD (aged between 100–140 months, median 109 months) and 15 normal controls matched for gender, age, and parental education level. The Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version was also used to confirm the diagnosis and rule out other comorbid psychiatric conditions. Conners' Parent Rating Scale-Revised/Short Form (CPRS-R/S) was used to evaluate symptom severity and Wechsler Intelligence Scales for Children (WISC-IV) was used to evaluate executive functions. Motor functions were assessed using the Bruininks-Oseretsky Test of Motor Proficiency-Second Edition (BOT-2).

Results: Family features, perinatal complications, developmental milestones, and total IQ scores were not significantly different between the two groups. The ADHD group had significantly lower scores on bilateral coordination and balance. Fine and gross motor skills were positively correlated with age in the control group, while they were not correlated with age in the ADHD group. Fine motor precision, fine motor integration, speed and agility, and upper-limb coordination were positively correlated with perceptual reasoning and working memory.

Conclusion: Our preliminary results of fine motor skills being correlated with ADHD symptom severity and executive functions supported the relation of Barkley's hybrid model of ADHD to motor control in school-aged children.

KEYWORDS

Attention-deficit/hyperactivity disorder; Bruininks-Oseretsky Test of Motor Proficiency-Second Edition; motor skills

Abstract:0306

Migraine, Tension-type Headache, ADHD and Bipolar Affective Disorder in Adolescence: A Clinical Study

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ABSTRACT

Objective: Headache is a common neurological condition which is frequent in pediatric age group. Numerous studies of children and adults with headache and/or migraine showed that there is a high burden of psychiatric disorders including neuropsychological impairment, ADHD, and bipolar disorder (BD). In this study, we aimed to examine the association between parental and comorbid migraine, ADHD, and BD and assess if there is a relationship between pain degree and psychiatric symptoms in adolescence age group.

Methods: Adolescents who presented with headache to outpatient pediatric neurology clinics of Necip Fazıl State Hospital were included in the study. We used The Conners Wells Adolescents form (CASS-L, 87 items) and Mood Disorder Questionnaire (MDQ, 13 items).

Results: 119 adolescents were assessed. There were 79 females and 40 males. 30.8% were diagnosed with migraine (17.5% of males and 36.7% of the females, $p=0.024$) and 69.2% were diagnosed with tension type headache (82.5% of males and 63.3% of the females). 20.8% of them had severe attention problems and 13.3% had severe hyperactivity/impulsivity and 48.8% had severe mood dysregulation problems. According to correlation analyses, pain degree was positively correlated with the number of psychiatric disorder in the family and anger control problems of adolescents. But correlations were generally weak ($r=0.18$ and $r=0.29$; $p<0.05$, respectively). On the other hand, there were strong correlations between MDQ scores and all CASS-L subscale scores including family, conduct, anger-control, emotional and cognitive problems, hyperactivity-impulsivity scores, and ADHD index ($r>0.50$; $p<0.01$).

Conclusions: Adolescents with headache experience significantly increased levels of attention problems, hyperactivity/impulsivity and mood dysregulation symptoms, and ADHD-BD symptoms were strongly correlated in this age group.

KEYWORDS

ADHD; migraine; bipolar disorder

Abstract:0325

The Reliability and Validity of the Turkish Version of DSM-5 Level 2 Inattention Scale (Parent Form for 6–17 Years)

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ABSTRACT

Objective: This study aimed to assess the validity and reliability of the Turkish version of DSM-5 Level 2 Inattention Scale- Parent Form.

Methods: The scale was prepared by carrying out the translation and back-translation procedures of DSM-5 Level 2 Inattention Scale- Parent Form. Study group consisted of 36 patients that have been treated in a child psychiatry unit and diagnosed with Attention-Deficit/Hyperactivity Disorder and 53 healthy controls that were attending primary school during the study period. For the assessment, Turgay Child and Adolescent Behavior Disorders Screening and Rating Scale based on DSM-IV was administered along with DSM-5 Level 2 Inattention Scale-Parent Form.

Results: Regarding reliability analyses; Cronbach's alpha internal consistency coefficient was calculated as 0.931 while item-total score correlation coefficients were between 0.555 and 0.869. Test-retest correlation coefficient was calculated as $r=0.765$ with a $p<0.001$. As for construct validity, one factor that could explain 68.2% of the variance was obtained and was consistent with the original factor structure of the scale. As for concurrent validity, the scale showed a very high correlation with Turgay Child and Adolescent Behavior Disorders Screening and Rating Scale based on DSM-IV ($r=0.946$, $p<0.001$).

Conclusions: It was concluded that Turkish version of DSM-5 Level 2 Inattention Scale- Parent Form can be utilized as a valid and reliable tool both for research purposes and in clinical practice.

KEYWORDS

DSM-5 Level 2 Inattention Scale-Parent Form; reliability; validity; factor structure

Abstract:0330

Elevated Serum Hepcidin Levels in Patients with Attention-Deficit/Hyperactivity Disorder

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ABSTRACT

Objective: Hepcidin regulates cellular iron release through interacting with ferroportin and it is accepted as the main regulatory hormone of systemic iron balance. Hepcidin is known to reduce body iron amount through inhibiting iron absorption from duodenum, iron release to plasma from macrophages, iron mobilization from hepatic stores. In this study, we aimed to compare attention-deficit/hyperactivity disorder (ADHD) patients and control subjects with regard to serum hepcidin levels and to examine whether there is a relationship between serum hepcidin level and ADHD symptom severity.

Methods: Seventy ADHD patients aged between 7–15 years and 69 healthy controls were included in the study. A semi-structured interview, "Schedule for Affective Disorders and Schizophrenia for School-Age Children–Present and Lifetime Version (K-SADS-PL)" was administered for diagnosis. Intelligence quotient was evaluated using Wechsler Intelligence Scale for Children-Revised (WISC-R). Child Behavior Checklist/4–18, Teachers Report Form, Turgay DSM-IV-Based Child and Adolescent Behavior Disorders Screening and Rating Scale (Parent and Teacher), Conners Parent/Teacher Rating Scale–Revised Long Version were used for clinical assessment. The patients whose WISC-R scores were below 80, who had comorbid psychiatric disorders according to K-SADS-PL, history of previous psychotropic medication use, acute or chronic systemic diseases, who had an infections within the past month, who used iron preparation within the past year and whose Hb < 12 mg/dl were all excluded from the study.

Results: No significant difference was detected between groups with regard to socio-demographic characteristics. Serum hepcidin level was found significantly higher in ADHD cases compared to healthy controls. A positive correlation was found between hyperactivity-impulsivity symptom severity and serum hepcidin levels ($r=0.438$, $p<0.001$).

Conclusions: In our study, hepcidin levels were found significantly higher in ADHD cases compared to controls. Elevated hepcidin levels observed in ADHD cases are not known to have a cause-and-effect relationship. Further larger scale studies are required to elucidate this relationship.

KEYWORDS

Attention-deficit/hyperactivity disorder; children; adolescent; hepcidin

Abstract:0408

Homocysteine, Pyridoxine, Folate and Vitamin B12 Levels in Children with Attention-Deficit/Hyperactivity Disorder

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ABSTRACT

Objectives: Attention-deficit/hyperactivity disorder (ADHD) is a common childhood neurobehavioral disorder of which the pathophysiology is complex and yet unclear. Neurochemical, neuroanatomical, genetic, and environmental factors are considered in its etiology. Homocysteine is produced during the metabolism of methionine, which is an essential amino acid and plays several important roles in human physiology. Homocysteine metabolism depends on the level of pyridoxine, folate and vitamin B12. It is known that elevated serum homocysteine, decreased folate and vitamin B12 serum levels are associated with cognitive impairment, neurodegenerative diseases and various psychiatric symptoms

KEYWORDS

Attention-deficit/hyperactivity disorder; homocysteine; pyridoxine; folate; vitamin B12; children

including autism, psychosis, affective, depression and other psychiatric disorders. The aim of this study is to evaluate the serum levels of homocysteine, pyridoxine, folate, and vitamin B12 in children with ADHD.

Methods: 30 patients with ADHD and 30 healthy controls were included in the study. The diagnosis of ADHD was made according to DSM-5 criteria. Children and adolescents were administered the Schedule for Affective Disorders and Schizophrenia for School-Age Children–Lifetime Version (KSAD-S) and the WISC-R. Homocysteine, pyridoxine, folate, and vitamin B12 levels were measured with enzyme-linked immunosorbent assay.

Results: There were no statistically significant differences between the groups in terms of age and gender ($p>0.05$). Homocysteine, pyridoxine, folate, and vitamin B12 levels were significantly lower in children with ADHD compared to the controls ($p<0.05$).

Conclusions: To the best of our knowledge, this is the first study to examine the association between serum homocysteine level and ADHD in children. In this study, contrary to other psychiatric disorders, homocysteine levels were found to be lower. However, similar to our study, only one study have reported that low serum homocysteine levels were reported in adults with ADHD. In addition, our study suggests that serum pyridoxine, folate, and vitamin B12 levels were significantly reduced in children with ADHD.

Abstract:0421

Vitamin D and Vitamin D Receptor Levels in Children with Attention-Deficit/Hyperactivity Disorder

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ABSTRACT

Objective: Attention-deficit/hyperactivity disorder (ADHD) is a neurobehavioral disorder with symptoms of inattention, hyperactivity, and impulsivity. Although ADHD is a common disorder with numerous studies were conducted to find out the etiology, the underlying mechanisms are still not entirely revealed. In recent studies, a low level of vitamin D has been found in association with many disorders as well as in neuropsychiatric diseases. Vitamin D shows its effects by binding to vitamin D receptor (VDR). VDR is located in different tissues such as brain tissue and peripheral nerves. The aim of this study was to evaluate the serum levels of vitamin D and VDR in children with ADHD.

Methods: Study population consisted of 40 ADHD patients without any other psychiatric disorders between 6–12 age interval. The diagnosis of ADHD was made according to DSM-5 criteria. Control group consisted of 40 healthy, age-matched children. We examined the serum levels of vitamin D, VDR, calcium (Ca), phosphorus (P), and alkaline phosphatase (ALP) in children with ADHD and in normal controls.

Results: There was no significant difference between the groups in terms of age and gender ($p>0.05$). The mean serum vitamin D and VDR level of children with ADHD was significantly lower than that of the control group ($P<0.05$). No significant differences were found between the groups in terms of other variables.

Conclusions: To the best of our knowledge, there has been no study in the literature that has examined the role of serum VDR levels in ADHD. In this study, we found that serum levels of vitamin D and VDR in children with ADHD were lower than healthy children, suggesting vitamin D and VDR level might be related to ADHD. This finding supports the previous studies in which vitamin D was reported to be low in children with ADHD.

KEYWORDS

Attention-deficit/hyperactivity disorder; vitamin D; vitamin D receptor

Abstract:0453

The Relationship Between Attention-Deficit/Hyperactivity Disorder Symptoms and Estimated Male Sexual Dysfunctions

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ABSTRACT

Objective: Adult Attention-Deficit/Hyperactivity Disorder (ADHD) is associated with a high percentage of psychiatric disorders. Although there is a growing knowledge about comorbidity of psychiatric disorders with ADHD in literature, little is known about sexual dysfunctions in adults with ADHD. The aim of this study was to determine whether adult Attention-Deficit/Hyperactivity Disorder symptoms are related to estimated male sexual dysfunctions.

Methods: A total of 434 married men living in Istanbul were recruited for the study. A detailed socio-demographic and clinical data form, Golombok Rust Inventory of Sexual Satisfaction (GRISS) Male Form, Adult ADHD Self-Report Scale (ASRS) were administered to the participants.

Results: The mean age of the sample was 37.6 with a standard deviation of 9.42. According to ASRS; 25 (5.7%) subjects had a probable diagnosis of ADHD with either inattention or hyperactivity/impulsivity subscore with a cut off score ≥ 24 . Mean of ASRS total scores (26.50 ± 9.82) were significantly correlated with mean total GRISS score ($r=0.128$, $p<0.01$). Hyperactivity/impulsivity subscale scores were not statistically correlated with total GRISS score and GRISS subscale scores. But inattention subscale score showed statistically significant and strong correlations with total GRISS score ($r=0.178$, $p<0.01$) and premature ejaculation ($r=0.179$, $p<0.01$), avoidance ($r=0.132$, $p<0.01$), non-communication ($r=0.127$, $p<0.01$) subscale scores.

Conclusions: ADHD symptoms may contribute to increase of sexual dysfunctions in male adults. Attention deficiency symptoms seems to be more related with sexual dysfunctions than hyperactivity and impulsivity symptoms. Recognizing comorbidity of ADHD, especially attention deficit subtype, may be important for psychiatrists and clinical psychologists when considering treatment of sexual function disorders.

KEYWORDS

ADHD; attention deficit; hyperactivity; male sexual dysfunctions

Abstract:0048

Alexithymia and Self-Esteem in a Sample of Opioid Dependent Males: A Controlled Study

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ABSTRACT

Objective: The aim of this study was to evaluate the prevalence of alexithymia in opioid dependents compared to the healthy controls and to examine the relationship of alexithymia with depression, anxiety, and self-esteem in opioid dependents.

Methods: Fifty male opioid dependent outpatients who finished detoxification process according to DSM-IV TR diagnostic criteria and 50 controls who do not use opioid or any other substances, matched for age, gender, and education level, were included in the study. Subjects were interviewed by using Structured Clinical Interview for DSM-IV (SCID-I). Variables of interest were assessed using Toronto Alexithymia Scale-20 (TAS-20) and Rosenberg Self-Esteem Scale (RSES), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI).

Results: Forty-two percent of the opioid dependents were estimated as alexithymic according to the cut-off scores of TAS-20 (>61), while this ratio was 10% for the control group ($p=0.000$). Mean score of TAS-20 in opioid dependents (56.68 ± 11.73) were significantly higher than the control group (43.36 ± 14.97) ($p=0.000$). BDI, BAI, and RSES scores were found to be significantly higher in dependent group ($p=0.000$, $p=0.000$, $p=0.000$ respectively). While there were no significant differences in terms of sociodemographic variables, duration of illness, and age at onset of opioid use between alexithymic and non-alexithymic groups in opioid dependents; BDI, BAI, and RSES scores were found to be significantly higher in alexithymic opioid dependents ($p=0.000$, $p=0.000$, $p=0.001$, respectively). There were no significant correlations between TAS-20 and age ($r=0.178$, $p=0.213$); however there were statistically significantly positive correlations between TAS-20 and BDI, BAI, RSES scores ($r=0.710$, $p=0.000$; $r=0.714$, $p=0.000$; $r=0.626$, $p=0.000$; respectively).

Conclusions: As a result, there are significant differences between dependent and control groups in terms of alexithymia, self-esteem, anxiety, and depression. Further studies are required to find out negative effects of alexithymia and lower self-esteem on opioid dependence.

KEYWORDS

Opioid dependence; alexithymia; self-esteem; anxiety; depression

Abstract:0122

Predictors of Burden and Quality of Life in Relatives of Male Patients with Opiate Use Disorders

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ABSTRACT

Objective: Caregivers should be evaluated and supported in terms of mental health as well as patients. The aim of this study is to determine the caregiver burden, quality of life (QOL), anxiety and depression levels in caregivers of male patients with opiate use disorders and also to examine the relationship of these parameters with socio-demographic features of patients and caregivers, addiction severity of patients, and coping strategies of caregivers.

Methods: A total of 100 patients that diagnosed of Opiate Use Disorders, and 100 their primary caregivers enrolled in this study. Two socio-demographic data form arranged by researchers, which were created separately for patients and caregivers were administered. Addiction Severity Index (ASI) was administered to patients and Burden Assessment Scale (BAS), COPE inventory, Short-Form 36 (SF-36), Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A) were administered to caregivers during the interviews.

Results: It was found that characteristics of patients such as total time of regular heroin use, inpatient treatment at least once, verbal and physical violence between other family members, intravenous heroin use, moderate or severe addiction levels according to DSM-5, alcohol and drug use, family/social status, and psychiatric status scores of ASI were determined to increase burden of caregivers.

Caregiver's care time (year), somatic, psychic, and total scores of HAM-A, scores of HAM-D, coping strategies of dysfunctional coping and drug use methods were positively correlated; however, active coping and SF-36 scores were negatively correlated with caregiver burden. According to the multiple regression analyses, active coping scores of COPE and family/social status scores of ASI were found the most predictive factors of caregiver burden.

Conclusions: Improving coping strategies is important for reduction the burden and improving QOL of caregivers. Family/social status scores of ASI was found other important determinants of caregiver burden. Treatment and supporting patients may be important to reduce caregiver burden.

KEYWORDS

Opiate use disorders; caregiver burden; cope; quality of life

Table 1. The Results of the Multiple Regression Analyses Using General Linear Modelling (GLM)

BAS Predictives	Direction of effect	β	Wald- χ^2	p
COPE-Active coping	-	-1.044	4.281	0.039
COPE-Dysfunctional coping	+	0.145	1.857	0.173
COPE-Alcohol/drug use	+	-0.002	0.003	0.954
Care Time (Year)	+	0.750	1.837	0.175
HARS	+	0.534	3.419	0.064
HDRS	+	0.081	0.081	0.776
ASI Alcohol-Drug Use	+	0.439	0.274	0.600
ASI Family/Social Status	+	1.131	5.012	0.025
ASI Psychiatric Status	+	0.108	0.039	0.843
Domestic Violence (Verbal+Physical)	+	2.096	1.374	0.241
Drug Using Methods (Intravenous)	+	3.805	2.022	0.155

Dependent variable: Burden Assessment Scale (BAS)

β : Regression Coefficient

Abstract:0192

Impulsivity and Socio-demographic Characteristics in Patients with Alcohol Use Disorder

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ABSTRACT

Objective: Impulsivity has been consistently associated with alcohol dependency. Studies have reported that there is a relationship between age at onset of alcohol dependence, family history and impulsivity. Although patients who have family history are usually early onset, there is contradicting reports in the literature on the impulsivity of those individuals. In this study, we aimed to examine the relationship between socio-demographic characteristics and impulsivity, in patients with alcohol use disorder.

Methods: Fifty patients with alcohol use disorder according to DSM-5 were enrolled for the study. The Socio-demographic Data Form and Barratt Impulsiveness Scale (BIS-11) were administered.

Results: The mean age was 46.56 ± 9.90 years old and the mean duration of education was 11 ± 2.8 years. Forty-six (92%) of the patients were male and four (8%) were female. Twenty-eight (56%) of the patients were married, five (10%) were single, seventeen (34%) were divorced. Twenty patients (40%) had comorbid psychiatric illness and 18 (36%) were receiving additional psychiatric treatment. The mean age at onset of alcohol was 21.18 ± 4.77 years old. Thirty-five (70%) of the patients were early onset. They consumed an average of 5.59 ± 1.65 days per week and an average of 10.51 ± 6.44 standard units of alcohol on alcohol drinking days. Fifteen patients have family history of alcohol abuse. Patients mean BIS-11 scores were; total scores of 70.68 ± 12.69 , Attentional Impulsiveness subscale score of 18.31 ± 4.20 ; Motor Impulsiveness subscale score of 23.40 ± 4.89 ; Nonplanning Impulsiveness subscale score of 28.97 ± 5.99 .

Conclusions: Some studies showing the effects of the presence of impulsivity, early onset history in alcohol use disorders. The higher impulsivity scores in our study were consistent with the literature. Although impulsivity scores were relatively higher in early onset and family history in our study, these were not statistically significant. This may be due to small sample size. Future prospective and larger sample researchs is required to understand the association of the socio-demographic characteristics and impulsivity in alcohol use disorder.

KEYWORDS

Alcohol; dependence; family history; impulsivity; socio-demographic characteristics

Abstract:0194

Early Maladaptive Schemas and Personality Beliefs in Patients with Alcohol Use Disorder

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ABSTRACT

Objective: Cognitive behavioral theory provides a theoretical framework for understanding the etiology and persistence of pathological drinking. Early maladaptive schemas (EMS) are cognitive, behavioral, and affective patterns that cause distress and underlie mental health problems. A number of studies have therefore explored maladaptive schemas in relation to alcohol use disorder. However EMS have been assessed in personality disorders. Several studies have reported associations between personality disorders and alcohol use disorder. In this study, we aimed to evaluate the EMS and personality beliefs, in patients with alcohol use disorder.

Methods: Fifty patients diagnosed with alcohol use disorder according to DSM5 and who did not use alcohol for at least two weeks were enrolled. Additionally, fifty healthy controls with similar socio-demographic features were included in the study. The Socio-demographic Data Form, YSQ-SF, and Personality Beliefs Questionnaire (PBQ-SF) were all administered.

Results: The mean age of the patients was 46.56 ± 9.90 years old and the mean duration of education was 11 ± 2.8 years. There were no statistically significant differences between the

KEYWORDS

Early maladaptive schema; alcohol; cognitive; dependence; personality disorder

groups in terms of socio-demographic characteristics. A comparison of the groups in terms of their scores in the PBQ-SF subscales revealed that the patients in the alcohol use disorder group achieved higher scores in the dependent, obsessive-compulsive, antisocial, histrionic, paranoid, and borderline personality subscales compared with the control group. The alcohol use disorder group scored significantly higher than the control group in seven out of fourteen Early Maladaptive Schemas.

Conclusions: Personality beliefs and EMS at the pathological level are more common in alcohol use disorder and that the detection of these beliefs would be useful for predicting the prognosis of the disease and determining appropriate treatment methods. These results are substantially similar to the findings in literature. Future prospective and larger sample researchs is required to understand the association of schemas and personality beliefs in alcohol use disorder.

Abstract:0198

Metacognitions and Craving in Patients with Alcohol Use Disorder

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ABSTRACT

Objective: Metacognition is a higher cognitive processing that allows to be aware of the events and functions of mind, and monitors and assess the mind's events and functions.

Psychoactive substances can affect cognitive events directly (relaxation, avoiding painful cognitions, reducing awareness) or indirectly by changing beliefs and attitudes about cognitive events (sense of numbness, feeling of depreciation). Such cognitive changes may be enhancers of drinking behavior. In substance-dependent individuals, craving develops to substance, which can vary from person to person. In this study, we aimed to evaluate metacognitions and craving in patients with alcohol use disorder.

Methods: Fifty patients diagnosed with alcohol use disorder according to DSM-5 were enrolled. The Socio-demographic Data Form, Metacognition Questionnaire-30 (MQ-30), and Obsessive Compulsive Drinking Scale (OCDS) were all administered.

Results: The mean age of the patients was 46.56±9.90 years old and the mean duration of education was 11±2.8 years. Patients' mean MQ-30 scores were; the total score was 72.48 ±14.56, the positive beliefs about worry was 11.67±3.44, the negative beliefs about uncontrollability of thoughts and danger was 15.62±4.51, the cognitive confidence was 14.62 ±4.10, the cognitive self-consciousness was 15.75±3.02 and the beliefs about the need to control thoughts was 14.81±4.29. OCDS mean score was 33.11±13.07. There were no significant differences in terms of MQ-30 scores between heavy drinkers and those who were not, and between early onset drinkers and those who were not (p>0.05). There were positive moderate correlations between OCDS and MQ-30 total score, subscales of the negative beliefs about uncontrollability of thoughts and danger and the cognitive confidence.

Conclusions: There are studies showing the effects of metacognition and craving in alcohol use disorder. The higher scale scores in our study supported the literature. No data in the literature showed the relationship between metacognitions and craving. Significant correlations in our study supported the relationship between metacognitions and craving.

KEYWORDS

Metacognition; craving; alcohol; cognitive; dependence; obsessive

Abstract:0361

Menstrual Cycle Irregularities in Women with Opioid Dependence: Relationship with Addiction Profile

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ABSTRACT

Objective: Menstrual cycle irregularities are frequently observed in women with opioid dependence. Opioid decreases the level LH-FSH through affecting GnRH. Clinical relationship between menstrual irregularities and opioid dependence have not been studied. In this study, we tried to examine whether or not women with opioid dependence experienced menstrual irregularities before starting opioid use and the effect of menstrual irregularities on addiction profile.

Methods: With this purpose, 40 women with the diagnosis of opioid dependence based on DSM-IV-TR criteria and undergoing outpatient and inpatient treatment for opioid dependence in the Balıklı Rum Hospital were included in opioid dependence group (OD). The control group was recruited from 40 healthy women without any psychiatric diagnosis, matched with other group in terms of age and gender. All study participants completed a socio-demographic data form, the Women Health Questionnaire (WHQ), the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), and Addiction Profile Index (API).

Results: It was found that 14 participants (35%) in OD group had menstrual irregularities also before starting opioid use. These 14 participants (35%) who had menstrual irregularities before opioid use in OD group (MI-OD group) and 26 participants (75%) not having a menstrual irregularity before opioid use (NMI-OD) were compared in terms of scale scores. It was found that craving subscale of API was significantly higher in MI-OD group than NMI-OD group ($t=-3.448$, $p<0.001$).

Conclusions: In this study, menstrual irregularities were highly observed in women with opioid dependence. It was also seen that the level of craving is much higher in women having menstrual irregularities before starting opioid use. It might be noted that prospective studies examining the relationship between menstrual irregularities and opioid use in women are necessary.

KEYWORDS

Opioid dependence; women; menstrual irregularity; addiction profile

Abstract:0409

The Relationship Between Online Game Addiction, Somatization Disorder, and Theory of Mind in Adolescents

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ABSTRACT

Objective: The aim of the present study is to determine whether there is an association between online gaming addiction sub-factors, somatization disorder, and mental theory in adolescents and to examine this relationship according to independent variables such as gender, age, and duration of stay on the Internet.

Methods: 333 adolescents aged 14–18 who play online games were enrolled for the study. The study was conducted in the high schools of Şanlıurfa with the permission of the Şanlıurfa Provincial Directorate of education in between April 2015 and May 2015. Survey method was administered. In order to determine the frequency of online gaming, Online Gaming Addiction Scale (OGAS) was administered; to assess somatization processes, Children's Somatization Inventory-24 (CSI-24) was administered; to see the activations of mind theory Reading the Mind in the Eyes Test (RMET) and personal information form were administered. The results obtained were compared.

Results: The average age of the adolescents was found to be 15.8 ± 1.2 . It has been determined that most of the time they spend on the internet were on Facebook (26.7%). In terms of age variables of adolescents; no correlations were found between OGAS, CSI-24, and RMET scores. In terms of gender difference; OGAS scores differed. There was a positive correlation between the OGAS scores of the adolescents and the CSI-24 score. There was a negative correlation between OGAS scores and CSI-24 scores in adolescents. There were no correlations between the RMET scores and the CSI-24 scores. The type of online game selected by the adolescents was found to have an impact on OGAS scores while not affecting the CSI-24 scores.

Conclusions: Significant relationships between OGAS and somatic complaints and being aware of their own and others' feelings were found. This relationship may vary depending on gender, the state of hiding identity, and the type of game chosen.

KEYWORDS

Online game addiction; somatization disorder; theory of mind

Abstract:0055

Association of Serum Brain Derived Neurotrophic Factor with Duration of Drug-Naive Period and Positive-Negative Symptom Scores in Drug-Naive Schizophrenia

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ABSTRACT

Objective: Neurodevelopmental hypothesis proposes that any disorders that occur in neuronal migration, neuronal connections, and neural plasticity cause structural abnormalities in specific areas of the brain which play a significant role in the development of schizophrenia. One of the important factors behind such disorders, BDNF causes neurons to be produced, reproduce and survive. The aim of this study is to compare the serum BDNF levels of schizophrenia patients who have not received any antipsychotics treatment with the levels of the control group.

Methods: The sample of the study is consisted of patients who presented to Psychiatry Outpatient Clinic and diagnosed as schizophrenia per DSM-IV-TR criteria, and have never used any antipsychotic medications. In total 160 patients participated in the study, 80 of whom were schizophrenia patients and 80 were the healthy controls. PANSS scale was administered to evaluate the clinical condition of the patients.

Results: The difference between the average BDNF levels of the groups were statistically significant ($t=-5.25$; $p<0.001$). An analysis on whether there is a relationship between the BDNF levels and the duration of drug-naive period indicated no correlations. Examination of the relationship between PANSS scores and BDNF levels of the patients yielded to no correlations. The comparison between the group that was drug-naive for a year and the group that was drug-naive for more than 5 years showed no significant differences in terms of BDNF levels ($z=-0.843$; $p=0.399$).

Conclusions: In the light of our study, the neurodevelopmental changes occurring in the onset of the illness prominently affect the progress of the illness pointing to the importance of the treatment in the early stages of the illness. Future studies should be conducted to inspect how the drug-naive duration affects schizophrenia and how these factors influence the progress of the illness.

KEYWORDS

Schizophrenia; brain derived neurotrophic factor; symptoms

Abstract:0115

Evaluation of the MR Spectroscopy Findings of Patients with Major Depression Who Have and Have Not Attempted Suicide

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ABSTRACT

Objective: Major Depressive Disorder (MDD) is an important disorder characterized by the inability to enjoy usual activities and a loss of pleasure from conditions the individual used to enjoy, and it is dominated by feelings of depression and pessimism. Suicide is defined as the act of killing oneself voluntarily. Suicidal ideation and attempts to commit suicide may occur in MDD patients. The objective of this study is to evaluate the ¹H-MRS findings of MDD patients who have and have not attempted suicide and to compare the results with a healthy controls.

Methods: This study included patients diagnosed with MDD according to the DSM-5 criteria that presented to the Beyhekim Psychiatry Clinic of the Konya Training and Research Hospital between February 12, 2015 and February 12, 2016 who were followed as outpatients or inpatients. The

KEYWORDS

Depression; suicide; MR spectroscopy

study enrolled 22 patients that had attempted to commit suicide in the last month and 23 patients that had not, and 16 healthy control subjects. The ¹H-MRS scans of the patient group and the healthy control group were performed in the Radiology Clinic of the Konya Training and Research Hospital. The dorsolateral prefrontal cortex (DLPFC), the anterior cingulate cortex (ACC), hippocampus and the orbitofrontal cortex (OFC) regions were studied.

Results: Among the three groups, no differences between the amount and rate of metabolites in the ACC and hippocampus were identified. When the patient groups were combined, the choline (Cho) amount and Cho/ N-acetylaspartate (NAA) ratio were lower than they were in the healthy group. The OFC and DLPFC regions were excluded from the evaluation because the net spectrum could not be obtained.

Conclusions: Our study supported the findings that in MDD patients, neurobiological changes occurred in the areas that regulate mood. Especially, the findings that we obtained in ACC is noteworthy.

Abstract:0382

Serum Urotensin-II Levels of Children with Attention-Deficit/Hyperactivity Disorder and Autism Spectrum Disorder

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ABSTRACT

Objective: Urotensin-II (U-II) is one of the most vasoconstrictive substrates for the mammals. Lately, this substrate is thought to be responsible for developing of the neuropsychiatric disorders, by causing an abnormal brain bloodstream situation. Autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) are frequently seen disorders in childhood and their etiologies are remain unclear. This study evaluated the serum urotensin-II levels of children with ASD and ADHD and compared with healthy subjects' urotensin-II levels. **Methods:** Total of 179 children, 60 of them diagnosed with ADHD and 60 of children with ASD, according to the DSM-5 criteria and both had no treatment for at least a month and 59 of healthy subjects whom they all presented to the Ankara Pediatric Hematology-Oncology Training and Research Hospital were included. Kiddie-SADS present and lifetime version, a semi-structured interview, was administered to all subjects. Venous samples of the participants were given after a 12-hours starvation. Serum U-II levels were analyzed by the use of ELISA kits. SPSS 16.0 was used for statistical analysis. The alpha level of 0.05 was set to indicate significance.

Results: U-II levels of children with ASD were found significantly higher than those with ADHD. There was also a positive correlation between U-II levels and autism behavior checklist scores.

Conclusions: This study is the first to evaluate U-II levels in children with ASD and ADHD in comparison with a control group. Higher U-II levels and its levels' correlation with symptom severity of disorder are thought to be a responsible factor that could play a role in ASD etiology. There is a necessity to be generalized these results by analyzing U-II levels in larger samples with different aspects of the ASD.

KEYWORDS

Urotensin-II; ADHD; ASD; oxidative stress

Table 1. Socio-demographics and clinical features of the groups.

	ASD (n=60)	ADHD (n=60)	Control (n=59)	p
Age (month)	124.2±10.4	121.57±9.4	118.6±9.2	0.048*
Gender (F/M)	16/44	17/43	19/40	0.793**
Mother age (year)	32.8±5.1	33.1±4.4	33.5±4.1	0.559*
Mother education (year)	10.3±3.4	10.9±3.7	11.0±3.5	0.441*
Father age (year)	36.5±5.8	37.1±4.9	36.9±5.5	0.584*
Father education (year)	11.7±3.2	11.1±3.3	11.2±3.0	0.464*
Conners-Parent		39.8±2.7		
Conners-Teacher		42.2±4.1		
ABC	65.3±22.0			
PBCL	51.4±14.2			
CARS	36.7±4.4			
U-II (pg/mL)	6.9±1.5	6.2±1.6	6.5±1.9	0.027*

ASD, Autism spectrum disorder ADHD, Attention-deficit/hyperactivity disorder ABC, Autism Behavior Checklist PBCL, Problematic Behavior Controls Checklist CARS, Childhood Autism Rating Scale. *Kruskal-Wallis test **Pearson's chi-squared test

Abstract:0428

The mRNA Levels of Nestin in Chronic Schizophrenia Patients and Their Healthy Siblings: Comparison with Healthy Controls

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ABSTRACT

Objective: Nestin, an intermediate filament protein, was originally described as a neuronal stem cell marker during central nervous system development. Its expression was shown to be upregulated in progenitor cells and then it decreased when the cells reach their differentiated state. Here, we examined nestin expression in the peripheral plasma of the patients with chronic schizophrenia and their healthy siblings and compare them with healthy controls.

Methods: The patients with schizophrenia (n=35) and their healthy siblings (n=35) were recruited for the study. The blood samples were obtained during the antipsychotic treatment. mRNA was isolated from the plasma samples and cDNA was synthesized. qRT-PCR method was applied to all samples. Healthy volunteers (n=35) matched for age, gender, and education levels were used as the control group. Kruskal-Wallis test was used to compare variables between the groups. The alpha level of 0.05 was set up to indicate significance.

Results: The plasma nestin level was found to be higher in schizophrenia patients compared with healthy controls. The mRNA levels of nestin showed no differences between the groups.

Conclusions: This is the first study to show mRNA levels of the nestin in chronic schizophrenia patients and their healthy siblings together. Unfortunately no significant differences in mRNA levels were found between the groups. It has been shown that the plasma nestin levels were decreased during the remission period of illness. The results demonstrate that both patients with chronic schizophrenia, their healthy siblings and healthy controls showed similar patterns in nestin metabolism. The nestin metabolism may differ during different periods of the illness. Therefore, further studies were needed to replicate the results.

KEYWORDS

Nestin; mRNA; schizophrenia

Abstract:0154

The Prescribing Pattern of Paliperidone in a Pediatric Population

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ABSTRACT

Objective: Paliperidone offers a potential new treatment option for adolescents with its several advantages including single dosage per day and availability in hepatic problems. However, there is a lack of efficacy and safety data for the use of this medication in various psychiatric disorders in children and adolescents. In this study, we retrospectively examined the efficacy and tolerability of paliperidone in various psychiatric disorders in an unselected youth population.

Methods: The children and adolescents treated with paliperidone for any psychiatric problems at the outpatient clinic of Düzce University School of Medicine's Child and Adolescent Psychiatry Inpatient Unit and Bakirkoy Mental Health Hospital were evaluated. Clinical Global Impression Scale-Severity (CGI-S), Young Mania Rating Scale (YMRS), Positive and Negative Syndrome Scale (PANNS) and Simpson-Angus Extrapyramidal Side Effects Scale (SAS) were all administered.

Results: The mean age of patients was 15.9±1.3 years, Mean duration of paliperidone use was 4 months. The median average exposure was 7.3 mg/day (range 3–12 mg/day). Primary

KEYWORDS

Paliperidone; adolescent; efficacy; side effect

psychiatric diagnosis were; attention-deficit/hyperactivity disorder in 6 patients, anxiety disorders in 2 patients, major depressive disorder in 1 patients, psychosis in 17 patients, conduct disorder in 3 patients, bipolar disorder in 21 patients and tic/neurological disorder in 2 patients. Of the 52 patients receiving paliperidone, 10 patients were concurrently treated at some point with a psychostimulant/ ADHD medication, 10 patients with another antipsychotics, 15 patients with an antidepressant, 11 patients with a mood stabilizer, and 11 with any other class of psychotropic drug. The most frequent adverse events include, anxiety, headache, sedation, nausea, and akathisia.

Conclusions: Results showed clinically meaningful improvements in symptom measurements of different disorders. The drug is generally well-tolerated and the most frequent adverse events included anxiety, headache, vomiting, nausea, and akathisia. Future prospective studies with large samples are needed to draw definitive conclusions.

Abstract:0155

Depressive-like Behaviors in a Genetic Model of Absence Seizures: Effects of Neural Stem Cell Treatment

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ABSTRACT

Objective: WAG/Rij rats, regarded as a valid genetic animal model of absence epilepsy with comorbidity of depression, share many EEG and behavioral characteristics resembling absence epilepsy in humans. Neural stem cell (NSC) treatment is considered to an alternative therapy in absence epilepsy. We previously showed that NSC treatment significantly suppressed SWDs in WAG/Rij rats. In this study, we evaluated the effects of NSC treatment on depressive-like behavior in WAG/Rij rats.

Methods: We divided 2 month old Wistar and WAG/Rij rats into three groups: Control, NSC, and Sham (n=10 in each group). NSCs taken from fetal medial ganglionic eminence were transplanted into perioral regions of the primary somatosensory cortex of the NSC groups and we waited for 3 months for cell differentiation. At the end of this period, the forced swimming (FS) test and sucrose consumption (SC) test were used to evaluate the depressive-like behavior of animals. One-way ANOVA post hoc Tukey's test was used as a statistical analysis method. The alpha level of 0.05 was set up to indicate statistical significance.

Results: In the FS test; there were differences between groups in terms of immobility time during second day of testing. WAG/Rij control group exhibited more immobility than Wistar control group, while there were no differences between all Wistar groups. In treated WAG/Rij rats; NSC treatment significantly reduced the immobility time compared to WAG/Rij control group. In WAG/Rij sham group; the immobility time was similar with the WAG/Rij control group. SC in WAG/Rij control group was significantly lower than the Wistar control group. NSC treatment significantly increased the SC compared to the WAG/Rij control group. However, there were no differences between all Wistar groups in terms of SC. In WAG/Rij sham group, SC was not significantly different from WAG/Rij control group.

Conclusions: Our findings demonstrated that NSC treatment might be a potential alternative to conventional antiepileptic drug therapy for ameliorating depressive-like behaviors in absence epilepsy in humans.

KEYWORDS

Absence epilepsy; depression; neural stem cell; WAG/Rij rat

Abstract:0389

Research Rational Use of Controlled Drugs in Umraniye District of Istanbul

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ABSTRACT

Objective: In this pharmacoepidemiological study, the prescriptions of controlled drugs were evaluated from the perspective of rational drug use.

Methods: In this cross-sectional, observational study, drug usage was examined retrospectively. Prescriptions written in last three months of 2014 from the archives Local Directorate of Health were examined and the prescriptions were chosen randomly from pharmacies.

Results: 416 (25% of three months) red colored controlled drug prescriptions were retrospectively evaluated and 48 patients' drug history examined from the perspectives of drug-drug interaction, overdose, psychiatry consultation frequency, and birth month and demographic data. 144 (70%) of the pharmacist were women. There was an increase in prescriptions compared to past years. It was found that women use more tramadol and alprazolam; less biperiden than men. The green colored controlled drug prescriptions per pharmacy in Umraniye was 5.66 (vs. Istanbul 6.28) and the mean of drug box per prescription was 8.45. Results of 48 prescriptions of methylphenidate: overdosed (60 mg) was 45.2%; drug-drug interaction was 35.4%; overdosed and drug-drug interaction have not determined were 17%; daily doses were between 10 mg to 108 mg. Most of the prescriptions were written for males (71%). 44.12% of these males were born in the months of June, July and August. There was positive correlation ($r=0.302$; $p=0.042$); between frequency of psychiatric visits of by men and their birth months. It was found that 357 (86%) of the 416 red prescriptions contain methylphenidate, 37 prescription were of phentanyl. There was a positive correlation between the total number of prescriptions and the variety of the doctors.

Conclusions: In this observational psycho-pharmacoepidemiological study, the results confirmed the occurrence of irrational use of certain drugs and series of inadequate practices related to medication.

KEYWORDS

Alprazolam; ADHD; community pharmacy; controlled substances; methylphenidate; psycho-pharmacoepidemiology

Abstract:0242

Response to Short-term Psychodynamic Psychotherapy in Patients with Depression and Anxiety

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ABSTRACT

Objective: Short-term psychodynamic psychotherapy (STPP) is a brief, transference-based therapeutic approach. It is characterized by the exploration of a focus that can be identified by both the therapist and the individual. In this study we aimed to assess the efficiency of short-term psychodynamic psychotherapy in patients with depression and anxiety disorders.

Methods: Eighteen patients were enrolled in the study. Patients were treated with STPP sessions every 2 weeks for 6 months. At the beginning of psychotherapy all patients were asked to complete the Socio-demographic Data Form, Beck Anxiety and Beck Depression Inventory. If needed some patients were asked to complete the Yale Brown Obsessive Compulsive Scale (Y-BOCS), Liebowitz Social Anxiety Scale (LSAS), and Dissociative Experiences Scale (DES) additionally. At the end of psychotherapy sessions, above-mentioned psychometric scales were administered again.

Results: Out of 18 patients, 15 had either major depressive disorder or anxiety disorder. Average duration of illness was 7.5 years. Most of them had previous treatment, 80% of the patients had insufficient or partial response. During psychotherapy, some patients received antidepressant treatment in average equivalent dose of 28 mg/day fluoxetine. No additional drugs were given, and the dosage was neither decreased nor changed in 72% of patients. The change of scale scores between the beginning and end of psychotherapy was statistically significant; BDI mean scores decreased from 26 to 13 ($p=0.02$), BAI mean scores decreased from 27 to 18 ($p=0.01$), and YBOCS scores decreased from 29 to 18 ($p=0.04$). DES and LSAS scores also decreased, but this decrease was statistically non-significant. Also there was a change in the percentage of suicidal and para-suicidal behavior but not significant.

Conclusions: The results of our study suggested that, in patients with chronic and insufficiently treated depression and anxiety disorders, short term psychodynamic psychotherapy could be an effective treatment modality for decreasing both disease severity and suicidal behaviour.

KEYWORDS

Short-term psychodynamic psychotherapy; major depressive disorder; anxiety disorder; treatment outcome

Abstract:0037

Association Between High Plasma BDNF Levels and Post-Traumatic Stress Disorder

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ABSTRACT

Objective: Post-traumatic stress disorder (PTSD) is a psychiatric disorder that can develop after a person is exposed to traumatic events resulting with specific symptoms such as re-experiencing, avoidance, and hyperarousal symptoms. PTSD is expressed to be related directly with changes in the neurochemistry of the synaptic activities such as monoamines, it also maybe related with important structural changes and degeneration in specific regions of the brain such as amygdala, prefrontal cortex, and hippocampus. Based on this assumption, "Neuroplasticity Hypothesis" has been proposed. Neurotrophic factors are molecules inside cells that are important for neuroplasticity. They have important roles playing in the survival and ability to function of neurons. Best-defined molecules in neurotrophic factors is the group consisting of brain derived neurotrophic factor (BDNF), nerve growth factor, neurotrophin 3 and neurotrophin-4 which are called as neurotrophins. In this study, we aimed to examine the plasma BDNF levels in PTSD patients and controls.

Methods: Forty-three untreated male patients with a diagnosis of PTSD according to DSM-5 criteria and 37 healthy controls were included the study. Socio-demographic data form, Impact of Events Scale-Revised (IES-R), Clinician-Administered PTSD Scale-Component 2 (CAPS-2) and Dissociative Experiences Scale (DES) were administered to evaluate the related symptoms. ELISA procedure was administered to measure BDNF levels.

Results: BDNF levels were found significantly higher in patients than control group (BDNF levels of PTSD, 6.62 ± 0.98 ng/ml; BDNF levels of control group, 5.66 ± 1.34 ng/ml).

Conclusions: In this study, our findings provide new contribution to recent BDNF studies, which has a prominent role in neuroplasticity. BDNF should be examined as a biological indicator in diagnosing and/or treatment of PTSD. It has not been clear if BDNF can be used in treatment of PTSD yet. The findings in this study suggested that increased endogenous BDNF levels might be a sign of an attempt to self- treatment of system and struggle with disorder.

KEYWORDS

PTSD; BDNF; neuroplasticity; neurotrophic factors

Abstract:0298

The Comparisons of Patients with Fibromyalgia and Osteoarthritis and Their First-Degree Relatives in Terms of Coping Strategies to Deal with Stress

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ABSTRACT

Objective: The main objective of this study was to determine and compare the coping strategies to deal with stress of patients with fibromyalgia syndrome (FMS), and osteoarthritis (OA), and their first-degree relatives.

Methods: FMS patients (n=89), OA patients, and their first-degree relatives (n=86), and control group consisting of healthy subjects (n=72), who provided informed consents, were included in the study. In this study, a socio-demographic information form, Coping Strategies to Deal with Stress (COPE) Inventory, and a Visual Analogue Scale (VAS) were used. Covariance analysis was used to compare groups in terms of COPE scales and three summary scores.

Results: When 15 scales and 3 summary measures of COPE scale were evaluated, there was a significant difference between the groups in terms of suppression of competing activities, turning to religion, acceptance, problem-focused coping, and emotional-focused coping dimensions. When the results were examined, it was seen that these 5 dimension scores were significantly lower in the OA relatives and in the healthy individuals than the other 3 groups. However, FMS, and FMS relatives, and OA patients had similar scores for these 5

KEYWORDS

COPE; fibromyalgia; osteoarthritis; VAS

dimensions of the COPE Inventory. It was determined that the scores of the remaining dimensions did not show any significant differences between the groups.

Conclusions: In terms of strategies to cope with stress, it can be said that FMS patients, relatives, and OA patients are similar to each other, and they exhibit problem-oriented coping and emotional-focused strategies.

Abstract:0302

Relationship Between Psychological Symptoms and Coping Strategies to Deal with Stress in Chronic Pain Patients and Their Families

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ABSTRACT

Objective: The main objective of this study was to determine and compare the relationship between the psychological symptoms and the coping strategies to deal with stress in patients with chronic pain and their relatives.

Methods: FMS patients (n=89) and their first-degree relatives (n=86), OA patients (n=72) and their first-degree relatives (n=70), and control group consisting of healthy subjects (n=37), who provided informed consents, were included in the study. Symptom Check List-90 (SCL-90) and Coping Strategies to Deal with Stress (COPE) Inventory were administered to all participants. The relationships between these two scales were evaluated by using Spearman's Rank correlation coefficient.

Results: When the correlations between the subscales of the COPE Inventory and SCL-90 were examined, the positive reinterpretation and development subscale scores and the planning scale of the COPE Inventory were significantly negatively correlated with the mean score of the SCL-90 ($r=-0.120$, $p=0.027$ and $r=-0.118$, $p=0.030$, respectively).

Conclusions: It can be speculated that individuals who prefer positive re-interpretation and development and planning as the way of coping with stress had more psychologically positive personality characteristics and individuals who preferred other attitudes as a way of coping with stress had psychologically negative personality characteristics.

KEYWORDS

COPE; SCL-90; fibromyalgia; osteoarthritis

Abstract:0280

Cognitive-Behavioral Determinants of Obesity

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ABSTRACT

Objective: Obesity is a very complex, chronic, and epidemic general health problem that requires resolutions for its consequences. The prevalence of obesity (defined as BMI > 30 kg/m²) and overweight (defined as 25–29.9 kg/m²) were found to be 36% and 37%, respectively, in a large population based study in Turkish adults (1). Diet, physical activity, and life style changes are among the treatment options to achieve negative energy balance. Depending on the severity of illness; cognitive behavioural therapy (CBT), medicines, and surgery could be added to these basic applications. In this study, we aimed to determine the socio-demographic and cognitive-behavioural factors related to the obesity in patients who would undergo surgery for obesity.

Methods: The first group consisted of obese and morbid obese patients who were scheduled for surgical intervention. The second group consisted of patients who were within normal weight range. Socio-demographic Data Form, Emotional Schema Scale, Dysfunctional Attitude Scale, Metacognition Scale, Automatic Thoughts Scale (ATS), Beck Depression Inventory, Beck Anxiety Inventory were administered to the participants.

KEYWORDS

Obesity; Obesity surgery; emotional schema; dysfunctional attitude; metacognition; automatic thoughts

Results: Based on the results of the backward logistic regression model, the explanatory power of the model (Nagelkerke R Square) was calculated as 0.711 (this is a fairly high goodness of fit). As a result of the analysis, obesity risk was reduced by 99% in university and upper education graduates compared to primary education graduates, while obesity risk was 25 times higher in individuals with medical illness and 17.5 times higher in individuals with psychiatric history. It was calculated that 1 unit increase in ATS_total, acceptance of feelings, and feeling guilty scores increased the obesity risk by 1.1, 1.5, and 1.6 times, respectively.

Conclusions: To define specific cognitive behavioral factors will improve the treatment interventions to obtain the long-term maintenance of weight loss.

References

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Abstract:0433

Autistic Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder Symptoms in Children and Adolescents with Congenital Adrenal Hyperplasia

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ABSTRACT

Objective: Androgen exposure is hypothesized to play a role in the development of autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) or their subclinical symptoms. The aim of this cross-sectional study was to examine the ASD and ADHD symptoms in children with congenital adrenal hyperplasia (CAH), a natural cause of prenatal androgen excess.

Methods: Forty-five children and adolescents (27 females, 18 males) with CAH and their 30 unaffected siblings (16 female, 14 male) were included in the study. Parents completed the Social Communication Questionnaire (SCQ) to measure ASD symptoms and the Turgay DSM-IV-Based Child and Adolescent Disruptive Behavioral Disorders Screening and Rating Scale (T-DSM-IV-S) to assess ADHD symptoms.

Results: In this study, subjects with CAH reported by their parents to have more autistic symptoms in SCQ-Communication subscale and, although not statistically significant, in SCQ-Total scores. Children and adolescents with CAH had higher scores in terms of Inattention, Hyperactivity, Oppositional Defiant Disorder, and Conduct Disorder symptoms in T-DSM-IV-S compared to their unaffected siblings; however, these differences did not reach to statistical significance.

Conclusions: Our study supports the hypothesis that prenatal androgens are involved in the development of ASD but failed to provide significant evidence for an increase in ADHD symptoms in individuals with CAH. Further research with larger samples are needed to clarify the associations between CAH, ASD, and ADHD symptoms.

KEYWORDS

Autism spectrum disorder; ADHD; children and adolescents; congenital adrenal hyperplasia

Abstract:0369

Mental Problems in Children Driven To Committing Crimes and the Preparation of Forensic Reports

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ABSTRACT

Objective: In children referred for forensic reports by juvenile courts, particularly as psycho-sexual maturation starts in the initial phases of adolescence, actions defined as criminal by society may be expected to have been committed. These actions, which are frequently the results of unconscious impulses and sometimes affectations, are crimes in the general sense for this reason; great care is required when determining the presence of the ability of children to perceive the legal meaning and consequences of crimes that they commit and their ability to channel their behaviors. The aim of this present study is to examine the mental problems in children driven to committing crimes and the preparation of forensic reports in a Turkish forensic sample.

Methods: Children referred by courts to Van Regional Training and Research Hospital Outpatient Clinics of Pediatric Psychiatry between 2013-2014 for forensic expert reports evaluating their ability to perceive the legal meaning and consequences of criminal behavior, and their ability to control their behaviors. 74 children were evaluated retrospectively, with interviews of approximately 45 minutes on DSM-5 in order to determine psychiatric diagnosis.

Results: After evaluations, 26% of children and adolescents were found to possess the ability to perceive the legal meaning and consequences of the crime they had committed and have the ability to control their behaviors, while 27% could perceive the legal meaning and consequences but could not control their behavior, and 47% did not have the ability to perceive the legal meaning and consequences of the crime they had committed and to control their behaviours.

Conclusions: The ability to perceive the meaning and consequences of crime and to direct one's behaviors are affected by pathologies related with the family and the child.

KEYWORDS

Child and adolescent; delinquent behavior; child delinquency; psychiatric diagnosis

Abstract:0373

Physicians' Awareness and Attitudes Towards Early Marriage Decisions of Children

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ABSTRACT

Objective: In terms of early marriages, physicians play a crucial role in protecting children from early marriage, which is a form of child abuse indeed. For this reason, we aimed to examine the awareness of the physicians and the directions of their attitudes about this issue, which is very important for the progress level of a country.

Methods: Physicians who were able to reach this research through social media and volunteered to participate in this study were invited and were asked to complete the questionnaire created by the researchers. Study data were evaluated by descriptive statistics (arithmetic mean, median, standard deviation, percent distributions) and the percent distributions of categorical data between the groups were evaluated by the Chi-square test.

Results: 1,567 physicians participated in this study. 1,143 participants were female (72.9%), 424 were male (27.1%). 1,315 (83.9%) of the physicians responded to the definition of early marriage that 'marriages made under the age of 18'. 1,287 (82.1%) of the physicians emphasized that marriages made at an early age are actually 'sexual abuse of the children'. In the judgments of physicians regarding the characteristics that should be present in the individuals in order to be married at an early age such as 'that does not have mental inadequacy, that has enough knowledge about sexuality, that should be able to meet the

KEYWORDS

Early marriage; child; abuse; physicians

physical and spiritual needs of the child to be born, and the age at which marriage' have come to the forefront.

Conclusions: Dealing with the perception of early marriages by the society as normal is one of the most important elements for preventing this problem and undermining its legal legitimacy. Although physicians are highly aware of early marriages, it is necessary to raise awareness in social, political, and legal contexts at the point of prevention of early marriages.

Abstract:0073

Self-Esteem, Pain, and Suicidal Thoughts in a Sample of Cancer Patients

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ABSTRACT

Objective: Our primary aim was to assess the relationships of self-esteem with pain and suicidal thoughts in a sample of patients with various kinds of cancer.

Methods: A total of 117 adult cancer patients was assessed with respect to several socio-demographic variables, the severity of pain, depression, and anxiety, current suicidal thoughts, hopelessness, and self-esteem.

Results: The severity of depression, anxiety, hopelessness, and current suicidal thoughts were significantly higher in patients with pain compared to patients without pain. Self-esteem was significantly reduced in subjects with pain. Previous history of psychiatric disorder and pain significantly predicted current suicidal thoughts status. Reduced self-esteem was significantly correlated with depression, anxiety, hopelessness, pain, and current suicidal thoughts.

Conclusions: Reduced self-esteem among cancer patients was particularly associated with a more severe pain, higher levels of depression, stronger feelings of hopelessness, and current suicidal thoughts. Our findings might indicate that pain in cancer patients might have a negative influence on self-esteem leading to suicidal thoughts along with depression, anxiety, and hopelessness. Therefore, reduced self-esteem in cancer patients might be associated with suicidal ideations through pain, depression, anxiety, and hopelessness.

KEYWORDS

Anxiety; cancer; depression; pain; self-esteem; suicide

Abstract:0084

Psychiatric Findings in a Patient with Huntington's Disease: A Retrospective Study

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ABSTRACT

Objective: Huntington's disease is a rare progressive brain disorder that causes uncontrolled movements, emotional problems, and impaired cognition. Psychiatric symptoms are a significant aspect of Huntington's disease. Most common clinical manifestations are psychosis, depression, dysthymia or anxiety, as well as schizophreniform syndromes and behavioral disturbances mainly manifested as irritability, psychomotor agitation, and disruptive behavior. We retrospectively analyzed 15 hospitalized patients who were characterized with psychosis secondary to Huntington's disease. We aimed to better understand the development and course of psychiatric manifestations in individuals who were diagnosed the Huntington's disease.

Methods: Between 2002 and 2012 we examined 9 male (n=9) and 6 female hospitalized patients (n=6) with a diagnosis of Huntington-related psychosis in Bakırköy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery. Socio-demographic features, duration of psychiatric illness, duration of Huntington's disease, psychiatric treatments, antipsychotic treatments were determined. All statistical analyses were performed by using

KEYWORDS

Huntington's disease; psychosis; antipsychotic agents

the SPSS Version 16.0 for Windows. The mean values (mean \pm SD) and frequencies (%) were measured.

Results: 15 hospitalized patients were included. The mean age was 51. Duration of Huntington's disease was between 5–19 (mean=9.9) years. Duration of psychiatric illness was 3–21 years; hence, psychiatric symptoms have been present since the beginning of the illness. Huntington's disease was diagnosed at psychiatry clinic in one patient because of beginning of psychosis before the onset of involuntary movements. Our results supported the notion that Huntington disease sometimes may have started with psychiatric symptoms.

Conclusions: The results indicated that psychiatric manifestations developed more often than previously thought in the Huntington's disease prodromal phase. Huntington's disease should come to the clinicians' minds at first episode psychosis with homicide risk.

Abstract:0136

A General Outlook on Emergency Psychiatry Consultations in a University Hospital

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ABSTRACT

Objective: Psychiatric patients form a significant rate of patients cared for by emergency hospitals. Studies have shown that 3–12% of those who presented in emergency services of general hospitals are psychiatric patients. The main objective of this study is to determine the socio-demographic characteristics and psychiatric diagnoses of psychiatric cases presented to the emergency service of a university hospital.

Methods: The records of all patients who were admitted to Karadeniz Technical University Hospital Emergency Service and whose psychiatric consultations were asked between the dates October 31st, 2015 and October 31st, 2016 were assessed retrospectively and the patients' socio-demographic characteristics, the reasons for requesting consultation, and their psychiatric diagnoses were reviewed.

Results: Of the 171 patients included in the study, 93 (54.4%) were female, while 78 (45.6%) were male. Average age of the patients was 35.6 \pm 15.5 and 128 (74.9%) were unemployed. The socio-demographic data of the patients are shown in Table 1. 63 (36.8%) of the patients were consulted to the psychiatric department for suicide attempt, 21 (12.3%) for acute psychotic symptoms, 17 (9.9%) for anxiety symptoms, 16 (9.4%) for mania period symptoms, 13 (7.6%) for having thoughts of suicide, 12 (7%) for agitation and 12 (7.8) for side effects due to psychotropic drugs. Psychiatrically, 42 (24.6%) of the patients who were asked for consultation were assessed as depressive disorder, while 19 (11.1%) were assessed with schizophrenia, 21 (12.3%) were assessed as alcohol and drug use disorder. The patients' reasons for coming to the emergency service and their psychiatric diagnoses are shown in Table 2.

Conclusions: In this study, it was found that a great majority of the patients who were asked to have psychiatric assessment were unemployed, the patients were requested psychiatry consults for suicide attempt in most cases, and the most frequently determined psychiatric diagnosis as a result of psychiatric assessment was major depressive disorder.

KEYWORDS

Emergency psychiatry; clinical data; psychiatric diagnosis

Table 1.

Sociodemographic characteristics	%
Gender	
Female	54.4 (n=93)
Male	45.6 (n=78)
Marital status	
Married	52.6 (n=90)
Single	43.3 (n=74)
Divorced	2.9 (n=5)
Widow(er)	1.2 (n=2)
Educational status	
Illiterate	6.4 (n=11)
Literate	2.9 (n=5)
Elementary school graduate	33.9 (n=58)
Middle school graduate	11.7 (n=20)
High school graduate	34.5 (n=59)
University graduate	10.5 (n=18)
Employment status	
Unemployed	74.9 (n=128)
Employed	25.1 (n=43)

Table 2.

Reason for admissions %	Psychiatric Diagnoses %
Suicide attempt 36.8 (n=63)	Schizophrenia 11.1 (n=19)
Acute psychotic symptoms 12.3 (n=21)	Major depressive disorder 24.6 (n=42)
Mania period symptoms 9.4 (n=16)	Bipolar disorder 12.3 (n=21)
Thoughts of suicide 7.6 (n=13)	Alcohol use disorder 7 (n=12)
Anxiety symptoms 9.9 (n=17)	Drug use disorder 8.2 (n=14)
Drug side effect 7 (n=12)	Personality traits 24.6 (n=42)
Fatigue/intoxication 4.7 (n=8)	Panic disorder 1.8 (n=3)
Depressive symptoms 2.3 (n=4)	Obsessive-Compulsive Disorder 2.9 (n=5)
Conversion symptoms 2.3 (n=4)	Psychotic Disorder 9.4 (n=16)
Agitation 7 (n=12)	Dementia 1.2(n=2)
Dissociative symptoms 0.6 (n=1)	Generalized anxiety disorder 5.3 (n=9)
	Delirium 2.9 (n=5)
	Conversion disorder 4.1 (n=7)
	Schizoaffective disorder 0.6 (n=1)
	Neuroleptic malignant syndrome 2.9 (n=5)
	Normal 0.6 (n=1)

Abstract:0170

Sleep and Quality of Life in Children with Traumatic Brain Injury and ADHD: A Comparison with Primary ADHD

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ABSTRACT

Objective: Attention problems are common in children who sustain a traumatic brain injury (TBI). The differential features of TBI-related Attention-Deficit/Hyperactivity Disorder (ADHD) and primary ADHD are largely unknown. This study aimed to compare sleep problems and quality of life between children with TBI and ADHD and children with primary ADHD.

Methods: Twenty children with TBI (mean age=12.7±3.1 years) who had clinically significant ADHD symptoms according to the structured diagnostic interview and rating scales; and a control group with primary ADHD (n=20) were included. Parents completed Children's Sleep Habits Questionnaire (CSHQ) and the Children's Quality of Life Questionnaire (Kinder- Lebensqualitätsfragebogen, or KINDL-R). Neurology clinic charts were reviewed for TBI-related variables.

KEYWORDS

Traumatic brain injury; children; ADHD; sleep; quality of life

Results: When compared to children with primary ADHD; the Total score and Sleep Onset Delay, Daytime Sleepiness, Parasomnias and Sleep Disordered Breathing subscores of CSHQ were found to be higher in children with TBI-related ADHD. The Total Score and Emotional Well-Being and Self-Esteem subscores of the KINDL-R were found to be lower (poorer) in children with TBI-related ADHD. The Total score and certain subcores of KINDL-R were found to be lower in TBI patients with a CSHQ>56 (corresponds to significant sleep problems) when compared to those with a CSHQ<56. CSHQ Total score was negatively correlated with age.

Conclusions: Children with TBI-related ADHD symptoms were found to have a poorer sleep quality and quality of life than children with primary ADHD. ADHD in TBI may be considered as a highly impairing condition which must be diagnosed and treated earlier.

Table 1. Comparison of CSHQ Scores Between the Study Groups

		TBI-ADHD (n=20) Mean (SD)	Primary ADHD (n=20) Mean (SD)	p
CSHQ	Total	52.15 (6.50)	44.45 (3.91)	0.000
	Bedtime Resistance	10.00 (2.63)	9.15 (1.26)	0.202
	Sleep Onset Delay	8.05 (1.14)	6.55 (1.23)	0.000
	Sleep Anxiety	5.55 (1.79)	4.75 (0.91)	0.083
	Night Wakings	4.00 (1.12)	3.45 (0.51)	0.054
	Daytime Sleepiness	14.30 (3.54)	9.50 (0.88)	0.000
	Parasomnias	8.80 (2.04)	6.60 (0.75)	0.000
	Sleep Disordered Breathing	3.55 (1.39)	2.90 (0.30)	0.049

Abstract:0290

The Comparisons of Patients with Fibromyalgia and Osteoarthritis and with Their First Degree Relatives in Terms of Psychological Symptoms

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ABSTRACT

Objective: The main objective of this study was to determine and compare the psychological symptoms of fibromyalgia syndrome (FMS) and osteoarthritis (OA) patients, and their first-degree relatives.

Methods: FMS patients (n=89) and their first-degree relatives (n=86), OA patients (n=72), and their first-degree relatives (n=70), and control group consisting of healthy subjects (n=37), who provided informed consents, were included in the study. In this study, a socio-demographic information form, Symptom Check List-90 (SCL-90) and a Visual Analogue Scale (VAS) were administered. Covariance analysis was used to compare groups in terms of SCL-90 subscale and overall mean scores.

Results: When the groups were compared in terms of the means of 10 subscales of SCL-90, and general mean scores, there was a significant difference between the groups in terms of depression dimension only (p=0.024). The mean score of this dimension was found to be significantly low in the first degree relatives of the OA patients, and in healthy controls than other groups, especially than FMS patients (p=0.012).

Conclusions: According to the results, it can be said that other sub-dimensions except for depression did not have a distinguishing factor among these groups. Furthermore, the similar and higher depression score in FMS patients and in first degree relatives were speculated as consistent with the model of learned helplessness. FMS patients evidently learn from their family about the helplessness against stress and compelling life events.

KEYWORDS

SCL-90; fibromyalgia; osteoarthritis; VAS; psychological symptoms

Abstract:0311

Role of Childhood Traumas in the Etiology of Fibromyalgia

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ABSTRACT

Objective: The main objective of this study was to examine the role of childhood traumas in the etiology of Fibromyalgia syndrome (FMS), which have not yet been studied in detail, with the features described as risk factors in the literature.

Methods: Eighty patients diagnosed with FMS (n=80), and 90 patients with osteoarthritis (OA), and 30 patients with rheumatoid arthritis (RA), and aged 25–65 years were included. A Socio-demographic Data Form questioning the some clinical features based on self-report was created by the researchers. In addition, Childhood Trauma Questionnaire (CTQ), Dissociative Experiences Scale (DES), Stress-Coping Styles Scale, Traumatic Experiences Scale, Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI) were administered. The chi-square test or variance analysis model was used for group comparisons.

Results: The internal consistency of the Traumatic Experiences Scale and Beck Depression Inventory in RA patients was statistically significant but moderate ($p=0.558$ and $p=0.562$, respectively). Among the 29 questions on the Traumatic Experience Scale, only the percentage of those who answered "Yes" to the question "is there sexual harassment by non-family members" was higher in FMS patients than the other two groups ($p=0.034$). The percentage of those who gave the "Yes" answer to all the other 28 questions were found to be similar in all three disease groups. In addition, no significant differences were found between the 3 groups in terms of CTQ scores and subscale scores and DES scores.

Conclusions: Studies in the literature indicate that traumas may lead to functional and organic pain. The results obtained from this study showed that traumatic experiences and childhood trauma were similar in FMS patients with functional pain, OA patients, and RA patients with organic pain.

KEYWORDS

Childhood trauma;
fibromyalgia; osteoarthritis;
rheumatoid arthritis

Abstract:0188

Is Total Thiol Levels Change During Delivery in Fetal Cord Blood of Mothers with Perinatal Depression?

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ABSTRACT

Objective: Perinatal depression (PND), which includes depressive episodes, is one of the most common medical complications during pregnancy. Maternal depression is associated severe newborn complications. Oxidative stress contribute to the development of major depression by targeting different substrates in the cells, causing protein or lipid peroxidation. Umbilical cord is consisted of one vein and two arteries have a role in the transport between mother's circulation and fetal circulation. Evaluation of fetal cord blood (FCB) during the delivery for understanding fetal environment is a new topic of researches. In this study we aimed to examine and compare total thiol levels as a protein oxidative parameter in FCB during the delivery in depressed mothers and healthy mothers.

Methods: We collected FCB samples during the caesarean section. Our study included 33 depressed mothers and 37 healthy controls. We examined total thiol levels in FCB samples.

Results: No statistically significant differences were found in maternal age (means of patients and controls were 29.6 and 31.5 $p=0.146$, respectively), head circumference (mean of patients: 35.64 cm, mean of controls: 35.81 cm) and baby length (mean of patients: 50.82 cm, mean of controls: 51.46) between the groups. Baby weight was significantly lower in patients than controls; 3,222 gr and 3,490 gr respectively, $p=0.004$. Beck Depression Scale scores of patients were significantly higher in patients while compared to controls, $p<0.001$ (Table 1).

KEYWORDS

Perinatal depression,
maternal depression; fetal
cord blood; thiol levels;
oxidative stress; protein
oxidation

Total thiol levels of patients and controls were similar, 504.45 and 556.00 $\mu\text{mol/L}$ respectively, $p=0.194$ (Table 1)

Conclusions: Our study showed that some mechanisms such as placenta may have a protective effect against the protein oxidation in Perinatal depression.

Table 1. Total thiol levels in fetal cord blood of depressed mothers and healthy controls

	Patients (n=33)	Controls (n=37)	Z – p value
Total Thiol $\mu\text{mol/L}$ Mean (SD)	504.45(168.70)	556.00(136.63)	-1.300 - 0.194

SD: Standard Deviation. Z value used for Mann-Whitney U test.

Abstract:0383

Comparison of Clinical and Socio-demographic Features of Immigrants from Syria and Patients from Turkey Hospitalized in Psychiatry Clinic

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ABSTRACT

Objective: War is among the top ten causes of death and first place is taken by our neighbor Syria. When the literature is evaluated, a numerous studies about the negative psychiatric effects of war and migration could be seen. There are limited numbers of studies about psychiatric status of immigrants from Syria, which lately became a current problem in our country. The aim of this study to evaluate the sociodemographic and clinical features of hospitalized immigrants from Syria and differences with our country's patients' features.

Methods: Our study sample were obtained by retrospectively screening through files of 51 Syrian immigrants and randomly selecting 47 patients living in Turkey, those fit with inclusion and exclusion criteria of our study and had been hospitalized in psychiatry clinics of our hospital since January 2013. Socio-demographic and clinic data forms those had been created by researchers were used to determine socio-demographic and clinic features of patients during screening the files.

Results: The time until the psychiatric help has been received in the admission and the duration of hospitalization of Syrian immigrants was statistically higher than individuals living in Turkey ($p<0.05$). The number of Syrian patients who were admitted for catatonia were statistically higher than those living in Turkey ($p<0.05$).

Conclusions: Populations living under effects of war and terror were found to be under high risk for anxiety symptoms, suicide attempts, desperation, and depression. When duration of episode before hospital admission was evaluated it can be proposed that these patients had difficulties in getting psychiatric support. Besides that, difficulties in life conditions in Syrian patients could have caused the catatonia manifestation. Together with that, we think that the results we reached were important in the view of psychiatric status for Syrian immigrants, which is a growing problem for today's Turkey.

KEYWORDS

Syria; sociodemographic features; clinical variables; immigrants

Abstract:0104

Evaluation of the Relationship Between Body Image and Sexual Dysfunctions for Attachment Styles

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ABSTRACT

Objective: Although Sexual Dysfunctions (SD) have a growing emphasis on clinical psychiatry in all aspects, it can be said that this field is limited due to the difficulties of being a taboo topic in Turkey. There are a limited number of studies examining the relationship between attachment styles and SD in both genders, and reports are mostly on women. Studies on body image and sexual functioning has mostly been conducted in groups with permanent body changes such as permanent ostomy and mastectomy patients, or only in women. The aim of this study is to examine the relationship between body image and SDs in terms of attachment styles in cases who presented to the psychiatric outpatient clinics.

Methods: A total of 115 female and 98 male patients were included in the study and administered Body Image Scale, the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), the Golombok Rust Inventory of Sexual Satisfaction (GRISS)- For Women and Men, The Experiences in Close Relationships-Revised (ECR-R) Questionnaire, the Hamilton Depression Rating Scale (HDRS), and the Hamilton Anxiety Scale (HAS).

Results: There is a statistically significant difference between the styles of attachment in the variables of GRISS other than frequency and vaginismus in women ($p<0.05$ for communication, $p<0.01$ for others). There is a statistically significant difference between the styles of attachment in the variables of GRISS except for touch and avoidance variables in males ($p<0.05$ for frequency, $p<0.01$ for others). There was a statistically significant difference between the body image scores according to the gender of the patients ($p<0.05$) and the attachment styles ($p<0.01$). The body image scale scores of fearful attachment participants were statistically significantly lower than those of the secure ($p<0.01$) and preoccupied ($p<0.05$) attachment.

Conclusions: The results of our study may help to understand the relationship between SDs and attachment styles in both genders. It should be noted that body image is also an important factor in terms of SDs.

KEYWORDS

Sexual dysfunction;
attachment style; body image

Abstract:0110

Evaluating the Relationship Between Premenstrual Dysphoric Disorder and 25 (OH)D3 Deficiency

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ABSTRACT

Objective: Premenstrual syndrome (PMS) is a condition which appear at the late luteal phase of menstrual cycles with physical changes including breast swelling, fatigue, headache, weight gain, and psychological changes including depressive mood, irritability, and tension. These changes remit after the onset of menstruation. This syndrome can occur 80% of women but its severe form can only be seen 5% of women and called premenstrual dysphoric disorder (PMDD) or late luteal phase syndrome. Although there are studies examining the relationship between 25(OH) D3 (cholecalciferol; a bioequivalent form of Vitamin D) and various psychiatric disorders such as and depression and anxiety disorders, there are limited number of studies examining the relationship between 25(OH) D3 levels and PMS. The main aim of this study was to examine the relationship between 25(OH) D3 and PMDS.

Methods: Consecutive outpatients with a diagnosis of 25(OH)D3 deficiency ($n=30$) and healthy control group ($n=26$) were included in the study. The subjects were evaluated with Socio-demographic Data Form, Premenstrual Dysphoric Syndrome Scale (PMDS-S), Beck Anxiety Inventory (BAI), and Beck Depression Inventory (BDI).

Results: PMDS-S scores of the 25(OH) D3 deficiency group were significantly higher than healthy subjects (103.56 ± 37.59 ; 67.00 ± 24.58 ; $p=0.000$). The BDI and BAI scores of the 25(OH) D3 deficiency group were significantly higher than healthy group ($p=0.03$; $p=0.000$, respectively).

Conclusions: Higher levels of PMDS scores in 25(OH) D3 deficiency group might suggest that 25 (OH) D3 deficiency might play an important role in symptoms of PMDS. The results of our study may promote further studies conducted with more number of subjects examining the role of 25 (OH) D3 in the treatment of PMDS.

KEYWORDS

Premenstrual dysphoric disorder; Vitamin D; 25 (OH)D3 Deficiency

Abstract:0169

Comparison of Childhood Traumatic Experiences and Dissociative Symptoms Between Psychiatry Inpatients with Schizophrenia, Depression, and Bipolar Disorder

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ABSTRACT

Objective: In this present study we aimed to examine the possibility of a link between severe psychiatric disorders and traumatic experiences by comparing trauma type in group of patients diagnosed with schizophrenia, depression, and bipolar disorder attending the same psychiatric clinic. Secondary purpose of this study is to examine the correlations of childhood trauma exposure and dissociative phenomenon between these three groups of patients.

Methods: The participants were 135 patients with schizophrenia, depression, and bipolar disorders, consecutively admitted to the Outpatient Clinic at the Bakırköy Research and Training Hospital for Mental Disorders. Patients were diagnosed using DSM-5 criteria for schizophrenia, depression, and bipolar disorder. Following stabilization, the patients were administered the Turkish Version of Dissociative Experiences Scale (DES) and Turkish Version of Childhood Trauma Questionnaire (CTQ).

Results: The mean age of the 135 patients was 36.2 ± 10.7 ; the mean of DES score was 26.5 ± 20.3 ; the mean CTQ score was 49.3 ± 18 . There was a moderate correlation between the mean total DES scores and mean total CTQ scores. Although there was no significant difference between three groups with respect to total DES and CTQ scores, the physical abuse which is one of the sub-items of CTQ was significantly different between the groups ($p=0.02$). Therefore, when we examined that which two groups were a significant difference between, we saw that the physical abuse score was significantly higher in bipolar patients compared to schizophrenic patients ($p=0.01$) and also non-significantly higher than patients with depression $p=0.017$.

Conclusions: In this present study, childhood traumas with current psychiatric illness were all related to the higher scores on the dissociative experiences similar to large number of clinical and non-clinical studies where dissociative experiences were correlated with self-reports of traumatic childhood events. There was a significant difference in physical abuse among the three patient groups and bipolar patients had significantly higher scores in terms of physical abuse compared to patients with schizophrenia.

KEYWORDS

Childhood trauma; dissociation; schizophrenia; depression; bipolar disorder

Abstract:0174

Retrospective Evaluation of 30 Vaginismus Patients who Presented to the Psychiatry Outpatient Clinic in a University Hospital

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ABSTRACT

Objective: Vaginismus is currently defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a Genito-Pelvic Pain or Penetration Disorder. Vaginismus is defined as inability of a woman to achieve vaginal penetration despite a desire to do so. It results in sexual and non-sexual (gynecological examination) aversion to vaginal penetration owing to actual or anticipated pain. Women might tend to remain silent about their vaginismus, not discussing this with family members or friends and often not even with their primary care physicians. The true incidence of vaginismus is unknown, although it is thought to affect 5–17% of women in a clinical setting, more frequently reported in Eastern countries including Turkey than in the Western countries. The main aim of this study was to explore sociodemographic and clinical characteristics of patients with vaginismus.

Methods: Participants of this study consisted of 30 patients who presented to the psychiatry outpatient clinic of Harran University School of Medicine between December 2014 and August 2016 and were diagnosed as having vaginismus.

KEYWORDS

Vaginismus; vaginismus comorbidity; vaginismus group therapy

Results: All of the patients in our study were primary (lifelong) vaginismus and never had pain-free intercourse. Four subjects had an additional psychiatric disorder (13.3%). One of these patients was diagnosed with obsessive-compulsive disorder, one with generalized anxiety disorder and the others with major depressive disorder. Spouses of three of the patients had sexual dysfunction (10%). Two of these spouses had premature ejaculation and one had performance anxiety. The average duration of marriage of the patients included in the study was found to be 8.8 ± 9.3 (month)

Conclusions: When the marriage times of the patients in our study were examined, it was seen that they were relatively shorter compared to other studies, that is, they got treatment soon after marriage. The reason of this, may be success of the group therapy is so high, vaginismus group therapy probably results in shorter time compared the individual therapies and these results were shared in the community with patient's positive feed back.

Table 1. Socio-demographic Data of Vaginismus Patients

		Frequency	Percent	Average
Presence or absence Previous vaginismus therapy	Presence	3	10	
	Absence	27	90	
Presence or absence of having Children	Presence	2	6.7	
	Absence	28	93.3	
Educational status	Elementary school	18	60	
	College	12	40	
Previously out of psychiatry application	Gynecology	30	100	
Vaginismus type	Primary	30	100	
Presence or absence of additional psychiatric diagnosis	Presence	4	13.3	
	Absence	28	86.7	
Presence or absence of a partner who has a sexual problem	Presence	3	10	
	Absence	27	90	
Age (years)	<20	8	26.7	23.1 \pm 4.02
	21-26	15	50	
	>26	7	23.3	
Marriage duration (month)				8.8 \pm 9.3

Abstract:0203

The Effects of Music Training on Attention and Working Memory in Adults

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ABSTRACT

Objective: The main aim of this study was to determine the effects of music training on attention and working memory in adults by using neuropsychological tests.

Methods: The study was conducted at the Music department of Inonu University between the dates of January and June 2014. Twenty-two students of age 18–26 were matched one to one in terms of age, gender, level of academic education, and dominant hand side. The Adult ADHD Self-Report Scale (ASRS, Parts A and B), Stroop test, and the Wechsler Memory Scale-Revised (WMS-R) were administered on first and fourth year students and the results were analyzed.

Results: The sample consisted of 24 women and 20 men. The mean age was 22 ± 1.5 and the mean academic level of education was 15 ± 1.5 . There was no significant difference between first and fourth year students in terms of ASRS-A, ASRS-B, and ASRS total scores ($p=0.15$, $p=0.20$, $p=0.12$, respectively). There was no significant difference between groups in terms of pre-university music experience ($p=0.72$). Fourth year students were better at grayscale word reading, color word reading, and box color statement in Stroop test ($p=0.000$, $p=0.01$, $p=0.000$, respectively). There was no significant difference in word color statement ($p=0.40$). Fourth year students were better in reverse month counting and counting by sevens in WMS-R ($p=0.01$, $p=0.005$, respectively). No significant difference was found in countdown range, short and long-term verbal and visual recognition, memory, mental control, and concentration ($p>0.05$).

Conclusions: Long-term and regular music training did not affect attention shifting in adults significantly, but caused improvement in some tests requiring working memory activity.

KEYWORDS

Music; attention; working memory; neuropsychological tests

Irregular music experience did not have significant contribution. Regular and intensive music practice may have functional effects on cognition in adults.

Abstract:0216

Effect of Electroconvulsive Therapy (ECT) on Hematological Parameters

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ABSTRACT

Objective: Electroconvulsive therapy (ECT) is a robust psychiatric treatment based on the establishment of generalized convulsions that result in controlled stimulation of the brain tissue by electrical current. The most common use of ECT is treatment-resistant depression. But it is also effective in the treatment of many disorders such as mania, catatonia, schizophrenia which accompanied by affective disorders, parkinson disease and neuroleptic malignant syndrome (NMS). The aim of this study was to examine the impact of ECT treatment on the hematological parameters of the patients.

Methods: This study included 30 patients who were admitted to the Department of Psychiatry of Harran University School and underwent ECT.

Hematological parameters of ECT patients were recorded when a few days before treatment and a few days after treatment.

Results: The ages of the patients ranged from 16 to 56 and the mean age was 33.12 ± 12.06 . The mean number of ECT sessions was 9.04 ± 3.12 . Significant changes were determined in terms of RBC (number of red blood cells) and MCH (mean hemoglobin amount in erythrocyte cells) parameters when patients' post-ECT values were compared to their baseline values. The RBC average value appears to have declined from 4.90 to 4.68 ($p=0.018$). But the average value of the MCH has been increased from 27.37 to 27.85 ($p=0.036$). Changes in other hematological parameters were statistically non-significant.

Conclusions: ECT is effective, safe and robust somatic treatment with few side effects. This study showed that ECT did not make any significant changes on many hematological parameters, except for two parameters (RBC and MCH). More studies are needed to get clearer information about how ECT changes in red blood cells and hemoglobin amounts.

KEYWORDS

Electroconvulsive therapy; hematological parameters; psychiatric treatment

Abstract:0277

An Overview of ECT Practices in a Psychiatry Clinic of an University Hospital

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ABSTRACT

Objective: Electroconvulsive therapy (ECT) has been used for the treatment for the psychiatric illnesses since 1938 and it was reported that the ratio of the use of ECT for the inpatients in Turkey ranged from 9% to 16.4%. In this present study, we aimed to evaluate the frequency of the use of ECT with anaesthesia, diagnosis groups receiving ECT, and the efficiency and side effects of the use of ECT at a Psychiatry Inpatient Unit of a university hospital in Turkey.

Methods: This study included 51 patients from among 2,128 patients who had ECT with anaesthesia between the years 2007–2016. The socio-demographic data of the patients receiving ECT, the indications of the use of ECT, the number of the application, and the efficiency and side effects of the treatment of ECT were examined.

Results: It was found out that 51 (2.4%) were inpatients from among 2,128 patients who had received ECT. Of 51 inpatients, there were 43 (84.3%) females and 8 (15.7%) males (Table 1). 6 (11.8%) of the female patients were pregnant. Of the patients, 45.1% had major depression, 23.5% bipolar disorder and 19.6% had schizophrenia. The highest ratio of the response to

KEYWORDS

Electroconvulsive therapy; indication; efficiency; side effect

ECT belonged to the patients having bipolar disorder (83.3%). It was also found out that 16% of the patients had complications mostly observed as the extension of the duration of the attacks (Table 2).

Conclusions: In this study, it was found out that the use of ECT at our clinic was 2.35%. ECT was mostly used to cure the indications of treatment-resistant depression and the most frequent side effect was the extension of the duration of the seizure.

Table 1.

Age (Mean)	45,4
Gender (n %)	
Female	43 (84.3%)
Male	8 (15.7)
Total duration of illness (Mean/month)	136.4
Total duration of stay at the hospital (Mean/day)	44.9
The number of the application of ECT (Mean)	7.98
ECT Energy Levels (Mean)	67.26
ECT Seizure EEG durations (Mean/second)	33.45
ECT Seizure EMG durations (Mean/second)	27.37
ECT PSI value (Mean/%)	68.57
Response to ECT (n %)	30 (58.8%)
ECT Complication	8 (15.7%)
Any Other Medical Illness (n %)	14 (27.5%)

Table 2.

RESPONSE TO THE TREATMENT	ECT COMPLICATIONS %
Bipolar Disorder 83.3 (n=10)	The Extension of the duration of the Seizure 5.88 (n=3)
Depressive Disorder 73.68 (n=14)	ventricular extrasystole (VES) Ekstra Sistol 3.92 (n=2)
Psychotic Disorders 50 (n=1)	Hypertension 1.96 (n=1)
Schizophrenia 33.3 (n=3)	Acute Kidney Injury 1.96 (n=1)
Obsessive Compulsive Disorder 33.3 (n=1)	Amnesia 1.96 (n=1)
	Orientation Disorder 1.96 (n=1)

Abstract:0336

Socio-demographic and Clinical Features of Patients Administered Electroconvulsive Therapy in a University Hospital

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ABSTRACT

Objective: Electroconvulsive therapy (ECT) is one of the most effective and safe treatment modalities for the treatment of many serious mental illnesses. In this study, we aimed to evaluate the electroconvulsive therapy (ECT) rates and the retrospective diagnosis, socio-demographic, and ECT-related characteristics of the patients who were administered ECT in patients.

Methods: Patients who were hospitalized in the Psychiatry Clinic of the Harran University School of Medicine and administered ECT between September 2015 and October 2016 were included in this study. At that time 53 of 265 patients who all hospitalized patients were administered ECT. These patients' files were retrospectively analyzed.

Results: Forty patients (75.5%) were female and 13 (24.5%) were male. The mean age of the patients was 33.30±12.1 (min: 16 and max: 66). We classified 28 (52.8%) depression, 19 (35.8%) bipolar disorder, 4 (7.5%) psychotic disorder, 1 (1.9%) depression comorbid obsessive compulsive disorder, and 1 (1.9%) schizoaffective disorder. It was determined that 9 (17%) of the women who were administered ECT had positive pregnancy status. ECT treatment was performed because 30 patients (56.6%) had inadequate response to drug treatment, 11

KEYWORDS

Electroconvulsive therapy; socio-demographic characteristics; socio-demographic features

(20.8%) had suicidal thoughts, 9 (17.0%) had pregnancy and 3 (5.7%) were refusing to eat or drink. 8 (15.1%) patients had side effects and 45 (84.9%) patients had no side effects. The average number of ECT sessions per patient was 7.79 ± 3.41 .

Conclusions: During the last one year period, the rate of ECT in our clinic was determined as 20% and the majority of the patients who were administered ECT were women. This study revealed that the side effect of ECT was very small, very effective, and safe treatment method.

Abstract:0375

The Differences of a Mental Health Hospital from a Training and Research Hospital in Terms of Internalized Stigmatization Level

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ABSTRACT

Objective: The main aim of this study was to examine and compare the internalized stigmatization in outpatients who presented a community mental health hospital and a research and training hospital and determine the effect of socio-demographic and clinic features on stigmatization.

Methods: 100 patients from Elazığ Mental Health Hospital and 63 patients from Adiyaman Research and Training Hospital who presented to psychiatry outpatient clinics were included in the study following their informed consents between the dates of August and October 2016. Diagnostic interviews were made by using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) by a psychiatrist. Then, the patients were administered the Socio-demographic Data Form, Clinical Global Impression (CGI) scale, and Internalized Stigmatization in Mental Illnesses Scale (ISMIS).

Results: No significant differences were not found between the groups in the analysis of age, gender, marital status, education, profession, employment, living area (urban/rural), and psychiatric illness family history variables ($p > 0.05$). The CGI scores ($p = 0.041$) and resistance to stigmatization ($p = 0.002$), alienation ($p = 0.028$), acceptance of stereotypes ($p = 0.017$) subscale scores of ISMIS in Mental Health Hospital group were higher than Research and Training Hospital patient group. No significant differences were found in terms of discrimination ($p = 0.132$), social withdrawal ($p = 0.115$) subscales, and total ISMIS scores ($p = 0.248$). No significant correlations were found between age ($p = 0.83$; $r = 0.017$), diagnosis group ($p = 0.51$; $r = -0.051$), and ISMIS scores.

Conclusions: We might conclude that the patients who presented to community mental health hospitals that are known colloquially as hospitals giving service to more severe mental illnesses might have alienated themselves more, felt the effects of the illness in their life more, and accepted the stereotypes more. That the longer they are affected from the illness, the higher internalized stigmatization scores they have might be related to the fact that adaptation to the mental illness and the discomfort it causes. For an effective treatment, psychiatrists' struggle with the stigmatization factor is important.

KEYWORDS

Mental illness; internalized stigmatization; psychiatry outpatient clinics

Abstract:0427

Hidden Details in Patients with Palpitation Complaints: Type D Personality, Depression, and Anxiety

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ABSTRACT

Objective: Even though palpitations are a very common disorder, neither the etiology nor the treatment could be fully elaborated. Type D personality is associated with being highly

KEYWORDS

Anxiety; depression; palpitation; type D personality

negatively affected and socially inhibited. It is known that cardiac disorders are more frequent in these people as well as those with depression and anxiety. The rate of type D personality depression and anxiety scores are unknown in patients with complaints of palpitation where an organic cause could not be determined. Knowing these can contribute to understanding the etiology of palpitations and its treatment.

Methods: 50 patients who were admitted to the Cardiology Outpatient Clinic with palpitations and no other cardiovascular disorders and 50 patients who were not diagnosed with no medical illnesses were included in the study. Type D Personality Scale, Hospital Anxiety and Depression Scale (HADS) were administered. Statistical significance level was accepted as $p < 0.05$.

Results: When the patient and control groups were compared, there was no significant difference in terms of age, gender, education, marital status, and anxiety scores. Type D personality was found in 60% of the patients group and 22% of the control group. In addition, the depression scores of the patient group were higher than the control group ($p < 0.05$). There was a positive correlation between type D personality scale score and depression and anxiety scores in both patient and control groups ($p < 0.05$).

Conclusions: Both type D personality rates and depression scores were higher in those who have palpitations. Type D personality and depression relationship may contribute to the understanding of palpitation etiology and its treatment.

Table 1. Sociodemographic characteristics of the participants

		Patient (n=50)	Control (n=50)	p
Age (Mean±SD)		38.8±10.77	39.9±11.2	0.618
Gender	Female	31	28	0.542
	Male	19	22	
Marital status	Married	35	38	0.499
	Not married	15	12	
Education level	Elementary	24	26	0.938
	High school	22	22	
	College	2	2	
Type D personality	Present	30	11	0.000
	Absent	20	39	

SD: Standard Deviation

Table 2. Comparison of depression and anxiety scores per HADS

	Patient	Control	p
Depression scores	6.06±2.67	4.46±2.62	0.003
Anxiety scores	6.1±3.13	4.98±2.78	0.121

SD: Standard Deviation

HADS: Hospital Anxiety and Depression Scale

Table 3. Correlations of Type D personality with Sociodemographic variables and HADS scores

	Patient Type D r	Patient Type D p	Control Type D r	Control Type D p
Age	0.188	0.190	0.095	0.510
Gender	0.135	0.351	0.113	0.435
Education status	-0.285	0.045	-0.046	0.753
Marital status	0.089	0.538	-0.041	0.779
Depression	0.773	0.000	0.655	0.000
Anxiety	0.683	0.000	0.674	0.000

HADS: Hospital Anxiety and Depression Scale

Abstract:0430

Psychiatric Consultations in the Northeastern Turkey

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ABSTRACT

Objective: The presence of a psychiatric disorder comorbid with physical illness increases the deterioration of functionality. It also causes an increase in the cost of treatment and an increase in the length of hospital stay. Therefore, consultation for hospitalized patients makes it possible to diagnose and treat psychiatric disorders.

Methods: In this study, the psychiatric consultation services were evaluated which were conducted at the Kafkas University School of Medicine's Research Hospital within a one year period.

Results: Within one year period, consultation was requested for 118 patients. 64 of them were women, while 54 were male. The average age range of the female and male patients were 43.00 ± 23.6 , and 43.61 ± 23.8 , respectively ($p=0.889$). No psychiatric diagnoses were made for 33 patients. Consultation was requested from 28 patients in the Internal Medicine Clinic and 25 patients in the Emergency Services, while 37 patients in the Intensive Care Unit were requested consultations. These consultations constituted 76.3% of the total consultations.

Results: In this study, Intensive Care Unit, Internal Medicine and Emergency Services were the most frequently requested consultations. Findings of our study showed that diagnoses of major depressive disorder, anxiety disorder, delirium, and somatoform disorder are more common. Delirium is the third mostly diagnosed illnesses, followed by somatoform disorder, adjustment disorder, panic disorder, and dementia.

Conclusions: The results of our study differed from the other two studies conducted in Turkey. To the best of our knowledge, no study has been conducted in the Northeastern Turkey. It is believed that this study will complement this lack of consultation, which can contribute to the reduction of many material and moral losses, and can contribute to literature knowledge.

KEYWORDS

Consultation; inpatient; psychiatry

Abstract:0107

Sleep Problems in Pediatric Epilepsy and ADHD: The Impact of Comorbidity

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ABSTRACT

Objective: Attention-deficit/hyperactivity disorder (ADHD) is a frequent comorbidity in pediatric epilepsy. Although sleep problems are commonly reported in both children with primary ADHD and epilepsy, those with epilepsy-ADHD comorbidity have not been well-studied. In this study, we aimed to compare sleep problems among three groups of children: (1) children with epilepsy, (2) children with epilepsy and ADHD (epilepsy-ADHD), and (3) children with primary ADHD.

Methods: 53 children with epilepsy, 35 children with epilepsy-ADHD and 52 children with primary ADHD completed the Children's Sleep Habits Questionnaire (CSHQ). Neurology clinic charts were reviewed for the epilepsy-related variables. ADHD subtypes were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria.

Results: Children with epilepsy-ADHD had the highest CSHQ total scores, while children with primary ADHD had higher scores than those with epilepsy. Beside the total score; epilepsy-ADHD group differed from primary ADHD and epilepsy groups with higher CSHQ subscores on sleep onset delay and sleep anxiety. The frequency of moderate-severe sleep problems ($CSHQ > 56$) was 62.9% in children epilepsy-ADHD; while it was 40.4% and 26.4% in children with primary ADHD and epilepsy, respectively. The CSHQ total scores were not different between ADHD subtypes in both children with epilepsy-ADHD and those with primary

KEYWORDS

Sleep; epilepsy; ADHD; children

ADHD. None of the epilepsy-related variables were found to be associated with CSHQ scores.
Conclusions: ADHD-epilepsy was found to be associated with a significant poor sleep quality, which is beyond that of primary ADHD and epilepsy.

Table 1. Comparison of CSHQ Scores Between the Study Groups

	Epilepsy (n=53)	Epilepsy-ADHD (n=35)	Primary ADHD (n=52)	p
CSHQ	Mean (SD)	Mean (SD)	Mean (SD)	
Total	52.02 (8.87)	59.29 (8.21)*	54.79 (7.46) [†]	<0.001
Bedtime Resistance	10.58 (2.30)	12.11 (2.17)*	11.75 (3.26)	0.006
Sleep Onset Delay	6.06 (1.54)	8.66 (2.76)*	5.90 (1.49) [†]	<0.001
Sleep Anxiety	6.00 (2.38)	7.91 (2.78)*	6.46 (2.14) [†]	0.001
Night Wakings	3.94 (1.51)	5.29 (2.14)*	4.42 (1.45)	0.007
Daytime Sleepiness	13.37 (3.50)	13.77 (3.14)	13.29 (2.80)	0.770
Parasomnias	8.51 (3.14)	8.97 (2.54)	9.67 (2.06)	0.079
Sleep Disordered Breathing	3.43 (1.12)	3.57 (1.01)	3.65 (1.20)	0.602

P values are according to one way analysis of variance (ANOVA).

**p*<0.05 compared with Epilepsy group

[†] *p*<0.05 compared with Epilepsy-ADHD group

Abstract:0010

Comparison of Sexual Functions and Marital Adjustment in Women with Depression

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ABSTRACT

Objective: Sexual dysfunction is a common symptom of depression. Antidepressant medication may aggravate sexual dysfunction and make depression worse. Both sexual dysfunction and depression affect couples adjustment. Depression can be caused by several factors, including interpersonal relationships. Stressful marriage is the leading cause for depression among women. Women who have stronger genetic predisposition to stress are three times more likely to develop depression than women who have not. In this study, relationship between major depression and sexual dysfunction and couples adjustment in women was examined.

Methods: The study groups included; 30 major depression diagnosed women (according to DSM-IV criteria) who presented to Psychiatry Outpatient Clinic of Vakıf Gureba Training Hospital, 30 women who are still receiving antidepressant treatment (for minimum 1 month), 30 women in remission who have not used medication for at least 3 months, and healthy control group which is composed of 30 healthy women. Women between the ages of 18–45 were included in the study.

Results: There were no significant differences between the groups in terms of educational status, income level, and employment status. Sexual functions were assessed using Golombok Rust Inventory of Sexual Satisfaction (GRIS) questionnaire and marital adjustment were assessed by using Dyadic Adjustment Scale (DAS) in all groups.

Conclusions: Sexual functioning and couples adjustment scores of untreated first episode depression group were significantly impaired compared to the other patients. Sexual functioning and couples adjustment scores of medically treated group were more impaired than remission group and control group. Sexual functioning and couples adjustment of remission group were more impaired than healthy control group. As a result; sexual dysfunction and marital problems remained despite the remission and led to a patient to have depression relapse.

KEYWORDS

Depression; sexual dysfunction; marital adjustment

Abstract:0219

Bipolar Disorder and Anxiety Disorders Comorbidity

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ABSTRACT

Objective: Our main aim was to examine the life-time comorbidity rates of anxiety disorders (AD) in patients with Bipolar Disorder (BD). We also examined the relationship of comorbid anxiety disorders with several socio-demographic and clinical variables.

Methods: The patients with BD Type I or Type II were recruited from outpatient and inpatient units of Psychiatry Department at Adnan Menderes University between dates of December 2015 and July 2016. Life-time diagnoses of BD and AD were assessed through SCID-I. Socio-demographic data was obtained by using a semi-structured socio-demographic data form. The severity of the symptoms were measured through Beck Depression Inventory, Young Mania Rating Scale, Global Assessment of Functioning (GAF) Scale, Liebowitz Social Phobia Inventory, Beck Anxiety Inventory, Panic and Agoraphobia Scale, Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), and PTSD Checklist-Civilian Version.

Results: Out of 200 BD patients, 43.5% (n=87) had at least one, and 23 patients (11.5%) had more than one life-time diagnoses of AD. The most frequent life-time comorbid diagnoses were social anxiety disorder (SAD) (n=32, 16.0%) and obsessive-compulsive disorder (OCD) (n=28, 14.0%). The BD patients with a life-time comorbid diagnoses of any AD (Group I) had statistically significantly more previous history (p=0.039) and mean number of suicide attempts (p=0.022). Suicide attempts were more likely to occur during depressive phase within Group I. Group II had longer remission periods compared to Group I. A major finding of our study is that life-time comorbid diagnosis of social anxiety disorder were more likely to be associated with previous history (p=0.035) and mean number of suicidal attempts (p=0.033).

Conclusions: Consistent with the findings of some of the previous studies, we have found that a considerable number of patients in BD had at least one life-time comorbid diagnoses of any AD. More importantly, the previous history of suicidal behaviour was more likely to be associated with diagnosis of SAD

KEYWORDS

Bipolar disorder; anxiety disorder; comorbidity; social anxiety disorder

Abstract:0246

The Prevalence of Bipolar Disorder in Pregnancy

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ABSTRACT

Objective: Characteristically, the onset of bipolar disorder is the early adulthood and the first episode affects women of childbearing age. The studies indicate that 60–70% of women with bipolar disorder experience mood symptoms during the periods of pregnancy and/or postpartum. The aim of the present study is to determine the prevalence of bipolar disorder in pregnancy and the risk of bipolar disorder among pregnant women who had positive screening for prenatal depression.

Methods: The study involved 347 literate pregnant women between the ages of 18–50. All patients were screened with self-report scales of Edinburgh Postnatal Depression Scale (EPDS) and Mood Disorders Questionnaire (MDQ).

Results: Among 347 pregnant women enrolled, 301 (86.7%) completed EPDS and 258 (74.3%) completed MDQ. Fifty-two (16.5%) of the 316 participants who completed both scales had positive EPDS and 27 (8.5%) had positive MDQ scale. Diagnosis of bipolar disorder was considered in 3 (11.1%) out of 27 individuals who had MDQ score of 7 or above followed by a clinical interview using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). The results also indicated that the probability of positive EPDS screening is significantly higher than negative screening in participants with positive MDQ screen (p<0.001). Additionally, 16 (5.1%) of 27 participants with positive MDQ screening had negative EPDS results.

KEYWORDS

Bipolar disorder; pregnancy; prenatal period

Conclusions: As a result of the study, 8.5% of patients who presented to the Obstetrics Outpatient Clinic in the perinatal period was found to have higher risk for bipolar disorder. Diagnosis of bipolar disorder was considered in 11.1% of patients of high risk group. In light of the present study, we concluded that determining women with higher risk of bipolar disorder during the pregnancy period might have provided valuable information for taking steps for earlier intervention for a possible postpartum episode and avoid adverse clinical conditions for the mother and the fetus.

Abstract:0407

Role of Adenosine And Adenosine A2A Receptors in the Antidepressant Effect of Amitriptyline

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ABSTRACT

Objective: Adenosine is involved in the regulation of important central mechanisms, such as cognition and memory, arousal, aggression and anxiety. Adenosine and its analogues have been shown to produce depressant/ antidepressant effects in some studies. Involvement of an endogenous adenosinergic system in the peripheral effect of amitriptyline has been shown for both an inflammatory and neuropathic pain model and also in amitriptyline induced cardiovascular toxicity. As it was also shown that tricyclic antidepressant drugs act as an inhibitor of neuronal adenosine uptake, we performed this study to examine whether adenosine or adenosine A2A receptor antagonist have any effects on the antidepressant activity of amitriptyline in mice. For this purpose Balb-c mice of either sex were used in experiments and forced swimming test (FST) was used to assess the antidepressant activity.

Methods: There were eight treatment groups injected with saline + vehicle (control), amitriptyline 7.5 and 15 mg/kg, SCH 58261 (A2A receptor antagonist) 2 mg/kg, SCH 58261 2 mg/kg + amitriptyline 7.5 mg/kg, adenosine 2 and 10 mg/kg, adenosine 2 mg/kg + amitriptyline 7.5 mg/kg intraperitoneally.

Results: Amitriptyline decreased immobility time compared to control group dose dependently. SCH 58261 did not produce antidepressant like effect at applied dose alone. Pre-treatment of amitriptyline (7.5 mg/kg) with SCH 58261 produced stronger inhibition of immobility time than 7.5 mg/kg amitriptyline induced alone. Co-administration of adenosine with amitriptyline decreased the antidepressant effect of amitriptyline; however, it was not statistically significant at administered dose.

Conclusions: In conclusion, our results indicated that inhibition of neuronal uptake of adenosine by amitriptyline may have affected the antidepressant activity of this drug in negative manner and pre-treatment with the A2A receptor antagonist may have induced a more pronounced antidepressant activity. This finding may be of particular importance in the case of medication-resistant patients and could suggest a method of obtaining significant antidepressive actions.

KEYWORDS

Amitriptyline; adenosine; antidepressant; mice; adenosine A2A receptor antagonist

Abstract:0442

Psychiatric Comorbidity in Bipolar Disorder Patients

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ABSTRACT

Objective: Bipolar disorder is a disease that usually disrupts the mood, energy state, sleep, cognition, and behavior, and therefore patient has to struggle to maintain their interpersonal relationships and environmental factors. Bipolar disorder characterized by episodes of mania,

KEYWORDS

Comorbidity; bipolar disorder; generalized anxiety disorder

hypomania, and major depression. We aimed to determine psychiatric comorbidity rates in patients with bipolar disorder.

Methods: In this study 64 bipolar disorder patients who were inpatients at the Harran University School Psychiatry Department's Clinic were included.

Results: Out of the 64 bipolar disorder patients studied, 73.5% (47) were female and 26.5% (17) were male. The number of patients diagnosed with psychiatric comorbidity in bipolar patients was 21 (33%). The incidence of psychiatric comorbidity in bipolar disorder patients was found to be 18.7% with generalized anxiety disorder (GAD), 4.6% with conversion disorder (neurological functional disorder per DSM-5) and 3.1% with obsessive compulsive disorder (OCD).

Conclusions: The rate of psychiatric comorbidity in bipolar disorder was in considerable amounts, consistent with previous reports regarding bipolar disorder and anxiety disorder comorbidity. In previous reports; the anxiety disorder comorbidity rate of patients with bipolar disorder was found between 24% and 93%. Generally, clinicians tend to use psychiatric diagnoses that are predominantly observed and ignore other sub-threshold psychiatric comorbidities. The use of antidepressants in the treatment of generalized anxiety disorder (GAD) and obsessive compulsive disorder (OCD), which are frequently associated with bipolar disorder, further complicates the situation in terms of patients and their clinicians.

Abstract:0487

Role of Spectrin Degradation Products in the Pathophysiology of Schizophrenia: A Preliminary Study

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ABSTRACT

Objective: Spectrin proteins are enriched constitutive cellular components that play vital biological roles in membrane/cytoskeleton stability, dynamics, and remodeling. A fair amount of evidence suggests that calcium deregulation and increased proteolysis of spectrins may exist in the brain during normal aging and in Alzheimer Disease (AD). However, in schizophrenia patients, although some pathologic and genetic studies are conducted, there is limited data revealing the role of spectrin breakdown products (SBDPs). Altered serum SBDPs as neurodegeneration marker in schizophrenia patients may contribute new evidence for explanation of etiopathogenesis of schizophrenia. Therefore we aimed to observe the relationship of schizophrenia and serum SBDPs.

Methods: This study was performed at the Psychotic Disorders Unit of Istanbul University Cerrahpaşa School of Medicine's Department of Psychiatry between January 2015 and June 2015. Forty-four patients with schizophrenia who is followed-up by the Psychotic Disorders Unit and 44 healthy controls were included in this study. The subjects met the DSM-5 criteria for schizophrenia (APA, 2013). The healthy controls consisted of 44 age- and gender-matched volunteers from hospital staff with no history of psychiatric, neurological disorder, and alcohol and substance use disorder. Socio-demographic Form and Turkish version of the Positive and Negative Syndrome scale (PANSS) were administered to the participants.

Results: There were no significant differences between groups in terms of age, gender, and marital status ($p>0.05$). The education level was higher in control group ($p<0.001$). Serum SBDP120 (ng/dl, $p<0.001$), SBDP120 (zero/above zero, $p<0.001$), SBDP 145 (ng/dl, $p<0.05$) and SBDP145 (zero/above zero, $p<0.001$) levels of the patients with schizophrenia were significantly higher than healthy controls. Mean onset of age for psychosis was 23.08 ± 6.09 .

Conclusions: The results of our study revealed that serum SBDP 120 and 145 levels of patients with schizophrenia were significantly higher than healthy controls. Spectrin proteins are enriched constitutive cellular components that play vital biological roles in membrane/cytoskeleton stability, dynamics, and remodeling. So higher levels of SBDPs in schizophrenia patients supported the neurodegenerative theories for explaining the etiology of schizophrenia.

KEYWORDS

Spectrin degradation products; schizophrenia; neurodegeneration