

## INVITATION

It is our great pleasure to announce that the Turkish Association for Psychopharmacology (TAP)'s 14th International Congress on Psychopharmacology & International Symposium on Child and Adolescent Psychopharmacology (ICP 2023) will be held on November 22-25, 2023 in Antalya, Turkey.

14th ICP & ISCAP  
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## CONFERENCE PROCEEDINGS

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ICP 2023 Oral Research Presentations &  
Poster Research Presentations Abstracts

## **Oral Research Presentations | Poster Research Presentations**

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14th International Congress on Psychopharmacology & International  
Symposium on Child and Adolescent Psychopharmacology

**[Abstract:0007]**

**Altered Cortical Gyrification in Early Onset Schizophrenia: A Structural MRI Study**

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**BACKGROUND AND AIM:** The human brain's cerebral cortex possesses an intricate morphological arrangement comprising either folded or smooth cortical surfaces. These structural characteristics, known as cortical gyrification, are identified by a metric called the gyrification index (GI). Increased brain gyrification in various cortical regions, believed to reflect deviations in early neurodevelopment, has been reported in individuals diagnosed with schizophrenia. However, it remains unknown whether early-onset schizophrenia patients exhibit similar alterations during the early stages of the disorder.

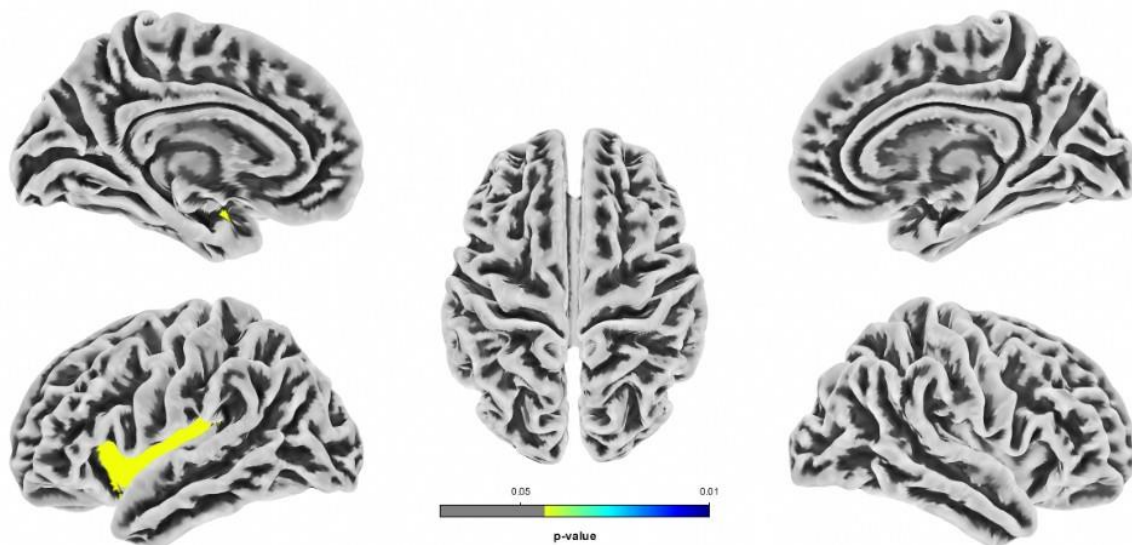
**METHODS:** This study utilized magnetic resonance imaging to examine brain gyrification in a sample of individuals diagnosed with early-onset schizophrenia (20 patients, 10 males, 10 females) and a control group of healthy individuals (20 participants, 10 males, 10 females). High-resolution T1-weighted magnetic resonance images were acquired for each participant, and the gyrification of the whole cortex was computed using CAT12 software. Gyrification values were calculated for each region of interest in both cerebral hemispheres, as specified in the Desikan-Killiany atlas. Group comparisons were conducted to evaluate differences in gyrification between the two groups. The statistical significance, was set  $p < 0.05$  following the Holm-Bonferroni correction.

**RESULTS:** In patients diagnosed with early-onset schizophrenia, significant higher gyrification was observed Left insular cortex when compared to controls.

**CONCLUSIONS:** We observed increased gyrification in the insular region in cases of early-onset schizophrenia, and these findings are consistent with results from studies conducted on schizophrenia patients in adulthood. This finding, manifested in both early-onset and adult-onset schizophrenia, may be considered indicative of susceptibility to schizophrenia.

**Keywords:** early-onset schizophrenia, neuroimaging, magnetic resonance imaging, gyrification

**Fig.1**



*The left hemisphere insula has shown increased gyrification with statistical significance at a threshold of  $p < 0.05$ , after applying the Holm-Bonferroni correction.*

**[Abstract:0021]**

**Evaluation of Biochemical Parameters in Drug-Naive Children With ADHD: A Retrospective Study**

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**BACKGROUND AND AIM: OBJECTIVE:** ADHD is a common neurodevelopmental disorder in childhood, affecting 5% to 12% of children worldwide. Evaluating biochemical parameters related to ADHD can provide information about accompanying biological systems. Although there are studies on the effect of medication use on the biochemical status of ADHD, there is a limited number of studies on the biochemical status of drug-naïve children with ADHD. Therefore, this study aims to examine routine biochemical parameters in newly diagnosed, drug-naïve ADHD children.

**METHODS:** Data from 50 drug-naïve ADHD children, aged 6 to 12, who visited Bezmialem Vakıf University Child Psychiatry Clinic, were included. Quantitative data were obtained retrospectively from computer records of laboratory results. The measured parameters, including Aspartate Transaminase (AST), Alanine Transaminase (ALT), Gamma-Glutamyl Transaminase (GGT), urea, creatinine, vitamin B12, TSH, T3, T4, and complete blood count values, were obtained from the Medical Biochemistry Clinic of Bezmialem Vakıf University Hospital. The 95% confidence intervals of the biochemical parameters determined, and statistically evaluated compared to the reference values. Conners' Parent Rating Scales (CPRS) were used to assess ADHD symptoms, and their correlation with biochemical parameters was analyzed using the Spearman's test.

**RESULTS:** All patients' biochemical values were within the 95% confidence interval and aligned with reference intervals. A negative correlation ( $r = -0.298$ ,  $p = 0.036$ ) was found between total ADHD score and creatinine, while no significant relationship was observed with other parameters.

**CONCLUSIONS:** Higher ADHD symptom scores may be associated with lower creatinine levels. However, further data is needed to explain this relationship. Examining routine biochemical parameters in drug-naïve ADHD patients can help identify potential disease risks and affected conditions.

**Keywords:** ADHD, biochemistry, child psychiatry, retrospective,

#### [Abstract:0026]

#### Evaluation Of Internet Searches For Atypical Antipsychotic Drugs Via Google Trends: Public Interest In The Last 5 Years

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**BACKGROUND AND AIM:** In previous studies, many health-related infodemiological findings were obtained through Google Trends, and these findings revealed the level of interest and interests of the society. The aim of this research is to reveal the search intensity of atypical antipsychotics in the last 5 years and some other features on Google Trends.

**METHODS:** The search terms for risperidone, paliperidone, olanzapine, aripiprazole, clozapine were searched on Google Trends between 01.01.2018 and 01.01.2023, in which regions they were searched more, and the searches for these drugs were compared.

**RESULTS:** The interest in atypical antipsychotics for the last 5 years is shown below, and it has been determined that the most popular atypical antipsychotic in digital media is olanzapine, and the second most popular antipsychotic is risperidone. Paliperidone is the least sought-after atypical antipsychotic. There is an increase in searches for atypical antipsychotics other than paliperidone after 2021. The breakdown of searches by region is available on the World map. Vietnam, Netherlands, Kenya, Ireland, Belgium are the countries that most frequently search for the word olanzapine. Risperidone, on the other hand, is a term that is heavily sought by the countries of Italy, Thailand, Indonesia, South Africa, Nigeria.

Among other searches for the word olanzapine, the most relevant terms are 'olanzapine side effects', 'olanzapine uses' and 'what is olanzapine'.

**CONCLUSIONS:** The fact that olanzapine was the atypical antipsychotic that attracted the most attention in our study may be related to the fact that this drug is a known molecule for a long time, its high therapeutic potential, low extrapyramidal side effects or other reasons why it is more preferred by physicians and patients. The fact that the other drug that attracts the most attention is risperidone may be the result of the long-known, strong-acting and long-acting injectable form of this molecule and its frequent preference by physicians. The fact that the drugs searched vary by country may be related to the fact that physicians' experiences, preferences and patient profiles vary by region. The reason why paliperidone attracts less attention than others may be related to the fact that it is a later molecule and less known (2). When we look at the most relevant words, questioning the side effects of olanzapine and what it is may suggest the lack of knowledge of individuals about drug effects and side effects. It is expected that the most curious thing about a drug is the effect, side effect and usage, and this information should already be given by the physician who prescribed the drug. The reason why individuals search for answers to these questions over the internet may be inadequate patient-physician interviews, trust issues or the need for confirmation. Our research can provide a perspective to clinicians in terms of revealing the questions and search intensities of the society around the world regarding atypical antipsychotics, and the popularity of antipsychotics in the digital environment.

**Keywords:** atypical antipsychotic, olanzapine, risperidone, google trends

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## [Abstract:0030]

### Filtered Perspective: Do Photo-Based Social Media and Digitally Altered Photos Affect Body Image?

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**BACKGROUND AND AIM:** Social media has become an important part of our lives, which allows us to share experiences, photos, and videos with people, however the potential negative effects of social media on our mental health should also be considered.

This study aims to investigate the relationship between social media use, body image, and social appearance anxiety in medical students.

**METHODS:** 96 medical students were sent a link to participate in an online survey that included the Body Appreciation Scale, the Social Appearance Anxiety Scale, and the Depression Anxiety Stress Scale 21. The survey also included questions about amount of time they spent on social media and editing their photos and also how satisfied they are with these photos.

**RESULTS:** Satisfaction with one's own photos predicted body appreciation and social appearance anxiety after controlling for age, BMI, anxiety, depression levels.(for both  $p < 0.001$ ) The amount of time spent on photograph-based social media was found to predict body appreciation( $p = 0.037$ ) but not social appearance anxiety after controlling for age, BMI, anxiety and depression levels for both. However, the average time spent editing and applying filters to photos was found to predict social appearance anxiety after controlling for age, BMI, anxiety, and depression levels.( $p = 0.033$ )

**CONCLUSIONS:** It may be important for clinicians to be aware of these potential effects on body image and social appearance anxiety.. Even that cross natural design of this study would not allow us to draw causal conclusions, clinicians and policy makers should be aware of potential effects of social media use on mental health.

**Keywords:** social media, body image, social appearance anxiety

## [Abstract:0046]

## Investigation of Physical Activity Levels and Anthropometric Characteristics in Patients with Bipolar Disorder Versus Healthy Controls

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**BACKGROUND AND AIM:** Bipolar disorder (BD), a chronic and complex mood condition characterized by a mix of manic, hypomanic, and depressive episodes, is currently estimated to have a 5% lifetime prevalence. As far as we know, this is the first study aimed to define the relationship between physical activity level and anthropometric characteristics in people with BD and compare them with healthy individuals.

**METHODS:** This cross-sectional study included forty (n=40) volunteer individuals. Individuals who meet inclusion criteria were divided into two groups; BD group (n=20; Mean age 40.80±6.47), who registered with the community mental health center and diagnosed by a psychiatrist and a healthy control group (n=20; Mean age 42.55±7.89) without any psychiatric disease. The descriptive features of the participants with the sociodemographic questionnaire, the anthropometric characteristics with the weigh-bridge, tape measure and skinfold caliper, and the physical activity levels with the International Physical Activity Questionnaire (IPAQ) were assessed.

**RESULTS:** It was seen that while most of the BD group (65%) had low physical activity levels, half of the control group was moderately physically active. At the same time, it was determined that bipolar patients had significantly lower physical activity levels than the control group ( $p<0.05$ ). Besides, individuals in the BD group had statistically superior scores in all anthropometric measurements compared to the control group. Furthermore, the IPAQ-total score significantly negatively correlated with all anthropometric measurements ( $p<0.05$ ).

**CONCLUSIONS:** Although it is known that factors such as metabolic syndrome, drug usage, and eating disorder caused by mood instability affect anthropometric characteristics in BD, a decrease in physical activity level caused by the disease may also reduce these features. Thus, the findings of the study demonstrated that increasing physical activity levels in individuals with BD may also lead to a decrease in all parameters of anthropometric measurements.

**Keywords:** bipolar disorder, physical activity, anthropometric characteristic

### Comparison in baseline characteristics between bipolar disorder and control group

Variables	Bipolar Disorder Group (n=20)	Control Group (n=20)	H	p
Age (Mean±SD)	40.80±6.47	42.55±7.89	22.100	0.454
Gender (M/F)	7/13	10/10	0.900	0.343
Weight	90.30±26.29	67.55±17.11	6.500	1.00
Height	166.25±10.61	170.80±9.31	17.500	0.735
Body Mass Index (kg/m <sup>2</sup> )	32.35±7.71	22.93±4.26	1.800	1.00

*There was no statistically significant difference in terms of age, gender, weight, height and body mass index between groups. This table demonstrates that the study groups distributed homogeneous.*

### Physical activity level of the study participants

Variables		Bipolar Disorder Group (n=20)	Control Group (n=20)	H	p
International Physical Activity Questionnaire n(%)				1.850	0.397
	Low	13 (65.0)	0		
	Moderate	7 (35.0)	10 (50.0)		
	High	0	10 (50.0)		

*While most of the Bipolar disorder group (65%) had low physical activity levels, half of the control group was moderately physically active.*

**Comparison of physical activity level and anthropometric measurements in bipolar disorder and control groups**

Variables	Bipolar Disorder Group (n=20)	Control Group (n=20)	Z	p
International Physical Activity Questionnaire (MET)	718.57±270.51	3344.70±1982.18	-4.595	0.00
Waist Circumference	95.35±16.03	78.25±13.81	-3.357	0.001
Abdominal Circumference	105.95±17.19	84.75±14.04	-3.818	0.00
Hip Circumference	112.40±15.30	100.20±8.30	-2.708	0.007
Triceps Skinfold Measurement	17.95±6.43	13.70±4.60	-2.307	0.021
Biceps Skinfold Measurement	11.85±5.10	7.05±3.06	-3.309	0.001
Subscapular Skinfold Measurement	18.80±6.56	11.90±4.32	-3.388	0.001
Midaxillary Skinfold Measurement	14.40±4.81	9.80±3.73	-3.140	0.002
Pectoral Skinfold Measurement	12.85±4.95	8.70±3.11	-2.800	0.005
Abdominal Skinfold Measurement	22.15±7.16	14.80±4.25	-3.163	0.002
Suprailiac Skinfold Measurement	19.15±6.27	11.60±4.46	-3.758	0.00
Thigh Skinfold Measurement	24.90±6.73	16.10±4.96	-3.822	0.00
Leg Skinfold Measurement	18.55±7.24	11.15±3.49	-3.268	0.001

*There was statistically significant difference in terms of physical activity level and all parameters of anthropometric measurements between groups ( $p<0.05$ ). Bipolar patients had significantly lower physical activity levels than the control group ( $p<0.05$ ). Also, Bipolar disorder group had statistically superior scores in all anthropometric measurements compared to the control group.*

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**[Abstract:0048]****Evaluation of Cardiometabolic Parameters in Patients with First Episode and Chronic Psychotic Disorder**

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**BACKGROUND AND AIM:** Several studies have shown that patients with schizophrenia have high rates of cardiometabolic mortality and morbidity. This has been attributed to antipsychotic medication, sedentary lifestyle, negative symptoms of the illness, neuroinflammatory processes. Rapid and significant weight gain is particularly typical in people with first-episode psychosis (FEP). The aim of this study is to compare atherogenic index, Castelli risk index I-II, atherogenic coefficient, and other metabolic parameters between first-episode psychosis (FEP), chronic psychotic disorder (CPD) and healthy groups.

**METHODS:** This study has retrospective and observational design. Data of 106 patients (Male: 55, Female: 51), 41 (Male:20, Female: 21) of whom had FEP and 107 (Male: 52, Female: 55) healthy individuals were included in the study. AIP [ $\log(\text{TG}/\text{HDL})$ ], AC [ $(\text{TC}-\text{HDL})/\text{HDL}$ ], CRI-I ( $\text{TC}/\text{HDL}$ ), and II ( $\text{LDL}/\text{HDL}$ ) were calculated in these three groups.

**RESULTS:** Comparing the mean age of the three groups, it was  $40.3 \pm 14.3$  years in the CPD,  $29.7 \pm 10.7$  in the FEP and  $37.1 \pm 7.9$  in the healthy group. The CRI-I mean values in the CPD, FEP and healthy groups were 4.29, 3.67 and 4.06 respectively. The AC mean values in the CPD, FEP and healthy groups were 3.29, 2.67 and 3.06, respectively. A significant difference was found between the CS-I and AC values of CPD and FEP patients ( $p:0.04$ ,  $t:30.26$ ;  $p:0.41$ ,  $t:30.26$ ). There was no statistically significant difference between the three groups between AIP and CRI-II. A significant relationship was found between age and CRI-I ( $p:0.015$ ), CRI-II ( $p:0.019$ ) and AC ( $p: 0.015$ ).

**CONCLUSIONS:** Primary prevention of cardiovascular morbidity and mortality offers an opportunity for early intervention in this sample. To address this increased risk of cardiometabolic disease in those newly diagnosed with psychosis, physical health treatments (including counselling on healthy behaviours) are needed early in the treatment process.

**Keywords:** atherogenic coefficient, Castelli risk index, cardiometabolic parameters, First Episode Psychosis, Chronic Psychotic Disorder

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## [Abstract:0052]

### A retrospective study on the use of multiple antipsychotics in individuals diagnosed with schizophrenia from a Community Mental Health Center of an Education and Research Hospital and its relationship with clinical variables

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**BACKGROUND AND AIM:** In schizophrenia treatment algorithms, the initial step involves the use of a single antipsychotic at an adequate dose and for an effective duration. However, in subsequent steps, in cases of non-response to 2 or more antipsychotics, clozapine and/or augmentation treatments are recommended. The superiority of using multiple antipsychotics over monotherapy has not yet been scientifically proven. The use of multiple antipsychotics is an ongoing issue worldwide, and exploring its causes and consequences is of importance. In this study, our aim was to retrospectively examine the files of patients with a diagnosis of schizophrenia and other psychotic disorders, who are being monitored at our hospital's community mental health center and psychiatric outpatient clinics. The study aims to evaluate the prevalence of polypharmacy, as well as the relationships between socio-demographic and clinical characteristics and the treatments used.

**METHODS:** After receiving approval from the Ethics Committee, the files of patients who presented to our clinic within the year prior to 12.08.2022 and were treated with a diagnosis of schizophrenia and atypical psychosis were retrospectively reviewed. Their demographic data, age of disease onset, diagnoses and co-diagnoses, family histories, number and duration of hospital stays, number of flare-

ups, lifetime history of electroconvulsive therapy, history of clozapine use, and currently used psychotropics were evaluated.

**RESULTS:** It was determined that 42.1% (n=180) of the patients were using only one antipsychotic drug, while the rest were using at least two antipsychotic drugs. 59.8% (n=256) of the patients are using at least one long-acting injectable antipsychotic. When patients using multiple and single antipsychotics were divided into 2 groups and compared, no statistically significant differences were found in terms of age, gender, age of disease onset, duration of education, and history of ECT. However, statistically significant differences were detected regarding smoking habits, number of hospital admissions, average duration of hospital stays, number of flare-ups, number of suicide attempts, and the use of clozapine and long-acting antipsychotics.

**CONCLUSIONS:** When we look at the literature, we see that the frequency of using multiple antipsychotics varies widely, ranging from 10% to 75%. Our study, with a rate of 59.8%, is consistent with data from Turkey. The high rate may be due to the fact that our sample was drawn from a community mental health center, which typically serves individuals with compromised social and occupational functionality. In our study, patients who were on an antipsychotic combination used antipsychotics at doses similar to those on monotherapy, suggesting that they might be in a combination phase. In our study, at our community mental health center, those using multiple antipsychotics had a higher number of hospitalizations, disease flare-ups, and suicide attempts. Additionally, the average length of hospital stay, rates of clozapine use, and long-acting antipsychotic use were found to be higher. It is believed that the severity of the disease and resistance to treatment may lead to polypharmacy. While the cross-sectional nature of this study poses a limitation in establishing cause-and-effect relationships, its strength lies in the extensive sample taken. Randomized controlled trials are needed to determine the superiority of combination treatments in cases resistant to treatment.

**Keywords:** schizophrenia, treatment-resistant schizophrenia, antipsychotic polypharmacy, clozapine

#### Antipsychotic doses according to groups

	Monotherapy		Polypharmacy	
	mean	Std.	mean	Std.
olanzapine	13.23	5.408	16.32	6.23
aripiprazole	16.36	6.23	17.8	18.92
quetiapine			595.12	204.89
risperidone	6.05	2.11	5.84	1.77
amisulpride	400	0.00	651.6	178.64
paliperidone	9.9	2.1	5.84	1.77
zuclopenthixol	23.23	3.51	22.59	8.08
clozapine	230.77	48.03	353.13	179.47
sertindole	12	0.00		
haloperidol			10.35	4.89

std.: standard deviation

#### Demographic and clinical characteristics

	Monotherapy (N.180)	Polypharmacy (N:248)	p
	%	%	
Age	43.83+-10.81	44.59+-10.30	0.46
Gender			
Women	62	62	0.33
Men	118	186	
Education	7.64+-3.19	7.73+-2.74	0.77
Smoking	102(%23.8)	198(%46.2)	<0.001
age of disease onset	31.8+-10.20	32.32+-9.84	0.65

number of hospitalizations	0.75+-1.03	1.17+-1.13	<0.001
average duration of hospitalization	22.44+-30.94	39.83+-45.49	<0.001
number of hospitalization	1.78+-0.94	2.28+-1.18	<0.001
number of suicid	0.02+-0.148	0.15+-0.43	<0.001
ECT	11(%2.5)	8(%1.8)	>0.05
clozapine	24(%5.6)	72(%16.8)	<0.001
LAI antipsychotic	88(%20.5)	184(%42.9)	<0.001

*Differences in demographic data and clinical variables according to single and multiple antipsychotic use*

#### Distribution of antipsychotic agents

	N	%
olanzapine	147	34.3
risperidone	74	17.2
paliperidone	19	4.4
aripiprazole	101	23.5
quetiapine	41	9.5
amisulpride	38	8.8
sertindole	4	0.9
haloperidol	8	1.8
clozapine	80	18.6
antidepressant	98	22.8
mood stabilizer	9	2.1
LAI (Long-acting injectable) antipsychotics		
Aripiprazole LAI	44	10.2
Risperidone LAI	35	8.1
Paliperidone LAI	73	17
Zuclopenthixol LAI	81	18.9
Haloperidol LAI	13	3.03

*Rates of oral and long-acting injectable antipsychotic used*

#### Drug combinations

	N	%
FGA	22	5.1
SGA	157	36.6
FGA+SGA	80	18.6
SGA+SGA	109	25.4
Clozapine+ FGA-LAI	11	2.5
Clozapine+ SGA-LAI	34	7.9
More than two antipsychotics	60	14.01
Those not using clozapine and using more than two antipsychotics	35	8.1

*FGA: First-generation antipsychotic, SGA: Second-generation antipsychotic, LAI: Long-acting injectable*

**[Abstract:0053]****Examination of cases that psychiatrists have difficulty in making decisions**Ünsal Aydınoğlu<sup>1</sup>, Ece Yazla Asaf<sup>2</sup><sup>1</sup>Department of Psychiatry, Hitit University, Çorum, Turkey<sup>2</sup>Department of Psychiatry, Hitit University, Çorum, Turkey

**BACKGROUND AND AIM:** Retrospective analysis of the patients who were called to the psychiatry board, the reasons for being called to this board, the reasons for applying to the psychiatry outpatient clinic, their sociodemographic data and the decisions about them.

**METHODS:** Since 2017, applications referred from the out patient clinics of psychiatry have been examined every Wednesday between 09.00 and 12.00 by at least three psychiatrists at Hitit University Çorum Erol Olçok Training and Research Hospital and decisions have been made about these patients. In this study, the data of the people who were referred to the Wednesday meeting between 31.12.2020-01.07.2021 were examined retrospectively.

**RESULTS:** The 179 people referred to the Wednesday board were 79.9% male and 71.5% single. 34.1% applied to be eligible for military service, 19.6% to be a private security guard, 11.7% to forensic cases and 10.1% to become a contractual specialist petty officer/commando. Other cases consist of appeals to military reports, disability rate, gun and rifle licenses, police personnel procedures, applications aimed at pre-adoption and infertility treatment evaluations. Physicians' reasons for referrals to the committee were reported as inability to make a decision (44.1%), sharing responsibility with other physicians (43.6%), differential diagnosis (11.2%) and safety concerns (1.1%).

**CONCLUSIONS:** It has been determined that the most challenging area for physicians to make decisions on their own is the applications for eligibility for military service. In a study conducted in 2017, it was determined that 4.72% of health board applications for compulsory military service were diagnosed with psychiatry (1). We found that the second challenging area for our physicians was the applications for private security guards. There is a finding in the literature that applications for security guards constitute 34.98% of all health boards (2). Our results can be considered compatible with the literature, considering the difficulties in diagnosis and the pressure exerted on physicians by people who cannot achieve the desired results. We believe that our results can contribute to the functioning of psychiatry clinics.

**Keywords:** Disabled health board, psychiatry, military

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**[Abstract:0054]****HMGB1 Mediated Activation of Microglia Contributes to WMLs in Vascular Cognitive Impairment**Meng Liang<sup>1</sup>, Bingying Du<sup>1</sup>, Cunxiu Fan<sup>1</sup>, Yongjie Lian<sup>2</sup>, Xiaoying Bi<sup>1</sup><sup>1</sup>Department of Neurology, Changhai Hospital, Second Military Medical University, China<sup>2</sup>Department of Nautical Psychology, Faculty of Psychology and Mental Health, Second Military Medical University, China

**BACKGROUND AND AIM:** Vascular cognitive impairment (VCI) is the second most common type of cognitive impairment and white matter lesions (WMLs) are the most important pathological mechanism. The activation of microglia induced by cerebral hypoperfusion and the following inflammation are important causes of WMLs. High mobility group box 1 (HMGB1) is a non-histone DNA binding protein, which can be released from neurons or glial cells to the extracellular space when tissue injury happens, acting as an advanced inflammatory cytokine to induce immune cell activation and cause inflammation. This study aim to investigate the role of HMGB1 in the pathological mechanism of WMLs in VCI.

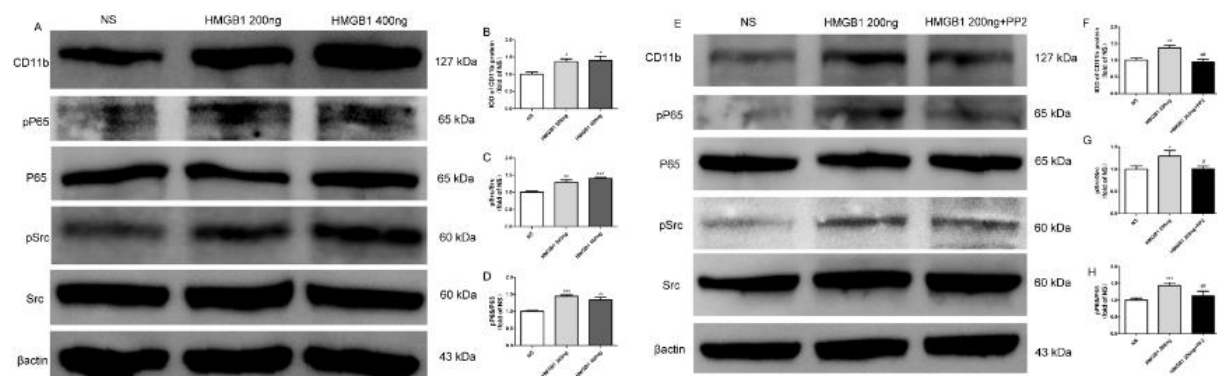
**METHODS:** A cross-sectional study was carried out to investigate the association between serum level of HMGB1 and VCI progression in human. A VCI animal model was generated through bilateral common carotid artery occlusion (BCCAO) to induce ischemic inflammation and subcortical WMLs. By antagonizing HMGB1 in VCI mice with glycyrrhizic acid (GZA), or injecting HMGB1 into the lateral ventricle of healthy mice, we explored the role of HMGB1 in the pathogenesis of VCI. In addition, primary microglia were also extracted and cultured to investigate the intracellular pathway that HMGB1 induces microglia activation.

**RESULTS:** Compared with the healthy controls, the serum HMGB1 level of the VNCI participants was not significantly increased. Notably, the serum HMGB1 level of the patients was significantly increased when they developed into VCI. In animal studies, HMGB1 upregulation was associated with microglia activation, WMLs and cognitive impairment in VCI mice. Exogenous HMGB1 injection into the lateral ventricle induced cognitive impairment and depression-like behaviors in healthy mice, which was related to microglia activation and WMLs in hippocampus. Inhibition of Src can reverse the above-mentioned effects of HMGB1 in healthy mice. In addition, HMGB1 could induce primary microglia activation towards M1 type in vitro, which could be prevented by Src inhibition.

**CONCLUSIONS:** As a late inflammatory factor, HMGB1 exerts long term influence in the course of VCI. The potential mechanism may be that extracellular HMGB1 induces microglia activation to M1 type by activating the intracellular Src- NF $\kappa$ B pathway, causing central inflammation and damage to oligodendrocytes and myelin.

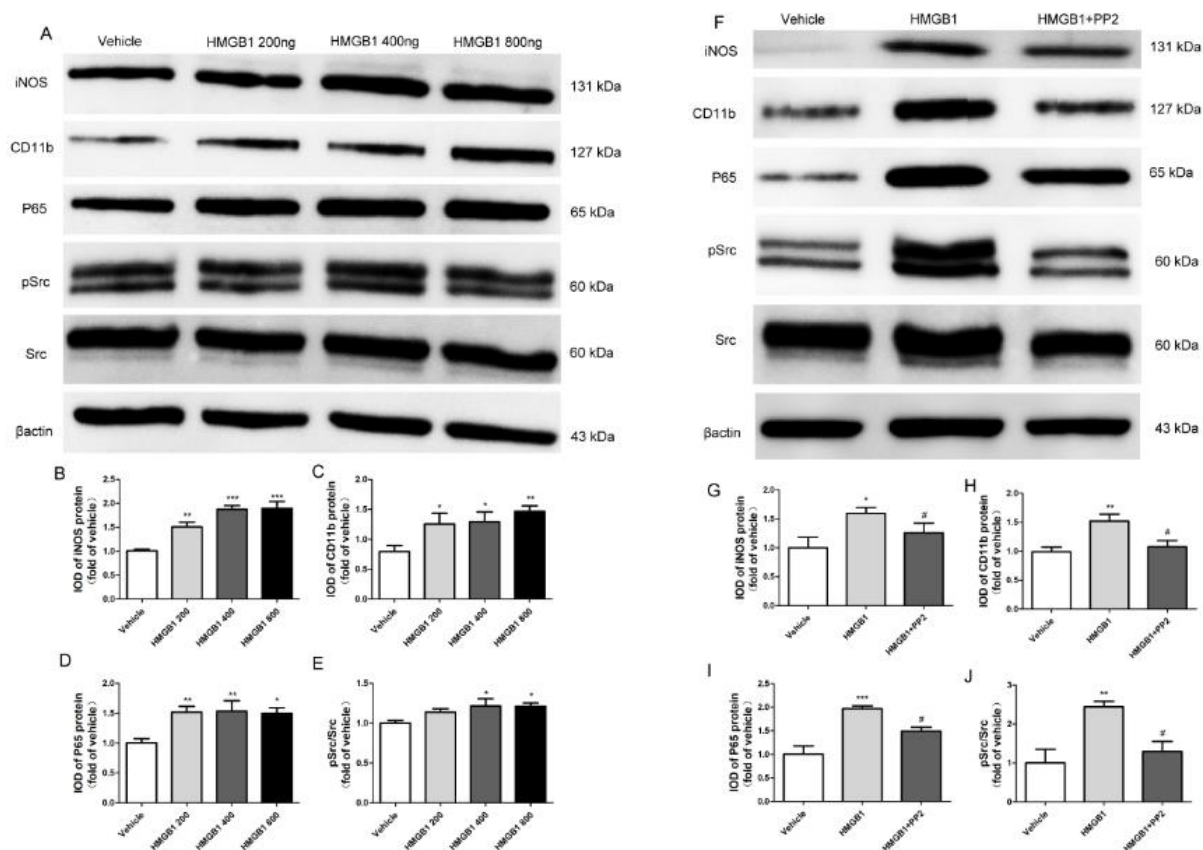
**Keywords:** vascular cognitive impairment, microglia, HMGB1, Src, neuroinflammation

**Fig.1**



*HMGB1 induced microglia activation through Src /NF $\kappa$ B pathway in vivo*

**Fig.2**



*HMGB1 induced microglia activation through Src /NFκB pathway in vitro*

#### Clinical characteristics and serum HMGB1 levels of the enrolled patients

Characteristic	HC (n=38)	VNCl (n=86)	VCI (n=194)	p
Age (years), M (P25-P75)	65.5(63,72.5)	65(60,70)	65(61,71)	0.164
Sex, n (%)				0.067
Female	11(28.9)	40(46.5)	98(50.5)	
Male	27(71.1)	46(53.5)	96(49.5)	
Education(years), M (P25,P75)	9(9,12)	12(9,13.8)	9(9,12)	p<0.001
MoCA, M(P25,P75)	28(27,29)	28(26,29)	21(18,23)	p<0.001
Hypertension, n (%)	0(0)	47(54.7)*	61(62.4)	p<0.001
Hyperlipidaemia, n (%)	0(0)	31(36.0)	56(28.9)	p<0.001
Diabetes mellitus, n (%)	0(0)	46(53.5)	84(43.3)	p<0.001
Smoking, n (%)	0(0)	40(46.5)	80(41.2)	p<0.001
History of stroke, n (%)	0(0)	24(27.9)	80(41.2)	p<0.001
HMGB1(ng/ml), M (P25,P75)]	4.05(3.34,4.65)	4.62(3.81,5.67)	6.26(4.61,7.59)	p<0.001

**[Abstract:0056]****Follow-up Study on Predictors of Mortality in Delirium Patients**Seda Güneysu<sup>1</sup>, İlker Güneysu<sup>2</sup><sup>1</sup>Tokat Gaziosmanpaşa University Faculty of Medicine Department of Child and Adolescent Psychiatry<sup>2</sup>Tokat Gaziosmanpaşa University Faculty of Medicine Department of Psychiatry

**BACKGROUND AND AIM:** Delirium is a common and severe acute neuropsychiatric syndrome, usually caused by an underlying medical condition. Recognition and follow-up of delirium require a multidisciplinary approach, including psychiatry clinics. With this study, it was aimed to determine the sociodemographic characteristics of the patients, the reasons for the consultation request, and the results that may be a precursor to mortality in the follow-up.

**METHODS:** This study examined the consultations requested from the psychiatry clinic; Patients diagnosed with delirium constituted the study sample. 263 (10.01%) patients diagnosed with delirium between June 2016 and September 2020 were included in the study. The patients' age, BUN, ALT, AST, creatinine, sodium, potassium, white blood cell count, CRP, and BUN/creatinine values were evaluated. Tried to identify precursors of delirium mortality in the designed regression model

**RESULTS:** Agitation n:114(43.3%), disorientation n:62(23.06%), psychotic content n:41(15.6%) and insomnia n:46(17.5%) according to the reasons for consultation. With the designed regression model, its predictive contribution to the mortality status of the patients was demonstrated six months after the consultation date. The variables included in the model were statistically predictive of death at 11.1% ( $\Delta r^2:0.111$ ). The results obtained in our study showed that the BUN/creatinine ratio and age significantly explained the variance. The results obtained in our study show that elevated BUN/creatinine may be a precursor to mortality in delirium patients. In the regression model, BUN/creatinine OR was determined as 1.074, and considering the number of delirium patients and its close relationship with mortality, it was concluded that it could be a vital follow-up tool

**CONCLUSIONS:** Being able to recognize and manage delirium is essential in the treatment process. Especially difficulties in recognizing hypoactive delirium lead to this situation. In our study, the tables that led to the reason for consultation stand out as findings in favor of hyperactive delirium. Similar to our research, in many studies examining the reasons leading to the consultation request, agitation is caused by disorientation. Detection of mortality precursors of delirium focused on immune markers, blood laboratory results, and scales containing multiple quantitative patient data. The data obtained could not show a consistent result. The results obtained in our study showed that the BUN/creatinine ratio and age significantly explained the variance. A recent study on the BUN/creatinine ratio demonstrated that high BUN/creatinine ratios were associated with increased mortality in general. The results obtained in our study show that elevated BUN/creatinine may be a precursor to mortality in delirium patients. The results obtained in our study show that high BUN/creatinine may be a precursor to mortality in delirium patients. In the regression model, BUN/creatinine OR was determined as 1.074, and considering the number of delirium patients and its close relationship with mortality, it was concluded that it could be a vital follow-up tool. Our study aims to contribute to the literature by drawing attention to the development of psycho-education on recognizing delirium, a finding in favor of mortality and frequently observed, and the follow-up tools for delirium mortality.

**Keywords:** delirium, mortality, consultation

**[Abstract:0063]****Prenatal Risk Factors In Children Diagnosed With Specific Learning Disability: Is There A Relationship Between Birth Order and The Disorder?**Pinar Aydoğan Avşar<sup>1</sup>, Tayfun Kara<sup>2</sup>, Orhan Kocaman<sup>2</sup><sup>1</sup>ALKÜ Alanya Eğitim ve Araştırma Hastanesi, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları, Antalya, Türkiye<sup>2</sup>Alanya Alaaddin Keykubat Üniversitesi, Tıp Fakültesi, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Anabilim Dalı, Antalya, Türkiye

**BACKGROUND AND AIM:** Specific Learning Disability (SLD) is a condition in which educational skills are significantly below the expected level for chronological age and intelligence level (1,2). Specific learning disability (SLD) is a childhood-onset neurodevelopmental disorder caused by genetic,

epigenetic, and environmental risk factors (3,4). The purpose of our study is to investigate the association between SLD and birth order, which is one of the prenatal risk factors.

**METHODS:** The research included a total of 184 subjects, 117 of whom had been diagnosed with SLD and 67 of whom were healthy. A DSM-5-based psychiatric evaluation was performed on each subject, and sociodemographic information was collected. The Wechsler Intelligence Scale for Children-Revised (WISC-R) was used to calculate IQ scores in the SLD group. Statistical techniques were used to assess the results.

**RESULTS:** In our study, children with SLD diagnosis group had a higher divorce rate ( $p:0.02$ ), lower income level ( $p:0.01$ ), lower maternal education level, and working mother level compared to the control group ( $p:0.013/ p:0,024$  respectively). There was no significant difference between the birth order of the affected child and the birth order of the healthy children ( $p: 0.525$ ). There was no significant correlation between birth order and WISC-R scores (total/verbal and performance scores) of the affected child ( $r: -0.067$   $p: 0.476$  /  $r: -0.111$   $p: 0.241$  and  $r: 0.008$   $p: 0.930$  respectively).

**CONCLUSIONS:** There was no association between birth order and SLD in our research. However, it was shown that families with SLD had poor socioeconomic status, high rates of divorce and single parenthood, and low levels of education. These results, in our opinion, should be taken into account in further studies on the etiology of SLD. Our research has significant ramifications for understanding the mechanism behind clinical heterogeneity in SLD.

**Keywords:** Specific Learning Disability, Environmental Risk Factors, Birth Order, Neurodevelopmental Disorders.

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## [Abstract:0066]

### Effects of self-esteem and coping skills on compulsive buying in patients with major depression: the moderator role of temperament and character

Oğuz Peker

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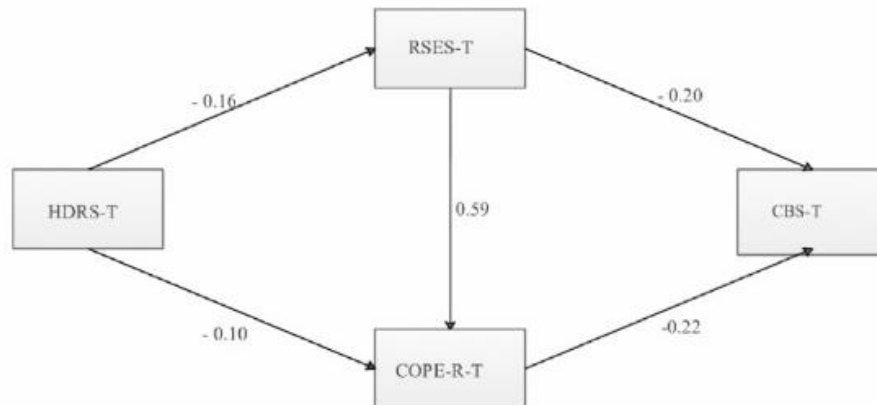
**OBJECTIVE:** The objective of this study was to examine the impact of self-esteem, coping skills, and temperament character traits on compulsive buying behavior in individuals with depression.

**METHODS:** The study included 106 patients diagnosed with major depressive disorder and 98 healthy volunteers. Participants completed several assessment measures, including the Hamilton Depression Rating Scale (HDRS), Compulsive Buying Scale (CBS), Compulsive Online Buying Scale (COBS), Coping Orientation to Problems Experienced-R (COPE-R), Temperament and Character Inventory (TCI), and Rosenberg Self-Esteem Scale (RSES).

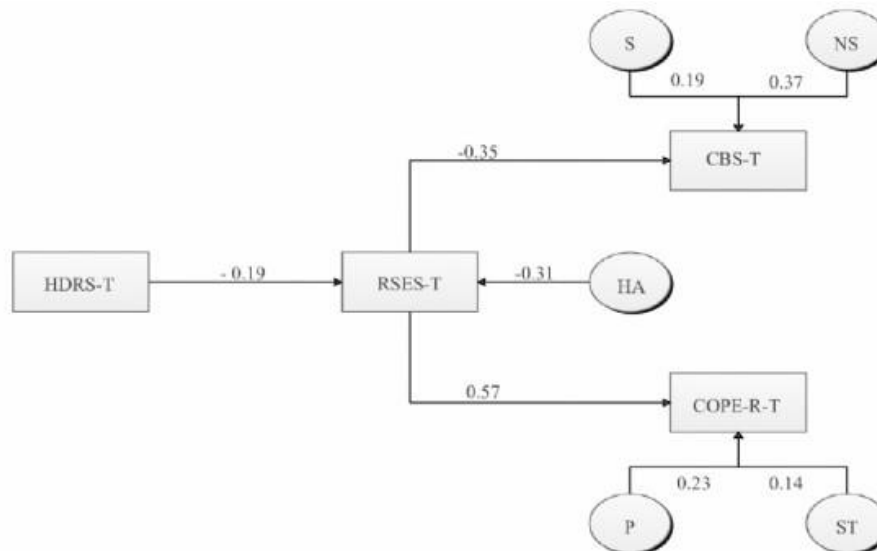
**RESULTS:** Significant differences were observed between the depressed patients and the control group in terms of compulsive buying behavior, coping skills, and self-esteem. Moreover, significant differences were found in the temperament dimensions of harm avoidance, novelty seeking, persistence, and the character dimensions of self-directedness and cooperativeness. Two models were developed in this study. The first model indicated that the severity of depression did not directly influence compulsive buying behavior; however, it indirectly influenced it through self-esteem and coping skills. The second model revealed that temperament and character traits had a direct impact on coping and self-esteem, regardless of the severity of depression.

**CONCLUSIONS:** The presence and intensity of compulsive buying behavior in individuals with depression may be indicative of reduced self-esteem and the utilization of maladaptive coping strategies.

**Keywords:** compulsive buying, coping skills, depression, self-esteem, temperament-character.

**Model 1**

CMIN	DF	CMIN/DF	P	GFI	CFI	RMSEA
1.390	1	1.390	0.238	0.997	0.999	0.044

**Model 2**

CMIN	DF	CMIN/DF	P	GFI	CFI	RMSEA
0.211	1	0.211	0.646	0.999	1	0

**[Abstract:0074]****Just World Belief in Mental Disorders: A Cross-sectional Comparative Study**Elif Özcan Tozoğlu<sup>1</sup>, Merve Saraçoğlu<sup>2</sup>, Nilifer Gürbüz<sup>1</sup><sup>1</sup>Department of Psychiatry, Health Sciences University, Erzurum City Hospital, Erzurum, Turkey<sup>2</sup>Department of Psychology, Erzurum Technical University, Erzurum, Turkey

**BACKGROUND AND AIM:** According to the just world belief(JWB) theory, people are motivated to believe that the world is a fair place and that everyone gets what they deserve. JWB enables people to perceive their physical and social environment on a regular basis and thus positively affects mental health[1]. Studies have shown that JWB is also associated with life satisfaction and hopelessness levels of the person[2,3]. In our study, we aimed to determine whether the just world beliefs, life satisfaction and hopelessness levels of individuals with mental disorders are different from patients with chronic physical diseases and healthy individuals.

**METHODS:** The sample of the study consisted of, 18-60 age range, consecutively admitted to Erzurum City Hospital, patients with mental disorders in remission (Schizophrenia Spectrum Disorders, Bipolar Disorder, Major Depressive Disorder); patients with at least 1 year of physical chronic disease (Cancer, Diabetes Mellitus, Coronary Artery Disease) and healthy volunteers. According to the calculations made with the G\*power program at 80% power and 95% confidence interval, 23 individuals from each subgroup were recruited. Sociodemographic data form, Beck Hopelessness Scale (BHS), Satisfaction with Life Scale (SLS), General and Personal Just World Belief Scale (P-JWBS, G-JWBS) were filled in by the participants. Statistical analysis was performed with the SPSS 26.0 computer program, and the significance level was accepted as  $p < 0.05$ .

**RESULTS:** The study was completed with 161 participants. The sociodemographic characteristics of the participants are shown in Table 1. Correlation of scales with each other in Table 2 and statistical evaluation of BHS, SLS, P-JWBS and G-JWBS scores of all 3 groups and subgroups are shown in Table 3. There was no statistically significant difference between groups and subgroups in P-JWBS and G-JWBS scores. In the posthoc analysis performed with Bonferroni correction, SLS scores were found to be statistically significantly lower in patients with physical illness compared to the control group ( $p: 0.019$ ).

**CONCLUSIONS:** Looking at the studies on JWB; this belief is observed to be examined in the population that has experienced a traumatic event. Studies examining the effect of physical and mental illness on JWB in individuals are very few. In a study, JWB of patients with depressive disorder was examined[4]. No significant difference was detected. JWB was investigated on Multiple Sclerosis (MS) patients, which cause both physical and mental problems, and contrary to expectations, JWB was found to be higher in MS patients compared to healthy controls[5]. This situation has been interpreted as JWB increases psychological resilience in the individual, therefore, JWB is strengthened as a coping mechanism in MS patients. The belief in just world may be shaken by the thought of "why did this disease find me" in diseases that label mental health, or JWB may be strengthened by activating it as a coping mechanism, as in MS patients. According to the results of our study, the reason why the belief in just world was not found to be different in patients with both mental and chronic physical diseases may be related to the fact that these patients may have strengthened their belief in the just world as a coping mechanism. Chronic physical patients have been coping with the disease for at least 1 year, are now in the stage of accepting the disease, and do not have additional mental diseases; the possible hopelessness levels of mental patients in remission may not have been different from controls.

**Keywords:** just world belief, mental disorders, chronic physical diseases, schizophrenia spectrum disorders, bipolar disorder, major depressive disorder

**Tables 1,2**

Tablo 1. Description of the study participants

	age (Mean± SD)	duration of education (Mean± SD)	monthly income (Mean± SD)	duration of illness (Mean± SD)
mental disease	38,9	10,8	8840,6	12,2
chronic physical disease	50,5	9,6	9014,5	9,1
control	34,7	14,5	11521,7	0,0

SD:Standart Deviation

Table 2. Correlations of scale values according to groups

			Beck Hopelessness Scale	Satisfaction with Life Scale	General Just World Belief Scale	Personal Just World Belief Scale
mental disease	Beck Hopelessness Scale	Pearson Correlation	1	-,504**	-0,234	-0,134
		P value		0,000	0,053	0,277
	Satisfaction with Life Scale	Pearson Correlation	-,504**	1	,468**	,542**
		P value	0,000		0,000	0,000
	General Just World Belief Scale	Pearson Correlation	-0,234	,468**	1	,655**
		P value	0,053	0,000		0,000
chronic physical disease	Personal Just World Belief Scale	Pearson Correlation	-0,134	,542**	,655**	1
		P value	0,277	0,000	0,000	
	Beck Hopelessness Scale	Pearson Correlation	1	-,519**	-0,201	-0,230
		P value		0,000	0,097	0,057
	Satisfaction with Life Scale	Pearson Correlation	-,519**	1	,515**	,443**
		P value	0,000		0,000	0,000
control	General Just World Belief Scale	Pearson Correlation	-0,201	,515**	1	,276*
		P value	0,097	0,000		0,022
	Personal Just World Belief Scale	Pearson Correlation	-0,230	,443**	,276*	1
		P value	0,057	0,000	0,022	
	Beck Hopelessness Scale	Pearson Correlation	1	-,624**	-,702**	-,607**
		P value		0,001	0,000	0,002
	Satisfaction with Life Scale	Pearson Correlation	-,624**	1	,578**	,609**
		P value	0,001		0,004	0,002
	General Just World Belief Scale	Pearson Correlation	-,702**	,578**	1	,591**
		P value	0,000	0,004		0,003
	Personal Just World Belief Scale	Pearson Correlation	-,607**	,609**	,591**	1
		P value	1	-,504**	-0,234	-0,134

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

Table 3. Comparison of scale values according to groups

		N	Mean	SD	f	P value
Beck Hopelessness Scale	mental disease	69	7,8	4,6	2,045	,133
	chronic physical disease	69	6,8	4,1		
	control	23	9	6,8		
Satisfaction with Life Scale	mental disease	69	18,1	7	3,962	,021*
	chronic physical disease	69	20	8,4		
	control	23	15	6,8		
General Just World Belief Scale	mental disease	69	19,1	5,9	3,047	,050
	chronic physical disease	69	18,8	5,9		
	control	23	15,6	6,9		
Personal Just World Belief Scale	mental disease	69	18	7	0,631	0,533
	chronic physical disease	69	17,7	6,6		
	control	23	16,2	6,2		
Beck Hopelessness Scale	SSDs	23	8,3	4,9	0,462	0,632
	BD	23	7,0	3,9		
	MDD	23	8,1	5,1		
Satisfaction with Life Scale	SSDs	23	17,3	7,8	0,244	0,784
	BD	23	18,6	8,9		
	MDD	23	18,6	3,0		
General Just World Belief Scale	SSDs	23	20,3	7,7	0,793	0,373
	BD	23	17,9	5,8		
	MDD	23	19,1	3,6		
Personal Just World Belief Scale	SSDs	22	19,2	8,0	0,486	0,617
	BD	23	17,4	6,6		
	MDD	23	17,4	6,3		
Beck Hopelessness Scale	Cancer	23	7,3	3,8	2,101	0,130
	CAD	23	7,7	4,6		
	DM	23	5,4	3,6		
Satisfaction with Life Scale	Cancer	23	18,2	8,7	1,572	0,215
	CAD	23	19,5	7,9		
	DM	23	22,4	8,5		
General Just World Belief Scale	Cancer	23	17,8	5,6	0,758	0,472
	CAD	23	18,7	6,2		
	DM	23	19,9	5,9		
Personal Just World Belief Scale	Cancer	23	17,9	5,9	0,303	0,740
	CAD	23	16,9	6,6		
	DM	23	18,3	7,3		

BD:Bipolar Disorder , CAD:Caronary Artery Disease , DM:Diabetes Mellitus, MDD:Major Depressive Disorder , SSDs:Schizophrenia Spectrum Disorder, SD:Standart Deviation

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#### [Abstract:0084]

#### Role and mechanisms of CHI3L1 in white matter lesions of hypertension-related vascular cognitive impairment

Bingying Du, Yawen Xu, Xin Gao, Xuehao Jiao, Xiaoying Bi

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**BACKGROUND AND AIM:** The aim of this study was to identify CHI3L1 as the key causative factors of hypertension-related vascular cognitive impairment (VCI) and to explore its role and related mechanisms on White matter lesions (WMLs).

**METHODS:** (Part I) Firstly, the main cell types and levels of CHI3L1 expression in the brain were detected by immunofluorescence and western blot (WB); secondly, the main cell sources of CHI3L1 in the hypertensive environment were verified Ang-II treatment in vitro; thirdly, the levels of CHI3L1 in the peripheral blood of VCI patients and SHR-VCI rats were detected.

(Part II) Brain sections of 6-month-old SHR rats without VCI (NVCI-SHR), 12 and 18-month-old SHR rats with VCI (VCI-SHR), and their respective same-age Wistar Kyoto (WKY) rats were labeled by GFAP, Iba1, NeuN, GST-pi, and MBP to visualize lesions of various types of neuronal cells and myelin; expressions of CHI3L1 and MBP were also observed in hippocampal tissues. After that, K284-611 was adopted to antagonize CHI3L1 in 12-month-old VCI-SHR, and improvement of cognitive dysfunction and expression changes of CHI3L1 and MBP in hippocampal tissues of SHR rats were observed. Finally, the phosphorylation levels of P65 in NF- $\kappa$ B signaling pathway were also verified before and after K284-611 antagonist.

**RESULTS:** (Part I) Compared with the same-age WKY rats, only 18-month-old SHR rats showed a significant increase of GFAP+CHI3L1+ co-expressed cells in the hippocampus ( $p < 0.001$ ), whereas numbers of Iba1+CHI3L1+ co-expressed cells did not show any differences; exogenous administration of Ang-II to astrocytes was able to stimulate synthesis and secretion of CHI3L1, but failed to observe the above effects on microglia; serum CHI3L1 levels showed a trend of gradual increase in 6-month, 12-month, and 18-month old SHR rats, and it is interesting to see that CHI3L1 levels in peripheral serum and hippocampal tissues were significantly higher in 12-month and 18-month old SHR rats than those in the same-age WKY rats ( $p < 0.05$  and  $p < 0.001$ ); meanwhile, serum CHI3L1 levels in the hypertension-related VCI patients were significantly higher than those in the hypertension NVCI group and healthy controls ( $p < 0.05$ ,  $p < 0.001$ ).

(Part II) Compared with the same-age WKY rats, the number of hippocampal astrocytes of 18-month VCI-SHR rats was significantly increased ( $p < 0.05$ ), while oligodendrocyte numbers and MBP levels were both decreased ( $p < 0.05$ ). Besides, WB assays revealed an increased tendency of CHI3L1 ( $p < 0.001$ ) and a decreased tendency of MBP level ( $p < 0.05$ ) in hippocampus between 18-month SHR and WKY rats. After antagonizing CHI3L1, there was a significant improvement in cognitive function of 12-month VCI-SHR rats, with a decrease of CHI3L1 expression and increases of GST-pi and MBP expressions in hippocampus ( $p < 0.01$ ,  $p < 0.05$ ,  $p < 0.05$ ). Furthermore, phosphorylation level of P65 in VCI-SHR rats was significantly elevated ( $p < 0.05$ ), indicating an activation of NF- $\kappa$ B pathway, while CHI3L1 inhibition significantly reversed it ( $p < 0.05$ ).

**CONCLUSIONS:** In this study, we investigated the cellular origin, central and peripheral expressions of CHI3L1 in hypertension-related VCI from clinical, animal, and cellular levels, and we also investigated how CHI3L1 causes OLs injury, and thereafter elucidated the important roles of CHI3L1 in WMLs and cognitive impairment of hypertension-related VCI.

**Keywords:** vascular cognitive impairment, hypertension, CHI3L1, astrocyte, myelin

Fig.1

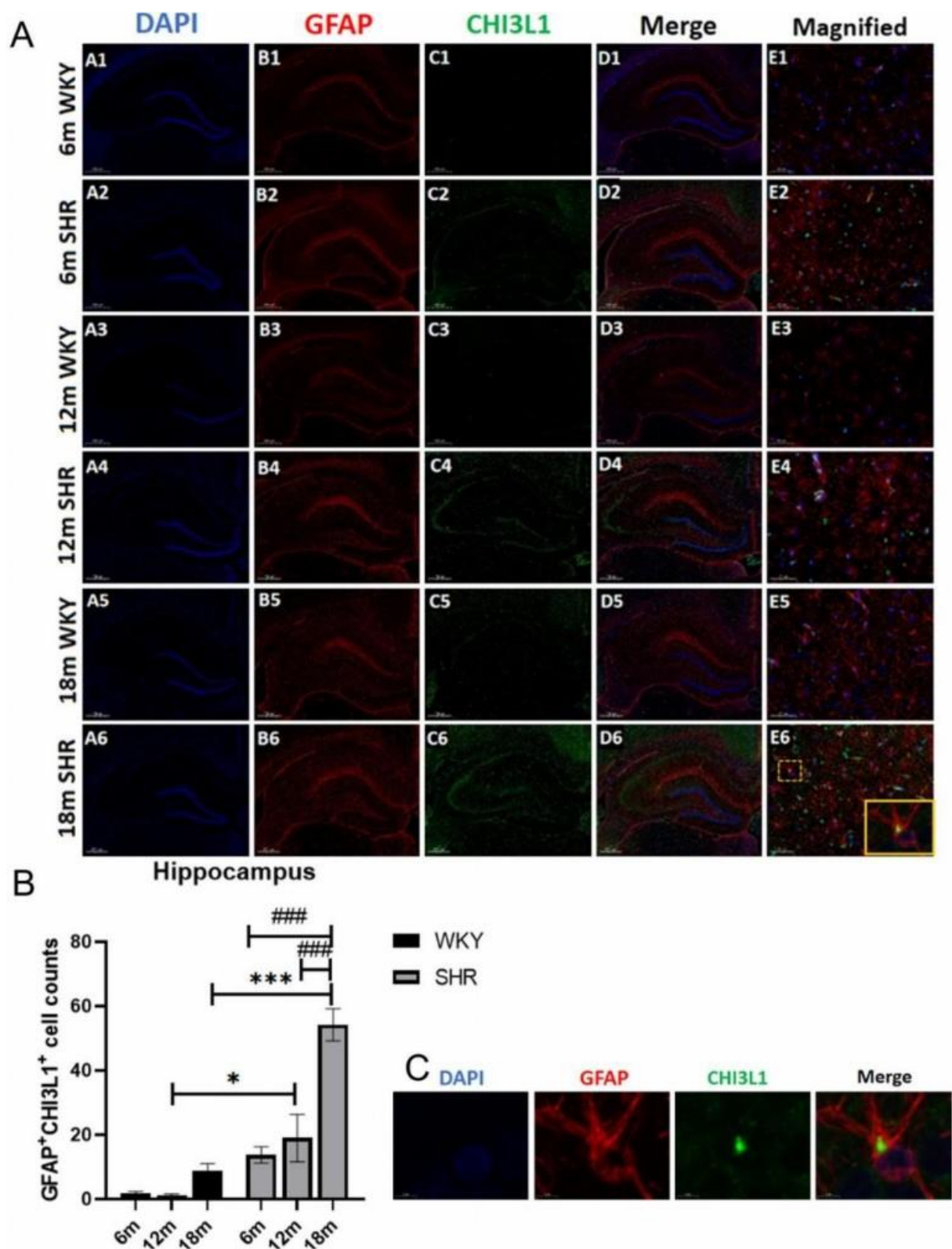
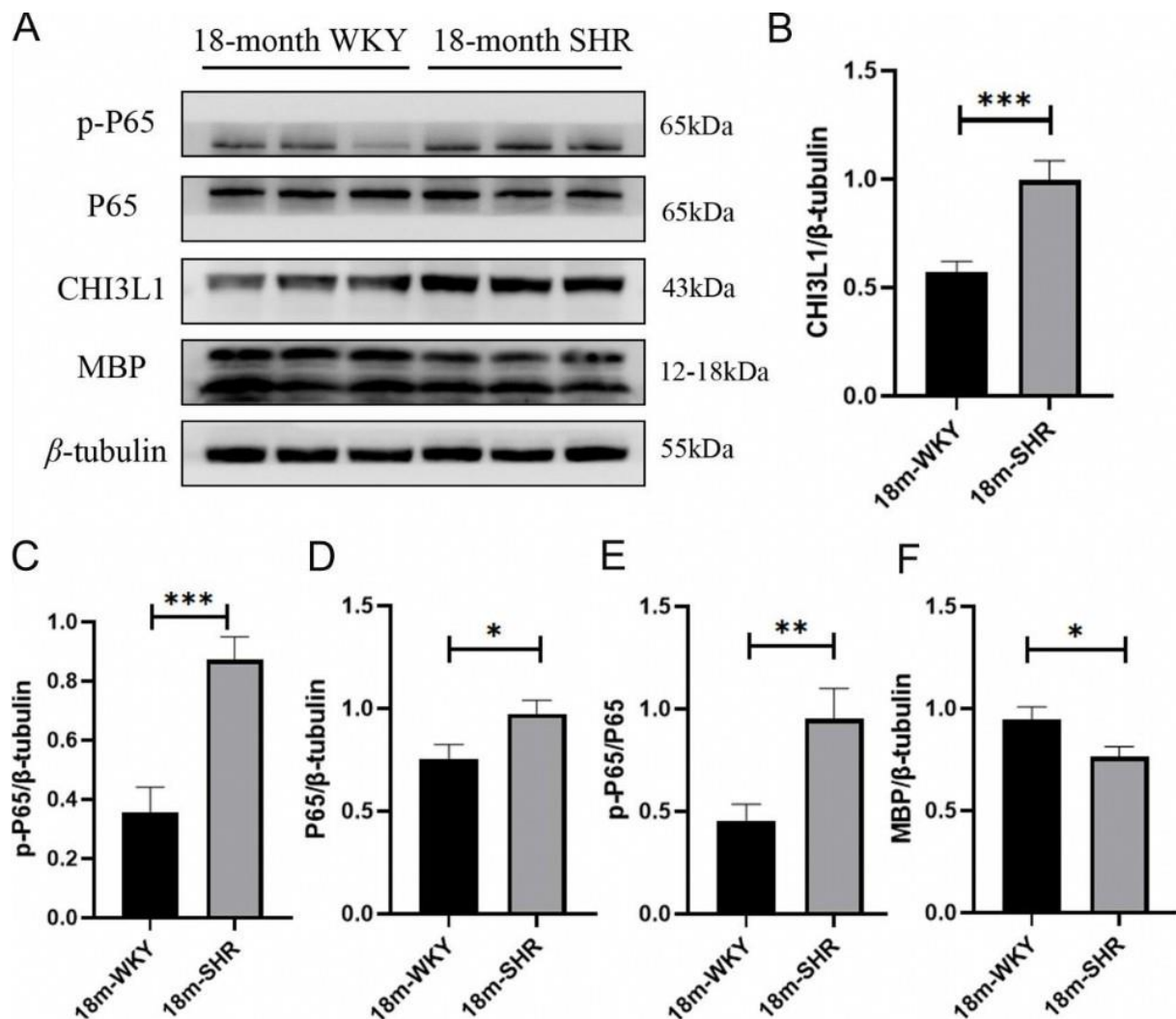


Fig.2



[Abstract:0085]

### Evaluation of the Relationship Between the Clinic of Children Diagnosed with Autism Spectrum Disorder and the Chronotype Characteristics of Their Parents

Mehmet Emre Gül

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**BACKGROUND AND AIM:** Autism is a heterogeneous neurodevelopmental disorder characterized by early onset difficulties in social communication and unusually limited interests and repetitive behaviors. Sleep is defined as a state of inactivity that can be quickly reversed and a significantly reduced sensory response. Chronotype, on the other hand, refers to determining the circadian preference of an individual's behavioral and biological rhythms relative to the external light-dark cycle. This study, aims to examine the sleep quality and chronotype characteristics of parents of children diagnosed with autism spectrum disorder (ASD) and to evaluate the effect of these characteristics on the clinical manifestations of ASD.

**METHODS:** 100 Children with ASD diagnosis and 171 parents participated in the study. The sociodemographic data form was used to determine the sociodemographic characteristics of children

diagnosed with autism, and the Childhood Autism Rating Scale and the Autism Behavior Checklist were used to evaluate the severity of autism symptoms. The Pittsburgh Sleep Quality Index was used to evaluate parents' sleep quality, and the Morning-Evening Questionnaire (MEQ) was used to evaluate chronotype characteristics.

**RESULTS:** According to the evaluation made using the MEQ scale, the distribution of mothers according to their chronotype characteristics is as follows: 4.5% were close to the evening type, 52.3% were intermediate type, 39.8% were close to the morning type and 3.4% were definitely morning types. In contrast, according to their chronotype characteristics, the distribution of fathers is as follows: 1.2% were definitely evening types, 3.6% were close to the evening type, 59% were intermediate type, 31.3% were close to the morning type and 4.8% were definitely morning types. As the severity of autism symptoms increased, the chronotype characteristics of parents shifted towards the evening type ( $P<0.05$ ). It was determined that as the severity of autism symptoms increased, parents' sleep quality decreased, and mothers' sleep quality was more affected.

**CONCLUSIONS:** In conclusion, this study makes significant contributions to the literature as the first study evaluating the sleep quality and chronotype characteristics of parents of children with autism. The study suggests that improving parents' sleep quality can reduce autism symptoms, and reducing symptoms can improve parents' sleep quality. In addition, it is noted that the severity of symptoms in autistic children can lead to various health problems by shifting parents' chronotype characteristics towards the evening type. Therefore, starting treatment to reduce the symptoms of autistic children can positively affect the sleep and quality of life of mothers, in particular.

**Keywords:** autism, parents, sleep, chronotype

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## [Abstract:0092]

### Assessment of Social Cognition and Quality of Life in Patients with OCD and Schizophrenia with Comorbid OCD

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**BACKGROUND AND AIM:** Social cognition refers to the mental processes underlying social interaction and may contribute to impaired social functioning in patients with OCD. The aim of our study was to compare levels of social cognition levels in patients with OCD and patients with schizophrenia with comorbid OCD (SCZ-OCD), and to assess the relationship between social cognition and quality of life with OCD symptom severity in these patient groups.

**METHODS:** 27 patients diagnosed with OCD, 22 patients diagnosed with SCZ-OCD, and 27 healthy controls were included in our study. The Yale-Brown Obsessive-Compulsive Scale, the Hamilton Depression Rating Scale, the Hamilton Anxiety Rating Scale, the Dokuz Eylül Theory of Mind Index (DEToMI), and the Reading the Minds in the Eyes Test (RMET) were applied, and then the participants were asked to complete the World Health Organization Quality of Life-BREF test. The study was approved by the Ethics Committee of Istanbul University Istanbul Faculty of Medicine (approval number: 2021/818).

**RESULTS:** The DEToMI total and RMET total scores of the control group were higher than those of the OCD group, and those of the OCD group were higher than those of the SCZ-OCD group. Correlation analyses revealed a significant negative correlation between OCS severity and the DEToMI empathic understanding subscale scores ( $r=-0.510$ ,  $p=0.006$ ) in the OCD group, whereas the OCD symptom severity was negatively correlated with the DEToMI metaphor comprehension subscale scores in the SCZ-OCD group ( $r=-0.438$ ,  $p=0.042$ ).

**CONCLUSIONS:** In our study, social cognition skills were found to be more impaired in the OCD group than in the control group, and in the SCZ-OCD group compared to both the OCD group and the control group (SCZ-OCD<OCD<control group). Our results showed that although the severity of OCD and

quality of life were similar, the social cognition skills of patients with SCZ-OCD were worse than those of patients with OCD.

**Keywords:** Social cognition, quality of life, obsessive-compulsive disorder, schizophrenia, comorbidity

**[Abstract:0094]**

**Evaluation of Psychiatric Consultations of Medical Inpatients in a University Hospital**

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**BACKGROUND AND AIM:** This study aimed to investigate psychiatric consultations provided in a university hospital by age, sex of the patients, hospitalization reasons, hospitalization departments, reason of psychiatric consultation, consultation result diagnosis and treatment distributions and the correct recognition rates of psychiatric diseases by other physicians.

**METHODS:** Between 01/01/2022 and 01/01/2023, patients who were hospitalized in departments other than the emergency department of Harran University Hospital and for whom psychiatry consultation was requested were retrospectively screened. SPSS 22.0 program was used for statistical analysis. The necessary permission for the study procedures was obtained from Harran University ethics committee with approval number 23.14.03 and date 07.18.2023. Our study was conducted in accordance with the revised Helsinki Declaration criteria.

**RESULTS:** A total of 30770 patients were admitted to Harran University Hospital, excluding the emergency department and psychiatry service, and a total of 412 (1.33%) psychiatry consultations were requested. 227 (55.1%) were female and 185 (44.9%) were male. The mean age of the patients was  $52.2 \pm 19.8$  years. The most common departments requesting psychiatry consultation were internal medicine (24.8%), intensive care (21.6%) and neurology (15.6%) (Table 1). Psychiatry consultations were most frequently requested for anxiety symptoms (17.5%), sleep problems (14.8%), irritability and agitation (14.1%) (Table 2). The most common diagnoses were generalized anxiety disorder (26.9%), major depression (21.6%) and delirium (13.6%). No mental illness was detected in 8.7% of the patients (Table 3). Antidepressants and antipsychotics were recommended for 50.7% and 17.7% of the patients, respectively, while 13.3% were not recommended any medication. Bipolar disorder had the highest rate of confirmation by psychiatry (88.9%), followed by substance use disorders (85.7%) and delirium (83.3%) (Table 4).

**CONCLUSIONS:** This is the first study to examine the characteristics of psychiatric consultation requests in the central Şanlıurfa province. The data obtained in our study are similar to the results of other studies. High rates of psychiatric diagnosis and treatment initiation emphasized the importance of a holistic approach, and it was thought that recognizing psychiatric comorbidities may provide valuable contributions in terms of appropriate approach to this situation.

**Keywords:** Consultation-liaison psychiatry, inpatients, psychiatric comorbidity,

**Table 1**

Departments	n(%)
Internal Medicine	102 (24.8)
Intensive care	89 (21.6)
Neurology	62 (15.1)
Pulmonary medicine	29 (7.1)
General surgery	22 (5.3)
Cardiology	22 (5.3)
Obstetrics and gynecology	20 (4.9)
Physical therapy and rehabilitation	18 (4.4)
Palliative care	15 (3.6)
Ear nose throat surgery	10 (2.4)

Infectious diseases	8 (1.9)
Orthopedics	7 (1.7)
Urology	3 (0.7)
Neurosurgery	3 (0.7)
Ophthalmology	2 (0.5)
Total	412 (100)

*Departments referred to the psychiatric service for consultation.*

**Table 2**

Reasons	n(%)
Anxiety symptoms	72 (17.5)
Sleep problems	61 (14.8)
Irritability, agitation	58 (14.1)
Suicid attempt	43 (10.4)
Not specified	42 (10.2)
Regulation of existing psychiatric treatment	39 (9.5)
Symptoms of delirium	38 (9.2)
Depressive symptoms	30 (7.3)
Somatic complaints	19 (4.6)
Treatment rejection	9 (2.2)
Shyness	1 (0.2)
Total	412 (100)

*Reasons for psychiatry consultation.*

**Table 3**

Diagnoses	n(%)
Generalized anxiety disorder	111 (26.9)
Depressive disorder	89 (21.6)
Delirium	56 (13.6)
No active psychopathology	36 (8.7)
Adjustment disorder	31 (7.5)
Insomnia	21 (5.1)
Bipolar disorder	15 (3.6)
Somatization disorders	15 (3.6)
Panic disorder	8 (1.9)
Substance/Alcohol use disorders	8 (1.9)
Psychotic disorders	6 (1.5)
Mental retardation	5 (1.2)
Dementia	5 (1.2)
Acute stress reaction	3 (0.7)
Obsessive compulsive disorder	1 (0.2)
Social phobia	1 (0.2)

Conversion disorder	1 (0.2)
Total	412 (100)

*Most common diagnoses after consultation.*

**Table 4**

Prediagnosis	The correct recognition rates n(%)	Psychiatric diagnosis distribution of misdiagnosed patients n(%)
Anxiety disorder (n=75)	42 (56)	Depressive disorder n=10 %23.8 No active psychopathology n=6 %8 Delirium n=5 %11.9 Adjustment disorder n=3 %7.1 Insomnia n=2 %4.8 Psychotic disorders n=1 %2.4 Acute stress reaction n=1 %2.4
Delirium (n=36)	30 (83.3)	No active psychopathology n=3 8,3 Generalized anxiety disorder n=2 %5.5 Depressive disorder n=1 %2.8
Depressive disorder (n=26)	18 (69.2)	Generalized anxiety disorder n=5% 19.2 No active psychopathology n=3 %11.5
Panic disorder (n=13)	7 (53.8)	Generalized anxiety disorder n=4 %30.8 No active psychopathology n=2 %15.4
Conversion disorder (n=12)	1(8.3)	Generalized anxiety disorder n=3 %25 Depressive disorder n=4 %33.3 No active psychopathology n=2 %16.7 Somatoform disorder n=1 %8.3 Adjustment disorder n=1 %8.3
Somatization disorders (n=9)	4 (44.5)	Generalized anxiety disorder n=3 %33.3 No active psychopathology n=2 %22.2
Bipolar disorder (n=9)	8 (88.9)	Depressive disorder n=1 %11.1
Substance/Alcohol Use Disorders (n=7)	6 (85.7)	Psychotic disorders n=1 %4,3
Psychotic disorders (n=4)	1 (25)	Delirium n=2 % 50 Generalized anxiety disorder n=1 %25
Obsessive compulsive disorder (n=2)	1 (50)	Generalized anxiety disorder n=1 %50
Not specified (n=219)	18(8.2)	Depressive disorder n=55 25.1% Generalized anxiety disorder n=50 22.8% Adjustment disorder n=27 12.3% Delirium n=19 8.7% Insomnia n=19 8.7% Somatization disorders n=6 2.7% Bipolar disorder n=6 2.7% Dementia n=5 2.3% Mental retardation n=5 2.3% Psychotic disorders n=3 1.4% Acute stress reaction n=2 0.9% Substance/Alcohol Use Disorders n=2 0.9% Panic disorder n=1 0.5% Social phobia n=1 0.5%

*The correct recognition rates of the preliminary diagnosis and psychiatric diagnosis stated in the consultation*

## "The Relationship Between Internet Addiction, Circadian Preferences, Depression And Coping Methods"

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**BACKGROUND AND AIM:** Internet addiction (IA); it can be defined as a clinical phenomenon where the internet is used excessively to prevent basic functions and withdrawal and tolerance symptoms are seen when the internet cannot be connected (1). Internet addiction impairs quality of life and functionality. In recent studies, it has been found that internet addiction is frequently associated with psychiatric diseases or mental problems (2). In this study, we aimed to review the relationship of internet addiction with circadian preferences and coping methods in patients diagnosed with depression and in healthy controls.

**METHODS:** 200 healthy volunteers and 90 patients diagnosed with depression according to DSM-5 criteria were included in our study. Sociodemographic Information Form, Young Internet Addiction Test-Short Form (YIBT-SF), Morning-Evening Scale (MEQ), COPE (Coping Orientation to Problems Experienced) Inventory and Beck Depression Inventory (BDI) were administered to all participants.

**RESULTS:** In our study, BDI and YIBT-SF scores were found to be significantly higher in patients in the depression group compared to the healthy group. When the participants in our study were evaluated in terms of their circadian preferences, a statistically significant difference was found between the healthy group and the depression group and it was determined that the participants in the healthy group were mostly morning type and intermediate type, while the patients in the depression group were mostly evening type and intermediate type. When the coping attitudes of the participants were evaluated, the patients in the depression group used the following more than the healthy participants; focus on and venting emotions, denial, behavioral disengagement, restraint-coping, substance use. Whereas the participants in the healthy group used positive reinterpretation and development, active coping, turning to the religion and planning more than patients in the depression group. In the healthy group a significant difference was found between the total score from the YIBT-SF and BDI scale. In the depression group, individuals with high internet addiction scores showed coping attitudes like joking, acceptance and suppression of competing activities. In healthy subjects with high internet addiction scores the following coping methods were more commonly used and the differences were statistically significant; mental disengagement, denial, joking, behavioral disengagement, restraint-coping, substance use and acceptance.

**CONCLUSIONS:** In our study, in which we looked at the relationship of internet addiction with chronotype and coping methods, it was found that internet addiction in both groups was higher in those with evening type than all other types (3). When both groups were examined separately, it was found that those with high internet addiction scores in the depression group used emotionally focused coping attitudes more, and those who had high internet addiction scores in the healthy group used nonadaptive coping attitudes significantly more (4). In the diagnosis and treatment process of IA, it is very important to determine the coping methods and circadian preferences with psychiatric comorbidity in patients. Gaining appropriate coping methods in the treatment process and making programs suitable for the circadian preferences of the patients can reduce the frequency of IA and can be used in the treatment of behavioral addiction.

**Keywords:** Internet Addiction, Depression, Circadian Preferences, Coping Methods

### [Abstract:0100]

## The Turkish Validity and Reliability of the Multidimensional Assessment of Interoceptive Awareness in Youth (MAIA-Y): Preliminary Study

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**BACKGROUND AND AIM:** Interoceptive awareness is defined as processing and perceiving internal bodily signals such as heartbeat, hunger, pain, and breathing (Khalsa, 2018). It has been suggested that individual differences in interoceptive awareness are associated with various clinical conditions such as pain sensitivity, obesity, depression, anxiety, and anorexia (Jones, 2021). In the literature, interoceptive awareness is mostly investigated in adults, and there are few studies in children and

adolescents. It is known that there are no validated and reliable scale for measuring interoceptive awareness in children and adolescents in our country. In our study, it was aimed to conduct the analysis of validity and reliability of the Turkish version of MAIA-Y and the preliminary findings of our study are presented.

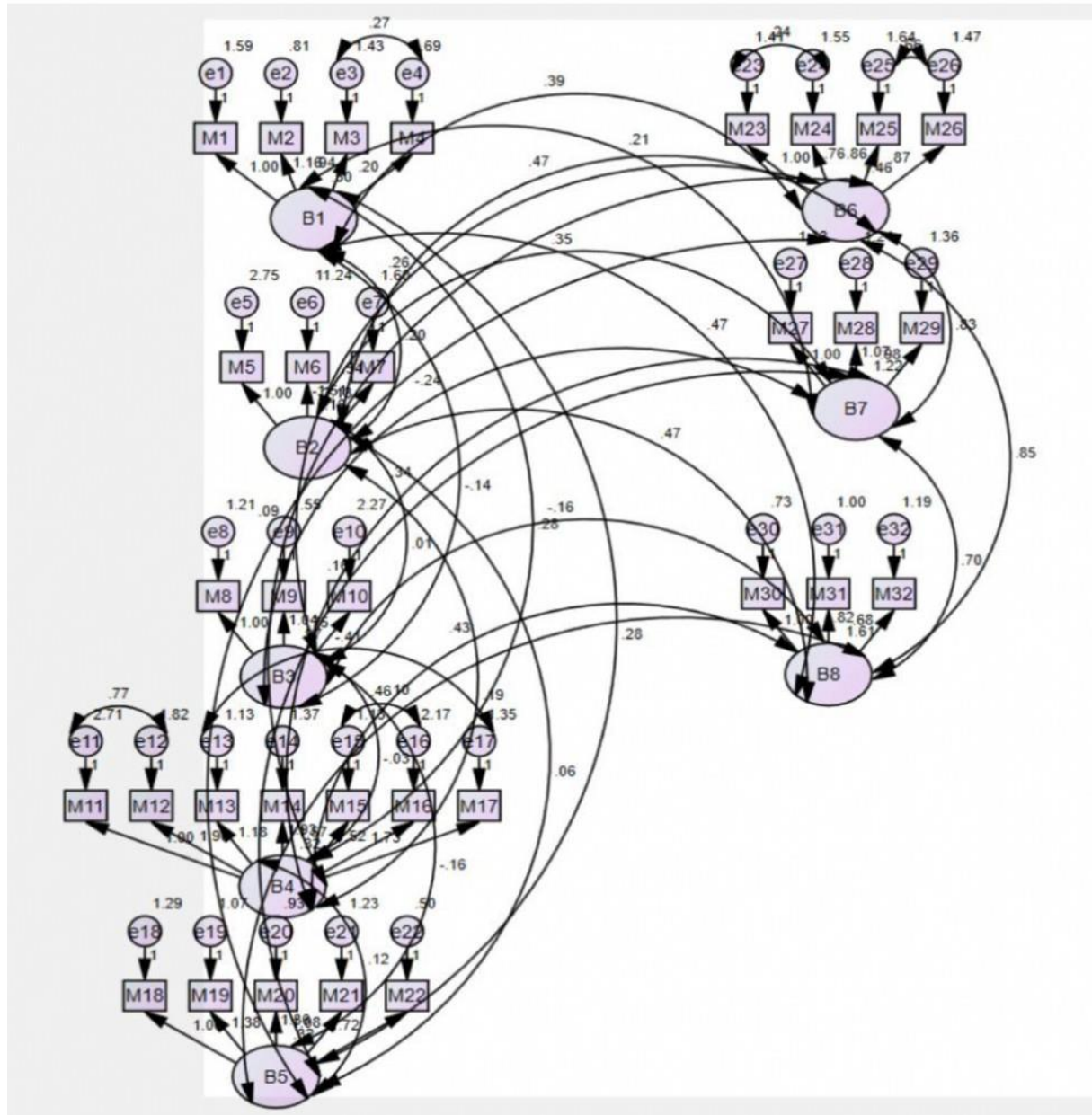
**METHODS:** In our study, 133 children and adolescents aged 11-18 years without chronic medical disease who applied to Ankara Bilkent City Hospital Pediatrics Outpatient Clinic between May-June 2023 evaluated with MAIA-Y, and State-Trait Anxiety Inventory for Children (STAI-C). Statistical analyzes were performed using SPSS 23, AMOS Graphics 23 and R Studio package programs. The construct validity of the MAIA-Y was examined by confirmatory factor analysis. Spearman's correlation coefficient was examined between the STAI-C, which measures another construct, and the MAIA-Y for construct validity. For the reliability analysis, the internal consistency of the items was examined with the Cronbach's Alpha coefficient. For the test-retest reliability the Wilcoxon test, Spearman correlation coefficient, and Intraclass Correlation Coefficient (ICC) were examined, and Bland Altman graphics was presented. Statistical significance level was accepted as  $p < 0.05$ . Written consent was obtained from the HCWs participating in the study. Ethics committee approval date 25.04.2023 and numbered E2-23-3958 was obtained from Ankara City Hospital Ethics Committee for the research.

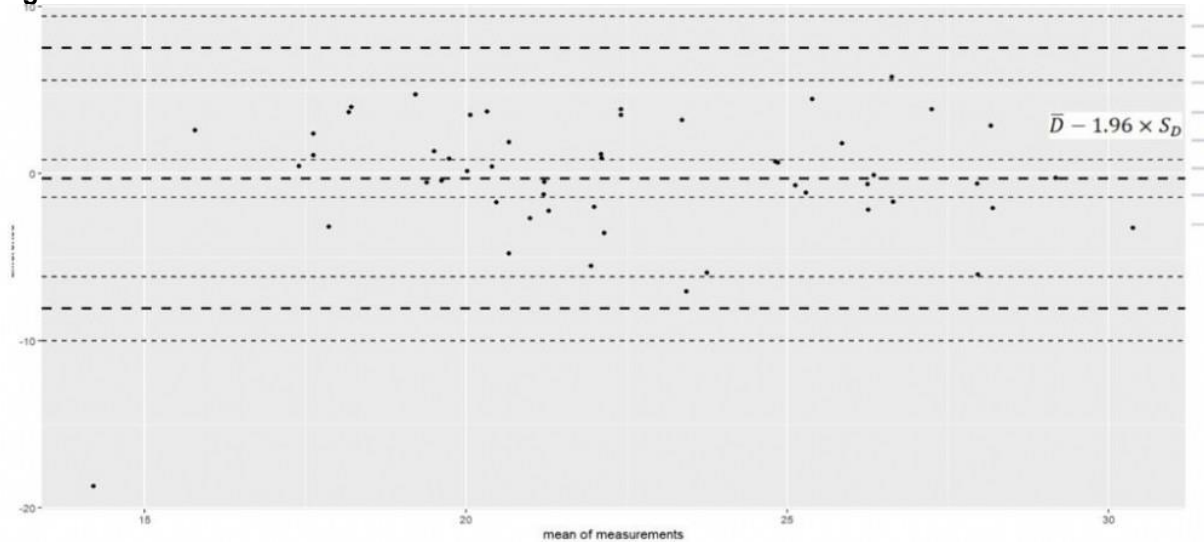
**RESULTS:** According to analysis examined for construct validity of Turkish version of for construct validity, there was a statistically significant negative correlation between the state and trait anxiety scores of the STAI-C and the MAIA-Y ( $r = -0.461$ ,  $p < 0.001$ ;  $r = -0.337$ ,  $p < 0.001$ , respectively). As a result of confirmatory factor analysis, it was found that  $\chi^2/df = 1.65$ ,  $GFI = 0.735$ ,  $NFI = 0.565$ ,  $IFI = 0.767$ ,  $CFI = 0.753$ , and  $RMSEA = 0.077$  (Figure 1). Cronbach's alpha coefficients of subdimensions an total score of the MAIA-Y is ranged from 0.63 to 0.78 (highly reliable), except for the "Noticing" (0.53) and "Not-Distracting" (0.095) dimensions. Therefore, it is suggested that the scale was partially reliable. According to the Wilcoxon test used for test-retest, no statistically significant difference was found between the before and after evaluations ( $p = 0.877$ ). The Spearman correlation coefficient between test-retest results was found  $r = 0.64$  ( $p < 0.001$ ) and a moderately positive correlation was shown between the two measurements. The ICC coefficients were found to between 0.44 and 0.64, and regarding Bland-Altman graphics, the values were generally within the limits of two agreements and randomly distributed (Figure 2).

**CONCLUSIONS:** Preliminary results of our study showed that MAIA-Y is partially valid and reliable for assessing interoceptive awareness of 11–18-year-old children in our country. It is thought that limitations of findings obtained from preliminary study are related to the sample size. It is thought that sample size included in our study should be increased.

**Keywords:** Adolescents, interoceptive awareness, reliability, validity

Figure 1. Cfa diagram



**Figure 2. Bland altman****REFERENCES**

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**[Abstract:0102]**

**Evaluation of acute stress, anxiety and depression characteristics of applications made to the child and adolescent psychiatry clinic in the earthquake region in the first month after the 2023 Turkey/Syria earthquake**

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**BACKGROUND AND AIM:** Earthquakes are unpredictable and uncontrollable events that can cause serious damage and expose thousands of people with distressing consequences such as injury, severe emotional distress, cognitive dysfunction and emotional dysregulation, property damage and/or loss, and displacement. On February 6, 2023, the 7.8 and 7.4 magnitude earthquakes that occurred one day apart in the city of Kahramanmaraş, Turkey, affected millions of people. These earthquakes affected the provinces of Kahramanmaraş, Gaziantep, Hatay, Adıyaman, Kilis, Adana, Malatya, Şanlıurfa, Osmaniye, Elazığ, Diyarbakır and Şanlıurfa in Turkey, as well as causing destruction in Syria. This disaster caused great material damage and destroyed thousands of people.

**METHODS:** This study was conducted on patients aged 3-18 years, who were operated on the child and adolescent mental health disaster polyclinic of Gaziantep University, which was opened 3 days after the Turkey-Syria earthquake on February 6, 2023. After the preliminary evaluation, the patients were included in the scale and questionnaire study. Each child and adolescent psychiatry doctor who was responsible for the outpatient clinic ensured that the in-patient questionnaires and scales were filled and supervised. For each patient; Sociodemographic data form, negative life events questionnaire, Post Traumatic Stress Index for Children, Anxiety-Depression Scale for Children were filled.

**RESULTS:** Of the 163 people in the sample, 44.2% (n=72) were girls (n=91), and 55.8% were boys (n=72). The mean age was 11 years. 50.4% of the children had a comorbid diagnosis and 57.7% of them had previous psychiatric drug use. Anxiety, OCD and depression scores have significant relationship with age. They have positive correlation with age except separation raw score. Separation raw score has negative correlation. Anxiety and depression scores have significant relationship with Negative Life Events Inventory. They have positive correlation. Anxiety, depression and ocd scores have significant relationship with Posttraumatic Stress Disorder Reaction Index. They have moderate positive correlation. Posttraumatic Stress Disorder Reaction Index have significant relationship with history psychotropic medication use. Participants with drug use had a lower PSDR index. However, no significant relationship was found between having a previous presentation to psychiatry the PSDR index.

There was no significant relationship family status with PSDR indeks. There was no significant relationship between Negative life events inventory with previous presentation to psychiatry and history psychiatry medication use.

**CONCLUSIONS:** The study has several limitations. An important limitation of the study is the small sample size. The study, which was conducted with only 163 participants, is unlikely to represent the mental health of Turkish children and adolescents as a whole after the 2023 earthquakes. An important limitation of our study is that we measured the acute stress levels of children and assumed that it was caused by the earthquake. However, many people became homeless, some children lost relatives, some families moved. A more detailed examination would have given more reliable results in order to understand which of these causes the stress level in children. Studies like this research will help to better understand how children in developing countries respond to natural disasters. Understanding the response ensures appropriate mental health care is provided in disaster relief settings and beyond.

**Keywords:** earthquake, Turkey, acute stress, anxiety, depression

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## [Abstract:0111]

### Does Cannabidiol protect neurons from microglia-mediated neuroinflammation?

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**BACKGROUND AND AIM:** The endocannabinoid system of controlling microglial function has represented a promising target for treating neuroinflammation-related neurodegenerative diseases (1). In this study, we aimed to evaluate the therapeutic effects of cannabidiol (CBD) in lipopolysaccharide (LPS)-induced BV2 cells through signalling events dependent on Nod-like receptor protein 3 (NLRP3)/caspase-1 pathway.

**METHODS:** The microglial BV2 cell line was cultured at 37 °C in 5% CO<sub>2</sub> and 95% O<sub>2</sub> air using DMEM supplemented with 10% FBS (2). The cells were pretreated with different concentrations of CBD for 1 hour followed by stimulation with 200 ng/mL LPS for 24 hours. Following treatment, the supernatant was removed, and the BV2 cells were washed and incubated with fresh medium without drug for another 24 hours. The cytotoxicity of CBD (1, 2.5, 5, 10 and 15 µM) in BV2 cells was evaluated using the reagent MTT assay. IL-1β, IL-18, and IL-10 levels were estimated by ELISA. The mRNA levels of proinflammatory cytokines (NLRP3, caspase-1 and NF-κβ) in cells treated with CBD were evaluated by RT-PCR. To compare a one-way analysis of variance (ANOVA) with Tukey's multiple comparisons test was performed.

**RESULTS:** We tested the cytotoxicity of CBD when it was incubated with LPS and found that this also produced no cytotoxicity in BV2 cells at all tested concentrations. We further examined the effects of CBD on NLRP3, caspase-1 and NF-κβ mRNA and protein levels and IL-1β, IL-18, and IL-10 in LPS-induced BV2 cells. The results showed that CBD treatment significantly inhibited LPS-induced mRNA expression of NLRP3, caspase-1 and NF-κβ, as well as levels of secreted IL-1β, IL-18 and IL-10, in a concentration-dependent manner.

**CONCLUSIONS:** Overall, the data presented suggest that CBD could inhibit microglial activation and decrease neuroinflammation. Moreover, the mechanisms underlying the anti-inflammation effects of CBD may involve the suppression of NLRP3 inflammasomes and blockage of the NLRP3/NF-κB signalling pathway.

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**Keywords:** Cannabidiol, Neuroinflammation, NLRP3 inflammasome, BV2 cell

**[Abstract:0113]**

**The effect of isotretinoin treatment on mood and impulsivity in patients with moderate to severe acne vulgaris**

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**BACKGROUND AND AIM:** Acne vulgaris (AV) is one of the common dermatologic diseases that usually affects people during adolescence. There have been reports that isotretinoin, which is the first choice treatment option in the treatment of moderate to severe AV, may cause mood disturbance and suicidal tendencies. This study aims to evaluate the effects of isotretinoin treatment on depressive, anxiety and impulsivity symptoms in patients with AV.

**METHODS:** The study included 17 patients with moderate to severe AV followed in Uşak Training and Research Hospital Dermatology and Venereology Outpatient Clinic. Subjects were required to be between the ages of 18-45 years old, given consent to participate in the study, be drug-naïve and planned to be treated with oral isotretinoin. The study was planned as a naturalistic follow-up study. Before the isotretinoin treatment and at 3 months follow-up, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Barratt Impulsiveness Scale (BIS) and Go/no-go Task (GNG) were administered. The study was approved by Uşak University Medical Ethics Committee for Clinical Studies, Uşak, Turkey (02.02.2023, 64-64-18).

**RESULTS:** After 3 months of isotretinoin treatment, a significant improvement was observed in the severity of depression ( $t=3.04$ ;  $p=0.08$ ) and anxiety symptoms ( $t=2.72$ ;  $p=0.015$ ) in AV patients. No statistically significant difference was found in BIS scores at the end of the follow-up ( $t=0.80$ ;  $p=0.434$ ). A significant decrease was detected in omission errors with GNG suggesting attention ( $W=90.0$ ;  $p=0.020$ ) after the follow-up, however there was no significant difference in commission errors referring motor impulsivity ( $t=0.65$ ;  $p=0.52$ ).

**CONCLUSIONS:** As a result of isotretinoin treatment in acne vulgaris patients, it has been shown that there is an improvement in the severity of depression and anxiety symptoms, as well as in attention performance. However, there was no significant change in patients' impulsivity scores according to self-reports and behavioral performances with GNG.

**Keywords:** acne vulgaris, isotretinoin, depression, anxiety, impulsivity

**[Abstract:0119]**

**Comparisons between trichotillomania and obsessive-compulsive disorder in terms of autistic traits and repetitive behaviors in adolescents**

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**BACKGROUND AND AIM:** The concept of 'Autistic traits' is defined for individuals with similar symptoms and milder severity of clinical appearance of autism spectrum disorder (ASD) and was first emphasized in the studies conducted on unaffected first-degree relatives of cases with ASD (1, 2). There is some evidence in the literature that obsessive-compulsive disorder (OCD) is highly accompanied by sub-threshold autistic symptoms in adults and children (3-5). In trichotillomania, which is in the OCD spectrum according to the DSM 5, it is seen that this issue has not been adequately investigated. In our study, it was aimed to reveal the relationship between autistic traits and sensory-processing patterns and repetitive behaviors that may be related to autistic traits in adolescents diagnosed with trichotillomania and obsessive-compulsive disorder and to compare them with healthy controls.

**METHODS:** A total of 100 adolescents, including 32 adolescents with TTM, 33 adolescents with OCD and 35 healthy controls, between the ages of 11-18 who applied to Ankara Bilkent City Hospital Child and Adolescent Psychiatry Outpatient Clinic between February 2023 and June 2023 were included in the study. Participants were evaluated with the Autism Spectrum Quotient (AQ)-Adolescent, Adolescent/Adult Sensory Profile (AASP), Repetitive Behavior Scale-Revised (RBS-R), Children's Yale Brown Obsession Compulsion Scale (CY-BOCS), and Clinical Global Impression Scale-Severity (CGI-S). The SPSS 25.0 program was used in the statistical analyses.  $p < .05$  was accepted as a significance level.

**RESULTS:** Sociodemographic characteristics of our study is given in the table 1. In our study, it was determined that adolescents diagnosed with trichotillomania and obsessive-compulsive disorder had higher levels of autistic traits compared to healthy controls ( $p = .006$ ,  $p = .002$ , respectively). In terms of sensory-processing patterns, it was found that adolescents diagnosed with trichotillomania responded less/slowly to sensory inputs compared to healthy controls ( $p = .004$ ). Those diagnosed with OCD had higher sensory sensitivity compared to controls ( $p = .032$ ), and they also enjoyed less sensory inputs and were in less sensory seeking compared to both trichotillomania and healthy control groups ( $p = .003$ , for both). In addition, it was determined that adolescents diagnosed with both TTM and OCD exhibited more repetitive behaviors compared to healthy controls ( $p < .001$ , for both) (Table 2). Finally, correlations between CY-BOCS, AQ-Adolescent, RBS-R and AASP subscales in TTM and OCD groups presented in table 3 and 4.

**CONCLUSIONS:** The findings of our study suggest that autistic traits and repetitive behaviors are seen more common in adolescents with trichotillomania and obsessive-compulsive disorder and there are differences between them in terms of sensory-processing patterns. Our findings are in line with the literature generally (6-8). Conclusively, it is thought that it may be significant to focus on the social skills difficulties, repetitive behaviors, and sensory problems that adolescents diagnosed with OCD and TTM may experience.

**Keywords:** Adolescent, Autistic traits, Obsessive compulsive disorder, Repetitive behaviors, Sensory processing patterns, Trichotillomania

**Table 1: Comparison of sociodemographic characteristics between trichotillomania, obsessive compulsive disorder and healthy control groups**

		Median (IQR), n (%), Mean (SD)			
	TTM	OCD	HC	Kw- $\chi^2$ , F	p value
Age(month) <sup>a</sup>	168.0 (48.0)	180.0 (43.5)	192.0 (36.0)	3.463	.177*
Gender <sup>b</sup>					
Girl	27 (84.4)	23 (69.7)	20 (57.1)	5.905	.052**
Male	5 (15.6)	10 (30.3)	15 (42.9)		
Income level <sup>b</sup>					
Low	3 (9.4)	6 (18.2)	7 (20.0)	9.223	.056**
Moderate	18 (56.3)	18 (54.5)	9 (25.7)		
High	11 (34.4)	9 (27.3)	19 (54.3)		
Number of siblings <sup>b</sup>					
only child	3 (9.4)	4 (12.1)	6 (17.1)		.437**
2 siblings	13 (40.6)	18 (54.5)	19 (54.3)		(Fisher)
≥ 3 siblings	16 (50.0)	11 (33.3)	10 (26.6)		
Birth order <sup>b</sup>					
1st child	10 (31.3)	12 (36.4)	20 (57.1)	7.747	.101**
2 children	18 (56.3)	13 (39.4)	10 (26.6)		
≥ 3rd child	4 (12.5)	8 (24.2)	5 (14.3)		
Mothers' history of psychiatric disease <sup>b</sup>					
Yes	7 (21.9)	13 (39.4)	2 (5.7)	11.228	.004**
No	25 (78.1)	20 (60.6)	33 (94.3)		

Fathers' history of psychiatric disease b	4 (12.5)	5 (15.2)	1 (2.9)		.202**
Yes	28 (87.5)	28 (84.8)	34 (97.1)		(Fisher)
No					

a:Median (IQR), b:n (%), c:Mean (SD) TTM: Trichotillomania, OCD: Obsessive compulsive disorder, HC: Healthy control, IQR:Interquartile range, SD: Standard deviation, Kw: Kruskal Wallis \*Kruskal Wallis test was applied. \*\*Chi-square test was applied. \*\*\*One-way ANOVA test was applied.

**Table 2: Comparison of clinical variables between trichotillomania, obsessive compulsive disorder and healthy control groups**

Variable			Median (IQR) or Mean (SD)			
	TTM (n=32)	OCD (n=33)	HC (n=35)	Kw-χ <sup>2</sup> , F	p value	Post hoc (p)
AQ-Adolescent Communication <sup>a</sup>	3.0 (2.0)	3.0 (2.5)				
Social Skill <sup>a</sup>	3.0 (2.0)	3.0 (2.5)	2.0 (3.0)	9.984	.007*	TTM>HC,OCD>HC(.022,018)
Imagination <sup>a</sup>	3.0 (3.0)	3.0 (2.0)	2.0 (3.0)	13.529	.001*	TTM>HC,OCD>HC(.027,001)
Attention to Detail <sup>a</sup>	6.0 (2.0)	5.0 (3.0)	5.0 (4.0)	2.290	.318*	
Attention Switching <sup>a</sup>	5.0 (2.0)	5.0 (2.5)	4.0 (3.0)	3.566	.168	TTM>HC,OCD>HC(.018,<.001)
Total <sup>a</sup>	20.0 (5.0)	20.0 (7.0)	15.0 (14.0)	19.193	<.001*	TTM>HC,OCD>HC(.006,002)
AASP						
Low Registration <sup>b</sup>	35.5 (9.6)	33.2 (9.0)				
Sensory Avoidance <sup>b</sup>	40.7 (9.5)	40.2 (12.5)	28.4 (7.7)	5.752	.004**	TTM>HC (.004)
Sensory Seeking <sup>b</sup>	45.2 (9.0)	38.2 (7.7)	36.5 (8.5)	1.681	.192**	OCD<HC,OCD<TTM (.003, for both)
Sensory Sensitivity <sup>b</sup>	40.9 (11.2)	41.0 (10.6)	35.0 (8.9)	7.685	.001**	OCD>HC (0.32)
RBS-R-TV	2.0 (6.0)	2.0 (3.5)				
Stereotyped <sup>a</sup>	3.0 (3.0)	2.0 (4.0)	0.0 (1.0)	14.155	.001*	TTM>HC,OCD>HC(.004,003)
Self-injurious <sup>a</sup>	1.0 (5.0)	5.0 (8.0)	0.0 (1.0)	20.120	<.001*	TTM>HC(<.001)
Compulsive <sup>a</sup>	2.0 (5.0)	2.0 (4.0)	0.0 (2.0)	17.523	<.001*	OCD>HC(<.001)
Routine <sup>a</sup>	5.0 (6.0)	5.0 (8.0)	0.0 (1.0)	20.085	<.001*	TTM>HC,OCD>HC(.002,<.001)
Sameness <sup>a</sup>	6.0 (2.0)	6.0 (3.0)	1.0 (2.0)	19.612	<.001*	TTM>HC,OCD>HC(<.001,001)
Restricted <sup>a</sup>	1.0 (16.0)	1.0 (17.5)	0.0 (0.0)	8.457	.015*	TTM>HC,OCD>HC(.040,035)
Total <sup>a</sup>			2.0 (8.0)	26.366	<.001*	TTM>HC,OCD>HC(<.001,<.001)

a: Median (IQR), b: Mean (SD) \* Kruskal Wallis test was applied. \*\* One-way ANOVA test was applied. TTM: Trichotillomania, OCD: Obsessive compulsive disorder, HC: Healthy control, IQR: Interquartile range, SD: Standard deviation, Kw:Kruskal Wallis, AQ-Adolescent: The Autism Spectrum Quotient (AQ)-Adolescent, AASP: Adolescent/Adult Sensory Profile, RBS-R-TV:Repetitive Behavior Scale-Revised Turkish Version

**Table 3: Correlation between CY-BOCS, AQ-Adolescent, RBS-R and AASP subscales in trichotillomania group**

		CGI-Severity	AQ-Adolescent Total	RBS-R-Total	AASP-Low Registration	AASP-Sensory Seeking	AASP-Sensory Sensitivity	AASP-Sensory Avoidance
CGI-Severity	r p	1.000 .						
AQ-Adolescent Total	r p	-.101 .581	1.000 .					
RBS-R-Total	r p	.067 .716	.249 .170	1.000 .				
AASP-Low Registration	r p	.403 * .024	.045 .811	.341 .061	1.000 .			
AASP - Sensory Seeking	r p	.325 .070	-.028 .879	-.078 .672	.128 .494	1.000 .		
AASP - Sensory Sensitivity	r p	.158 .388	-.095 .604	.457 ** .009	.729 ** .000	.060 .742	1.000 .	
AASP - Sensory Avoidance	r p	.129 .483	.099 .590	.202 .267	.582 ** .001	.016 .932	.642 ** .000	1.000 .

Spearman correlation analysis was applied. \*Correlation is significant at the 0.05 level. \*\* Correlation is significant at the 0.01 level. CY-BOCS: Children's Yale-Brown Obsessive Compulsive Scale, AQ-Adolescent: The Autism Spectrum Quotient-Adolescent, RBS-R-TV: Repetitive Behavior Scale-Revised, AASP: Adolescent/Adult Sensory Profile

**Table 4: Correlation between CY-BOCS, AQ-Adolescent, RBS-R and AASP subscales in obsessive compulsive disorder group**

		CYBOCS-TOTAL	AQ-Adolescent Total	RBS-R Total	AASP-Low Registration	AASP-Sensory Seeking	AASP-Sensory Sensitivity	AASP-Sensory Avoidance
CYBOCS-TOTAL	r p	1.000 .						
AQ-Adolescent Total	r p	.423 * .028	1.000 .					
RBS-R-Total	r p	.345 .078	.212 .319	1.000 .				
AASP-Low Registration	r p	.385 * .029	.022 .916	.103 .616	1.000 .			
AASP -Sensory Seeking	r p	-.025 .890	-.171 .404	.152 .450	.336 .065	1.000 .		
AASP -Sensory Sensitivity	r p	.358 * .041	.163 .416	.234 .240	.713 ** .000	-.006 .973	1.000 .	
AASP -Sensory Avoidance	r p	.481 ** .005	.346 .083	.161 .433	.539 ** .002	-.114 .542	.803 ** .000	1.000 .

Spearman correlation analysis was applied. \*Correlation is significant at the 0.05 level. \*\* Correlation is significant at the 0.01 level. CY-BOCS: Children's Yale-Brown Obsessive Compulsive Scale, AQ-Adolescent: The Autism Spectrum Quotient-Adolescent, RBS-R-TV: Repetitive Behavior Scale-Revised, AASP: Adolescent/Adult Sensory Profile

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### [Abstract:0124]

#### Comparison of Clinical Characteristics of Children with Specific Language Impairment, Speech Sound Disorder, and Stuttering

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**BACKGROUND AND AIM:** Communication disorders (CDs) are a group of neurodevelopmental disorders of childhood. In this study, it was aimed to determine the clinical similarities and differences between CDs in children under six years old.

**METHODS:** The data of 432 patients who applied to our outpatient clinic for the first time and were diagnosed with CD between January 2021-November 2022 were retrospectively reviewed. The study was approved by the Erciyes University's ethics committee (2023/02).

**RESULTS:** The number of patients diagnosed with specific language impairment (SLI) was 301 (mean age:  $38.87 \pm 10.69$ /months), speech sound disorder (SSD) was 86 (mean age  $57.40 \pm 11.23$ /months), and stuttering was 45 (mean age  $54.86 \pm 11.99$ /months). There were significant differences between the groups in terms of age at admission, number of hospital visits and walking time ( $p=0.000$ ,  $p=0.009$ ,  $p=0.001$ , respectively). Children with SLI presented at significantly earlier age than others. The number of hospital visits for stuttering was significantly lower than the other groups. Again, walking time of children with stuttering was earlier than the other two groups. There was no significant difference between the groups in terms of gender, number of siblings, birth order, parental age, family type, perinatal complications, screen exposure time, age of first words, and toilet training time. There was a significant difference between the groups in terms of the presence of a family history of speech delay ( $p=0.000$ ). This rate was 55.3% in SLI, 24.6% in SSD, and 7.7% in stuttering. At the same time, there was a significant difference between the groups in terms of stimulus deficiency ( $p=0.000$ ). This rate was found to be 50% in SLI and 13.3% in SSD.

**CONCLUSIONS:** There were differences between the groups in terms of age, number of hospital visits, walking time, family history of speech delay, and stimulus deficiency. Determining the differences of CDs is important for differential diagnosis, early recognition and support of high-risk children.

**Keywords:** child, neurodevelopmental, SLI, speech, SSD; stuttering

### [Abstract:0137]

#### Drug-refractory irritability in autistic children: A clinical and psychopharmacological profile from a university outpatient sample

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**BACKGROUND AND AIM:** Irritability is a common and impairing symptom in autistic children. Risperidone and aripiprazole are the only FDA-approved for treating irritability in this population, but some children are unresponsive to these agents. Drug refractory irritability (DRI) is a defined condition characterized by persistent irritability that does not respond to (a) risperidone and aripiprazole or (b) at least three other psychotropic drugs at adequate doses and durations. This study aimed to estimate the prevalence of DRI and examine psychopharmacological treatment strategies in a tertiary outpatient sample of autistic children.

**METHODS:** We retrospectively reviewed the medical records of 154 consecutive autistic children (2-18 years old) referred to our university outpatient clinic in one year. We recorded and compared clinical characteristics and psychopharmacological treatments between DRI and non-DRI groups.

**RESULTS:** 14.3% of autistic children met the DRI criteria. Age, sex, and family structure were similar between groups. However, DRI group had significantly lower family income (28.8% vs 10.5%,  $p=0.004$ ). All DRI children had psychiatric comorbidities, with ADHD being significantly more prevalent than in non-DRI group (95.5% vs 57.6%,  $p=0.001$ ). Median number of psychotropic treatment regimens used for DRI was 3, with only 40.9% of children achieving good response. DRI group had significantly more co-pharmacy (81.8% vs 16.9%,  $p<0.001$ ) and poly-pharmacy (72.1% vs 1.1%,  $p<0.001$ ) than non-DRI group.

**CONCLUSIONS:** DRI affects a substantial proportion of our outpatient clinic sample of children with ASD, especially poor-income families. High psychiatric comorbidity and limited treatment response underscore the need for studies exploring the etiology and treatment approaches for this population.

**Keywords:** autism spectrum disorders, irritability, drug refractory, children

#### [Abstract:0139]

#### Factors Associated with Treatment Motivation among Inpatients with Alcohol and Substance Use Disorder

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**BACKGROUND AND AIM:** Motivation plays an important role in addiction treatment concerning individuals' willingness to seek treatment, adhere to it, and complete it. Therefore, identifying the differences between individuals with low and high motivation is crucial for both prevention efforts and the development of treatment plans. This study aims to compare individuals with alcohol substance use disorder who have low and high motivation in terms of addiction characteristics and associated mental problems during their hospitalization.

**METHODS:** Retrospective assessment of inpatient files was carried out in the Alcohol and Substance Treatment Center of Moodist Hospital in Istanbul/Turkey. The patients with psychotic symptoms were excluded. A sociodemographic and clinical information form and the Addiction Profile Index Clinical Form (API-C) applied at the beginning of the inpatient stay were considered for the current study. Treatment motivation was assessed using motivation items of API, and motivation groups were formed using API cut-offs. The final study sample included 1081 patients. The study has been approved by the Independent Ethics Committee of Istanbul Kent University.

**RESULTS:** In the study group, 1007 (93.2%) patients were male, and 74 (6.8%) were female. Among patients, 289 (26.7%) were considered in the low-motivation group, and 792 (73.3%) were considered in the high-motivation group. Higher education ( $X^2=7.121$ ;  $p=0.009$ ), female gender ( $X^2=6.291$ ;  $p=0.014$ ), increased severity of withdrawal symptoms ( $X^2=26.072$ ;  $p<0.001$ ), presence of a physical illness ( $X^2=4.954$ ;  $p=0.028$ ), presence of previous psychiatric treatment ( $X^2=35.505$ ;  $p<0.001$ ), decreased number of previous attempts to quit alcohol or substances ( $t=3.528$ ;  $p<0.001$ ), decreased number of hospitalization due to alcohol or substance use ( $t=2.392$ ;  $p=0.017$ ) and presence of family history for alcohol and substance use ( $X^2=7.343$ ;  $p=0.008$ ) were the sociodemographic and clinical factors significantly associated with low-motivation. As for API-C, the high motivation group was found to have significantly higher scores in the impact of substance use on life ( $t=9.100$ ;  $p<0.001$ ), craving ( $t=7.040$ ;  $p<0.001$ ), depression ( $t=2.891$ ;  $p=0.004$ ), and anxiety ( $t=3.138$ ;  $p=0.002$ ) scores compared to the low motivation group.

**CONCLUSIONS:** The findings of the current study demonstrated that there were differences between individuals with low and high motivation in terms of sociodemographic and clinical variables. Considering these differences during the treatment process could be helpful in approaching patients effectively.

**Keywords:** Motivation, substance use, alcohol use, addiction

**[Abstract:0140]**

**Loneliness and Aggression Levels in People with Methamphetamine Use Disorder: A Cross-sectional Comparative Study**

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**BACKGROUND AND AIM:** In our study, we aimed to examine the sociodemographic characteristics of patients with methamphetamine use disorder(MUD) and controls, whether loneliness and aggression levels differ, and to evaluate the relationship of clinical variables and loneliness feeling with aggression levels in patients.

**METHODS:** The sample of the study consists of 43 adult male patients who met the diagnostic criteria for MUD and 41 adult controls who applied to the Erzurum Regional Training and Research Hospital AMATEM outpatient clinic. Psychiatric assessments of all participants were made using the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Additional psychopathologies were excluded. Buss-Perry Aggression Scale(BPAQ) and Social and emotional loneliness scale adult form(SELSA-S) were completed by all participants. The sociodemographic data of the participants were recorded.

**RESULTS:** 53.5% of the patients were primary school graduates, 58.1% were single and 53.5% were unemployed, and their mean age was  $32.79 \pm 6.80$  years. The comparison of sociodemographic characteristics of patients and controls is shown in Table1. Loneliness and aggression levels of the patients were significantly higher than the controls. Comparison of loneliness and aggression levels of patients and controls is shown in Table2. A significant and positive relationship was found between the loneliness levels of the patients and the duration of methamphetamine use. A significant and positive relationship was found between aggression levels and the amount of methamphetamine used daily. The relationship between clinical variables, loneliness and aggression levels in patients is shown in Table3. According to the results of linear regression analysis, it was shown that only the amount of methamphetamine used daily was effective on aggression levels( $p=.004$ ). It was determined that a one-unit increase in daily methamphetamine intake increased aggression levels by 15,422 units

**CONCLUSIONS:** Our study showed that individuals with MUD, similar to previous studies, reported higher levels of loneliness and higher levels of aggression compared to controls(1,2).

Methamphetamine is a highly addictive central nervous system stimulant(1). Methamphetamine use causes neurological problems such as cardiovascular injury and dementia, as well as mental problems ranging from suicidality, depression, violent behavior and psychosis(3). Consistent with our results, it has been reported in the literature that individuals with MUD have higher levels of aggression compared to controls(2,4), and that methamphetamine shows a dose-dependent increase in aggressive behavior(5).

Loneliness is defined as a feeling that accompanies the perception that one's social needs are not met by the quantity or quality of their social relationships(1). Loneliness has been associated with numerous negative mental and physical health outcomes, including anxiety, depression, anger, addictive behaviors, cardiovascular deterioration, and type2 diabetes (1,3). Loneliness may predispose people to methamphetamine use, and methamphetamine use may contribute to loneliness(1). It has been reported that individuals who use methamphetamine have higher levels of loneliness compared to those who do not(1), and increased levels of loneliness are associated with poor treatment response and higher tendency to use methamphetamine(3).

In addition to negatively affecting physical and mental health, methamphetamine use also imposes a great burden on society in terms of social financial costs. Therefore, it is important to identify the underlying causes.

**Keywords:** Aggression, Loneliness, Methamphetamine use disorder,

**Table 1. Comparison of sociodemographic characteristics of the patient and control groups**

		Patient Group	Control Group	Mean± SD	χ <sup>2</sup>	t	p
		n %	n %				
Age	Patient Group			32.79±6.80		.306	.76
	Control Group			32.29±8.09			
Marital status	Married	18-(41.9)	23-(56.1)		4.502		.111
	Single	21-(48.8)	18-(43.9)				
	Widowed, divorced, living apart	4-(9.3)	0-(0)				
Educational status	Primary school	23-(53.5)	6-(14.6)		21.297		<.001
	High school	19-(44.2)	21-(51.2)				
	University	1-(2.3)	14-(34.1)				
Occupation	Unemployed	23-(53.5)	4-(9.8)		24.877		<.001
	Private sector employee	12-(27.9)	9-(22)				
	Public employee	8-(18.6)	28-(68.3)				
Family type	Nuclear family	34-(79.1)	34-(82.9)		5.627		.059
	extended family	4-(9.3)	7-(17.1)				
	broken family	5-(11.6)	0-(0)				
Smoking	There is	42-(97.7)	21-(51.2)		21.742		<.001
	No	1-(2.3)	20-(48.8)				
Alcohol consumption	There is	19-(44.2)	4-(9.8)		10.841		.001
	No	24-(55.8)	37-(90.2)				
presence of chronic disease	There is	4-(9.3)	4-(9.8)		.005		.944
	No	39-(90.7)	37-(90.2)				
Sport	There is	6-(14)	22-(53.7)		13.156		<.001
	No	37-(86)	19-(46.3)				
BMI	Patient Group			23.53±2.43		-2.782	.007
	Control Group			25.14±2.86			

Note:  $p < .05$ : Statistical significance level in comparison of groups; BMI: Body Mass Index; Mean± SD: Mean± standard deviation; n: number of participants; t: Independent sample t test; χ<sup>2</sup>: Chi square.

**Table 2. Comparison of social and emotional loneliness, and aggression levels of the patient and control groups**

	Patient Group Mean± SD	Control Group Mean± SD	t	p
SL	21.70±5.60	11.31±6.32	7.967	<.001
EL/F	17.95±7.14	6.58±4.15	8.965	<.001
EL/R	25.35±6.35	16.42±10.14	4.812	<.001
EL/T	42.55±11.97	23.00±11.21	7.718	<.001
SELSA-S	64.23±14.88	35.34±15.76	8.642	<.001

BPAQ/PA	28.11±8.19	17.39±5.82	6.886	<.001
BPAQ/A	24.76±8.06	15.24±5.45	6.311	<.001
BPAQ/H	26.37±6.99	17.95±5.45	6.139	<.001
BPAQ/VA	16.67±3.88	12.98±3.99	4.302	<.001
BPAQ/T	95.93±24.34	63.07±17.1	7.127	<.001

Note:  $p < .05$ : Statistical significance level in comparison of groups; BPAQ/A: Buss-Perry Aggression Questionnaire/Anger score; BPAQ/H: Buss-Perry Aggression Questionnaire/Hostility score; BPAQ/PA: Buss-Perry Aggression Questionnaire/ Physical aggression score; BPAQ/T: Buss-Perry Aggression Questionnaire/Total score; BPAQ/VA: Buss-Perry Aggression Questionnaire/ Verbal aggression score; EL/F: Emotional loneliness family score; EL/R: Emotional loneliness romantic score; EL/T: Emotional loneliness Total score; Mean± SD: Mean± standard deviation; SELSA-S: Social and Emotional Loneliness Scale total score; SL: Social loneliness score; t: Independent sample t test

**Table 3. The relationship between daily Methamphetamine intake, Methamphetamine use duration, age, BMI, social and emotional loneliness levels and aggression levels in patients**

pearson	r,p	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Age	r	1	.214	-.340	.044	-.070	.030	-.138	.004	-.027	-.267	-.090	-.097	-.183	-.177
	p		.169	.026	.777	.654	.848	.377	.979	.863	.083	.566	.534	.240	.257
2. Daily METH intake (gr/day)	r		1	.231	.167	-.022	.099	.030	.101	.073	.374	.425	.426	.229	.426
	p			.135	.285	.888	.527	.846	.520	.641	.013	.004	.004	.140	.004
3. METH use duration (month)	r			1	-.058	.169	.380	.343	.432	.413	.442	.154	.361	.221	.339
	p				.714	.279	.012	.024	.004	.004	.003	.325	.017	.154	.026
4. BMI	r				1	-.107	-.024	.108	.008	-.036	.349	.359	.309	.243	.364
	p					.493	.878	.492	.959	.818	.022	.018	.044	.117	.016
5. SL	r					1	.325	.331	.354	.661	.196	.167	.166	.145	.192
	p						.034	.030	.020	.000	.207	.283	.286	.353	.216
6. EL/F	r						1	.566	.881	.828	.117	.113	.035	.162	.113
	p							.000	.000	.000	.455	.470	.823	.300	.472
7. EL/R	r							1	.847	.805	.369	.212	.189	.299	.296
	p								.000	.000	.015	.173	.225	.052	.054
8. EL/T	r								1	.936	.257	.175	.171	.238	.232
	p									.203	.096	.262	.274	.124	.135
9. SELSA-S	r									1	.282	.203	.199	.246	.259
	p										.067	.192	.200	.112	.094
10. BPAQ/PA	r										1	.775	.740	.690	.916
	p											.000	.000	.000	.000
11. BPAQ/A	r											1	.783	.787	.942
	p												.000	.000	.000
12. BPAQ/H	r												1	.514	.878
	p													.000	.000

13. BPAQ/VA	r												1	.800
	p													.000
14. BPAQ/T	r												1	
	p													

Note.:  $p < .05$ ; Statistical significance level; BMI: Body Mass Index; BPAQ/A: Buss-Perry Aggression Questionnaire/Anger score; BPAQ/H: Buss-Perry Aggression Questionnaire/Hostility score; BPAQ/PA: Buss-Perry Aggression Questionnaire/ Physical aggression score; BPAQ/T: Buss-Perry Aggression Questionnaire/Total score; BPAQ/VA: Buss-Perry Aggression Questionnaire/ Verbal aggression score; EL/F: Emotional loneliness family score; EL/R: Emotional loneliness romantic score; EL/T: Emotional loneliness total score; METH: Methamphetamine; SELSA-S: Social and Emotional Loneliness Scale total score; SL: social loneliness score.

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## [Abstract:0144]

### The Relationship Between Secondary Traumatic Stress, Psychiatric Symptoms and Coping Styles in Healthcare Workers After the Maraş 2023 Earthquake

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**BACKGROUND AND AIM:** The negative effects of traumatic life events can be observed in individuals who have close contact with them, as well as those who directly experience such events. Secondary traumatic stress has been defined as indirect exposure to trauma while being in a professional relationship with people who have directly experienced the traumatic event (1,2). Negative coping is defined as behaviors that are used to cope with stress but ultimately increase the stress level and are effective in the emergence and persistence of post-traumatic stress symptoms. (3,4). In our study, it is aimed to determine the relationship between secondary traumatic stress, psychiatric symptoms and coping styles in healthcare workers working at Ankara Bilkent City Children Hospital. **METHODS:** Our study included 245 healthcare professionals (doctors, nurses, psychologists, child development specialists, and social workers) between the ages of 18-65 who are working at Ankara Bilkent City Children Hospital between April 2023 and June 2023. 159 healthcare professionals involved in the treatment of patients affected by the Maraş 2023 earthquake constituted the case group, and 86 healthcare professionals who did not take an active role in the treatment of these patients constituted the control group. Participants were evaluated with sociodemographic data form, Brief Symptom Inventory (BSI), Ways of Coping with Stress Scale and Secondary Traumatic Stress Scale (STSS).

SPSS 25.0 program was used in the analysis.  $p < .05$  was considered significant. **RESULTS:** Sociodemographic and trauma related data of healthcare professionals participating in the study are presented in Table 1. Healthcare workers who are actively involved in the treatment of earthquake-affected patients have statistically significantly higher scores than others in terms of anxiety subscale of BSI, sensory intrusion, avoidance, arousal subscales and total score of ISSQ. ( $p = .024$ ,  $p = .040$ ,  $p = .010$ ,  $p = .015$ ,  $p = .008$ , respectively) (Table 2). According to the Spearman correlation analysis, the severity of secondary traumatic stress showed a significant positive correlation with the time spent with the trauma patient, the BSI global severity index, and ineffective coping styles. Also, it was found that there was a significant negative correlation with effective coping styles (Table 3). Finally, according to the results of the multivariate linear regression analysis, the time spent with the trauma patient, the BSI global severity index, and ineffective coping styles were shown to predict positively, but effective coping styles were shown to negatively predict the severity of secondary traumatic stress ( $F(4,236) = 66.711$ ,  $p < .001$ ,  $R^2_{adjusted} = .52$ ) (Table 4).

**CONCLUSIONS:** According to the findings of our study, it is thought that healthcare professionals who use coping styles ineffectively are more at risk for secondary traumatic stress. It is thought that supporting healthcare professionals involved in the treatment of trauma-affected patients to learn effective coping methods with stress can protect them from mental problems.

**Keywords:** Coping styles, Healthcare workers, Maras 2023 earthquake, Secondary traumatic stress

**Table 1. Comparisons of sociodemographic and trauma related experience data of healthcare workers**

	Total (n=245)	Case Group (n=159)	Control Group (n=86)	$z/\chi^2$	p
Age (year) <sup>a</sup>	29 (6.8)	28 (5)	31 (12)	-2.239	.025*
Gender b					
Female	181 (73.9)	115 (72.3)	66 (76.7)	.359	.549**
Male	64 (26.1)	44 (27.7)	20 (23.3)		
Occupation					
Doctor	96 (39.2)	67 (42.1)	29 (33.7)		
Nurse	136 (55.5)	86 (54.1)	50 (58.1)		
Psychologist	5 (2)	1 (0.6)	4 (4.7)		
Child Development Specialist	3 (1.2)	1 (0.6)	2 (2.3)		
Social Worker	5 (2)	4 (2.5)	1 (1.2)		
Educational Status b					
University	167 (68.2)	109 (68.6)	58 (67.4)	.726	.695**
Master's degree	63 (25.7)	39 (24.5)	24 (27.9)		
PhD	15 (6.1)	11 (6.9)	4 (4.7)		
Marital Status <sup>b</sup>					
Married	126 (51.4)	76 (47.8)	50 (58.1)		.165***
Single	115 (46.9)	81 (50.9)	34 (39.5)		
Divorced	4 (1.6)	2 (1.3)	2 (2.3)		
Have a Child <sup>b</sup>					
Yes	63 (25.7)	30 (18.9)	33 (38.4)	3.619	.057**
No	182 (74.3)	129 (81.1)	53 (61.6)		
Psychiatric Illness b					
Yes	19 (7.8)	13 (8.2)	6 (7)	.007	.932**
No	226 (92.2)	146 (91.8)	80 (93)		
Past Trauma History <sup>b</sup>					
Yes	66 (26.9)	43 (27)	63 (73.3)	.000	1.000
No	179 (73.1)	116 (73)	23 (26.7)		
Time Spent with Traumatized Patient (hours/week) <sup>a</sup>	8 (38)	24 (38)	0 (0)	- 12.261	<.001*

Duty At the Earthquake Siteb Yes No	25 (10.2) 220 (89.8)	25 (15.7) 134 (84.3)	0 (0) 86 (100)	13.392	<.001**
Having Affected Relativesb	89 (36.3)	62 (39)	27 (31.4)	1.393	.238**
Financial/Shelter	82 (33.5)	59 (37.1)	23 (26.7)	2.692	.101**
Physical Injury	19 (7.8)	18 (11.3)	1 (1.2)	6.693	.010**
Dead	14 (5.7)	11 (6.9)	3(3.5)		.390***
Following Newsb	238 (97.1)	155 (97.5)	83 (96.5)	.109	.699***
TV	201 (82)	129 (81.1)	72 (83.7)	1.669	.742**
Social Media	218 (89)	145 (91.2)	73 (84.9)	.032	.196**
Relatives	113 (46.1)	74 (46.5)	39 (45.3)		.858**

a: Median (Interquartile range), b:n (%), \* Mann-Whitney U test was applied. \*\*Chi-squared test was applied. \*\*\*Fisher's exact test was applied.

**Table 2. Comparison of the clinical variables of the healthcare workers**

	Total	Case	Control	z/t	p value
BSI					
Anxietya	4 (9)	5 (9)	4 (6)	-2.249	.024*
Depressiona	7 (12)	7(12)	6(11)	-1.087	.277*
Negative self-concepta	4 (9)	4 (10)	3 (7)	-0.694	.488*
Somatizationa	2 (5)	2 (6)	2 (4)	-0.488	.626*
Hostilitya	4 (5)	4 (6)	3 (5)	-1.337	.181*
Global Severity Indexa	0.4 (0.7)	0.5 (0.7)	0.4 (0.6)	-1.187	.165*
WCSS					
Self-esteemed approacha	13 (4)	13 (4)	14 (5)	-1.187	.235*
Desperate approacha	9 (6)	9 (6)	8 (6)	-1.116	.264*
Submissive approacha	6 (4)	6 (4)	6 (4)	-0.848	.396*
Optimistic approacha	9 (3)	8 (3)	9 (5)	-0.947	.344*
Seeking social support approacha	8 (3)	8 (3)	8 (3)	-0.517	.605*
Effective approach	29 (9)a	29.3 (6.6)b	30 (11)a	-1.182	.237*
Ineffective approach	15 (8)a	15.1 (6.1)b	14 (8)a	-1.241	.215*
Totalb	56.5 (10.6)	56.1 (10.3)	57.3 (11.0)	0.909	.364**
STSS					
Intrusiona	10 (6)	11 (7)	10 (5)	-2.056	.040*
Avoidance	16 (7)a	16 (7)a	15.1 (5.3)b	-2.581	.010*
Arousal	12 (6)	12 (7)	10 (6)	-2.434	.015*
Totalb	39.1 (13.2)	40.6 (13.2)	36.1 (12.7)	-2.654	.008**

\* Mann-Whitney U \*\* Parametric T test a: Median (Interquartile range), b: Medial (Standard Deviation), BSI: Brief Symptom Inventory, WCSS: Ways of Coping with Stress Scale, STSS: Secondary Traumatic Stress Scale

**Table 3. Results of Spearman correlation analysis performed on healthcare professionals actively involved in the treatment of earthquake-affected patients**

	Time spent with the traumatized patient	BSI-GSI	WCSS Effective approach	WCSS Ineffective approach	STSS Intrusion	STSS Avoidance	STSS Arousal	STSS Total
Time spent with the traumatized patient	r p	1.000						

BSI-GSI	r p	.050 .538	1.000						
WCSS Effective approach	r p	-.149 .063	-.383** .000	1.000					
WCSS Ineffective approach	r p	-.063 .437	.512** .000	-.368** .000	1000				
STSS Intrusion	r p	.212** .008	.376** .000	-.151 .057	.238** .003	1000			
STSS Avoidance	r p	.234** .003	.608** .000	-.427** .000	.445** .000	.592** .000	1000		
STSS Arousal	r p	.166* .037	.640** .000	-.372** .000	.407** .000	.619** .000	.846** .000	1000	
STSS Total	r p	.229** .004	.612** .000	-.370** .000	.409** .000	.802** .000	.927** .000	.927** .000	1000

BSI-GSI: Brief Symptom Inventory-Global Severity Index, WCSS: Ways of Coping with Stress Scale, STSS: Secondary Traumatic Stress Scale

**Table 4. Results of multivariate linear regression analysis of factors that may predict secondary traumatic stress.**

Variables	Non-standard coefficients	Standardized $\beta$	%95 CI	t	p
	B SEB		LL UL		
Constant	30.547 3.474		23.703 37.390	8.794	<.001
Time*	.100.025	.183	.051.148	4.066	<.001
BSI-GSI	11.772 1.229	.521	9.350 14.194	9.575	<.001
WCSS-EA	-.219.092	-.115	-.401 -.037	-2.368	.019
WCSS-IA	.381. 106	.186	.171.590	3.582	<.001

\*Time: spent with the traumatized patient, CI: Confidence interval, LL: Lower limit, UL: Upper limit, BSI-GSI: Brief Symptom Inventory-Global Severity Index, WCSS-EA: Ways of Coping with Stress Scale-Effective approach, WCSS-IA: Ways of Coping with Stress Scale- Ineffective approach

#### [Abstract:0146]

#### Experimental Study Of The Effects Of Empagliflozin and Dapagliflozin On Cognition In Type 2 Diabetic Rat Model

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**BACKGROUND AND AIM:** Type 2 Diabetes Mellitus (T2DM) is one of the most prevalent chronic disorders worldwide. In this condition, which has several side effects, cognitive skills decline, and T2DM causes the progression of Alzheimer's disease. Even more recently, Alzheimer's disease has started to be referred to as type 3 diabetes. Sodium-glucose cotransporter 2 inhibitors (SGLT2is) include empagliflozin and dapagliflozin. It reduces insulin resistance and glucose toxicity by increasing glucose excretion within the urine. It can decrease blood glucose levels even when insulin capability is low by working independently of insulin. SGLT2is has an impact on more than only insulin sensitivity and blood glucose levels. It also ameliorates mitochondrial activity and insulin signaling in the brain, as well as decreases cell death. In addition, SGLT2is protects against cognitive decline and preserves synaptic plasticity in the hippocampus. To understand this mechanism pro-inflammatory cytokine interleukin-1 $\beta$  (IL-1 $\beta$ ) levels and the receptors for advanced glycation end-products (RAGE), which activates downstream signaling pathways leading to increased production of reactive oxygen species and inflammatory cytokines, were assessed in the serum and hippocampus. By using the Passive Avoidance Test (PAT) and Novel Object Recognition Test (NORT), the learning and memory capacity of T2DM rats

were examined to determine the effects of SGLT2is on cognitive functioning. **METHODS:** Sprague-Dawley rats were separated into four groups (n=6) for the study: Control, T2DM, T2DM+Empagliflozin (EMPA; 10 mg/kg), T2DM+Dapagliflozin (DAPA; 1 mg/kg). Nicotinamide (100 mg/kg) was delivered intraperitoneally (i.p.) 15 minutes before streptozotocin (55 mg/kg) was administered. After one week, the blood glucose levels of the rats were measured, and only those rats with blood glucose levels above 200 mg/dl were included in the experiment. NORT was performed on the 28th day of the experiment, and PAT was performed on the 30th-31st days of the experiment. Moreover, ELISA analyse was used to determine IL-1 $\beta$  and RAGE levels in the serum and hippocampus. All values were analyzed using analysis of variance (ANOVA) tests and the Tukey multiple comparison test as post-hoc test with the GraphPad Prism 6.05 software.

**RESULTS:** Our results show that while the control group was more interested in the novel object (\*p<0.05), there was no significant difference between the familiar and novel in the T2DM group. The DAPA group was more interested in the novel object. There was a significant difference in PAT results between the T2DM and other groups (\*p<0.05 and \*\* p <0.01). Also, serum IL-1 $\beta$  levels increase in the serum of the T2DM group compared to DAPA and Control groups (\*\* p <0.01).

**CONCLUSIONS:** Our results show that DAPA and EMPA ameliorate cognitive functions in T2DM-induced rats in accordance with NORT and PAT. Serum and hippocampus levels of RAGE and IL-1 $\beta$  show differences in the groups. So DAPA and EMPA may be beneficial agents in preventing AD-related cognitive decline.

**Keywords:** Type 2 diabetes, Alzheimer disease, Empagliflozin, Dapagliflozin, Cognition

#### [Abstract:0147]

#### Investigation of Clinical Characteristics of Cases Referred to Child Psychiatry Outpatient Clinic for Forensic Report

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**BACKGROUND AND AIM:** The number of cases referred for forensic report is increasing day by day. In this study, it was aimed to examine the sociodemographic data and clinical characteristics of children and adolescents who were evaluated for forensic reports.

**METHODS:** The files of children and adolescents who applied for a forensic report between January 2021 and January 2023 were reviewed and 126 cases with full data were included. The study was approved by the university's ethics committee (2023/112).

**RESULTS:** The mean age of the cases was 14.51 $\pm$ 3.09 years and 57.9% of the study group was male. Reports were prepared most frequently for judicial maturity (30.2%), followed by cases (26.2%) referred under Article 31/2 of the Turkish Penal Code (TPC). While 15.1% had a psychiatric diagnosis, 6.4% were using at least one psychotropic drug. 12.1% of the cases were prisoners. The most frequently asked crime in the cases referred for Articles 31/2 and 32 of the TPC was sexual abuse. The ability to perceive the legal meaning and consequences of the action and to direct his/her behaviors developed completely in the 25% of the cases referred to within the scope of TPC 31/2. There was a significant difference between the genders in terms of the reason for the report (p=0.000). While the reports within the scope of Article 31/2 of the TPC were asked more frequently in boys, judicial maturity was asked more frequently in girls. No psychopathology was found in any of the cases who applied due to judicial maturity.

**CONCLUSIONS:** It is noteworthy that the number of adolescents who applied for judicial maturity increased. In addition, it is thought that knowing the clinical characteristics of the cases referred for forensic report for many reasons will be beneficial for the prevention and protection programs that can be applied in this regard.

**Keywords:** forensic report, adolescent, judicial maturity, Turkish Penal Code, juvenile delinquent

#### [Abstract:0149]

#### The Examining of Efficacy of Narrative Therapy Practices on Cancer Patients in Turkey: A Phenomenological Study

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**BACKGROUND AND AIM:** Chronic diseases negatively affect the person physically, psychologically and socially. World Health Organization data show that 71% of deaths in the world are due to chronic diseases. Cancer causes 16% of deaths in the world [1]. In Turkey, studies have shown that chronic diseases account for 89% of all deaths [1]. According to a study conducted in Turkey in 2018, cancer, which ranks second after cardiovascular diseases, constitutes 19.7% of all deaths [2]. In this vein, it is seen that cancer is among the most common causes of death all over the world and in Turkey. In this context, it is seen that it is crucial to use a new culturally appropriate psychological treatment for cancer patients in our country. The Beads of Life was first performed by Sara Portnoy et al. with adolescents who had been treated for cancer and recovered [3]. The aim of the Beads of Life, which is one of the Narrative Therapy practices, is to make people feel stronger in coping with difficulties. The practice is created with the Narrative Therapy thoughts that the person is not the problem, the problem itself is the problem [4] and the person has the knowledge, skills, beliefs and values that can reduce the effect of the problem [5]. To the best of authors knowledge, no report has been found so far using the Beads of Life in Turkey. It is aimed to adopt the Beads of Life into our culture and to examine its effectiveness.

**METHODS:** The research was carried out with the phenomenology design and the data were collected with semi-structured interview. The study was conducted with 36 adults who were treated for cancer in an oncology clinic. Observations, comments, feedback about the interviews held in the clinic and the areas that need improvement regarding the effectiveness were noted. The data of the study was created by the interview notes. In the interviews, rewriting, re-membership and outsider-witness questions from Narrative Therapy techniques were used.

**RESULTS:** It has been observed that besides the physical effects of cancer, there are also psychological effects in the lives of people. Especially in male patients, it has been seen that cancer causes stigmatization. On the other hand, it can cause difficulties in expressing emotions in women. With the Beads of Life, people were able to make their resources more visible. After the event, feedback was received from both the health workers and patients as "I feel more relaxed, motivated and strong". It has been seen that the Beads of Life can be useful practice for psychological treatment of cancer in Turkey. It weakens the power of the problem story, especially in chronic diseases, by unpacking alternative stories of the person beyond the problem story.

**CONCLUSIONS:** It is seen that the Beads of Life is a practice that can help cancer patients in Turkey to feel psychologically stronger before diagnosis, during treatment and after treatment. In this context, using the Beads of Life in different chronic diseases and examining its effectiveness is recommended for future studies.

**Keywords:** Cancer, Narrative Therapy, Beads of Life, Chemotherapy, Psychotherapy

#### [Abstract:0165]

#### Prescribing patterns of mood stabilizers in children and adolescents: a retrospective study

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**BACKGROUND AND AIM:** Mood stabilizers, including lithium and anticonvulsant medications, are often preferred by clinicians in children and adolescents. Mood stabilizers are also used to treat irritability, mood lability, and aggression in disruptive behavior disorders or autism spectrum disorders, although there is no FDA indication. The only FDA indication for non-antipsychotic mood stabilizers in the pediatric population is the approval of lithium for the treatment of acute mania and bipolar maintenance therapy. Mood stabilizers are usually used off-label in children and adolescents. The purpose of this study was to examine the preferences of mood stabilizers prescribed to children and adolescents, the age at initiation, and the clinical conditions under which the medications are prescribed.

**METHODS:** Patients who presented to "Dicle University Faculty of Medicine, Child Psychiatry Outpatient Clinic" between 01/01/2018-01/05/2023 and were prescribed mood stabilizers (lithium, valproic acid, carbamazepine, etc.) were included in the study. It was found that a total of 133 patients were prescribed mood stabilizers. Patients' records were retrospectively scanned, and 125 patients were included in the study because data from 8 patients were missing. The mood stabilizers prescribed to the patients, the age of the patients at the time of prescription, the presence of psychiatric illness in

the family, the presence of comorbid medical conditions, the reason for administration of the medication, and the psychiatric diagnoses of the patients were evaluated.

**RESULTS:** Of the patients in the study, 74 (59.2%) were female and 51 (40.8%) were male. It was found that 17 (13.6%) of the patients had chronic disease. Twenty (16.0%) of the patients had at least one psychiatric disorder in their family (parents), and 31 (24.8%) of the patients had attempted suicide. The most commonly prescribed mood stabilizers were valproic acid in 105 (84.0%) patients, lithium in 25 (20.0%) patients, carbamazepine in 13 (10.4%) patients, and lamotrigine in 1 (0.8%) patient. Nineteen (15.2%) patients were prescribed at least two mood stabilizers during treatment. The most common psychiatric disorders were bipolar disorder (n=49, 39.2%), major depressive disorder (n=27, 21.6%), and mental retardation (n=24, 19.2%). The reasons for prescribing medication were bipolar disorder in 49 (39.2%) patients, irritability, aggression, or behavioral problems in 33 (26.4%) patients, risky behavior in 20 (16.0%) patients, self-harming behavior in 9 (7.2%) patients, self-harming behavior due to mental retardation in 6 (4.8%) patients, suicidality in 5 (4.0%) patients, and treatment to augmentation of depression in 3 (2.4%) patients.

**CONCLUSIONS:** Although lithium is the only FDA-approved medication for the use of mood stabilizers in children and adolescents, valproic acid has been found to be the agent most preferred by patients. However, mood stabilizers have been found to be preferred for psychopathologies such as major depression, mental retardation, and especially clinical conditions such as irritability and aggression. Information on the efficacy of many psychotropic drugs in the pediatric and adolescent population is increasing but is still relatively inadequate. In many cases, however, the clinical use of drugs goes beyond their demonstrated scientific validity.

**Keywords:** mood stabilizer, valproic acid, lithium, carbamazepine

#### [Abstract:0169]

#### Factors Predicting Social Cognition in Specific Learning Disorder

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**BACKGROUND AND AIM:** Eventhough Specific Learning Disorder (SLD) is defined as a neurodevelopmental disorder characterized by difficulties in the academic field, the difficulties in the social field that these children and adolescents experience in their peer and family relationships are at a level that can be the focus of clinical attention. Recent studies focus on the academic skills and the social issues are neglected. Adapting in the social field requires having sufficient social cognition skills. The number of studies evaluating social cognition in SLD is quite limited. Recent literature states that individuals with SLD are weak in peer relations, have difficulties in understanding emotions, clues and mistakes, and have weak theory of mind skills [1–3]. The fact that previous studies have been conducted with heterogeneous groups and have tested skills by focusing on only one area of social cognition makes it difficult to clarify the source of social difficulties. The aim of this study is to determine the social cognition skills of school-age subjects and the clinical variables that predict social failure, using multiple social cognition tests with a more homogeneous diagnosis group.

**METHODS:** Fifty one children with a diagnosis of SLD and 47 healthy children without any psychiatric diagnosis, were included in the study. The diagnosis of SLD was made using a standard diagnostic process. K-SADS-PL was used in all cases to exclude additional diagnoses other than ADHD. Theory of Mind (ToM) 1st and 2nd Level False Belief Tasks, Hinting Task, Faux-Pas Task, DANVA2, Peabody Picture Vocabulary Test and Behavior Rating Inventory of Executive Functions (BRIEF) parent form were applied to all cases. The Kolmogorov-Smirnov test was used to check normality. Independent samples t-test or Mann Whitney U test was used to compare independent groups; and descriptive statistics were shown as mean±standard deviation or median(minimum-maximum). Binary logistic regression analysis was applied to show risk factors of SLD. p<0.05 values were considered statistically significant.

**RESULTS:** The ToM Tasks, Hinting Task, DANVA2 adult posture test, all subtests of the BRIEF and Global Executive Composite scores of the children in the SLD group were found to be significantly lower (p<0.001). In the logistic regression analysis data, it was determined that not receiving pre-school education increases the deterioration in social cognition 5.5 times (p=0.015). As the Global Executive Composite score increases, the risk of impaired social cognition increases 1.0 times (p<0.001). As the

receptive language age increases, the risk of impaired social cognition decreases by ratio of 0.965( $p<0.001$ ).

**CONCLUSIONS:** The data obtained from this study confirm that social difficulties may be result of social cognition skill deficiencies. The most predictive factor in the regression model is pre-school education. This finding shows that preschool education plays a protective role in social cognition as well as in academic fields. Also receptive language skill, which predict literacy skills, are also determinant for social abilities. As executive functions worsen, social cognition skills decline. A study in which children's social cognition skills are monitored longitudinally, starting from the pre-school period, can more clearly reveal the factors that predict social cognition and pose risk.

**Keywords:** SLD, learning disorder, social cognition, theory of mind, ToM

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## [Abstract:0174]

### The Validity and Reliability of the Stress and Anxiety to Viral Epidemics Scale (SAVE-6) in Turkish High School Students

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**BACKGROUND AND AIM:** Viral epidemics and pandemics affect today's world in various ways directly or indirectly with the developing transportation and technology opportunities. These infections have negative effects on human health mentally as well as physically. Adolescence is a very sensitive and important period in the life cycle of the individual in terms of mental and social aspects. For this reason, there is a need for fast and reliable screening tools to detect the negative mental effects of adolescents in the early stages of viral pandemics, which are becoming more and more frequent during adolescence. Stress and Anxiety to Viral Epidemics Scale (SAVE-6) is a screening scale developed for this purpose. This study has aimed to investigate the validity and reliability of SAVE-6 in Turkish high school students.

**METHODS:** The study was carried out with 172 high school students. All participants were asked to complete the SAVE-6, Revised Children's Anxiety and Depression Scale (RCADS), Screen for Child Anxiety Related Disorders (SCARED). The Cronbach's alpha coefficient was calculated. Also, exploratory and confirmatory factor analyses were used to evaluate the factor structure.

**RESULTS:** The mean age of the participants was 15.8 ( $\pm 1.008$ ). Eighty (46.5%) of the participants were male and 92 (53.5%) were female. The SAVE-6 scores positively correlated with the RCADS and SCARED. The exploratory and confirmatory factor analyses supported one factor structure similar to original scale. The Cronbach's alpha coefficient was found as 0,81.

**CONCLUSION:** The SAVE-6 is a valid and reliable tool for Turkish high school students. This scale can be used as a valid and reliable diagnostic and screening tool to screen high school student's psychological symptoms during viral epidemic and pandemic period.

**Keywords:** adolescents, anxiety, stress, validity, reliability

**[Abstract:0180]**

**Maternal Mental Health and Social-Emotional Functions of Toddlers with Feeding Problems**

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**BACKGROUND AND AIM:** While feeding problems in the first three years of life do not have serious consequences in most children, they can lead to eating and feeding disorders in some of them. Interplay of medical, social, environmental, and psychological factors play a role in the emergence of various eating and feeding problems, such as loss of appetite, selective food intake, neophobia, and under-eating. This study aims to determine the social-emotional functionality and maternal mental health of toddlers 12-36 months with feeding problems and to compare them with the healthy control group.

**METHODS:** The sample consisted of 69 child-mother dyads, of which 39 had Feeding Problems (FP), and 30 were without problems. The mothers completed questionnaires assessing their psychopathologic symptoms and children's emotional-behavioral functioning. Sociodemographic data form, Brief Symptom Inventory (BSI) to assess mothers' psychopathological symptoms, The Brief Infant-Toddler Social Emotional Assessment (BITSEA) to determine children's social and emotional functioning, and Infancy Adaptive Eating Behavior Scale (IAEBS) to screen for feeding problems was filled in. Children with known acute or chronic neurological, gastrointestinal, infection, metabolic, endocrinological diseases and neurodevelopmental disorders such as mental-motor developmental delay, autism spectrum disorders (ASD) were not included in the study.

**RESULTS:** FP group consisted of 24 (61,5%) girls and 15 (38,5%) boys, mean age was  $24.0 \pm 7,5$  months. The control group consisted of 16 (53,3%) girls and 14 (46,7%) boys, mean age was  $22.1 \pm 6,4$  months. It was similar between the groups regarding age and gender. Results revealed significant differences between the study groups with children's emotional-adaptive functioning and mothers' psychological profiles. The scores of the FP group were higher in all subscales of the eating behavior scale. The mothers of the FP group had higher scores on the 'Negative Self-concept' subscale. BITSEA 'problem' subscale and mothers' anxiety, negative self-concept and somatization scores, and children's 'Poor Appetite' subscale scores showed a positive correlation.

**CONCLUSIONS:** Our study shows a relationship between children's feeding problems and maternal mental health. Risk factors identified in families can become part of prevention and treatment programs.

**Keywords:** feeding, eating, children, maternal

**[Abstract:0182]**

**Evaluation of Serum Ferritin, Vitamin B12 and Folate Levels in Children with Specific Learning Disorders**

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**BACKGROUND AND AIM:** Specific Learning Disorder (SLD) is characterized by disorders in reading, writing and arithmetic in childhood. In the literature, sufficient molecular and biochemical evidence has not been presented to illuminate the etiology of SLD. In our study, we aimed to evaluate serum ferritin, folate and vitamin B12 levels in children diagnosed with SLD.

**METHODS:** Patients aged 7-14 years who were admitted to the child psychiatry outpatient clinic were retrospectively screened. 80 children with SLD were compared with 80 healthy children. Ferritin, folate and vitamin B12 levels in the system were evaluated.

**RESULTS:** The mean age of 80 patients with SLD was  $9.93 \pm 1.85$ , the mean age of 80 healthy control group was  $8.58 \pm 3.01$ . When folate levels were evaluated, no statistically significant difference was found between the SLD group and the control group ( $P = .726$ ). However, vitamin B12 and ferritin values were found to be statistically significantly lower in the SLD group. ( $P = .024$  and  $P = .013$ , respectively).

**CONCLUSIONS:** According to the results of our study, it was shown that ferritin and vitamin B12 deficiency or insufficiency can be seen in children diagnosed with SLD, and this situation will contribute to the pathogenesis of SLD. Studies investigating SLD and ferritin, vitamin B12 and folate values are limited in the literature. Our study is valuable in that it shows that there may be ferritin and B12 deficiency

in children with SLD. As a result; giving these children vitamin B12 and iron supplements may be an alternative treatment approach.

**Keywords:** Children, ferritin, folate, specific learning disorder, vitamin B12

**[Abstract:0197]**

**The Relationship Between Eating Behaviors and Parental Styles in Children and Adolescents Diagnosed with Attention Deficit and Hyperactivity Disorder**

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**BACKGROUND AND AIM:** Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity. There are studies showing that ADHD predisposes to disordered and/or impulsive eating patterns. Parenting styles expresses the general behavior patterns of parents towards their children and four parenting styles are defined as authoritarian, authoritative, permissive and neglectful. It has been shown in some studies that there are significant relationships between positive parental attitudes and eating behaviors in children and adolescents. In this study, it was aimed to investigate the eating behaviors and the relationship between parental styles and eating behaviors in children and adolescents diagnosed with ADHD. **METHODS:** The patient group was formed with 40 participants aged 9-15 years who were diagnosed with ADHD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, and the control group was formed with 32 healthy participants aged 9-15 without any psychiatric diagnosis. Sociodemographic data form was filled by the clinician, Conners Parent Rating Scale-Revised Short Form (CPRS-RS) and Child Eating Behavior Questionnaire (CEBQ) by the parents, and Parent Style Scale (PSS) by the child.

**RESULTS:** In the ADHD group, CEBQ desire to drink subscale score was higher ( $p=0.003$ ) and emotional overeating subscale score was lower ( $p<0.001$ ) than the control group. While a positive correlation was found between Conner ADHD total score and CEBQ desire to drink ( $p=0,015$ ) and satiety responsiveness subscale ( $p=0,023$ ), there was a negative significant correlation between PSS acceptance/involvement subscale and CEBQ emotional undereating ( $p=0.001$ ) and food fussiness subscales ( $p=0.009$ ).

**CONCLUSIONS:** When the results were evaluated, it was determined that ADHD is effective on eating behaviors of children and positive parenting style is effective in reducing the emotional undereating and food fussiness behaviors of children. It is thought that training on positive parenting skills may be effective in reducing children's eating problems.

**Keywords:** adhd, eating behavior, impulsivity, parenting style

**[Abstract:0198]**

**Serum Claudin-5, Beta-Catenin and Paxillin Levels in Children with Attention-Deficit/Hyperactivity Disorder**

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**BACKGROUND AND AIM:** Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorder in childhood and adolescence. Although there is evidence that neurobiological, genetic and environmental factors play a role in the etiology of ADHD, the etiology of the disorder is not yet fully understood. There are data suggesting that various molecules involved in cell adhesion play a role in the etiology of ADHD. In this study, the relationship between some molecules involved in cell adhesion and ADHD is examined.

**METHODS:** The study included 90 ADHD cases and 60 controls. Sociodemographic characteristics and body mass indexes of the participants were determined. All participants completed the Turgay DSM-IV-Based Child and Adolescent Behavioral Disorders Screening for determine the levels of disruptive behaviour of participants and Revised Child Anxiety and Depression Scale-Child Version for determine the depression and anxiety levels of participants. Claudin-5, beta-catenin and paxillin levels were determined in blood samples.

**RESULTS:** Of the ADHD cases, 64 (71.1%) were boy and 26 (28.9%) were girl. In the control group, 39 (65%) were boy and 21 (35%) were girl. There was no statistically significant difference between the groups in terms of age, gender and BMI. The levels of claudin-5 were statistically significantly lower ( $p:0.009$ ) and the levels of beta-catenin were statistically significantly higher ( $p:0.030$ ) in ADHD patients than in the control group. There was no statistically significant difference between the groups in terms of paxillin levels ( $p: 0,685$ ).

**CONCLUSIONS:** Considering the findings of the study, it is thought that the cell adhesion molecules claudin-5 and beta-catenin may play a role in the etiology of ADHD, but further research is needed to clarify this relationship.

**Keywords:** ADHD, beta catenin, cell adhesion molecules, claudin-5, paxillin

#### [Abstract:0199]

### Separation Anxiety Disorder Comorbidity in Bipolar Disorder Patients and the Effect of Separation Anxiety Disorder on Functionality and the Course of Bipolar Disorder Patients

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**BACKGROUND AND AIM:** Clinical and epidemiological studies have documented high rates of anxiety disorders among adults with bipolar disorder and recent studies have suggested that comorbid anxiety disorders are associated with worse course and outcome of individuals with bipolar disorder. In DSM-5 Separation Anxiety Disorder (SAD) is indicated as a disorder of both childhood and adulthood, as the new criterion states that the symptoms may appear after 18 years of age for the first time.

Aim of this study is to evaluate comorbidity of SAD in bipolar disorder patients and assess the sociodemographic correlates, comorbid personality disorders, functionality and outcome of bipolar disorder in patients with SAD comorbidity.

**METHODS:** A total of 100 outpatients who have been followed in Şişli Hamidiye Etfal Training and Research Hospital Psychiatry outpatient unit with bipolar disorder diagnosis and evaluated as euthymic ( $HAM-D \leq 12$ ,  $YMRS \leq 7$ ) for at least 4 weeks by a psychiatrist, included in the study. The Structured Clinical Interview for DSM-IV Axis I and Axis II disorders, demographic form, Functional Assessment Short Test (FAST) were used. Adult and childhood SAD diagnosis is assessed by a psychiatrist according to DSM-5 criterion. All patients completed the Separation Anxiety Symptom Inventory (SASI) and Adult Separation Anxiety Questionnaire (ASA).

**RESULTS:** Out of 100 bipolar disorder patients 16 (%16) had the diagnosis of adult SAD. 68,75% (n:11) of these patients had the first symptoms of SAD in adulthood, while 31,25% (n:5) of them had first onset in childhood. Adult SAD comorbidity is found to be associated with more bipolar disorder episodes, higher incidence of mood stabilizer treatment, comorbid anxiety disorders according to DSM-5 and other psychiatric disorders (panic disorder, agoraphobia, obsessive-compulsive disorder, generalized anxiety disorder, somatoform disorder, childhood SAD), comorbid cluster C personality disorders, dependent, narcissistic and obsessive-compulsive personality disorders and higher scores on FAST. SAD comorbidity with childhood onset is associated with lesser duration of education and higher number of comorbid anxiety disorders according to DSM-5.

**CONCLUSIONS:** We found higher rates of adult SAD comorbidity in patients with bipolar disorder according to general population. Bipolar disorder patients with comorbid adult SAD had worse outcome of bipolar disorder with higher incidence of episodes, higher comorbidity rates, more cluster C personality disorders and more mood stabilizer treatment need. In clinical practice adult SAD should be evaluated in bipolar disorder patients and with further studies the underlying neurobiological mechanisms of comorbidity and worse clinical outcomes should be investigated.

**Keywords:** bipolar disorder, separation anxiety disorder, comorbidity, functionality

**[Abstract:0202]****Investigation of Factors Affecting Test Anxiety in Senior High School Students**Ayla Uzun Çiçek<sup>1</sup>, Seda Aybuke Sarı<sup>2</sup>, Elif Abanoz<sup>1</sup><sup>1</sup>Department of Child and Adolescent Psychiatry, Faculty of Medicine, Cumhuriyet University, Sivas, Turkey<sup>2</sup>Department of Child and Adolescent Psychiatry, Faculty of Medicine, Hatay Mustafa Kemal University, Hatay, Turkey

**BACKGROUND AND AIM:** Test anxiety is a common problem that has a detrimental impact on exam performance and has numerous severe consequences. Its root causes vary widely, and there is no complete consensus on its causes. This study aims to identify the variables related to test anxiety and examine whether there is a link between various sociodemographic characteristics and test anxiety levels.

**METHODS:** The sample consisted of 1174 senior high school students (615 males, 559 females, mean age  $17.85 \pm 0.36$  years, min-max: 17-19 years). The students were assessed using an electronic questionnaire created by combining the Sociodemographic Data Form and the Revised Test Anxiety Scale (RTAS) in a single form. Prior to beginning the study, ethical approval from the local ethics committee and permission from the Sivas National Education Directorate were obtained.

**RESULTS:** Of the participants, 104 (8.9%) were from science high schools, 107 were from social sciences high schools (9.1%), 487 were from Anatolian schools (including imam hatip high schools) (41.5%), and 476 were from vocational high schools (40.5%). RTAS scores differed significantly among school types and divisions ( $p$  values  $< 0.001$ ); RTAS scores of science high-school and social science high-school students and mathematics department students were significantly higher than the rest. The RTAS scores of students with high grade point averages, those who studied regularly for the exam but believed that their studies were insufficient, those who chose a profession, those who reported that they and their parents were perfectionists, and females had significantly higher RTAS scores than the other groups (all  $p$  values  $< 0.001$ ). On the other hand, students with lower parental education levels and unemployed parents had significantly lower RTAS scores than the rest of the groups ( $p$  values  $< 0.001$ ).

**CONCLUSIONS:** The current study suggests that several individual, familial, and environmental variables are linked to test anxiety; therefore, education and health professionals who encounter children and adolescents with test anxiety should be aware of these potential factors.

**Keywords:** Test anxiety, students, exam, high school, associated factors

**[Abstract:0204]****Optical coherence tomography findings in patients with alcohol use disorder**Şüheda Kaya<sup>1</sup>, Mehmet Kaan Kaya<sup>2</sup><sup>1</sup>Department of Psychiatry, Elazığ Fethi Sekin City Hospital, Elazığ, Turkey<sup>2</sup>Department of Ophthalmology, Universal Eye Hospital, Elazığ, Turkey

**BACKGROUND AND AIM:** The retina is an important part of the central nervous system and has been shown to be associated with neurodegenerative and psychiatric diseases (1-3). In our study, we aimed to compare the results of Optical Coherence Tomography (OCT) measurement in patients with alcohol use disorder (AUD) with healthy controls.

**METHODS:** A total of 30 people were included in our study, 15 patients and 15 control groups. Sociodemographic data form, Addiction profile index self-report form (API-Self report) and Barratt impulsivity scale (BIS-11) were used. After detailed biomicroscopic examinations of all participants by the same ophthalmologist, both eyes were evaluated with OCT. with OCT; retinal nerve fiber layer thickness (RNFL) and macular thickness (CMT, AMT) were calculated.

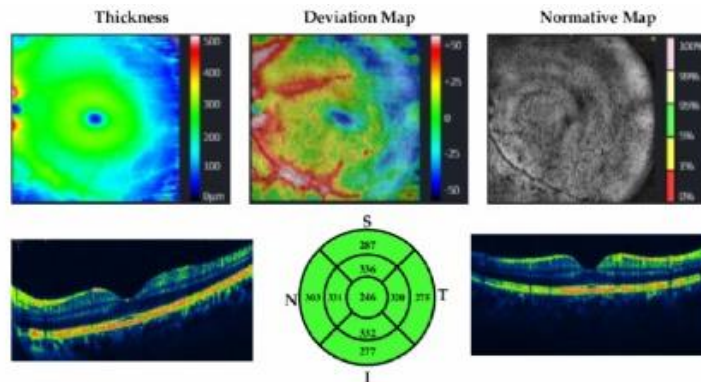
**RESULTS:** There was no statistically significant difference except marital status in the demographic data of the patient and control groups ( $p > 0.05$ ). The mean age of first alcohol use in the patient group was  $23.07 \pm 4$ , the duration of use was  $19.73 \pm 7.90$  years, and the duration of regular use was  $10.53 \pm 4.99$  years. When OCT findings are evaluated; The right total RNLF patient group was significantly thicker than the control group ( $p = 0.012$ ). Right and left eye temporal quadrant measurements were significantly thicker in the patient group ( $p = 0.000$ ,  $p = 0.008$ ). Right eye CMT and AMT were significantly thinner in the patient group ( $p = 0.049$ ,  $p = 0.005$ ).

**CONCLUSIONS:** Our study needs to be supported by further research so that OCT findings, which can

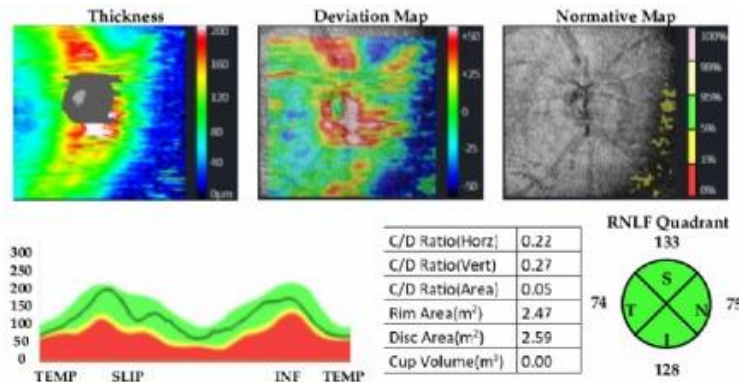
be used as an effective method in demonstrating possible neurodegeneration in alcohol use disorder, gain importance.

**Keywords:** alcohol use disorder, optic coherence tomography, retinal nerve fiber layer thickness

### OCT analysis of the macula



### OCT analysis of the RNLF



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### [Abstract:0206]

#### The Role of Speech and Language Therapist in Child Psychiatry Outpatient Clinic

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**BACKGROUND AND AIM:** Speech and/or language disorders are amongst the most common developmental difficulties in childhood [1]. It is the premise of this research that speech and language therapists are likely to prove flexible and valuable members of the multidisciplinary team, with the ability to contribute a further dimension to care planning that of specific clinical input to the wide range of language, speech and communication impairments associated with the neurodevelopmental diversity [2]. The aim of research is to state general profile of patients who have speech and language disorders.

**METHODS:** The research is retrospective study between 2020-2022 years. Research consists of the patients who applied to Osmangazi University, Faculty of Medicine Child Psychiatry Outpatient Clinic. The patients who have been suspected to have speech and language disorders were assessed by a

doctor speech and language therapist. 235 participants included for this research. The ages of participants were between 2-17 ( $X=29,1-36$ ) years old. 19,1% were girls, 72,8% were boys. Chi square test was implemented.

**RESULTS:** Fluency disorders (stuttering/cluttering) was 25%, speech sound disorder was 20,4% and language disorder was 17,4%. 40,9% of the patients had have diagnosis (autism, attention deficit disorder etc.), 51,1% of the patients had no diagnosis. In the assessment and management, the speech and language therapist could work as part of the team, but will specifically be extrapolating and using the clinical information gained as to the effects of deficits in skills on language processing and competence of communicative interaction [3]. Most importantly, the speech and language therapist can make a significant contribution to describing, assessing and managing specific features of functional communication[4-5].

**CONCLUSIONS:** The result of this research is to raise the level of awareness regarding the potential role of speech and language therapists in psychiatry. In other words, in multidisciplinary team speech and language therapist could take part in in psychiatry outpatient clinics.

**Keywords:** Assessment, Speech, Language, Multidisciplinary

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## [Abstract:0215]

### The Relationship Between Autistic Traits, Social Media Addiction and Loneliness in Adolescents with Attention Deficit Hyperactivity Disorder

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**BACKGROUND AND AIM:** Attention Deficit Hyperactivity Disorder (ADHD) impairs social functionality by causing difficulties in managing peer relations and close friendships (1). 20% to 30% of children diagnosed with ADHD have autism spectrum disorder (ASD) diagnosis or autistic traits. Children with co-occurring ADHD and ASD symptoms experience severe functional impairment, particularly in interpersonal communication (2). According to recent studies it was stated that there is a correlation between ADHD symptoms and increased social media use (3). However, there is contradictory results regarding relationship between autistic symptoms and social media use (4-7). Our study aims to investigate the relationship between autistic traits, social media addiction, and loneliness in adolescents with ADHD.

**METHODS:** A total of 90 adolescents aged 14-18 years, 50 with ADHD diagnosis and 40 healthy controls, who applied to Ankara Bilkent City Hospital Child and Adolescent Psychiatry outpatient clinic, were included in our study. We evaluated the adolescents using the Conners Parent Rating Scale-Revised Short Form (CPRS-R:S), the Autism-Spectrum Quotient- Adolescent Version (AQ-Adolescent), the nine-item Social Media Disorder (SMD) scale, and UCLA Loneliness Scale Short Form (ULS-8). We used SPSS 25.0 program in our analysis.  $p < .05$  was accepted as the significance level.

**RESULTS:** Sociodemographic data of the adolescents participating in the study are presented in Table 1. It is found that adolescents with ADHD had significantly higher scores in the total score and all subscale scores of the AQ-Adolescent scale, except for attention to detail subscale compared to healthy controls ( $p < .05$ ). Moreover, adolescents in the ADHD group scored significantly higher on the SMD scale and the ULS-8 compared to healthy controls ( $p < .001$ , for both). According to the Spearman correlation

analysis performed in the ADHD group, the ULS-8 total score is positively correlated with the AQ-Adolescent and SMD total scores ( $r=.425$ ,  $p=.003$ ;  $r=.429$ ,  $p=.002$ ) (Table 3).

**CONCLUSIONS:** Our findings suggest that adolescents with ADHD may have increased risk for difficulties in social skills, loneliness, and social media addiction. It is thought that it may be essential to address the difficulties in social skills and feelings of loneliness when evaluating adolescents with ADHD for social media addiction.

**Keywords:** ADHD, Autistic traits, Loneliness, Social media addiction

#### Comparison of sociodemographic characteristics between ADHD and healthy control groups

	Total (n=90)	ADHD (n=50)	HC (n=40)	Statistics	p value
Age (month):	15.0 (3.0)	15.0 (2.0)	16.0 (3.0)	-1.371	.170
Gender: Girl	35 (38.9)	16 (32.0)	19 (47.5)	1.642	0.20
Gender: Male	55 (61.1)	34 (68.0)	21 (52.5)	1.642	0.20
Mothers education (years)	16 (4)	12 (4)	16 (4)	-1.572	.116
Fathers education (years)	16 (4)	16 (4)	16 (3)	-1.660	.097
Income level	26 (18.5)	26 (15)	27.5 (20)	-.617	.537
Number of siblings: only child	20 (22.2)	13 (26.0)	7 (17.5)	1.000	0.606
Number of siblings: 2 siblings	52 (57.8)	27 (54.0)	25 (62.5)	1.000	0.606
Number of siblings: $\geq 3$ siblings	18 (20.0)	10 (20.0)	8 (20.0)	1.000	0.606

Data is presented mean $\pm$ standart deviation and frequency (percent) as appropriate. ADHD: Attention deficit hyperactivity disorder HC: Healthy control

#### Comparison of clinical variables between ADHD and healthy control groups

	Total (n=90)	ADHD (n=50)	HC (n=40)	Statistics	p value
CPRS-R:S:Hiperactivity	1 (4.8)	4.5 (6.0)	0 (1.0)	-5.864	<.001
CPRS-R:S Innattention/Cognitive Problems	4.0 (9.0)	9.8 $\pm$ 5.0	0.5 (2.0)	-6.782	<.001
CPRS-R:S Oppositional	5.5 (9.0)	9.7 $\pm$ 5.5	2.0 (6.8)	-5.118	<.001
CPRS-R:S ADHD Index	10.0 (18.0)	19.9 $\pm$ 7.5	3.0 (8.0)	-7.301	<.001
AQ-Adolescent Communication	2.5 (3.0)	4.0 (3.0)	2.0 (3.0)	-4.552	<.001
AQ-Adolescent Social Skill	3.0 (3.0)	3.8 $\pm$ 1.9	2.0 (3.0)	-4.560	<.001
AQ-Adolescent Imagination	3.0 (3.0)	4.0 (2.8)	2.5 (3.0)	-2.736	.006
AQ-Adolescent Attention to Detail	5.0 (4.0)	5.5 (3.0)	4.7 $\pm$ 2.5	-1.189	.235
AQ-Adolescent Attention Switching	5.0 (3.0)	5.0 (1.8)	4.0 (3.0)	-3.270	.001
AQ-Adolescent Total	18.1 $\pm$ 7.5	22.1 $\pm$ 5.6	14.5 $\pm$ 12.8	-4.919	<.001
ULS-8	11.5 (8.0)	15.0 (10.8)	10.0 (5.0)	-3.823	<.001
SMD	1.0 (4.8)	4.0 $\pm$ 2.7	0.0 (1.0)	-6.048	<.001

Data is presented mean±standart deviation and median (interquartile range) as appropriate. ADHD: Attention deficit hyperactivity disorder HC: Healthy control, CPRS-R:S: Conners' Parent Rating Scale-Revised: Short Form, AQ-Adolescent: Autism-Spectrum Quotient- Adolescent Version, ULS-8: UCLA Loneliness Scale Short Form, SMD: Nine-item Social Media Disorder (SMD) scale

#### Results of Spearman correlation analysis between ADHD Index of CPRS-R:S, AQ-Adolescent, SMD and ULS-8 in ADHD group

	ADHD Index	AQ-Adolescent	SMD	ULS-8
ADHD Index	r=1			
AQ-Adolescent	r=.263 p=.078	r=1		
SMD	r=.128 p=.377	r=.231 p=.122	r=1	
ULS-8	r=.139 p=.337	r=.425 p=.003	r=.429 p=.002	r=1

ADHD: Attention deficit hyperactivity disorder, CPRS-R:S: Conners' Parent Rating Scale-Revised: Short Form, AQ-Adolescent: Autism-Spectrum Quotient- Adolescent Version, SMD: Nine-item Social Media Disorder (SMD) scale, ULS-8: UCLA Loneliness Scale Short Form

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#### [Abstract:0216]

#### Comparison of different groups of individuals with suicidal ideation, suicide attempts and non-suicidal self-harm behaviors in terms of alexithymia

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**BACKGROUND AND AIM:** Alexithymia is a concept characterized by impaired ability to be aware of, clearly define and describe one's emotions. In this study, we examined whether alexithymia levels differed in 3 different groups consisting of participants with suicidal ideation, suicide attempt and non-suicidal self-harm behavior.

**METHODS:** A total of 75 cases with suicidal ideation, suicide attempts, non-suicidal self-harm behaviors and 25 healthy controls admitted to psychiatry outpatient clinic and emergency department were included in the study. Toronto Alexithymia Scale (TAS-20) and Hamilton Depression Scale (HDRS) were administered to all participants. Participants were divided into three different groups: individuals with suicidal ideation, individuals who attempted suicide, and individuals who engaged in non-suicidal self-harm behaviors.

**RESULTS:** In this study, TAS-20 scores (55.88±13.23) and HAM-D scores (21.89±9.14) were found to be higher in case groups than in healthy controls (38.44±11.72, 1.96±2.51, respectively) (p<0.001). In the group of individuals who self-harmed without suicidal intent, the TAS-20 score was found to be

significantly higher than those who attempted suicide ( $p<0,001$ ). The mean TAS A (difficulty in recognizing emotions) score and TAS B (difficulty in verbalizing emotions) score of TAS subscales were found to be significantly higher in the group of individuals who self-harmed without suicidal intent compared to those who attempted suicide ( $p<0,001$ ). In all three case groups, the same directional correlation was found between depression severity and alexithymia level, TAS-20 score, TAS A score, TAS B score and TAS C score.

**CONCLUSIONS:** The data in our study indicate that the level of alexithymia is higher in non-suicidal self-harm behavior than in suicide attempts and suicidal ideation. This finding reveals the importance of examining individuals with non-suicidal self-harm behavior in terms of alexithymia.

**Keywords:** alexithymia, non-suicidal self-harm behaviors, suicide attempts, suicidal ideation.

#### [Abstract:0226]

### Retrospective Evaluation of Adulthood Diagnoses of Children and Adolescents Assessed under the Child Health Council in a University Hospital

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**BACKGROUND AND AIM:** Prior to February 20, 2019, the assessment of special needs in children and adolescents was carried out by the Child Health Council. However, a new system named SNAC (Special Needs Assessment for Children) was introduced with the publication of the "Regulation on SNAC" in Official Gazette number 30692 on February 20, 2019. The aim of this study is to identify the demographic data of children and adolescents evaluated under SNAC and the child health council. Additionally, the study aims to determine the diagnoses during the childhood and adolescence period and the diagnoses after reaching 18 years of age.

**METHODS:** The study sample consists of cases that applied to the Selçuk University Department of Child and Adolescent Psychiatry Clinic to obtain a health council report starting from 2013, as well as cases referred to our clinic for SNAC after 2019. Diagnoses during the adulthood period were determined through file scanning. Ethical approval for this study has been obtained.

**RESULTS:** Between 2013 and February 2019, a total of 517 health council reports were collected for children and adolescents. Among them, 298 received diagnoses from the child and adolescent psychiatry. After February 2019, 1364 children and adolescents were evaluated under SNAC, with 1074 receiving diagnoses from child and adolescent psychiatry. 65.2% of children and adolescents were male, while 34.8% were female. The mean age was  $9,97\pm4,21$ . Analysis of reports before 2019 showed that 72% related to cognitive development, 16% to autism, 8% to specific learning disorder (SLD), 1% to speech-language area and 1% to other areas. After 2019, the distribution changed to 42% for cognitive development, 23% for SLD, 23% for autism, 13% for speech-language area and 1% for other areas. Comparing diagnosis rates before and after 2019 revealed that cognitive development diagnoses were higher before 2019, while speech-language and SLD diagnoses were higher after. According to system records, 40 were followed up by adult psychiatry. The most common diagnosis was mental retardation, with 23 cases (57.5%). Among these, 22 had intellectual disability diagnoses and 1 had autism spectrum disorder before the age of 18. Out of the 51 individuals diagnosed with intellectual disability before the age of 18, 4 of them didn't receive any diagnosis during adult psychiatric assessment.

**CONCLUSIONS:** Our study revealed that following the implementation of SNAC in 2019, there was a noteworthy increase in diagnosis rates for SLD and speech-language area compared to before 2019 levels. We couldn't locate any prior studies that compared diagnosis rates before and after the introduction of SNAC. It's important to note that the diagnosis of SLD is not encompassed within the "Regulation on Disability Assessment for Adults". Strikingly, our study unveiled that 23% of the children and adolescents evaluated after 2019 were diagnosed with SLD. Thus, it's crucial to emphasize that including SLD diagnosis in assessments by adult health councils could significantly contribute to a more comprehensive evaluation process.

**Keywords:** Child and adolescent psychiatry, special needs assessment for children, health council reports, psychiatric diagnosis

#### [Abstract:0233]

## Evaluation of Sociodemographic and Clinical Characteristics of Children Admitted to the “Disaster and Trauma Clinic” Following the Kahramanmaraş Earthquake

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**BACKGROUND AND AIM:** The Kahramanmaraş earthquakes, which occurred on February 6, 2023, within a nine-hour interval, have inflicted both physical and psychological repercussions on an estimated 13.5 million individuals across Türkiye. In response to this calamity, disaster and trauma clinics tailored for children and adults were promptly established within numerous hospitals across the nation to promptly administer necessary services. This research aims to scrutinize the sociodemographic and clinical attributes of children, who were victims of the earthquake and sought care at a disaster and trauma clinic in a university hospital.

**METHODS:** The study encompassed 39 participants aged under 18, who had encountered the earthquake and were temporarily residing in Trabzon. The assessment involved administering a sociodemographic data form, the Child Posttraumatic Stress Reaction Index (CPTS-RI), and the Posttraumatic Stress Disorder Short Scale (PTSD-SS) to the participants.

**RESULTS:** Out of the patients, 17 (42.5%) were male, and 23 (57.5%) were female. The average age of the patients was 10.3 years, with an age range spanning from 3 to 17. The predominant symptom, reported by 52.5% of the participants, was either a general or specific fear. Subsequently, misbehaviors (12.5%) and feelings of unhappiness (10%) followed suit. The mean scores recorded for the PTSD-SS and the CPTS-RI were 8.2 and 28, respectively. Upon meticulous evaluation, the prevalent diagnosis among the participants was Acute Stress Disorder (ASD), accounting for 40% of cases, succeeded by ADHD (15%), PTSD (12.5%), and anxiety disorders (7.5%). Of the ASD cases, 27.7% received follow-up, and 11.1% commenced medication to alleviate insomnia-like symptoms.

**CONCLUSIONS:** Notably, Acute Stress Disorder consistently emerges as a dominant diagnosis across various trauma-related scenarios, which resonates with our study's findings. However, a distinctive observation is the variation in prevalent presenting symptoms. For instance, in a multicenter study involving individuals exposed to traffic accidents, unintentional injuries, and interpersonal violence, the prevailing symptoms were avoidance and dissociative experiences. Conversely, in our study, the primary manifestation among earthquake victims was fear. This disparity underscores the importance of formulating more robust methodologies for future research endeavors in this domain.

**Keywords:** child psychiatry, earthquake, trauma

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## [Abstract:0245]

### Were the Executive Functions of the Adolescents with Problematic Internet Use who Applied to a Child and Adolescent Psychiatry Outpatient Clinics Different?

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**BACKGROUND AND AIM:** The aim of the study is to investigate the probable differences between adolescents with problematic internet use (PIU), and nonPIU in terms of internet use properties, purposes of internet use and levels of attention, timing, impulsivity, and hyperactivity.

**METHODS:** The 13-17-year-old adolescents and their parents who applied to a child and adolescent psychiatry outpatient clinic were invited to participate in the study, and informed consent was obtained. The adolescents who had any psychiatric diagnoses, and cognitive impairment were excluded from the study. The thirty-four participants with a score above the cut-off level in Addiction Profile Index-Form of Internet (APIINT) were assigned to the study group, and the thirty-four adolescents with a score below the cut-off level in (APIINT) were assigned to the control group. All individuals were asked to fill out the

Internet Use Properties Assessment Questionnaire, and their parents were asked to fill out the Sociodemographic Data Form and TurgayScreening and Assessment Scale for Children and Adolescents. All participants were administered the Moxo continuous performance test(CPT). The obtained data were statistically analyzed. We got ethics committee approval from the Ondokuz Mayıs University(OMU) (November 4, 2021-2020/547) and this study was supported by the OMU, Unit of the Scientific Research Projects (PYO.TIP.1904.21.010.)

**RESULTS:** The adolescents with PIU had a higher monthly income, internet connection at home, and a smartphone for a longer time, daily internet use duration, and were more prone to be online in the evenings, and spend time on social media. The parents of adolescents with PIU reported higher levels of inattention, hyperactivity, impulsivity, and oppositional defiant features. There were no statistically significant differences between the two groups in terms of CPT results.

**CONCLUSIONS:** Further investigations which are supported by neuroimaging are needed to determine the relationship between problematic internet use and executive functions.

**Keywords:** addictive behaviors, adolescents, executive functions, attention, internet

#### [Abstract:0247]

#### Peripheral Blood Inflammation Indices in Schizophrenia Patients Using Clozapine

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**BACKGROUND AND AIM:** There is no single, unifying theory to explain the neuropathology of schizophrenia. Many studies implicate imbalances in immune system. Several studies have found that neutrophil-lymphocyte ratio (NLR) is higher in patients with schizophrenia. Antipsychotic drugs, in particular clozapine, have been shown to affect immune system too. Therefore, we aimed to compare peripheral blood inflammatory cell levels between patients who have clozapine in their medication, patients taking antipsychotics other than clozapine, and healthy controls.

**METHODS:** Descriptive, cross-sectional, and retrospective design study was approved by the institutional ethics committee. Schizophrenia patients meeting specific criteria and healthy controls with no detected illnesses were included. Blood values (neutrophil, lymphocyte, platelet, monocyte) were gathered from recent complete blood counts. Ratios (NLR, PLR, MLR) were calculated and their relationship with clinical characteristics were evaluated. Study was approved by the institutional ethics committee of Ankara Atatürk Sanatory Education and Research Hospital.

**RESULTS:** The study involved 47 patients treated with clozapine alone or in combination with other antipsychotics (SC), 61 patients treated with non-clozapine antipsychotics (SA), and 65 controls (HC). NLR was significantly higher in the SC than the HC and SA, but there were no difference between the SA and HC groups. PLR or the MLR were not different across all groups. The levels of LnNLR were significantly different even after adjusting for age and gender.

**CONCLUSIONS:** The elevated NLR in individuals receiving clozapine treatment underscores the need for further research to elucidate the underlying mechanisms and clinical implications of this observation. Future studies could explore the longitudinal changes in immune parameters with clozapine

**Keywords:** Schizophrenia, peripheral immunity, antipsychotics, neutrophil-lymphocyte ratio, clozapine.

#### [Abstract:0248]

#### Mental Health Assessments in Children and Adolescents Admitted to the Emergency Department

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**BACKGROUND AND AIM:** This study aimed to review the child and adolescent psychiatric consultations among the cases who admitted to a university hospital children's emergency department. The data about consultation request reasons, and the diagnosis and treatment processes of the patients were revealed.

**METHODS:** The hospital records of three hundred ninety-two patients who referred to the emergency service and were consulted to child and adolescent psychiatry department between the dates of 01.01.2021 and 01.06.2023 were reviewed retrospectively.

**RESULTS:** 62.5% of the cases were female and 91.8% were over 12 years old. Of the complaints on admission, 26% were suicide attempts, 20.6% aggression-agitation, 11.7% non-suicidal self-injurious behavior, 9.9% somatic complaints, 7.7% anxiety symptoms, 7.1% psychotic symptoms, 5.4% suicidal ideation and 3.8% medication side effects. Of the suicide attempts, 75.5% were due to drug abuse, 14.6% to jumping from a height and 5.7% to chemical substance abuse. 27% of the patients were diagnosed to have depressive disorder, 17.6% conduct disorder, 10.5% anxiety disorder, 3.6% psychotic disorder, 2.6% mood disorder and 2% substance abuse. The remained 25.8% had no mental disorder diagnosis. Pharmacotherapy was prescribed to 34.2% of patients at the emergency department. The distribution of medicine was as follows: 55.4% antipsychotic, 27.7% benzodiazepine, 10.5% anticholinergic, 5.8 % SSRI and 1.4% antihistaminic drug. Child and adolescent psychiatric polyclinic referrals were recommended for 17.1% of patients on follow-up. 50.8% of them accepted referral recommendation.

**CONCLUSIONS:** This retrospective chart review findings contributes to the field in regard to evaluating the mental complaints of children and adolescents presenting to the emergency department, as well as, the psychiatric diagnoses made in the emergency department and the treatments provided.

**Keywords:** Consultation liaison psychiatry, psychiatric emergency, child psychiatry, adolescent psychiatry

#### [Abstract:0253]

#### Associations of internalizing and externalizing symptoms and inflammatory markers in adolescents with Post-COVID-19 Multisystem Inflammatory Syndrome

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**BACKGROUND AND AIM:** Psychiatric symptoms after COVID-19 infection have been reported in both adolescents and children. MIS-C refers to Multisystem Inflammatory Syndrome in Children. It is a rare but serious condition that has been associated with COVID-19 infection in children and adolescents. MIS-C typically presents with inflammation affecting multiple organ systems, including the heart, lungs, kidneys, brain, skin, and gastrointestinal tract. Psychiatric symptoms and their relationship to inflammation severity in adolescents with multisystem inflammatory syndrome in children (MIS-C) have not been studied.

**METHODS:** A total of 55 children diagnosed with MIS-C between 08.2020-12.2020 were retrospectively screened. A total of 25 adolescents with MIS-C and parents were reached (11 girls, 44%, mean age 14.84) and included in the study. This cross-sectional study assessed internalizing and externalizing symptoms and psychotic experiences of adolescents using self-report (The Revised Child Anxiety and Depression Scale-RCADS, The Community Assessment of Psychic Experiences-CAPE) and parent-report scales (The Strengths and Difficulties Questionnaire-SDQ) three years after the MIS-C diagnosis. Baseline inflammatory markers (CRP, Neutrophil/lymphocyte ratio (NLR), monocyte/lymphocyte ratio (MLR), and systemic immune-inflammation index (SII)) at MIS-C diagnosis were collected retrospectively. Spearman correlation analysis was used to determine the correlation between the baseline inflammatory markers and psychiatric symptoms in the sample.

**RESULTS:** Baseline NLR and SII levels negatively correlated with SDQ- parent prosocial scores ( $r=-0.447$ ,  $p=0.025$ ,  $r=-0.453$ ,  $p=0.023$ .) RCADS-Social Anxiety scores positively correlated with baseline CRP levels ( $r=0.415$ ,  $p=0.039$ ). Moreover, baseline MLR scores positively correlated with RCADS-Depression scores ( $r=0.539$ ,  $p=0.005$ ). There was no relationship between the hospital duration and the severity of psychopathology ( $p>0.05$ ).

**CONCLUSIONS:** This study shows that as baseline inflammation increases, social anxiety and depression increase while prosocial characteristics decrease in adolescents with MIS-C. Future studies should examine these relationships in both children with COVID-19 infection not diagnosed with MIS-C and MIS-C patients and compare these groups.

**Keywords:** COVID-19, COVID-19 survivors, Inflammation, Internalizing symptoms, MIS-C, Social anxiety

**[Abstract:0255]**

**Assessment of Attachment, Alexithymia and Reading Mind in The Eyes in an Adolescent Clinical Sample With and Without NSSI**

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**BACKGROUND AND AIM:** Non-suicidal self-injury (NSSI) is a common problem in adolescents. In recent studies, attachment problems found to be a risk factor for NSSI. In this study, adolescents with NSSI are compared to the non-NSSI ones in a clinical sample in terms of attachment, alexithymia and reading the mind in the eyes. Both groups consisted of adolescents admitted to the Child and Adolescent Psychiatry outpatient clinic.

**METHODS:** The study included 23 adolescents with lifetime NSSI and 41 non-NSSI aged 12–18 years. Toronto Alexithymia Scale (TAS-20), Reading the Mind in the Eyes Test (RMET) and Inventory of Parent and Peer Attachment (IPPA)-Brief Form were used. The IPPA was completed separately for both parents.

Increased scores on the TAS-20 and decreased scores on the RMET and IPPA are associated with more negative outcomes.

Written consent was obtained from the subjects and their guardians in cases.

The protocol was approved by Istanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine Ethics Committee (Decision No: 488467 dated 21 September 2022)

**RESULTS:** The mean age was  $14.83 \pm 1.53$  years in the NSSI group and  $14.54 \pm 1.78$  years in the non-NSSI group. There was no significant difference between the groups in terms of age ( $p = 0.482$ ). There were more girls in both groups, but the proportion of girls was significantly higher in the NSSI group than in the non-NSSI group ( $p = 0.033$ ). Reading mind in the eyes test score was similar between the groups ( $p = 0.750$ ). TAS-20 subscale and total scores except externally-oriented thinking (EOT) were significantly higher in the NSSI group than in the non-NSSI group. In IPPA-mother, only alienation was significantly lower in the NSSI group ( $p = 0.041$ ), there was no significant difference between the groups in other subscales (for all  $p > 0.05$ ). However, the scores of the NSSI group were significantly lower in all subscales in IPPA-father.

**CONCLUSIONS:** The results show that adolescents with NSSI have significantly more tendency to have alexithymia. The findings also suggest that attachment to the father may play an important role in NSSI. Therefore, interventions for dysfunctional parental attachment and self-emotional recognition may be effective in preventing and/or treating NSSI.

**Keywords:** self-injurious behavior, adolescent, alexithymia, parental attachment

**Comparison of sociodemographic characteristics between groups**

	NSSI Group (N = 23)	non-NSSI Group (N = 41)	Z /X <sup>2</sup>	P
	Mean $\pm$ SD or n(%)	Mean $\pm$ SD or n(%)		
Gender				
Female	21 (91%)	26 (63%)	4.53	0.033
Male	2 (9%)	15 (37%)		
Age (years)	$14.83 \pm 1.53$	$14.54 \pm 1.78$	-0.70	0.482
Grade (years)	$9.65 \pm 1.67$	$9.41 \pm 1.88$	-0.48	0.629
Mother Age	$43.13 \pm 5.67$	$43.83 \pm 5.98$	-0.41	0.679
Mother Education (years)	$9.90 \pm 4.43$	$9.80 \pm 4.41$	-0.08	0.939
Father Age	$47.13 \pm 5.45$	$48.25 \pm 5.57$	-1.05	0.293

Father Education (years)	10.00 ± 4.70	11.88 ± 3.76	-1.75	0.080
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#### Comparison of psychological test and scale scores of NSSI and non-NSSI groups.

	NSSI Group (N = 23)	non-NSSI Group (N = 41)	z	p
	Mean ± SD	Mean ± SD		
RMET Score	19.45 ± 4.13	19.80 ± 2.70	-0.32	0.750
TAS-20				
Total Score	64.30 ± 9.05	56.20 ± 11.06	-2.69	0.007
DDF	17.39 ± 3.62	14.85 ± 4.22	-2.34	0.019
DIF	24.91 ± 5.01	19.34 ± 6.88	-3.17	0.002
EOT	22.00 ± 3.64	22.00 ± 4.47	-0.26	0.795
IPPA-Mother				
Total Score	49.61 ± 16.19	57.41 ± 13.53	-1.88	0.061
Trust	17.30 ± 7.04	19.78 ± 6.26	-1.41	0.159
Communication	15.43 ± 5.02	17.76 ± 5.01	-1.80	0.071
Alienation	16.87 ± 6.25	19.88 ± 5.05	-2.04	0.041
IPPA-Father				
Total Score	37.57 ± 15.02	55.41 ± 19.95	-3.79	<0.001
Trust	13.91 ± 6.27	20.29 ± 7.11	-3.53	<0.001
Communication	11.13 ± 5.08	15.41 ± 7.42	-2.52	0.012
Alienation	12.52 ± 6.63	19.71 ± 7.39	-3.68	<0.001

Abbreviations: DDF, difficulty describing feelings; DIF, difficulty identifying feeling; EOT, externally-oriented thinking; IPPA, inventory of parent and peer attachment; NSSI, nonsuicidal self-injury; RMET, Reading the mind in the eyes test; TAS-20, Toronto Alexithymia Scale.

#### [Abstract:0258]

#### Identifying clinical profiles related to prodromal symptoms of psychosis in adolescents with anxiety disorders using latent class analysis

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**BACKGROUND AND AIM:** Anxiety-related symptoms often intertwine and coexist with prodromal symptoms associated with psychosis, leading to frequent confusion in adolescents with anxiety disorders. The aim of this research was to identify clinical profiles associated with prodromal symptoms of psychosis in adolescents diagnosed with anxiety disorders.

**METHODS:** The adolescents aged 12-18 with anxiety disorder who applied to our outpatient clinic between February 2022 and February 2023 were included. The Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)-Present and Lifetime Version (K-SADS-PL) was used to assess the presence of psychopathology, the Structured Interview for Psychosis-Risk Syndromes (SIPS), Screen for Child Anxiety Related Emotional Disorders (SCARED) and Global Assessment of Functionality (GAF) were applied to assess prodromal symptoms. Each SIPS criterion was recorded 0-6 points as in the original for determining latent classes. Latent class analysis (LCA) was conducted for data clustering with M-clust package, which is based on finite Gaussian mixture modeling in R environment. ANOVA and Kruskal-Wallis tests were used to compare groups. Informed consent was obtained from all patients and their families. Statistical analyses were performed using SPSS version 25 and R.

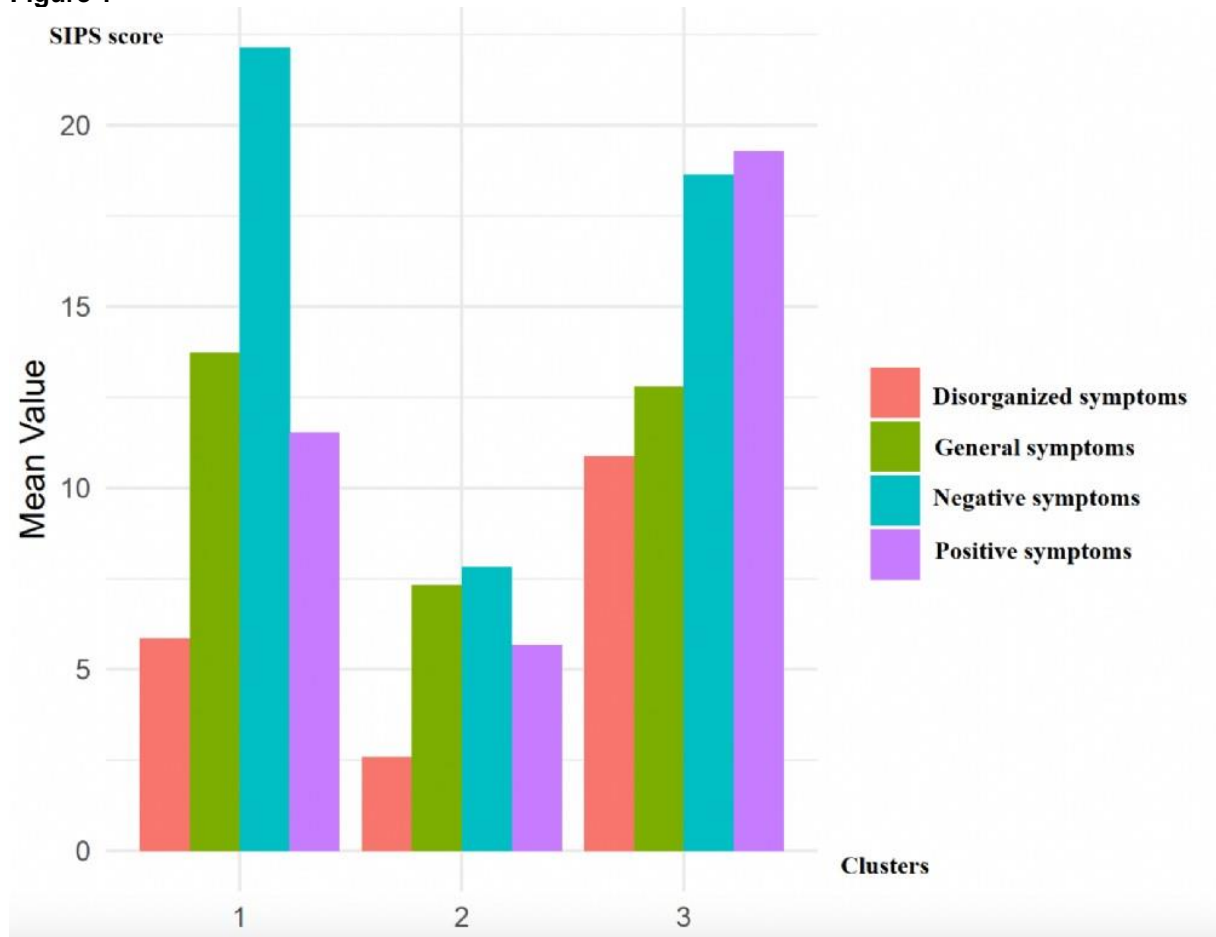
**RESULTS:** The mean age of 96 participants was 15.4 ± 1.5 years and 58.3% of all patients were female

(n=56). The best solution in LCA was provided by model “VVI” (diagonal, varying volume and shape) as lowest Bayesian information criterion (BIC) value (-6449.173) was observed with a 3-cluster solution (Figure 1). There were 37 patients in Class 1, 34 in Class 2 and 25 in Class 3. There was no significant difference between the 3 classes in terms of age ( $p=0.29$ ), gender (0.96) and SCARED ( $p=0.08$ ) scores and its five subscales ( $p>0.05$ ). Class 2 exhibited a significantly higher level of functionality ( $p<0.001$ ), based on GAF scores (mean scores in Class 1 =41.6, in Class 2= 58.8, in Class 3=40.4). Prodromal-negative symptoms ( $p<0.001$ ) and prodromal-general symptoms ( $p<0.001$ ) were significantly lower in Class 2. Prodromal-positive symptoms ( $p<0.001$ ) and prodromal-disorganized symptoms ( $p<0.001$ ) were highest in Class 3. The antipsychotic use was higher in Class 1 (51.9%) ( $p=0.03$ ), while there was no difference between the groups in terms of other (methylphenidate, atomoxetine, mood stabilizers, sedative/hypnotics) psychotropic drugs ( $p>0.05$ ).

**CONCLUSIONS:** This study demonstrates three latent clinical profiles of adolescents with anxiety disorders concerning prodromal symptoms. Subgrouping prodromal symptoms and identifying overlapping symptoms in adolescents with anxiety disorders might be helpful for early diagnosis of psychosis and intervention.

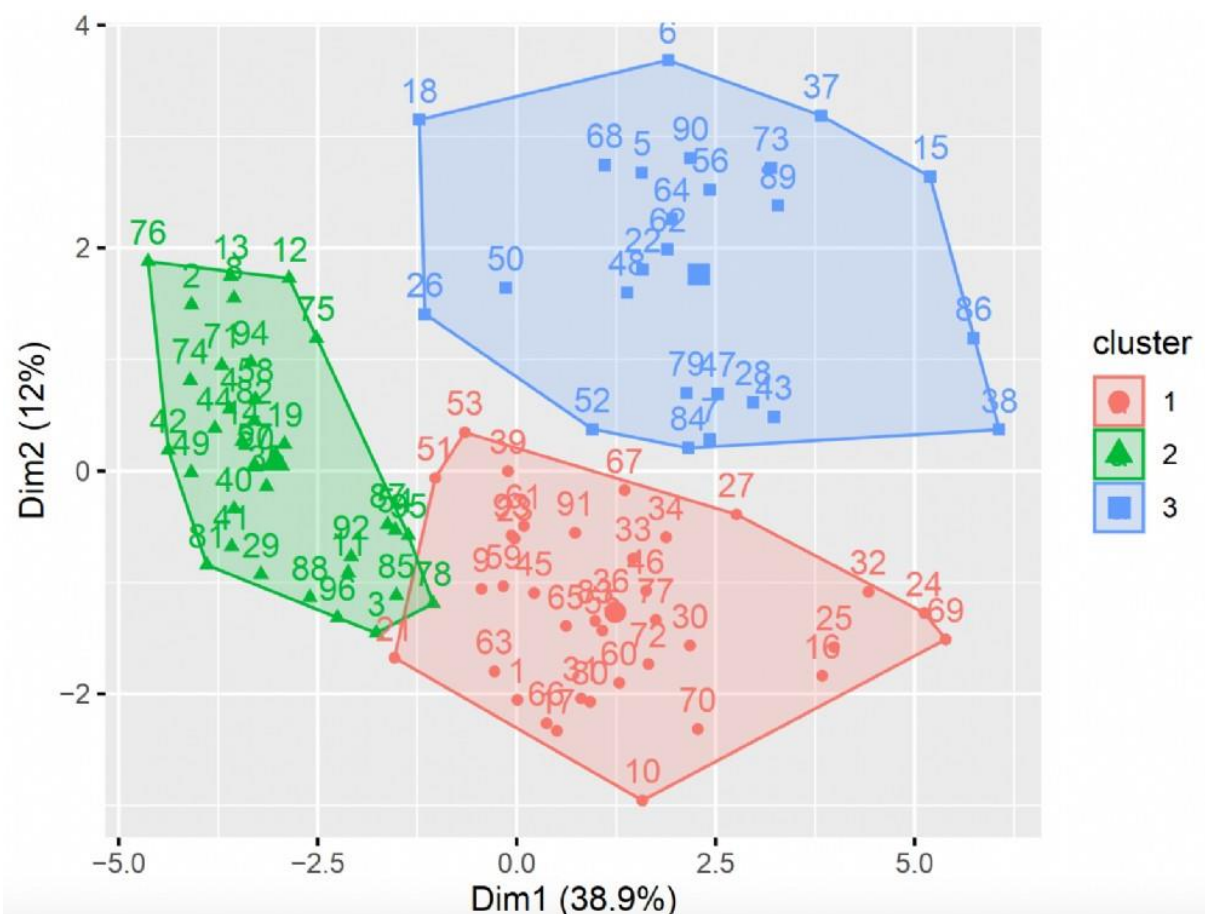
**Keywords:** prodromal symptoms of psychosis, anxiety disorders, latent class analysis, prodromal symptoms of psychosis in adolescents

**Figure 1**



*Comparison of prodromal symptoms across three latent classes.*

**Figure 2**



Cluster plot of 3 Classes

**[Abstract:0263]****Peer Bullying and Self-Esteem in School-Age Children with Stuttering**Gülsüm Yitik Tonkaz<sup>1</sup>, Esen Yıldırım Demirdöğen<sup>2</sup>, Ali Çakır<sup>3</sup>, Sümeyye Kocaman<sup>4</sup><sup>1</sup>Child and Adolescent Psychiatry Clinic, Giresun Maternity and Children Training and Research Hospital, Giresun, Turkey<sup>2</sup>Department of Child and Adolescent Psychiatry, Ataturk University, Faculty of Medicine, Erzurum, Turkey<sup>3</sup>Child and Adolescent Psychiatry Clinic, Erzurum Regional Training and Research Hospital, Erzurum, Turkey<sup>4</sup>Speech and language therapist, Erzurum Regional Training and Research Hospital, Erzurum, Turkey

**BACKGROUND AND AIM:** Stuttering is defined with disruptions in the normal fluency and time patterning of speech that are inappropriate of the individual's age and language skills. Peer bullying, on the other hand, can be defined as the aggressive behavior shown by one or more children against the weaker child on a purposeful and continuous basis. Children with language and speech disorders are at risk for peer bullying [1]. A possible relationship between both bullying and being bullied and low self-esteem has been described [2]. Children with stuttering (CWS) are more at risk for both bullying and anxiety, and that there is a relationship between high anxiety symptoms and peer bullying in CWS [3]. This study investigated the frequency of peer bullying in school-age CWS and its effects on self-esteem and depression and anxiety symptoms in bullied CWS.

**METHODS:** Thirty-five stuttering children and thirty-five non-stuttering children between the ages 8 and 12 were included in the study. Stuttering Severity Instrument 4 (SSI-4) was administered to CWS by a speech and language therapist. Participants were assessed by using Rosenberg Self-Esteem Scale, Olweus bully/victim questionnaire, and Revised Child Anxiety and Depression Scale.

**RESULTS:** School-age CWS were bullied more frequently among their peers, and the self-esteem of CWS who were bullied was lower ( $p < 0.05$ ). The depressive symptoms were more common in CWS

with low self-esteem ( $r=0.716$ ). Moreover, the frequency of stuttering increased in school-age CWS, social phobic characteristics increased ( $r=0.498$ ).

**CONCLUSIONS:** As a result, school-age CWS are more bullied by their peers and have lower self-esteem. School-age CWS are at higher risk in terms of psychopathologies such as depression, anxiety disorder, and social phobia. We think that intervention programs aimed at preventing bullying in the follow-up of school-age CWS may positively affect the self-esteem of the CWS and contribute to the reduction of comorbid conditions.

**Keywords:** Stuttering, Peer bullying, self-esteem

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## [Abstract:0268]

### 'The daytime sleepiness' phenomenon with a possible mediating factor of 'eveningness' in clinically referred sluggish cognitive tempo children

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**BACKGROUND AND AIM:** Sluggish cognitive tempo (SCT) (recently designated as Cognitive Disengagement Syndrome) has been primarily investigated within the context of ADHD. However, recent data strongly suggests that SCT represents a distinct clinical phenomenon, even though it often co-occurs with ADHD symptomatology [1]. While studies on ADHD provide data on sleep and chronotype, research on SCT has mostly been conducted in ADHD co-morbid cases and provides limited data on community-based adults and adolescent. [2], [3], [4], [5]. In this research we aimed to determine sleep and chronotype of individuals with pure SCT children in comparison to ADHD within the clinical sample.

**METHODS:** The study group consisted of 50 children with SCT, 67 with ADHD and 50 healthy children, aged 8 to 12 years (65.3% male), were required to have no medical or psychiatric conditions (except specific learning disorders and oppositional defiant disorder) no history of neurological events, and be drug-naïve. DSM-IV-based Disruptive Behaviour Disorders Rating Scale (DBDRS-parent and teacher form), Barkley Sluggish Cognitive Tempo Scale (BSCTS) were used in diagnostic procedure. Parents fulfilled the Children's Sleep Habits Questionnaire and Children's Chronotype Questionnaire for their children.

**RESULTS:** Eveningness was found to be highest in the SCT group, but also significantly higher in ADHD cases compared to controls. Daytime sleepiness was found to be highest in the SCT group and higher in the ADHD group compared to controls. Daytime sleepiness was significantly correlated with eveningness. Additionally, multiple linear regression analyses including age, gender, DBDRS-parent total score and BSCTS total scores showed along all these variables SCT severity predicted daytime sleepiness and eveningness.

**CONCLUSIONS:** This study is the first to examine SCT in relation to sleep functioning, daytime sleepiness and circadian preference in a clinically referred child age group. Findings emphasized the need to combine SCT in studies examining the links between SCT, daytime sleepiness and circadian preference.

**Keywords:** ADHD, sluggish cognitive tempo, chronotype, sleep, cognitive disengagement syndrome

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## [Abstract:0271]

### The preliminary data of a controlled study investigating attention, memory functions, and impulsivity in adults diagnosed with Attention Deficit Hyperactivity Disorder through Continuous Performance Tests

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**BACKGROUND AND AIM:** It has been reported that individuals with ADHD experience greater difficulties in attention-related tasks due to deficits in information processing in neuropsychological assessments compared to healthy controls. One of the neuropsychological tests used to support the diagnosis of ADHD in adults is the "Immediate/Delayed Memory Test (IMT/DMT)," which is defined as one of the Continuous Performance Tests (CPT). It assesses sustained attention, working memory, and impulsivity through computer software. The most frequently reported measures in CPT are omission scores, indicating failures to respond when required, and commission scores, which are evaluated as erroneous responses in places where no response is needed. The studies using CPTs have revealed that adults with ADHD tend to exhibit a higher frequency of omission errors, indicative of inattentiveness, and commission errors, representing impulsivity, when compared to healthy controls. The aim of this study is to compare the performance on the IMT/DMT task between adults with ADHD and a healthy control group. It is anticipated that the ADHD group will demonstrate greater attention deficits and impulsivity compared to the control group. In this study, preliminary data of adult cases continuing to be followed with a diagnosis of ADHD have been shared.

**METHODS:** A total of 104 ADHD adults and 37 healthy subjects, matched for age, gender, and education (control group), were included in this study. IMT/DMT was used to measure selective attention, sustained attention, and impulsivity in both groups. Symptom severity was evaluated using Adult Attention Deficit Hyperactivity Disorder Self-Report Scale (ASRS) and Wender Utah Rating Scale (WURS). The participants were also assessed with the Diagnostic Interview for ADHD (DIVA) for DSM-V criteria. Written consent was obtained from the participants, and ethical approval was obtained from the hospital's scientific committee.

**RESULTS:** The sociodemographic data of the two groups are presented in Table 1. There was a significant difference between the ADHD and control groups in terms of the IMTcd score, reflecting momentary attention, and the DMTcd score, reflecting sustained attention ( $p=0.000$ ;  $p=0.000$ ). There

was also a significant difference between the two groups in terms of the impulsivity parameters, represented by the IMTce and DMTce scores ( $p=0.000$ ;  $p=0.000$ ) (Table 2). In the ADHD group, there was a negative relationship between childhood ADHD symptoms (WURS score) and the IMTcd and DMTcd scores. Similarly, there was a negative correlation between the ASRS score and parameters related to inattentiveness and impulsivity (IMTcd, DMTcd, and DMT ratio) (Table 3).

**CONCLUSIONS:** Consistent with clinical findings, in ADHD cases, inattention and impulsivity were found to be more prominent in CPT tasks. Due to its ability to provide guidance to clinicians on selective attention, sustained attention, and impulsivity, the use of CPT is recommended to be included as a supportive tool in the diagnosis and monitoring process of ADHD.

**Keywords:** Attention-deficit/hyperactivity disorder, Attention, Impulsivity, Continuous performance test

**Table 1. Comparison of Sociodemographic Characteristics and ADHD Scale Scores of the Groups.**

	ADHD n=104	Control n=37	p
Age (year)	26.4±8.4	26.92±7.2	0.909
Gender (n=FM; F)	60; 44	16; 21	0.179
Education (years), mean±SD	26±7.2	8.9±4.34	0.909
Marital status, n (%)	Married 17(16.3%) Widowed/separate 6 (5.8 %) Single 81 (77.9 %)	Married 9 (16.3%) Single 28 (75.7%)	0.213
Occupation, n (%)	Unemployed 14 (13.5%) Employed 32 (30.8%) Student 56 (53.8%) Retired 2 (1.9%)	Unemployed 5 (13.5%) Employed 11 (29.7%) Student 21 (56.8%)	0.521
WURS total score	40.74±20.6	13.81±4.5	0.000
ASRS total score	38.74±17.9	14.62±3.9	0.000

ADHD: Attention Deficit Hyperactivity Disorder; ASRS: Adult Attention Deficit Hyperactivity Disorder Self-Report Scale; WURS: Wender Utah Rating Scale; Data are expressed as mean ± SD;  $p<0.05$  was considered as statistically significant.

**Table 2. Comparison of Groups in Terms of Immediate and Delayed Memory Test Parameters.**

	ADHD group n=104	Control n=37	p
IMTcd	84.07±18.54	95.2±3.6	0.000
IMTce	19.5±15.7	5.3±2.6	0.000
IMT Ratio	0.26±0.24	0.05±0.02	0.000
DMTcd	76.81±26.77	96.31±3.62	0.000
DMTce	28.63±26.09	5.49±3.32	0.000
DMT Ratio	4.96±4.74	75.02±227.77	0.000

ADHD: Attention Deficit Hyperactivity Disorder; IMTcd: Immediate Memory Test correct detection; IMTce: Immediate Memory Test commission error; DMTcd: Delayed Memory Test correct detection; DMTce: Delayed Memory Test commission error Data are expressed as mean ± SD.  $P<0.05$  was considered as statistically significant

**Table 3. The relationship between the ADHD group**

WURS						
ASRS	0.552**					

IMTcd	-0.211*	-0.265**					
IMTce	0.146	0.253**	-0.331**				
IMT Ratio	0.182	0.265**	-0.535**	0.939**			
DMTcd	-0.338**	-0.285**	-0.564**	-0.219*	-0.347**		
DMTce	0.019	0.250*	-0.210*	0.606**	0.519**	0.005	
DMT Ratio	-0.193	-0.343**	0.428**	-0.537**	-0.581**	0.450**	-0.804**

WURS: Wender Utah Rating Scale; ASRS: Adult Attention Deficit Hyperactivity Disorder Self-Report Scale; ADHD: Attention Deficit Hyperactivity Disorder; IMTcd: Immediate Memory Test correct detection; IMTce: Immediate Memory Test commission error; DMTcd: Delayed Memory Test correct detection; DMTce: Delayed Memory Test commission error \* $p=0,05$  \*\* $p=0,01$

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## [Abstract:0277]

### Psychiatric comorbidity in patients with dissociative identity disorder

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**BACKGROUND AND AIM:** In studies, the prevalence of dissociative identity disorder (DID) in the general population was found to vary between 1% and 3.5%, depending on the region, sampling and evaluation method, attention and clinical experience of the clinician. Although it is a common disorder, the diagnosis of DID is very rarely made clinically. DID cannot be adequately diagnosed due to reasons such as not giving enough place to DID during psychiatry residency training[1,2,3], not questioning the characteristic symptoms of DID in standard history-taking protocols[4], having to interview for a very short time in the outpatient clinic, patients trying to hide their dissociative symptoms, and having a wide spectrum of symptoms. In this study, we shared the rate and comorbidity of patients diagnosed with DID in 84,209 patients who applied to our outpatient clinic; We aimed to increase the awareness and recognizability of the diagnosis of DID.

**METHODS:** The files of 84,209 patients who applied to the Harran University psychiatry outpatient clinic between 01.01.2015 and 01.01.2023 were retrospectively analyzed. 3,155 (3.7%) of the patients were diagnosed with DID. Of the 3,155 patients diagnosed with DID, 2,991 (94.8%) received additional psychiatric diagnosis. 164 (5.2%) patients were diagnosed with only DID. In the examination, the additional diagnosis rates were as follows. 1769 (56%) with additional diagnosis of depression, 653 (20.6%) with additional diagnosis of Generalized Anxiety Disorder, 132 (4.1%) with additional diagnosis of Obsessive Compulsive Disorder, 87 with additional diagnosis of Bipolar Disorder (2.7%), with additional diagnosis of Psychotic Disorder there were 35 (1.1%) people and 315 (9.9%) people with other psychiatric diagnoses.

**RESULTS:** We think that DID should be included more in the psychiatry education process in order to evaluate DID more accurately and to better understand the diagnosis and treatment process, and the specific symptoms of DID should be handled in more detail in standard history-taking protocols.

**CONCLUSIONS:** DID is comorbid with many psychiatric disorders[5]. In parallel, these patients present to the clinician with a wide spectrum of symptoms, including the symptoms of many psychiatric disorders. For this reason, clinicians often miss the diagnosis of DID, and treatments for symptoms do not go beyond partial relief. Dissociative symptoms should be questioned regularly during psychiatric interviews to prevent underdiagnosis or misdiagnosis.

**Keywords:** Trauma, dissociative identity disorder, Psychiatric comorbidity

**[Abstract:0289]**

**The Relationship of Alexithymia and Emotion Regulation Difficulties with Eating Problems and Glycemic Control in Adolescents with Type 1 Diabetes: A Preliminary Analysis**

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**BACKGROUND AND AIM:** The prevalence of emotional problems is high in diabetes, which is one of the most common chronic diseases of childhood (1). Emotional problems accompanying diabetes have been found to be associated with treatment nonadherence, poor glycemic control, longer hospital stays, and increased organ damage (2). It is known that detecting and treating these problems increases glycemic control and treatment success (3). In our study, it is aimed to compare the alexithymia, emotion regulation difficulties, mental symptoms, eating problems and glycemic control levels of adolescents diagnosed with Type 1 Diabetes Mellitus (Type 1 DM) with healthy controls.

**METHODS:** A total of 60 adolescents, 29 adolescents, who were followed up with the diagnosis of Type 1 Diabetes Mellitus (Type 1 DM) in Ankara Bilkent City Hospital Pediatric Endocrinology Outpatient Clinic, and 31 healthy controls between the ages of 12-18 were included in our study. The study was planned with 50 Type 1 DM patients, these data are our preliminary findings. The adolescents who participated in our study included the Diabetes Eating Problem Survey (DEPS-R), the Eating Disorders Examination Questionnaire (EDE-Q), the Difficulties in Emotion Regulation Scale (DERS), Difficulties in Emotion Regulation Scale Difficulties, the Alexithymia Questionnaire for Children, the Strengths and Difficulties Questionnaire (SDQ) adolescent form and retrospectively the medical It was evaluated with the HbA1c level determined in the last 6 months obtained from the records. SPSS 25.0 program was used in the analysis.  $p < 0.5$  was accepted as the significance level.

**RESULTS:** No statistically significant difference was found between the SDQ, EDE-Q, DERS, Alexithymia Questionnaire for Children scales between adolescents with Type 1 DM who participated in the study and healthy controls ( $p > 0.5$ ) On the other hand, according to the Spearman correlation analysis performed in adolescents with Type 1 DM, a positive and significant correlation was found between the total scores of the DEPS-R and SDQ and DERS scales ( $r = .830$ ,  $p < .001$ ;  $r = .706$ ,  $p = .002$ , respectively) A positive and significant correlation was found between EDE-Q and SDQ, DERS and Alexithymia Questionnaire for Children total scores ( $r = .737$ ,  $p < .001$ ;  $r = .680$ ,  $p < .001$ ,  $r = .489$ ,  $p = .025$ , respectively). In addition, a positive significant correlation was found between Alexithymia Questionnaire for Children and DERS and SDQ ( $r = .654$ ,  $p = .001$ ;  $r = .585$ ,  $p = .003$ , respectively). However, no significant correlation was found between HbA1c values and DEPS-R, EDE-Q, SDQ and Alexithymia Questionnaire for Children scale.

**CONCLUSIONS:** The findings of our study support that there is a relationship between emotional regulation difficulties and alexithymia levels and impaired eating attitudes in adolescents with Type 1 DM. It is thought that it is important to focus on mental health problems in the treatment process of adolescents with type 1 DM.

**Keywords:** Adolescent, Alexithymia, Diabetes Mellitus, Eating Problems, Emotion Regulation

**[Abstract:0293]**

**Evaluation Of The Reports Of The Cases Who Applied To The Psychiatry Clinic Of Aydin Adnan Menderes University Hospital For The Determination Of Disability**

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**BACKGROUND AND AIM:** In this study, the sociodemographic characteristics and diagnoses of the cases who applied to Aydin Adnan Menderes University Faculty of Medicine, Department of Psychiatry for disability determination, and who were deemed to need disability from a psychiatric point of view, were examined. This study is one of the limited number of studies on the sociodemographic characteristics and diagnosis distribution of cases requiring disability in terms of mental disorders and will serve to review the disability reports, which have an important place in psychiatry practices and will make an epidemiological contribution to the field.

**METHODS:** In the study, the files of the cases who applied to the health board for the determination of disability between 01.05.2022 and 30.04.2023 were retrospectively analyzed. Descriptive statistical analyzes were performed for demographic and clinical data.

**RESULTS:** There were 1350 people over the age of 18 who applied for disability determination. The mean age of these cases was 49.1±4.2 years. 967 cases (71%) were male, and 992 cases (73%) were married. It was concluded that 92 of 196 patients who had a psychiatric diagnosis at the time of admission required disability. The most common diagnosis of disability was schizophrenia and its subtypes (n=14, 30.4%).

**CONCLUSIONS:** Planning, implementation and evaluation of employment programs are of critical importance in order to follow up, treat and rehabilitate individuals with chronic mental illness and to ensure equal opportunity in business life. The results of our study will guide future studies on the recognition of mental disorders that cause disability and adversely affect people's working life, increasing studies on this and bringing these people into working life.

**Keywords:** Health Council, psychiatric disability, mental disorder

#### Age and gender distribution of the cases who applied for disability determination

	Female	Male	Total
n	383	967	1350
%	28	72	100
Mean age (year)	51.61	48.21	49.1
SD	9.5	10.8	10.6

Results are given as mean (standard deviation) or frequency (percent)

#### Diagnostic distribution of the cases who were considered to be psychiatrically disabled

	N	%
Schizophrenia and its subtypes that do not allow working despite treatment	28	30.4
Schizoaffective disorder not able to work despite treatment	20	21.7
Bipolar disorder that does not improve with treatment, progresses and does not allow working	20	21.7
IQ 50 and below mental retardation	12	13.1
Others	12	13.1
Total	92	100

Results are given as frequency (percent)

#### [Abstract:0296]

#### The Correlation Between Maternal Depression, Caregiver Burnout levels and Externalizing Behaviours in Children with ADHD

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**BACKGROUND AND AIM:** The effectiveness of parenting on a child is one of the strongest predictors of externalizing behavior problems. Child-related factors can also have an impact on the mental and behavioral aspects of parents within the parent-child relationship. The study aims to examine the correlation between maternal depression, Caregiver burnout, and externalizing problems in children diagnosed with ADHD.

**METHODS:** 73 children with ADHD were enrolled along with their mothers. Beck Depression Inventory(BDI) and Parental Burnout Assessment(PBA) were used to evaluate parents' depression symptoms and burnout levels. Externalizing behaviours of children with ADHD were evaluated according to using the Atilla Turgay DSM-IV-based child and adolescent disruptive behavioral disorders. Descriptive and correlation analyses were used in statistical evaluations.

**RESULTS:** Psychiatric treatment for ADHD was ongoing in 64 (87.7%) of the children, the mean duration of treatment was 174 (SD:133) weeks. Among the mothers, depression and loss of pleasure and feeling fed up in the parenting role which is subscale in PBA were correlated attention levels in children with ADHD. Maternal age, child age and hyperactivity were not associated with burnout. Also, there was a correlation between externalizing behaviors and parental burnout and depression ( $p<0.05$ ). **CONCLUSIONS:** It is advisable to consider providing psychological support to mothers whose children have been diagnosed with ADHD. Providing support for parents who may be experiencing burnout and depression, as well as offering information regarding the causes and treatments of ADHD, could potentially benefit the entire family unit.

**Keywords:** Burnout, Maternal depression, ADHD, Externalizing behaviors, Children

#### [Abstract:0297]

#### The relationship between Alzheimer's type dementia and GDNF-AS1 gene polymorphisms

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**BACKGROUND AND AIM:** GDNF is a group of neurotrophic factors involved in the enhancement of neuron survival, synaptic plasticity, neurite branching, and neural stem cell migration/differentiation. GDNF-AS gene is an antisense-lncRNA gene transcribed from the opposite strand of the GDNF gene. In patients with early AD, the concentration of GDNF was found to be significantly increased in CSF and decreased in serum, suggesting that this regulation may play a role in the pathological processes occurring in AD (Alzheimer's disease). GDNF-AS1 gene is differentially expressed in the human brain, and its transcriptional levels may affect higher amounts of GDNF in cerebral tissue. Therefore, in this study, the role of these polymorphisms in the pathophysiology of Alzheimer's dementia will be investigated by examining the GDNF-AS1 polymorphisms in Alzheimer's type dementia patients. **METHODS:** Seventy patients who came to Aydın State Hospital Psychiatry outpatient clinic with the complaint of dementia and were clinically diagnosed with Alzheimer's type dementia and 70 control subjects who did not have any major psychopathology and volunteered to participate in the study were included in the study. DNA isolation was performed from peripheral blood samples collected from the cases. GDNF-AS1 (rs62360233 A>C and rs112179570 A>C) polymorphisms in the peripheral blood taken were analyzed with the Fluidigm SNPTyping method. Data analysis was performed using Fluidigm SNP genotyping analysis version 4.1.3 (Fluidigm, South San Francisco, CA, USA).

**RESULTS:** When the control and Alzheimer's type dementia patient groups were compared, no statistically significant difference was found in terms of genotype distribution and allele frequency in GDNF-AS1 polymorphisms (respectively ( $p>0.05$ )).

**CONCLUSIONS:** In conclusion, although GDNF-AS1 polymorphisms did not detect a relationship between AD, it is recommended to repeat the study with a larger number of cases.

**Keywords:** Alzheimer, Gdnf, lncrna

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#### [Abstract:0311]

## Examination of psychotic-like experiences, personality characteristics and impulsivity in individuals applying for gun license

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**BACKGROUND AND AIM:** Firearms are among the leading causes of injury and death and are an important public health problem concerning mortality and morbidity. Deaths due to firearms are also common in Turkey. The acquisition of firearms and related problems are increasing all over the world. In our country, a gun license (GL) is given with medical board reports, including the psychiatry department. This study aims to determine the difference between individuals who applied to the hospital health board for GL and those who did not apply for GL in terms of psychosis-like experiences (PLEs), personality traits and impulsivity.

**METHODS:** The study included 111 individuals who applied to Giresun Education and Research Hospital Psychiatry Health Board to obtain GL and 55 healthy individuals who did not apply for GL before. All participants were interviewed clinically, and Personality Belief Questionnaire (PBQ), Community Assessment of Psychic Experiences Scale (CAPE), Barrat Impulsiveness Scale (BIS), and Sociodemographic Data Form prepared by the researchers were applied to all participants. Statistical analyzes were performed with IBM SPSS 25.

**RESULTS:** When the sociodemographic data were compared, there was no difference between the GL and control groups in terms of age, gender, marital status, employment status, previous suicide attempt, and smoking. Education and economic level were higher in the control group. GL group mostly lived in villages and towns. Previous admission to psychiatry, family history of psychiatric disease, and occasional alcohol use were more common in the control group than in the GL group. There was no difference in dependent, obsessive-compulsive, and paranoid personality traits. Other personality traits were higher in the control group. In PLEs, while persecutory ideation was higher in the control group, perceptual abnormalities, bizarre experiences, grandiosity, and CAPE total scores were similar in both groups. The control group scored higher in all areas of BIS.

**CONCLUSIONS:** Obtaining GL is one of the legal ways to buy a gun. In each institution, various psychometric tests are applied to individuals, medical and forensic records, alcohol and substance tests are examined, and self-mutilation scars are evaluated to detect impulsivity. However, all these examinations provide cross-sectional evaluations, and since the person's motivation is to obtain GL, individuals try to show themselves well. In addition, evaluations are made based on the person's statement. Revising the laws on armament all over the world and in our country, increasing interventions to reduce individual armament, creating information and training programs for the society about the problems that can be caused by individual weapons, increasing the efforts to prevent the illegal supply of weapons, and ensuring that psychiatric evaluation can be made more longitudinally during GL recruitment can reduce individual armament and related problems in the world.

**Keywords:** gun license, impulsiveness, personality beliefs, psychotic-like experiences

## [Abstract:0313]

### Evaluation of Nrf2 and inflammatory cytokine levels in patients with schizophrenia

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**BACKGROUND AND AIM:** It is known that the deterioration of inflammatory processes plays an important role in the development of schizophrenia. Studies on neuroinflammation and neurodegeneration have shown that Nrf2 plays a key role in regulating the inflammatory process in the central nervous system. The aim of this study was to determine the serum levels of Nrf2, HO-1, IL-8, and IL-10 mediators in the Nrf2-ARE pathway in schizophrenia patients and these mediators' relation with clinical features in order to contribute to the elucidation of the physiopathology of schizophrenia.

**METHODS:** This study was conducted at Atatürk University Faculty of Medicine, Department of Psychiatry. The study included 44 schizophrenia patients who had at least two psychotic episodes (22 patients with acute psychotic exacerbations and 22 patients without acute psychotic exacerbations) and 44 healthy controls. After obtaining sociodemographic data, the Positive and Negative Syndrome Scale,

Clinical Global Impressions scale, International Physical Activity Questionnaire Short Form, Extrapyramidal Symptom Rating Scale, and Functional Recovery Scale in Schizophrenia were administered to schizophrenia patients. All participants' serum Nrf2, HO-1, IL-8, and IL-10 levels were studied by the ELISA method.

**RESULTS:** Nrf2, HO-1, and IL-8 levels were significantly lower in schizophrenia patients compared to healthy controls, but IL-10 levels were not significantly different between the two groups. Although IL-10 levels did not differ significantly between the groups, it was found a negative correlation between IL-10 levels and age of onset, the total duration of the disease, and the number of psychotic episodes in patients without acute psychotic exacerbations. Moreover, it was detected a positive correlation between IL-8 levels and the total duration of the disease in patients with acute exacerbation.

**CONCLUSIONS:** The results of this study showed the lack of activation of Nrf2 in schizophrenia. Future studies on the Nrf2-ARE pathway in schizophrenia may contribute to both a better understanding of the pathophysiology of schizophrenia and the development of new treatment options.

**Keywords:** Schizophrenia, Nrf2, HO-1, IL-8, IL-10, inflammation

#### [Abstract:0318]

**Comparison of MHR (monocyte /HDL ratio), NLR (neutrophil/lymphocyte ratio) and NHR (neutrophil / HDL ratio) as inflammatory markers in bipolar disorder, schizophrenia and major depressive disorder**

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**BACKGROUND AND AIM:** Numerous studies have shown the presence of systemic low-grade inflammation, characterized by an attenuated yet persistent form of the inflammatory response, in various psychiatric disorders (1). White blood cell subtypes, such as neutrophils and monocytes, play diverse roles in this inflammatory response (2). Conversely, high-density lipoproteins (HDL) exert substantial anti-inflammatory and antioxidant effects (3). In recent years, monocyte to HDL ratio (MHR), neutrophil to lymphocyte ratio (NLR), and neutrophil to HDL ratio (NHR) have garnered attention in various medical disciplines, as inexpensive and widely accessible indicators of inflammation. Here, we aimed to explore MHR, NLR and NHR levels in patients with bipolar disorder (BD), Schizophrenia (SCZ) and major depressive disorder (MDD).

**METHODS:** A total of 113 outpatients (37 with SCH, 40 with BD, and 36 with MDD), aged between 18 and 65, who have no additional inflammatory conditions were included in this study. White blood cell, neutrophil, lymphocyte, monocyte counts, high-density lipoprotein (HDL) cholesterol levels and socio-demographic data were extracted from electronic health records. The differences in MHR, NLR and NHR levels among the diagnostic groups were compared and the data were analysed.

**RESULTS:** The groups were well matched in terms of age and gender ( $p=.88$  and  $p=.20$ , respectively). A multivariate analysis of variance (MANOVA) was conducted to investigate differences in inflammation indicators (MHR, NHR and NLR) between diagnostic groups. There was a statistically significant difference between the groups in both MHR and NHR levels ( $F=7.43$ ,  $p<.001$ , partial eta squared=.12 and  $F=6.41$ ,  $p=.002$ , partial eta squared=.10 for MHR and NHR, respectively). Post-hoc analyses revealed that patients with MDD exhibited lower MHR (BD vs MDD:  $p<.001$ , SCH vs MDD:  $p=.037$ ) and NHR (BD vs MDD:  $p=.002$ , SCH vs MDD:  $p=.05$ ) levels compared to patients with BD and SCH. However, no significant difference was observed between the SCH and BD groups in either MHR ( $p=.69$ ) or NHR ( $p=.91$ ).

**CONCLUSIONS:** These results suggest that abnormal inflammatory response may be more relevant to BD and SCH pathophysiology compared to MDD (4). In addition to the increased inflammatory response observed in psychiatric disorders, SCH and BD are strongly associated with abnormal lipid metabolism (5,6). Lipid metabolism experiences increased demands during neuronal repair and remodelling, and higher lipid levels promote the recovery of neuronal function (7). MHR and NHR, which are easily accessible and reliable parameters, may be useful for assessing the imbalance between inflammatory and anti-inflammatory processes in psychiatric disorders. They could also serve as clinical tools for risk stratification, prediction and treatment planning in clinical settings. However, further studies with larger sample sizes are highly warranted.

**Keywords:** Monocyte to HDL Ratio, Neutrophil to Lymphocyte Ratio, Neutrophil to HDL Ratio

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## [Abstract:0320]

## How children and adolescents were affected in the acute post-earthquake phase

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**BACKGROUND AND AIM:** On February 6, 2023, two earthquakes of 7.8 Mw and 7.5 Mw, centered in Kahramanmaraş / Turkey, occurred nine hours apart, affected 11 provinces and 14 million people in Turkey. Limited research exists on the acute mental symptoms in children and adolescents following natural disasters. This study aims to investigate the psychological responses of this population in the acute phase after the earthquakes, stratified by age groups. The results will provide insights for disaster relief and mental health professionals to develop appropriate interventions and support mechanisms.

**METHODS:** Seventy children and adolescents aged 2-17 seeking treatment at Ankara University Faculty of Medicine were included. They were stratified into pre-school (24.3%), school-age (45.7%), and adolescence (30%) groups. Participants underwent post-traumatic acute period psychiatric interviews, and those aged 11-17 completed the 'National Survey of Stressful Events Acute Stress Disorder Scale Short Form' to evaluate acute stress disorder symptoms of intrusion, avoidance, and hyperarousal.

**RESULTS:** 11.4% met DSM-5 criteria for acute stress disorder, and 92.8% experienced at least one symptom. Arousal symptoms were more common. Preschoolers had sleep problems (64.7%), irritability, and separation anxiety (58.8%), and increased activity (52.9%). School-age children had sleep problems (53.1%), new fears, verbal-nonverbal aggression (46.9%), and re-experiencing symptoms (43.8%). Adolescents reported sleep problems (81%), difficulty focusing, depressive symptoms (66.7%), helplessness (61.9%), and introversion (57.1%). The mean score on the survey was  $11.76 \pm 5.48$  for participants aged 11-17. These findings have important implications for interventions for children and adolescents affected by natural disasters.

**CONCLUSIONS:** Recognizing acute stress disorder is essential in identifying individuals at risk for psychiatric disorders. Although children and adolescents did not meet the DSM-5 criteria for acute stress disorder, they showed significant symptoms. These varied by age, emphasizing the need for age-appropriate interventions. The study contributes to our understanding of natural disasters' psychological impact on children and highlights the need for effective interventions.

**Keywords:** acute stress disorder, trauma, earthquake

**[Abstract:0323]****Investigating peripheral immunological biomarkers in patients with depressive disorder**

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**BACKGROUND AND AIM:** The pathophysiology of depressive disorder is intricate and influenced by a combination of various factors. genetic, biochemical, psychological, and environmental element. Recent evidence indicates that oxidative stress, disturbances in immune function, neuroinflammation, neurotransmission irregularities, and the impact of psychosocial stress all collectively contribute to the susceptibility, commencement, and advancement of depressive disorder. The emerging importance of easily measurable inflammatory ratios, including the neutrophil/lymphocyte ratio (NLR), platelet/lymphocyte ratio (PLR), monocyte/lymphocyte ratio (MLR) and monocyte/HDL ratio has sparked a heightened level of attention in understanding their role within the context of the inflammatory mechanisms associated with mood disorders. In present study, it was aimed to compare NLR, PLR, MLR and MHDL between patients with depressive disorder and age-sex matched healthy subjects.

**METHODS:** Retrospectively, the values of NLR, PLR, MLR, and MHDL were assessed in individuals diagnosed with depressive disorder and age- and sex-matched healthy subjects. Sixty patients and twenty-nine healthy subjects were included in the study based on predefined inclusion and exclusion criteria. The collected data were subjected to analysis using SPSS 23 software.

**RESULTS:** The NLR ratio was found to be higher in patient group compared with healthy subjects ( $p=0.009$ ). The MLR ratio was also higher in patient group compared with control group ( $p=0.001$ ). The PLR and MHDL ratios were similar between groups. There were significant correlation between NLR value and score of Hamilton Depression Rating Scale ( $p=0.02$  and  $r=0.29$ ).

**CONCLUSIONS:** The inflammatory markers NLR and MLR appear to serve as useful and practical peripheral biomarkers in eligible patients with depressive disorder. However, further studies are required to validate and corroborate our findings.

**Keywords:** depressive, immune, neutrophil, monocyte, lymphocyte

**[Abstract:0325]****Evaluation of Cardiological Findings in Patients Referred to Initiate Methylphenidate Treatment for Attention Deficit and Hyperactivity Disorder**Bedia Sultan Önal<sup>1</sup>, Bekir Yükcü<sup>2</sup>, Yusuf Hoşoğlu<sup>3</sup>, Esra Hoşoğlu<sup>4</sup>, Berkan Şahin<sup>1</sup>

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**BACKGROUND AND AIM:** Methylphenidate (MPH) is one of the psychostimulants used in first-line drug therapy in ADHD (Attention Deficit and Hyperactivity Disorder). MPH activates the sympathetic nervous system and is known to affect the cardiovascular system by causing an increase in heart rate and an increase in systolic and diastolic blood pressure. Although routine cardiological examination is not required before initiating MPH, cardiological evaluation is recommended in a group of patients (presence of some known cardiac diseases (such as Fallot, coronary artery abnormalities and subaortic stenosis), presence of symptoms suggestive of a cardiological disease etc.) before treatment. In this study, we aimed to examine the cardiology data in the group for whom cardiology evaluation was recommended.

**METHODS:** Electrocardiogram (ECG) and echocardiography (ECO) were performed for each patient referred to pediatric cardiology. ECGs and side effects were evaluated again while the patients who were deemed appropriate to start the drug were using the drug. ECG data before and after medication were compared.

**RESULTS:** We evaluated a total of 46 patients (9 girls and 37 boys) with a mean age of  $9\pm3$  years. All

patients (100%, n = 46) who planned to treat with MPH does not have any pathology preventing the introduction in terms of cardiology. 57% (n = 26) had normal ECO findings and 43% (n=20) had a cardiac pathology on ECO. When the pre-treatment and post-treatment electrocardiograms were compared, no significant difference was found. All patients' post-treatment ECG results were within normal limits. There was a drop in the mean heart rates of the patients ( $92.7 \pm 23.7$ ,  $88.7 \pm 19.0$ ,  $p=0.338$ ), but it was not statistically significant. None of the patients had pathological prolongation of QTc duration. The pre- and post-treatment mean QTc intervals were  $359.1 \pm 38.4$  ms and  $362.0 \pm 29.5$  ms, respectively. This increase in post-treatment QTc interval was found not to be statistically significant ( $p=0.349$ ).

**CONCLUSIONS:** MPH can be used safely even in children and adolescents with known cardiological disease, the presence of symptoms suggestive of a cardiological disease, and family history. Nevertheless, we think that cardiac parameters should be monitored for the possibility of reaching significant levels that may cause side effects.

**Keywords:** attention deficit, cardiac diseases, echocardiography, hyperactivity, methylphenidate, stimulants

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## [Abstract:0326]

### Post-Traumatic Stress Symptoms and Distribution of Early Maladaptive Schemas in Trauma-Exposed Adolescents

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**BACKGROUND AND AIM:** Early maladaptive schemas related to the clinical features of PTSD and their effects on psychopathology have recently become an area of interest.

This study aimed to examine relationship between PTSD symptoms and early maladaptive schemas observed in adolescents after a traumatic experience in a clinical population.

**METHODS:** Participants were 51 adolescents 14-18 years of age who had experienced a DSM-5-TR PTSD Criterion A traumatic event at least 1 month before the interview.

Data were collected through structured diagnostic interviews and self-reporting questionnaires. Participants had the Kiddie Schedule for Affective Disorders and Schizophrenia and Child PTSD Symptom Scale for DSM-5 Clinical Interview. They also completed the Life Events Scale-5, Strengths and Difficulties Questionnaire (SDQ), Child PTSD Symptom Scale for DSM-5 Self Report (CPSS-SR), Adolescent Dissociative Experience Scale (A-DES), and Young Schema Questionnaire Short Form-3.

**RESULTS:** The scores for negativity/ pessimism, approval/recognition seeking, insufficient self-control/self-discipline, and punitiveness schemas were higher in the sample. Emotional deprivation ( $p=.002$ ), enmeshment/ undeveloped self ( $p<.001$ ), failure ( $p=.001$ ), defectiveness/shame ( $p=.011$ ), and vulnerability to harm/illness ( $p=.010$ ) schemas were significantly higher in patients diagnosed with PTSD than in those who were not.

**CONCLUSIONS:** This study investigated the relationship between the distribution and severity of PTSD symptoms and early maladaptive schemas in children with a history of traumatic life events. It is

important to understand the development of maladaptive schemas for planning interventions for those with post-traumatic stress responses. Discerning maladaptive schemas in the early stages of life when they are more suitable for intervention is important. Other factors that are effective in the development mechanism of early maladaptive schemas need to be investigated in terms of interventions.

**Keywords:** Early maladaptive schemas, trauma, adolescent, PTSD

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## [Abstract:0330]

### Evaluation of Frontal QRS-T angle in Children and Adolescent with ADHD: A Preliminary Study

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**BACKGROUND AND AIM:** The most commonly diagnosed and pharmacologically treated psychiatric disorder in children and adolescents is attention-deficit hyperactivity disorder (ADHD). Autonomic instability is blamed for ADHD pathophysiology. It has been suggested that this may raise the risk of cardiovascular disease. Frontal QRS-T angle is a novel marker of myocardial depolarization and repolarization heterogeneity and may predict the risk of arrhythmias in population. It can be affected from the autonomic instability. To the best of our knowledge, there is no study investigating the relationship of frontal QRS-T angle with ADHD. In this study, we aimed to evaluate the importance of frontal QRS-T angle in children and adolescents with ADHD.

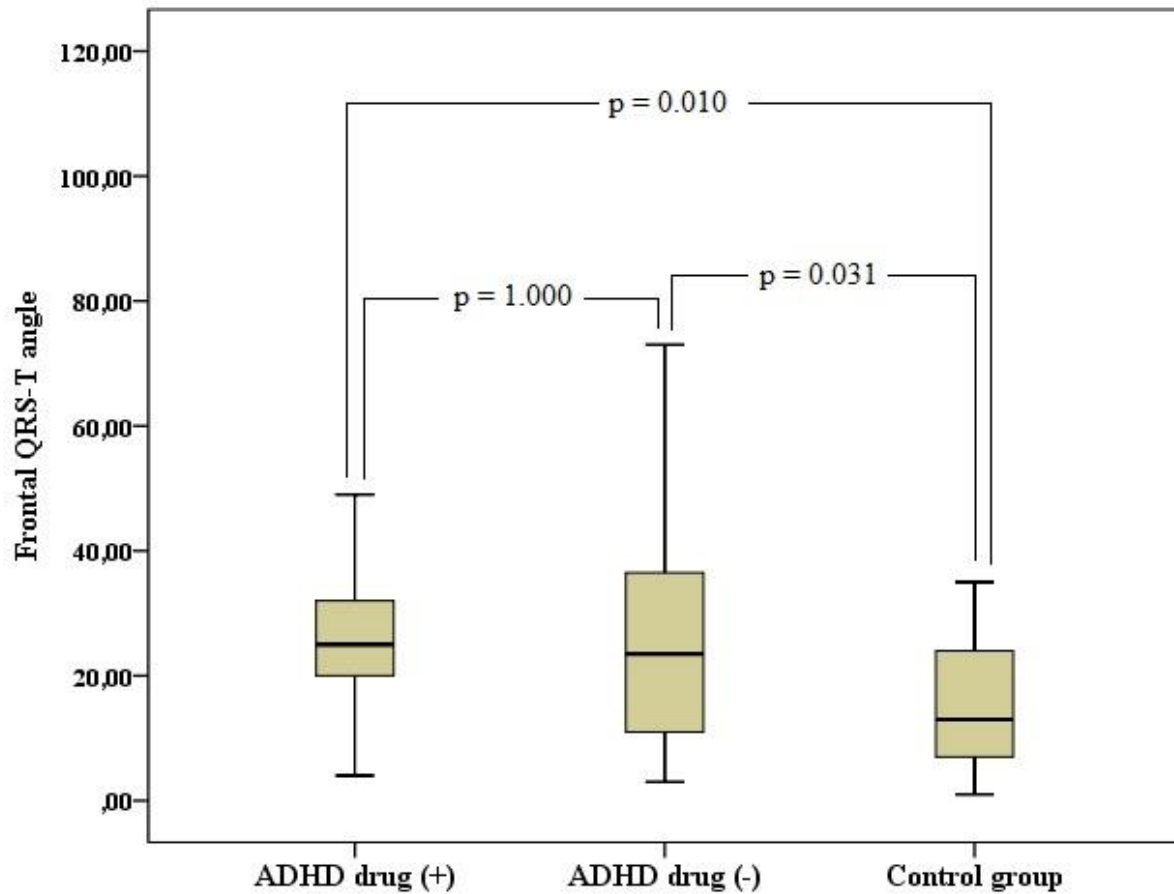
**METHODS:** In this study, 93 patients with ADHD (drug positive, n=33 and drug naive, n=60) and 29 healthy controls were included. The severity of ADHD was evaluated using the Atilla Turgay DSM-IV-based child and adolescent disruptive behavioral disorders screening and rating scale. Baseline clinical and electrocardiographic (ECG) variables were recorded. Frontal QRS-T angle was calculated from the automatic report of surface ECG as follow: the absolute difference between QRS axis and T axis (| QRS axis-T axis |). If this angle exceeded 180°, the calculation of the angle was again done by subtracting from 360°. Harran University Clinical Research Ethics Committee approved the study protocol (date 20/02/2023 and numbered 23.03.05) and permission of hospital administration was also obtained.

**RESULTS:** No significant difference was observed among the groups in terms of age (p=0.057), gender (p=0.261), body mass index (p=0.233), heart rate (p=0.204) and blood pressures (p=0.139, for systolic and p=0.443 for diastolic) (Table 1). In the drug positive ADHD patients, 78.8% (n=26) were using methylphenidate and the rest were using atomoxetine. The mean duration of medication use was 2.2 ± 0.8 months. When the study groups compared in terms of electrocardiographic markers, it was found that PR, QT and QTc intervals were similar among groups (p>0.05, for all). However, frontal QRS-T angle was significantly different among the study groups (p=0.008). Post-hoc analyses demonstrated that drug positive and drug naive patients had significantly higher frontal QRS-T angle compared to control group (p=0.010 and p=0.031, respectively), whereas there was no difference between drug positive and drug naive patients (Figure 1).

**CONCLUSIONS:** The current study found that the frontal QRS-T angle increased in patients with ADHD. Given that it predicts arrhythmias, frontal QRS-T angle may help us to estimate cardiovascular disease risk in patients with ADHD.

**Keywords:** Attention-deficit hyperactivity disorder, autonomic instability, cardiac arrhythmia, frontal QRS-T angle

**Figure 1. Comparison of frontal QRS-T angle among the study groups.**



**Table 1. Demographic and electrocardiographic characteristics of study patients and control group**

Variables	ADHD (drug positive) (n=33)	ADHD (drug naive) (n=60)	Healthy control (n=29)	p
Age, years	9.5 ± 2.7	9.6 ± 2.9	10.9 ± 2.9	0.057a
Gender, male (%)	27 (81.8)	52 (86.7)	21 (72.4)	0.261b
BMI, kg/m <sup>2</sup>	17.63 ± 3.36	19.0 ± 3.52	18.39 ± 3.94	0.233a
SBP, mmHg	102.42 ± 7.51	103.5 ± 10.39	107.07 ± 9.96	0.139a
DBP, mmHg	67.88 ± 7.40	68.33 ± 7.17	70.0 ± 5.67	0.443a
Heart rate, /min	90.45 ± 17.16	86.25 ± 16.7	83.0 ± 15.15	0.204a
PR, ms	136.66 ± 33.84	133.53 ± 24.28	137.69 ± 21.36	0.747a
QT, ms	349.21 ± 31.2	356.92 ± 26.25	364.62 ± 29.9	0.109a
QTc, ms	397.45 ± 17.01	401.4 ± 20.44	405.55 ± 22.47	0.289a
f(QRS-T) angle (o)	25 (17.5-33.5)	23.5 (11-36.8)	13 (6.5-25.5)	0.008c

BMI: body mass index; SBP: systolic blood pressure; DBP: diastolic blood pressure; a: one way ANOVA test; b: chi-square test; c: Friedman test.

[Abstract:0333]

## Emotional Expressions and Parental Attitudes of Mothers of Children with Specific Learning Disorders: A Preliminary Report

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**BACKGROUND AND AIM:** Specific learning disorder (SLD) is a neurodevelopmental condition that is defined by a chronic deficit in at least one of three major areas: reading, written expression, and/or math. Families are significantly impacted by the challenges that children with SLD face in the social, emotional, and academic fields. It is known that parents of children with SLD show high emotional expression and may adopt negative parenting behaviors. The aim of this study is to evaluate the emotional expressions and parental attitudes of the parents of children with SLD.

**METHODS:** The sample consisted of 98 children with SLD and their mothers. Participants were evaluated using the Sociodemographic Data Form, the Parental Attitude Scale (PAS) and the Emotional Expression Scale (EES). Prior to beginning the study, ethical approval from the local ethics committee was obtained. All analyses were carried out using SPSS, version 20.

**RESULTS:** The participated 63 male and 35 female children with SLD that had an average age of  $10.28 \pm 2.18$  years, ranging from 7 to 15 years. The mean age of their mothers is  $37.60 \pm 7.13$  years, ranging from 27-50 years and 48% of them have a primary education. 49% of the participants had low family income levels. The mean scores of the PAS is  $48.39 \pm 10.37$  for the democratic parental attitude,  $50.35 \pm 8.42$  for the protective parental attitude and  $34.15 \pm 11.87$  for the authoritarian parental attitude. The mean of the EES total score was  $24.26 \pm 11.204$ . Our results indicated a strong negative correlation between democratic and the protective parental attitude with emotional expression whereas there was a strong positive correlation between emotional expression and authoritarian parental attitudes (all p values  $< 0.001$ ).

**CONCLUSIONS:** This study revealed that parents' having a child with SLD may have an impact on their emotional expression and parenting styles. This preliminary report has thrown up many questions in need of further investigation, thus large randomized controlled trials could provide more definitive evidence.

**Keywords:** specific learning disorders, parental attitudes, emotional expressions, child/adolescent, mother

### [Abstract:0335]

## Investigation of the Relationship Between Vitamin D, Depression, Anxiety, Stress Levels and Premenstrual Syndrome Severity in Women with Premenstrual Syndrome

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**BACKGROUND AND AIM:** Premenstrual syndrome (PMS) is a common disorder in women of reproductive age and has a complex etiology. The spectrum of symptoms is broad and the most common are breast tenderness, bloating, headaches, mood swings, depression, anxiety, anger and irritability.

**METHODS:** The study included 101 participants who applied to Sivas Cumhuriyet University Gynecology and Obstetrics outpatient clinic and were diagnosed with PMS, were over 18 years of age and volunteered to participate in the study. Demographic data form, Premenstrual Symptoms Impact Scale (PMSIS) and Depression Anxiety Stress-21 Scale (DASS-21) were applied to the participants. Normally distributed continuous data were expressed as mean and standard deviation (mean $\pm$ SD), nonparametrically distributed continuous data were expressed as median and quartiles [median (Q1 - Q3)], and discrete data were expressed as number and percentage (n,%).

**RESULTS:** Among the participants, 60 (59.4%) were single, 41 (540.6%) were married, and the mean age was 23 years (22-35). PMSIS total scores were  $17.73 \pm 4.85$ , vitamin d levels were 16 (10-22), depression scores were 4 (2-9), anxiety scores were 3 (1-7), and stress scores were 6 (3-8). As a result of the correlation analysis, a slight negative correlation was found between PMSIS total score and vitamin d level ( $r = -0.213$ ;  $p = 0.032$ ), and a slight positive correlation was found between depression ( $r = 0.263$ ;  $p = 0.008$ ), anxiety ( $r = 0.299$ ;  $p = 0.002$ ) and stress ( $r = 0.355$ ;  $p = 0.000$ ) levels.

**CONCLUSIONS:** The pathogenesis of PMS is complex and multifaceted. The negative correlation between vitamin D levels and PMS severity suggests that vitamin D plays a role in the exacerbation of the disease. In this sense, it should be considered that low-cost treatments such as vitamin D supplementation can be used in the treatment of PMS. In addition, depression, anxiety and stress levels are positively correlated with PMS severity. Providing appropriate psychiatric support to these individuals seems to be very important in terms of reducing the symptoms of the disease.

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**Keywords:** Premenstrual syndrome, vitamin D, depression, anxiety, stress

#### [Abstract:0355]

#### The Effect of Attention Deficit Hyperactivity Disorder Treatment on Caregiver Burden and Caregiver Anxiety and Depression Symptoms

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**BACKGROUND AND AIM:** Attention Deficit and Hyperactivity Disorder (ADHD) negatively affect parents' or caregivers' daily lives, creating problems at home and putting a burden on family ties, according to numerous research. However, there are limited studies investigating the effects of ADHD treatment on caregiver burden and anxiety and depression levels of caregivers. In this prospective follow-up study, we planned to investigate the effect of ADHD treatment on the burden, anxiety, and depression levels of the caregivers of children with ADHD during the 3-month treatment period of children aged 3-17 years who were first diagnosed with ADHD and started treatment.

**METHODS:** Our study was initiated after the approval of the local ethics committee and included 100 children aged 3-17 years who were diagnosed with ADHD for the first time and had no additional psychiatric disease, and their 100 caregiver parents who did not have chronic physical or psychiatric diseases. After the children were interviewed clinically according to the DSM-5 diagnostic criteria, the ADHD subtype was determined and appropriate treatment was started. The Burden Assessment Scale (BAS), Hamilton Anxiety Rating Scale (HARS), and Hamilton Depression Rating Scale (HDRS) were applied to the parents (caregivers) at the admission and the scales were reapplied 3 months after ADHD treatment was initiated to their children.

**RESULTS:** Of the 92 children who completed the study, 58 were male and 34 were female. The mean age of the children was  $9.91 \pm 2.43$  (6-15). When children are classified according to ADHD subtype, taking into account the DSM-5 criteria, 29 of the children had primarily hyperactive and impulsive, 26 had primarily inattentive, and 37 had combined subtypes of ADHD. Mothers of 84 children and fathers of 8 children were primary caregivers. The mean age of the caregivers was  $33.82 \pm 4.12$  (28-44). The mean caregiver burden score (BAS) of caregivers was found to be  $47.57 \pm 12.59$  (28-76) before ADHD treatment and  $46.20 \pm 12.41$  (27-76) after treatment. The difference found was statistically significant ( $z:-5.373$ ,  $p<0.001$ ). When the BAS scores of the caregivers were compared according to the ADHD subtype, the highest BAS scores both before and after treatment was dominated by hyperactivity and impulsiveness. The lowest BAS scores were found in caregivers of individuals with primarily inattentive subtypes of ADHD. Although the HARS and HDRS scores of the caregivers decreased 3 months after the start of treatment, the difference was not statistically significant ( $p:0,47$ ;  $p:0,36$ , respectively).

**CONCLUSIONS:** To our knowledge, this is the first study to prospectively investigate the effect of ADHD treatment on caregiver burden. In our study, it was found that ADHD treatment significantly reduced the caregiver burden in 3 months follow-up. Contrary to our preliminary hypothesis, the reduction in caregiver burden was independent of caregivers' anxiety and depression symptoms. Although ADHD

treatment has a positive effect on children's quality of life, it is also important because it reduces the burden of disease on parents.

**Keywords:** Attention Deficit and Hyperactivity Disorder, Caregiver burden, Anxiety, Depression

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## [Abstract:0357]

### The relationship between problematic smartphone use and sleep quality/hygiene in adolescents

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**BACKGROUND AND AIM:** The proliferation of smartphones has led to growing concerns about excessive and potentially harmful use (1). Problematic smartphone use has been shown to cause significant harm to physical and mental health among young people (2). Problematic smartphone use has been associated with daytime fatigue, longer sleep latency, and reduced sleep duration (3,4). Sleep is important during adolescence as it significantly impacts thinking, behavior, and emotional abilities. This study investigated the relationship between problematic smartphone use and sleep quality, and sleep hygiene in post-pandemic adolescents.

**METHODS:** The study included 156 participants in the adolescent age group. Problematic smartphone use was assessed using the Smartphone Addiction Scale-Short Version (SAS-S), sleep quality was assessed using the Adolescent Sleep-Wake Scale (ASWS), and sleep hygiene was assessed using the Adolescent Sleep Hygiene Scale (ASHS).

**RESULTS:** The mean age of the participants was  $15.8 \pm 1.3$  years, 41.5% were girls, and 58.5% were boys. Sleep quality and sleep hygiene were significantly lower in the problematic smartphone use group ( $p < 0.01$ ). The study found a negative correlation between (SAS-S) and ASWS ( $r = -.37$ ,  $p < .01$ ) and ASHS ( $r = -.47$ ,  $p < .01$ ).

**CONCLUSIONS:** This study found that increased problematic smartphone use in adolescents was associated with poor sleep quality and sleep hygiene. Adolescents with problematic smartphone use had poorer sleep quality and hygiene. Smartphones may affect adolescents' sleep quality by disrupting sleep hygiene. Reducing problematic smartphone use may help promote better sleep quality in adolescents.

**Keywords:** adolescents, sleep quality, sleep hygiene, problematic smartphone use

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[Abstract:0360]

**Clinical Characteristics, Psychiatric Symptoms Of Earthquake Survivors Hospitalized In Acute Stages Of Kahramanmaraş Earthquake: A Children's Hospital Experience**

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**BACKGROUND AND AIM:** After unpredictable and uncontrollable disasters such as earthquakes, psychiatric symptoms may occur, which usually resolve spontaneously within a few weeks. Psychological effects from traumatic experiences vary from person to person, and trauma can cause chronic psychiatric disorders in some individuals. Therefore, it is crucial to identify patients with post-traumatic psychiatric symptoms in the acute stages of the disaster. This study aimed to retrospectively evaluate the psychological symptoms of earthquake survivors hospitalized in our Children's Hospital after the severe Kahramanmaraş earthquake.

**METHODS:** The psychosocial assessment results of children hospitalized in the acute period (first month) after the earthquake were reviewed retrospectively. One hundred thirty-five earthquake survivors were screened, and the psychosocial assessment data of 102 (75.6%) patients were obtained. The retrospective assessment provided psychosocial information regarding sleep problems, appetite problems, anxiety, acute traumatic stress problems and earthquake.

**RESULTS:** The mean age of the children was  $9.85 \pm 5.13$  years. 52% (n=53) were of female gender. The duration of being under the wreckage after the earthquake was  $18.25 \pm 25.19$  hours. The mean duration length of stay in the hospital was  $52.19 \pm 42.04$  days. A total of 9 children had limb amputation history. 29.4% had a loss of the mother, 31% had the father loss, and 40.4% had a sibling loss. It was determined that 38.2% of these patients had sleep problems (insomnia and fragmented sleep), 20.8% had loss of appetite, 26.5% had anxiety symptoms, and 12.9% had re-experiencing symptoms traumatic events. No psychiatric diagnosis was made in 50% (n=51) of the patients. The most common diagnosis was acute stress disorder (n=31, 30.4%). The second most common diagnosis was adjustment disorder (n=12, 11.8%).

**CONCLUSIONS:** Acute stress disorder (ASD) is the most common diagnosis in children and adolescents immediately after severe physical and mental traumas like earthquakes. Future research should determine by longitudinal study design whether these vulnerable populations' acute stress disorder symptoms become chronic.

**Keywords:** trauma, earthquake, PTSD, child and adolescent

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[Abstract:0378]

**Treatment Adherence And Mother Education Level In Children With Attention Deficit Hyperactivity Disorder**

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**BACKGROUND AND AIM:** Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity and impulsivity. Pharmacological treatment is the first option in the treatment of ADHD. Long-term adherence to treatment in ADHD is important in terms

of reducing the risk of substance use, accidents, and risk-taking behaviours. Poor adherence to treatment may result in persistence of ADHD symptoms. Low adherence to treatment decreases the child's functionality and the clinician's evaluation of the effectiveness of the treatment, while increasing health expenditures. In this study, we aimed to evaluate the factors that may affect treatment adherence in the Turkish sample.

**METHODS:** Sociodemographic information form, treatment adherence scale and conners parent scale were given to the families participating in the study. In the sociodemographic data form, the child's age, gender, age of the parents, education and employment status of the mother and father, marital status of the mother and socio-economic level of the family were asked. According to the data of the treatment adherence scale, participants were divided into 2 groups as high medication adherence and poor medication adherence. Using the Clinical Global Impression Scale (CGI), clinicians evaluated disease severity, improvement, and severity of adverse events.

**RESULTS:** Total 96 children and adolescents with ADHD between the ages of 8 and 13 were included in the study. The mean age of the children and adolescents participating in the study was 10.4 years. The study group consist of 38(39.6) participant with high medication adherence and 58(60.4) participants with poor medication adherence. When we compared mothers and children's age of the high and poor medication adherence groups, there was no statistically significant difference ( $p < 0.05$ ).

When the education level of mothers were compared, the education level of mothers with high medication adherence group was higher than those with poor medication adherence group, and this difference was statistically significant ( $p = 0.013$ ). When the father's education levels of those with high and poor medication adherence group compared, no statistically significant difference was found between the education levels of the fathers ( $p = 0.557$ ). When the working status of the mothers and fathers of the groups with high and poor drug compliance were compared separately, no statistically significant difference was found between the working status of the mothers and fathers ( $p > 0.05$ ).

**CONCLUSIONS:** Adherence to treatment is an important factor in the treatment of ADHD, as in many medical and psychiatric conditions. In this multifaceted issue, our study indicates that high maternal education has a positive effect on the treatment of ADHD in children. Based on this finding, it can be speculated that mothers with higher education have a better understanding of the nature and consequences of ADHD and how it can be managed.

**Keywords:** ADHD, treatment compliance, mother education, medication adherence

#### [Abstract:0383]

#### Changes of Diagnosis and Treatment From Admission to Discharge and Related Factors in a Women's Inpatient Psychiatric Unit

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**BACKGROUND AND AIM:** Psychiatry inpatient services are centers that manage processes primarily for patients requiring hospitalization, offering treatment support for cases where home monitoring is not feasible and also clarifying diagnosis. The aim of this research is to focus on changes in diagnosis and treatment of patients receiving inpatient treatment in a psychiatric ward over one year, and to evaluate the relationship of these changes with their sociodemographic and clinical characteristics.

**METHODS:** This descriptive research encompassed 160 patients admitted to a women's psychiatry inpatient unit between January and December 2022. The data included patients' age, education level, occupation, marital status, number of children, number of siblings, social security, living arrangements, employment status, mode of admission, suicide-homicide risk status, presence and type of trauma history, history of electroconvulsive therapy, smoking, alcohol and substance use, presence and type of additional medical conditions, family history of suicide, diagnoses and treatments upon admission and discharge, and the presence of social service consultations.

**RESULTS:** The average age was 40. The majority of participants were primary school graduates (40.8%) and not actively employed ( $n = 121$ , 75.6%). Marital status was distributed as follows: 40.3% (64) married, 34.6% (55) single, and 18.2% (29) divorced. The average number of previous admissions was  $2.7 \pm 3.9$ . The average length of stay in the psychiatric ward was  $20.7 \pm 15.8$  days.

Out of 160 patients, 122 had a known diagnosis upon admission. The admission and discharge diagnoses differed for 55 patients and 67 remained. When these two groups were compared based on sociodemographic and clinical characteristics, no significant difference was observed ( $p > 0.05$ ). However, a significant difference was observed in the use of aripiprazole, which was more frequent in

patients upon discharge ( $p=0.007$ ). Positive correlation was observed between the number of known diagnoses upon admission and the frequency of admissions ( $p=0.002$ ,  $r=0.243$ ).

**CONCLUSIONS:** Our retrospective study conducted here evaluated factors associated with changes in admission and discharge diagnoses. Comprehensive evaluation methods such as social investigation, detailed observation, environmental interviews, and accessibility of projective tests can contribute positively to identifying overlooked diagnostic and treatment processes, thus enhancing the quality of psychiatric healthcare services and potentially reducing the service burden.

**Keywords:** admission, diagnosis, discharge, inpatient psychiatry

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## [Abstract:0384]

### Metabolic syndrome among adults with autism in a nursing home: frequency and associated factors

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**BACKGROUND AND AIM:** Adults with autism spectrum disorder (ASD) are likely to live with multiple comorbid conditions that can affect their physical and mental health. In this study, evaluation of the metabolic syndrome (MetS) and related factors in individuals with ASD residing in a nursing home was investigated.

**METHODS:** Individuals with ASD over the age of 18 residing in a nursing home were included in the study. Sociodemographic, clinical and metabolic data were collected cross-sectionally. The aberrant behavior checklist (ABC) for each participant was completed by caregiver staff in the nursing home.

**RESULTS:** The mean age of the total 39 participants with ASD, including 32 males and 7 females, was 27.10 ( $\pm 4.21$ ). Among the participants, 7 had mild, 13 had moderate, and 19 had severe intellectual disabilities (ID). In addition to ASD, 2 participants had depressive, 5 had anxiety, 2 had psychotic disorders (PD), 11 had bipolar disorder (BD), 3 had obsessive compulsive disorder and 2 had attention-deficit hyperactivity disorder. The median number of psychotropic medications used by the participants was 6 (4-7), and the median number of antipsychotic medications was 3 (2-4). Among all participants 13 (33.3%) met the criteria for MetS. Furthermore, participants with MetS had lower median numbers of psychotropic medications used ( $p<0.05$ ). The mean of ABC hyperactivity subscale of those with MetS was 8.38 ( $\pm 4.41$ ), while the mean was 19.42 ( $\pm 9.41$ ) in those without MetS ( $p<0.001$ ). When the gender, age, the number of psychotropics and ABC hyperactivity scores were controlled for, lower hyperactivity scores significantly predicted MetS ( $B=-0.18$ ,  $p<0.05$ ).

**CONCLUSIONS:** Frequency of MetS seems to be comparable with general population. Some unexpected clinical features appear to be associated with MetS in individuals with ASD. There is a need for further studies in larger samples.

**Keywords:** Autism, intellectual disability, metabolic syndrome, nursing home, psychotropic use

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[Abstract:0496]

## A Bibliometric Analysis Of Publications On Gender Detransition

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**BACKGROUND AND AIM:** Detransition term was emerged in the literature recently and publications in this field is increasing. To guide future research priorities, the present study evaluated the scientific researches on gender detransition.

**METHODS:** The data used in this bibliometric citation analysis were obtained from the WoS Core Collection database. 42 articles were reached and all of them were included in the study. Article informations such as the year of publication, journal, title, author, country, affiliation, keywords, document type, and citation counts were recorded. In addition to the descriptive statistics, coauthorship and keyword cooccurrence analysis was conducted. VOSviewer is a software tool for constructing and visualizing bibliometric networks.

**RESULTS:** Researches on gender detransition started to be published at 2018 and increased by 2020. Most of articles were research article (74%). WoS Categories of the publications were mostly Clinical Psychology, Psychiatry, Interdisciplinary Social Sciences and Developmental Psychology. Studies on gender detransition were conducted in 8 countries. It was observed that countries that published most document did not collaborate with other countries. 67 organization were participated in the studies. But only 11 of them were connected to each other. 93 authors were published in this area. Largest set of collaboration were obtained in between 13 authors. When the authors’ scientific impacts were investigated it is showed that some authors with no or less collaboration who are Littman L, Almazan A N and Levine S stood out. Lastly, the most frequent keywords were obtained as detransition, gender dysphoria, transgender, transition and regret. Also, it was observed that the use of regret as a keyword is increased recently.

**CONCLUSIONS:** It was observed that there is a limitation in the collaboration of authors and countries that are publishing in this field. Also, it was showed that some author with higher impact in the scientific platforms are working and producing with less network. The common and increasing trend of regret as a keyword stated the clinical and scientific importance of regret in this area.

**Keywords:** Gender dysphoria, gender, transition, detransition, bibliometric analysis

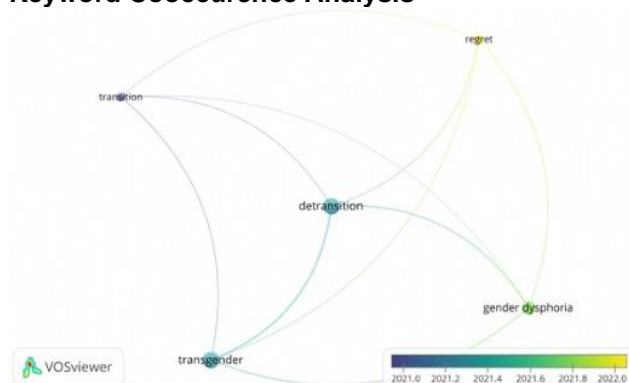
## Article Type

Article Type	Number	Percentage (%)
Article	31	74
Meeting Abstract	5	12
Editorial Material	3	7
Letter	2	5
Review	1	2

42 publications were found.

## Author Coauthorship Analysis

## Keyword Cooccurrence Analysis



**Toplam: 107**  
**Kabul:Poster**

## Isotretinoin-induced Manic Episode: case report

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**INTRODUCTION:** Isorethionine has been used in the treatment of acne since 1982. FDA has made it obligatory to include a warning on the boxes of isotretinoin containing brands in the market that the use of the drug may lead to various psychiatric problems such as depression, psychosis and suicide attempt. In this study, we summarised a patient who used the drug and had manic symptoms after dose increase.

**CASE PRESENTATION:** A 22-year-old male patient came to the psychiatry outpatient clinic with the consultation of a dermatological physician. The patient stated that he had been talking a lot for 2 days, couldn't stay still, couldn't sleep, flight of ideas, increase in internal energy, feeling very strong and he applied to the dermatology physician he was following. It was learnt that he had been taking isorethionine for about 2 months and his drug dose was increased from 40 mg to 60 mg 10 days ago. There was no history of psychiatric illness in himself and his family. Mental status examination revealed his mood was elated, affect was increased and hyperthymic, the amount and speed of his speech increased, his associations accelerated, he had flights of ideas, his psychomotor activity increased significantly and he had insight about the disease. Young mania scale was scored as 23. Neurological consultation and substance panel were requested. No pathology was found in the results. The patient's findings were discussed with dermatology and isorethionine treatment was discontinued. Since the patient was open to

co-operation and had full insight, he and his family did not want psychiatric treatment and stated that they would be compatible with close follow-up, the patient and his relatives were informed and only lorazepam 1 mg was prescribed. The patient's young mania scale decreased to 6 points 10 days after the drug was discontinued. After 1 month, the patient was called for a follow-up visit and it was learnt that he had no active complaints. In this case, the fact that manic symptoms started 10 days after the dose increase while receiving isotretinoin treatment, that the symptoms regressed within 10 days after isotretinoin was discontinued, that there was no history of any psychiatric disease in the history and family history, that no other cause that could cause mania was found in the examinations, and that the symptoms resolved only after the drug was discontinued without giving any antimanic treatment to the patient suggest that the manic episode was related with isotretinoin.

**CONCLUSION:** Isotretinoin is known to have a high curative effect especially in cases such as nodular cystic acne that affect the external appearance of the person and cause scarring. There is evidence that acne treatment may positively affect mental health by positively affecting the self-esteem and body image of the person. When using medication, people with a family history of psychiatric illness should be learnt and the treatment plan of these people should be carried out in consultation with psychiatry. In addition, patients with no risk factors should be routinely questioned for possible psychiatric symptoms.

**Keywords:** manic attack, isotretinoin, acne treatment

#### [Abstract:0029]

#### Isotretinoin-Induced Manic Episode In A Bipolar Patient

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**INTRODUCTION:** Isotretinoin is a drug with a very wide side effect profile that has been used in the treatment of refractory advanced cystic and nodular acne since 1982. Some of these side effects are related to psychiatric side effects. The FDA has made it obligatory to include a warning on the boxes of isotretinoin containing brands in the market that the use of the drug may lead to various psychiatric problems such as depression, psychosis and suicide attempt. In this study, we summarised a manic episode that developed in a patient with bipolar disorder.

**CASE PRESENTATION:** A 32-year-old male patient, who has been followed up with a diagnosis of bipolar disorder for about 10 years, has been followed up in our clinic for the last 2 years and has not had an episode for 3 years. The patient who attended the follow-ups regularly had been using lithium 600 mg/day for the last 1 year. The blood level ranged between 0.8-1 with such use. The patient consulted to a dermatology physician because he had neutular-cystic acne, especially on the face, and isotretinoin was started. In the 3rd month of isotretinoin treatment, while using 40 mg/day, the patient applied to us because of increased religious endeavours, perseverative speech, insomnia, increased speed of thought and flight of ideas. It was learnt that the patient had a lithium level of 0.82 and was taking medication regularly. Information obtained from the patient's family revealed that the patient's previous manic episodes had similar characteristics. Isotretinoin treatment was discontinued considering that it might be related to the medication he had been using recently. Olanzapine 5 mg was added to the treatment. After 10 days, the patient's manic symptoms disappeared almost completely.

**CONCLUSION:** In this case, the fact that a bipolar patient who had not had a manic-depressive episode for 3 years had manic symptoms while receiving isotretinoin treatment, that there was no other reason (stress, medication disruption, etc.) to explain the manic symptoms, and that the symptoms regressed within 10 days following isotretinoin discontinuation suggest that the manic episode was related to isotretinoin. In this patient, olanzapine was added considering the severity of the symptoms, which creates a limitation regarding the knowledge that the improvement would be due to drug discontinuation. Isotretinoin is one of the most effective drugs used in acne treatment. It is known to have a high curative effect especially in cases such as nodular cystic acne that affect the external appearance of the person and cause scarring. There is evidence that acne treatment may positively affect mental health by positively affecting self-esteem and body image. Although isotretinoin-induced depression is mostly reported in the literature, manic attacks can also be seen in people with risk factors. When using the drug, people with a family history of psychiatric illness and psychiatric history should be learnt and the treatment plan of these people should be carried out in consultation with psychiatry.

**Keywords:** Isotretinoin, Manic Episode, Bipolar

**[Abstract:0043]**

**Aggression in a teenager with Donnai-Barrow Syndrome**

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**INTRODUCTION:** Donnai-Barrow syndrome (DBS) is characterized by typical craniofacial features (large anterior fontanelle, wide metopic suture, widow's peak, markedly widely spaced eyes, enlarged globes, downslanted palpebral fissures, posteriorly rotated ears, depressed nasal bridge, and short nose). No systematic studies of intellectual functioning exist, but available data suggest that all individuals with DBS have intellectual disabilities of varying degrees ranging from mild to moderate. In this presentation, we aimed to present a boy with DBS who applied to child psychiatry outpatient unit with complaints of aggression.

**CASE PRESENTATION:** The patient was 14 years old, in March 2017, he was brought to our outpatient clinic with complaints of aggression and running away from home. He had a dysmorphic face and it was learned from his mother that he had DBS. The patient goes to special education due to mild mental retardation. He suddenly became angry and harmed at home and school. As a result of clinical evaluation and after taking the written consent form (for starting therapy and for reporting the patient) from the patient's mother, risperidone 1 mg daily was started and dose was increased to 2 mg in the following controls. Partial utility was described. Aripiprazole 2 \* 5 mg daily was added to the treatment but complaints did not reduce. There was an increase in the severity of complaints despite the use of medication. The treatment was changed to olanzapine 10 mg and aripiprazole 2 \* 5 mg per day. The patient presented with the same complaints 8 months later. Risperidone 1,5 mg, olanzapine 10 mg and aripiprazole 5 mg were started per day gradually. He has come to regular controls for about 5 months and his complaints have decreased.

**CONCLUSION:** In our patient with DBS, only combined therapy was beneficial for aggression. This may be related to differences in brain structure or drug mechanisms. Drug combinations should be kept in mind in terms of treatment success in individuals with genetic disease.

**Keywords:** Aggression, Donnai-Barrow Syndrome, child psychiatry

**[Abstract:0044]**

**Sexting behaviour in a 12-year-old girl with ADHD**

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**INTRODUCTION:** Sexting (a combination of the words sex and texting), is defined as electronically sending sexually explicit images or messages from one person to another. Since 2009, studies on the prevalence of sexting behavior have been started in adolescents (1). Studies on mobile phone use indicate that more than 50% of adolescents use mobile phones and text messaging is the preferred form of communication. Sending and receiving sexual messages both visually and in text is also high among adolescents (2). In a study, it's concluded that youth with sexting behaviour are more likely to engage in risky sexual practices (3). In this report, a 12-year-old girl with attention deficit and hyperactivity disorder (ADHD) and sexting behaviour was presented.

**CASE PRESENTATION:** A 12-year-old girl was applied to our outpatient clinic with attention problems and taking others' belongings without consent. She was diagnosed as ADHD and kleptomania, and methylphenidate 10 mg and risperidone 0,5 mg was initiated. Her symptoms ameliorated significantly with the medication and the family ended the medical treatment and follow-up. Seven months later, she

was applied again with the same complaints, and lying, academic failure and sending her nude photos to a classmate in addition. Her medication was started again and psychoeducation was given to her and her family. Her follow-up continues.

**CONCLUSION:** With the development of technology, the use of digital communication tools has increased. Sexting is also increasing as a result of the development of technology (4,5). Despite the recent discussion of the legality and safety of sexting; there is not many studies about the association between sexting and psychiatric disorders. Clinicians should be aware of sexting behavior in children and adolescents with impulse control problems and ADHD. In the name of protection, sexual education should be given especially in risky cases.

**Keywords:** sexting, ADHD, child psychiatry

#### [Abstract:0049]

#### A case of chronic traumatic encephalopathy with different neuropsychiatric symptoms

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**INTRODUCTION:** Chronic traumatic encephalopathy (CTE) is a neurodegenerative disease in which tau proteins accumulate over time and prevent the synaptic information flow between neurons in people with multiple head traumas. Although definitive diagnosis is possible with autopsy, it will be discussed that it should always be kept in mind in the differential diagnosis of this case.

**CASE PRESENTATION:** The case involves a 44-year-old male, high school graduate, married, with 2 children, and has been a cage fighter for 12 years. Approximately a year ago, he sought psychiatric outpatient care due to feelings of inner distress, restlessness, unhappiness, sadness, pessimism, introversion, increased smoking, loss of appetite, and passive suicidal thoughts. He was diagnosed with a depressive episode and prescribed fluoxetine, which alleviated his symptoms after one month of treatment. Five months later, he voluntarily presented to our psychiatric outpatient clinic with complaints of being unable to feel any emotions, foreseeing the future, seeing colored lights when looking at people, and predicting life expectancy based on color. In the mental status examination, he was conscious, cooperative, and oriented, with normal speech rate and amount. His affect was constricted, and a euthymic mood was noted. There was no disorder in thought association. He described experiencing imaginary hallucinations in the form of seeing colored lights. Mystical and grandiose delusions were present. His sleep was irregular, appetite reduced, and libido was within normal limits. His abstraction was intact, and his insight was partial. There was no history of substance or alcohol use, and no family history of mental illness. Provisional diagnoses included atypical psychosis, organic psychotic disorder, and chronic traumatic encephalopathy. MRI was requested for further investigation. Oral paliperidone titration at 6 mg/day was initiated for psychotic symptoms but did not yield a response even after reaching the maximum dose. The MRI revealed no pathology except for chronic ischemic signal changes in both periventricular areas at the level of the centrum semiovale. During follow-up visits, he reported experiencing memory impairment for the past year, such as realizing that he had taken a jacket from a store without paying for it and went to another branch the next day to change the barcode but did not make the payment. Due to the lack of response to antipsychotic treatment, the medication was discontinued, and a battery of neuropsychological tests was administered one week later for cognitive evaluation. Mini-Mental State Examination (MMSE) score was 24/30, The Frontal Assessment Battery score was 13/18. There were no additional findings in the neurological examination. The patients' consent was obtained.

**CONCLUSION:** CTE, in addition to commonly observed symptoms such as behavioral changes, memory loss, aggression, depression, and an increased tendency towards suicide, can also present symptoms such as paranoia, aggression, indifference, irritability, impulsive behavior, poor concentration, memory problems, tremors, and clonus. These symptoms can occur immediately after the injury or years later. There is currently no specific test for diagnosis. However, in this case, the history of repeated head trauma, presence of atypical psychotic symptoms, lack of response to treatment, and cognitive deficits suggest a diagnosis of CTE.

**Keywords:** atypical psychosis, cognitive impairment, chronic head injury

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#### [Abstract:0051]

#### Frontal lobe syndrome?

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**INTRODUCTION:** Traumatic brain injury can cause temporary or permanent motor,sensory and neuropsychiatric symptoms depending on the functions of the affected brain region,and it can be fatal in the early stages.This study discusses a case of frontal lobe syndrome with severe agitation observed in the acute phase following high-energy head trauma.

**CASE PRESENTATION:** The patient is a 28-year-old male,a computer technician with an associate's degree,living alone.He was brought to the emergency department in an intubated state due to injuries resulting from a high-energy non-vehicle traffic accident.Multiple linear fractures were detected in the frontal,temporal,parietal,and occipital bones,as well as a liver laceration.Brain CT scan in the emergency department revealed linear multiple fractures in the left occipital bone,both parietal bones,left temporal bone,and frontal bone.Subdural air values were observed in the vicinity of left temporoparietal fractures and within the subcutaneous adipose tissue.Hyperdense areas in the cortical-subcortical region of the left frontal lobe attracted attention.Acute traumatic sac and intensive care treatment were arranged by the neurosurgery department, and no interventional procedures were considered.The patient was followed up in the palliative care department for pain palliation. Due to experiencing agitation of a severity that would hinder treatment, treatment was initiated with divided doses of quetiapine 400 mg/day, and due to its resistant course, haloperidol 20 mg/day and biperiden 10 mg/day were added to the treatment regimen. Antipsychotics were gradually tapered off when his general medical condition improved. Approximately one year after discharge,the patient presented to the psychiatry outpatient clinic with complaints of anxiety, belief that his brother took his money and tried to poison him, rummaging through rooms, agitation, auditory hallucinations,and visual hallucinations. On examination, a dysphoric mood was identified, and irritability was observed. Disorganized associations, impaired attention and concentration, persecution, and referential delusions were detected. Auditory and visual hallucinations, insomnia were described in the patient's history.PANSS total score was 112(P40,N15,GP57).Detailed neuropsychological tests could not be conducted due to irritability.MRI revealed areas of encephalomalacia and gliotic signal changes in the bilateral frontal and temporal lobes' anterior regions,hyperintense signal changes in the frontal region.EEG showed no pathological findings.Olanzapine 10 mg/day was initiated.Partial improvement was observed in anxiety and psychotic symptoms at the follow-up visit after 2 weeks(PANSS total 78,P20N18GP40).Symptoms such as attention-concentration difficulties, easy irritability,and difficulty conforming to social norms persisted.

**CONCLUSION:** Post-traumatic agitation is a clinical condition characterized by abnormal and excessive behaviors that occur in an altered state of consciousness in the acute phase following trauma. It can persist in the long term and is defined as a subset of delirium. Frontal lobe syndrome is a constellation of symptoms resulting from damage to the anterior cingulate, lateral prefrontal, and orbitofrontal cortices. These regions are involved in functions such as motivation, planning, social behavior, judgment, and executive functions. Depending on the affected area, individuals may experience depression, mania, psychotic disorders, impulse control difficulties, and personality changes.In our case, early severe agitation due to frontal lobe injury progressed to frontal lobe syndrome with psychotic symptoms and personality changes in the chronic phase.

**Keywords:** frontal lobe, atypical psychosis, agitation

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## [Abstract:0064]

**Investigating the role of NLRP-3 mediated inflammasome pathway and effect of vortioxetine in an experimental model of autism**

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**BACKGROUND AND AIM:** In this study we aimed to examine possible role of Nod-like receptor protein-3 (NLRP-3) pathway and effects of the vortioxetine, a multimodal antidepressant, in prenatal valproic acid (VPA) induced autism-like (ASD) rat model.

**METHODS:** Sprague Dawley female rats which were determined to be pregnant were grouped as Control, ASD-Model (400 mg/kg VPA; sc) and ASD-Model+ vortioxetine (400 mg/kg VPA and 5 mg/kg vortioxetine). Beginning 24 hours after the last dose, they were taken for behavioral tests 24 hours after the completion of the behavioral tests (open field, body splash novel object, social interaction and three chamber tests) all animals were decapitated. Prefrontal brain regions were dissected for mRNA analysis of NLRP-3, ASC and caspase-1 with real time PCR test. Data were analyzed by ANOVA and Tukey's multiple comparison tests and differences with  $p < 0.05$  were considered statistically significant.

**RESULTS:** According to the findings of current study, in comparison with the control group in the ASD group; locomotor activity and time spent in the central area increased in the open field test, socialization behavior decreased in the social interaction test and sociability and sociability preference decreased in the three-chamber sociability test. It has been observed that VORT alleviates repetitive behaviors without changing motor activity and significantly increases socialization behaviors in social interaction test. In molecular analyzes, it was observed that VORT treatment significantly reduced the increased NLRP-3, ASC and caspase-1 gene expressions in ASD.

**CONCLUSIONS:** In the light of the findings of the study, it was thought that the NLRP-3 pathway may have an important role in the neurobiology of ASD. VORT as a multimodal antidepressant have some beneficial effects for the improvement of the behavioral and molecular parameters of ASD.

**Keywords:** Autism, vortioxetine, NLRP-3, ASC and caspase-1, valproic acid

## [Abstract:0068]

**Can snake venom cause manic episodes with psychotic features? A case report**

Erdem Türk

erdem türk

**INTRODUCTION:** Mania is an disturbance of mood, sleep, behavior, and perception(1). Different potential mechanisms have been suggested for the pathophysiology of manic episode(2). Diagnosis and treatment become difficult due to insufficient understanding of the underlying neurobiology. In this case report, a patient with manic episode with psychotic features after snake bite is presented.

**CASE PRESENTATION:** A 42 years old male patient was brought to the psychiatry clinic in May 2023, which had been ongoing for 3 days, with complaints of decreased need for sleep, increased energy, spending money more than usual, more talkative than usual, aggression, and suspiciousness. He

applied to the emergency department 10 days ago due to snake bite. He has not had a manic or depressive episode before and has no family history of bipolar disorder.

As a result of the psychiatric examination, it was observed that the patient had persecution delusions and refused the need for treatment. The patient's Clinical Global Impression Scale score was 7, and Young Mania Rating Scale score was 54. No abnormal finding was found in the neurological examination. No organic pathology was found in the imaging and laboratory tests.

The patient was started on olanzapine 10 mg for symptoms. Significant improvement in symptoms was observed after 1 week. After a 3-week examination, it was seen that the symptoms were completely resolved, and it was learned that the patient took the drug for only 7 days.

**CONCLUSION:** In our literature review, we did not find any study showing a relationship between snake venom and manic episodes. The rapid improvement of the patient's clinical condition suggested that the manic episode might be caused by neurotoxins in the snake venom.

This case suggested that its effect on snake venom might be related to manic episode with psychotic features. It has been speculated that neurotoxins found in snake venom may cause this condition. We believe that this case report will contribute to learning the ethology of manic episodes.

**Keywords:** Snake Venom, Mania, Neurobiology

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## [Abstract:0088]

### The Use of High-Dose Lorazepam in Pediatric and Adolescent Patients with Catatonia

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**INTRODUCTION:** Catatonia can manifest in both adolescents and children, with an estimated prevalence ranging from 0.6% to 17.7% among young individuals receiving inpatient care 1. Although the diagnostic criteria for catatonia in children and adolescents are the same as those for adults, the way it presents clinically and progresses may vary 2. Although the literature on children is limited, lorazepam is the initial treatment option for pediatric catatonia. Children and adolescents diagnosed with catatonia are rarely treated with high-dose lorazepam 3.

**CASE PRESENTATION:** A 13-year-old male patient, who had been followed in our outpatient clinic since March 2023, was admitted to our service in May 2023 with a diagnosis of schizophreniform disorder and catatonia, due to paranoid persecutory delusions, visual and auditory hallucinations, mutism, negativism, posturing, and psychomotor retardation. The patient's final treatment regimen consisted of risperidone at a dosage of 6 mg/g, quetiapine at 900 mg/g, lorazepam 15 mg/g, and biperiden at 6 mg/g. Lorazepam treatment was initiated and gradually increased. Partial improvement was observed when the lorazepam dosage reached 10 mg/g. Subsequently, the dosage was titrated to 15 mg/day, divided into six equal parts throughout the day. PANSS score decreased. This treatment approach resulted in complete regression of the patient's posturing and mutism symptoms, while partially improving their psychomotor activity. Oral consent was obtained from the patient's guardian during the follow-up period.

**CONCLUSIONS:** We present a case of a 13-year-old boy who presented with the characteristics of catatonia. This case highlights that patients with catatonia who partially respond to lorazepam may benefit from increasing the dose of lorazepam. Catatonia is a potentially life-threatening condition that is increasingly recognized in the pediatric population. Approximately one-third of patients experienced improvement when low doses of lorazepam (3-6 mg/g) were administered 4. While high-dose benzodiazepines are recommended for adults 5, it is not preferable to administer higher doses to young patients due to the associated side effects. This case highlights that patients with catatonia who partially respond to lorazepam may benefit from increasing the dose of lorazepam.

**Keywords:** schizophreniform disorder, pediatric catatonia, lorazepam

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## [Abstract:0090]

### Electroconvulsive Therapy Use in an Adolescent with Psychotic Manic Episode under Suspicion of Neuroleptic Malignant Syndrome

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**INTRODUCTION:** Neuroleptic Malignant Syndrome (NMS) occurs as a rare but serious adverse effect of antipsychotics. (1) It is potentially life-threatening and requires efficient and timely therapy. Several treatment options are present such as dantrolene, bromocriptine, and electroconvulsive therapy (ECT). (2) In this case, we present a bipolar I disorder patient who had an antipsychotic treatment history and showed extremely high creatine kinase (CK) levels, causing suspicion about NMS.

**CASE REPORT:** A 17-year-old male patient was sent to our psychiatry ward. The patient had complaints of increased psychomotor activity, physical aggression towards family members and health workers, decreased need for sleep, involvement in buying sprees, inflated self-esteem and grandiosity, increased sexuality, distractibility, hallucinations, and delusions for 3 months. He had already been diagnosed with bipolar I disorder. The patient's CK level was 8900 U/L and he had rigidity in his examination. His body temperature was below 37°C, he was oriented, and no leukocytosis was present. The patient's antipsychotic treatment was discontinued, and bromocriptine was added on suspicion of NMS. The patient was hydrated. ECT was started (12 sessions). After CK levels dropped below 500 U/L, bromocriptine was discontinued, and Olanzapine was added as an antipsychotic. The olanzapine dose was titrated very slowly (5mg per week). Clinical improvement has occurred. The patient's discharge treatment was Olanzapine 20mg/day.

**DISCUSSION:** Early recognition of prodromal signs and relevant risk factors of NMS may prevent the development of the full syndrome (3). In this case, the patient showed elevated levels of CK along with minimal extrapyramidal symptoms (EPS). Some researchers consider elevated CK levels as a significant indicator of NMS (4-5). Early identification and intervention are crucial in preventing this potentially fatal side effect. This case emphasizes that early intervention can be lifesaving in high-risk clinical presentations for NMS.

Oral consent was obtained from the patient's guardian during the follow-up period.

**Keywords:** electroconvulsive therapy, neuroleptic malignant syndrome, early-onset bipolar disorder

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**[Abstract:0091]**

**Tardive Dyskinesia in a Patient with Long-Term Duloxetine Use**

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**INTRODUCTION:** Tardive dyskinesia (TD) is a neurological disorder characterized by involuntary and repetitive movements of the face, tongue, lips, and other body parts. It is most commonly associated with the long-term use of dopamine receptor-blocking medications and rarely with antidepressants.

**CASE PRESENTATION:** The patient, a 69-year-old female, presented with complaints of involuntary and non-rhythmic tremor specifically in the lips and tongue for approximately three months.

Medical history revealed that she had been using duloxetine for around 2 years to manage major depression and fibromyalgia. Pregabalin and gabapentin were also part of her treatment regimen intermittently. Over the past decade, the patient had been prescribed various non-steroidal anti-inflammatory drugs (NSAIDs) for pain control. The patient had not used any antipsychotic medications previously.

The patient was found to be conscious and fully oriented. However, there was a slight decrease in attention. The patient's mood was mildly depressed, with no indication of delusion or hallucinations. Her judgment was deemed appropriate, although her psychomotor activity was slightly decreased.

Cognitive assessment revealed impairments, including difficulties with recent memory recall, retardation in visuospatial skills, and challenges with orientation, particularly in the clock drawing test. Standardized Mini-Mental State Examination (SMMT) was 23.

Cranial MRI showed hyperintensities (T2) in the periventricular subcortical area, while the basal ganglia's signal intensities were normal and no marked atrophy was present.

Duloxetine was discontinued, and quetiapine was initiated at a low dose of 12.5 mg and gradually increased to 25 mg in a week. Within one month the patient experienced complete regression of dyskinesia. However, due to complaints of sedation, quetiapine discontinued after one month. To manage the patient's depressive symptoms, vortioxetine was introduced. As of 3 months now, patient is free of TD.

**CONCLUSION:** This case highlights the development and management of TD in a patient with prolonged duloxetine use. It highlights the importance of considering TD as a potential adverse effect not only with antipsychotic medications but also with antidepressants. Clinicians should be vigilant in monitoring for TD in patients on long-term antidepressant therapy, and appropriate interventions, such as medication adjustments, should be implemented promptly to improve patient outcomes.

**Keywords:** Tardive dyskinesia, duloxetine, cognitive impairment

**[Abstract:0099]**

**Cavum septum pellucidum in Early-onset Bipolar Disorder: A normal anatomical variation**

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**INTRODUCTION:** Bipolar disorder (BPD) is a chronic illness with periods of mania, depression, and remission<sup>1</sup>. The cavum septum pellucidum (CSP) is an anatomical variation of the septum pellucidum and is regarded as an indicator of abnormal brain developmental<sup>1</sup>. Numerous studies have reported correlations between CSP and conditions such as schizophrenia and mood disorders<sup>2-4</sup>. We present

an adolescent case with CSP who presented with a psychotic manic attack and was diagnosed with BPD.

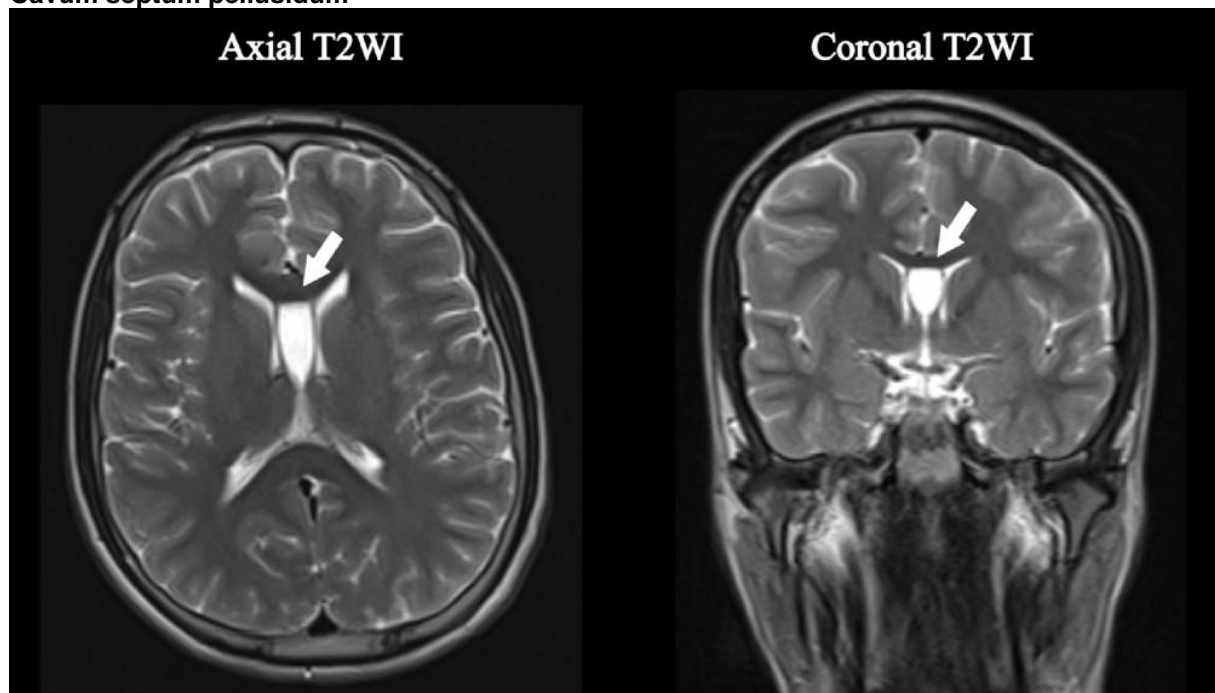
**CASE PRESENTATIONS:** A 15-year-old male previously diagnosed with BPD was brought to our emergency department with complaints of physical aggression. He has been followed up with BPD for the past 3 years. In the past month, decreased need for sleep, increased psychomotor activity, increased amount of pressured speech, distractibility, irritability, loosening of associations, and referential, persecutory, grandiose delusions and auditory & visual hallucinations were observed.

In his mental state examination, he was irritable, his psychomotor activity was increased. He had pressured speech and rate of speech was increased. He had expressed grandiose, persecutory, and referential delusions and auditory and visual hallucinations. The patient was admitted to our inpatient psychiatric ward due to high suicide risk. No significant pathology was detected in the laboratory tests. However, cranial MRI revealed CSP. Risperidone was started and titrated to 5mg/day. Risperidone depot was added due to previous treatment refusal. Quetiapine was added for his persisting delusions and titrated to 1200mg/day. Lithium was added to manage manic symptoms and increased to 1500mg/day with blood level monitoring. Oral consent was obtained from the patient's guardian during the follow-up period.

**CONCLUSIONS:** In the presented case, CSP may have effects on mood regulation and additional research should be done to determine the association. It is conceivable that the CSP serves as a nonspecific indication of limbic maldevelopment that co-occurs with various psychiatric disorders. Some of the previous studies have mentioned that there may be an association between midline brain abnormalities (such as All, CSP), with disorders such as schizophrenia, mood disorders etc<sup>2, 5</sup>.

**Keywords:** cavum septum pellucidum, early-onset bipolar disorder, manic episode, brain abnormalities

#### Cavum septum pellucidum



*Axial and coronal T2-weighted images demonstrate the cavum septum pellucidum (arrow), characterized by the separation of the leaflets of the septum pellucidum in an anterior direction without a posterior extension.*

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**[Abstract:0107]**

**The Mediating Role of Psychological Flexibility in the Relationship Between Psychological Resilience and Mental Health in Cancer Patients**

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**BACKGROUND AND AIM:** Previous studies reported that cancer is a factor that can affect mental health as well as physical health. Moreover, it has been shown in the literature that psychological resilience has a positive effect on mental health. Additionally, the acquisition of psychological flexibility, often emphasized by Acceptance and Commitment Therapy, plays a protective role for individuals against complex illnesses and is considered for a healthy lifestyle. Accordingly, the purpose of this study is to investigate the mediating role of psychological flexibility in the relationship between psychological resilience and mental health in cancer treatment.

**METHODS:** A correlational design, one of the quantitative research methods approach will be employed in this research. Participants will be recruited from Gaziantep University Hospital and Sanko Hospital Oncology Service, covering cancer patients between the ages of 18-65. The data of the study will be collected with the Sociodemographic Information Form, the Psychological Resilience Scale, the Connor-Davidson Psychological Resilience short form and the Depression Anxiety Stress scales.

**RESULTS:** As a result of the planned analyzes, it is expected that the sub-dimensions of psychological flexibility will have a mediating role in the relationship between the psychological resilience levels of cancer patients and their depression, anxiety, and stress levels. It is thought that psychological resilience will have an indirect effect on mental health of cancer patients.

**CONCLUSIONS:** The current study is aimed to demonstrate that improving the psychological resilience levels of cancer patients is a crucial factor for cancer treatment facilitation. In this vein, more information on the indirect effect of psychological resilience on the mental health of cancer patients would help us to establish a greater degree of accuracy on this matter. Finally, the expected results of the study are to draw attention to the importance of psychological well-being as well as medical well-being in the treatment process of cancer patients.

**Keywords:** Cancer, Psychological Resilience, Psychological Flexibility, Depression, Anxiety, Stress

**[Abstract:0112]**

**A Case Diagnosed with ASD with Decreased Masturbation Actions with Mirtazapine Treatment**

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**INTRODUCTION:** Autism spectrum disorder (ASD) is characterized by persistent deficits in social interaction and social communication in multiple contexts, as well as limited and repetitive patterns of behavior, interests, or activities. Communication difficulties and difficulties in understanding social norms due to ASD make it difficult for individuals with ASD to express their needs. The inability of individuals with ASD to adequately express social, emotional and physical dimensions and their strictly repetitive behaviors, which are a symptom of autism, cause both sexually inappropriate sizes and behavioral problems to increase. According to some authors, the mental sexual development of children and adolescents with ASD lags behind their peers, and therefore they may exhibit inappropriate sexual behaviors. These behaviors, which usually occur with the transition to adolescence, are seen with a frequency of up to 30%. Inappropriate sexual behaviors include touching the genitals, masturbating at an inappropriate place and time, touching the opposite sex's genitals, hugging, kissing, and touching. Commonly seen inappropriate sexual behaviors can cause significant distress to patients and caregivers and sometimes lead to removing the patient from the social environment. These behaviors exhibited by

adolescent patients with autism can be difficult to manage. Pharmacological treatment will be necessary when educational and behavioral intervention fails to reduce such behaviors.

**CASE PRESENTATION:** Pharmacological treatment was applied to an 11-year-old male adolescent who was diagnosed with ASD and pancreatic insufficiency, who applied to our outpatient clinic with complaints of inappropriate sexual behavior and hyperactivity, after behavioral methods were insufficient. There was no significant effect after other pharmacological treatments applied before mirtazapine treatment, but side effects such as hypersalivation and agitation were observed. In this case report, we aim to describe a clinically significant improvement in inappropriate sexual behavior, agitation and difficulty falling asleep with 15 mg/g Mirtazapine without any side effects. The guardian of our case volunteered to participate in the presentation and signed the informed consent form.

**CONCLUSION:** Inappropriate sexual behaviors observed in individuals with ASD and developmental delays can be challenging for families. A limited number of treatment options are available for these symptoms in childhood. Considering this situation, mirtazapine therapy is one of the effective treatment options for these symptoms.

**Keywords:** autism spectrum disorder, inappropriate sexual behavior, mirtazapine

#### [Abstract:0115]

#### Treatment of an Adolescent Bulimic Type Anorexia Nervosa and Major Depressive Disorder Patient with Electroconvulsive Therapy

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**INTRODUCTION:** Anorexia nervosa (AN) is a very serious and potentially lethal eating disorder, with the highest rate of suicidal lethality among psychiatric disorders. (1) AN associated repeated self-vomiting behaviour makes it difficult for medicines to be fully effective, since the medicine bioavailability will be affected from the vomiting. Electroconvulsive therapy (ECT) is shown to be useful to manage high suicidal risk and self-harming behaviours. (2) In this case, we present a major depressive disorder and bulimic type anorexia nervosa patient that was resistant to medical treatment, hence required more acute treatment approach.

**CASE REPORT:** A 16-year-old female patient was sent to our ward from another clinic. She had complaints of depressed mood, frequent self-harm behaviours, suicide attempts, extremely restrictive diet period followed by binge-eating, self-inducing vomiting due to intense fear of gaining weight for nearly 2 years. She had been hospitalized in the previous clinic for 60 days but her complaints were not improving.

The patient's BMI was 19,2 but her ideal BMI was 15 according to her. ECT was started (9 sessions), her antidepressant was switched and antipsychotics were added for impulsivity, self-harm behaviour. The patient's self-vomiting and self-harm behaviours showed improvement with 5th sessions of ECT and decreased meaningfully at the end. The patient was discharged with Escitalopram 20mg, Quetiapine 300mg, Risperidone 2mg/day, Chlorpromazine 100mg/day.

**DISCUSSION:** Eating disorders are challenging as they have higher rates of mortality, with AN having highest mortality rates among them. (3) ECT is shown to be effective in acute treatment of comorbid depressive symptoms seen in AN patients in case-reports. (4) This case emphasizes the importance of addition of ECT to medical treatment in major depressive disorder and AN comorbidity in order to improve depressive symptoms, suicidal thoughts, self-harm behaviour, as well as self-vomiting behaviour.

Oral consent was obtained from the patient's guardian during the follow-up period.

**Keywords:** electroconvulsive therapy, major depressive disorder, bulimic type anorexia nervosa

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### [Abstract:0117]

### Title: Mirtazapine-Induced Prolonged Cytopenia in Pediatric Patients with Hematologic Disorders: A Case Report

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**INTRODUCTION:** Cytopenia is a rare and commonly reversible side effect of antidepressant treatment. Mirtazapine is a noradrenergic and specific serotonergic antidepressant that is approved for use in the treatment of major depression in many countries. Although mirtazapine is not licensed in patients younger than 18 years old, it is being used off-label for its sedative effects in the pediatric age group. While it's usually well-received by individuals dealing with depression and sleep disturbances, a rare and reversible side effect of antidepressants, known as pancytopenia, is an infrequent occurrence, and it's even rarer among those taking mirtazapine. We present a case report describing three pediatric patients with hematologic disorders who developed prolonged cytopenia after initiating mirtazapine treatment for depressive symptoms and sleep disturbances. Verbal and written consent has been obtained from the patients.

#### CASE PRESENTATIONS:

Case 1: An eight-year-old male patient with relapsed acute lymphoblastic leukemia(ALL) received mirtazapine (7.5 mg/day) alongside his existing treatment. Prolonged neutropenia was observed after mirtazapine initiation, which resolved after gradually discontinuing the medication.

Case 2: A 16-year-old male patient with acute promyelocytic leukemia (AML M3) was prescribed sertraline (50 mg/day) for his depressive symptoms, and later mirtazapine was added for sleep disturbances (7.5 mg/day). Prolonged neutropenia occurred after the addition of mirtazapine and resolved on the third day after discontinuing the medication.

Case 3: A 15-year-old male patient with precursor B-cell acute lymphoblastic leukemia (PreB ALL) received mirtazapine (7.5 mg/day). Similar to the previous cases, prolonged neutropenia was observed after mirtazapine initiation and resolved after discontinuation.

In all three cases, mirtazapine was added to their existing antidepressant treatment regimen, which resulted in prolonged pancytopenia after chemotherapy. All possible causes leading to pancytopenia have been ruled out by hematologists. After gradually discontinuing mirtazapine, the patients' neutrophil, platelet and blood cell counts improved and subsequently normalized.

**CONCLUSION:** In all three cases, the addition of mirtazapine to the existing treatment regimens resulted in prolonged pancytopenia, specifically neutropenia, following chemotherapy. Prompt recognition of mirtazapine as a potential cause of cytopenia allowed for appropriate management by gradually discontinuing the medication. Neutrophil counts subsequently improved and normalized in all cases. The underlying mechanism of mirtazapine-induced cytopenia is not well understood but may involve immune-mediated processes.

This case report highlights the importance of considering mirtazapine as a potential cause of prolonged cytopenia, including neutropenia, in pediatric patients with hematologic disorders. Clinicians should be cautious when prescribing mirtazapine in this population, especially when initiating or adding it to existing treatment regimens. Regular monitoring of hematological parameters is crucial to detect and manage potential adverse effects promptly. There are very few publications available to date regarding neutropenia associated with mirtazapine. Further research is needed to elucidate the underlying mechanisms and risk factors associated with mirtazapine-induced cytopenia in pediatric patients with hematologic disorders.

#mirtazapine #antidepressant #hematologicsideeffects #cytopenia #neutropenia

**Keywords:** mirtazapine, Cytopenia, hematologic, pediatric

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## [Abstract:0122]

### Urticaria and Angioedema Related to Fluoxetine in a Preadolescent Girl

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**INTRODUCTION:** Angioedema is a medical condition characterized by a swelling that affects the deep dermal, subcutaneous, and mucous layers, usually lasting 1 to 3 days. If it affects the respiratory system, it can be fatal. Urticaria is a superficial dermal swelling caused by plasma leakage and vasodilation. There have been reports of drug-induced angioedema resulting from various drugs. There have been reported cases of angioedema linked to SSRIs such as paroxetine, escitalopram, and sertraline. The literature has three previous case reports of angioedema with fluoxetine.

**CASE PRESENTATION:** We are presenting a case of an 8-year-old girl who experienced urticaria and angioedema while using fluoxetine 10mg/day for anxiety disorder. During the 20th day of her treatment, she developed widespread, itchy, urticarial skin lesions. These lesions lasted three days, and she received treatment at another emergency service. However, her symptoms persisted, and she later visited our emergency service for swelling and redness around her eyelids and ankles for two days. Fluoxetine treatment stopped, and the patient was hospitalized. There was no history of food and drug allergy. The patient only took fluoxetine and no other supplements or medication. She was discharged after five days when her symptoms regressed. The condition was identified as fluoxetine-related angioedema and urticaria. Written informed consent was obtained from patient's mother.

**CONCLUSION:** It is essential to keep track of instances of angioedema that may occur with any medication to gather information and recognize the factors that lead to drug-induced angioedema. Accurately sharing the gathered data is crucial for diagnosing and managing drug-induced angioedema.

**Keywords:** fluoxetine, angioedema, urticaria

## [Abstract:0125]

### A Case Of Seronegative Autoimmune Encephalitis Causing Behavioral Changes And Autism-Like Clinical Symptoms

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**INTRODUCTION:** Autoimmune encephalitis (AE) refers to a collection of medical conditions where the immune system attacks healthy cells in the brain, leading to inflammation. Despite being rare with a reported prevalence of 13.7/100,000, the impact of AEs in neurology, pediatrics, and psychiatry has been extraordinary, and they are usually included among the top differential diagnoses for any patient presenting with rapid psychiatric symptoms with or without seizures or focal neurologic deficits [1]. Identifying this important clinical entity can be challenging for clinicians as a large proportion of patients with suspected autoimmune encephalitis are seronegative, and there are many children with suspected AE, who have negative Magnetic Resonance Imaging (MRI) and normal routine cerebrospinal fluid

(CSF) testing. After an AE episode, individuals may experience symptoms including autism-like traits and AE is one of the diagnoses that should be considered in the differential diagnosis in children with sudden onset Autism Spectrum Disorder (ASD) symptoms and an atypical age at onset [2]. Identification of AE cases in children presenting with autism-like symptoms is critical particularly because early diagnosis and treatment can improve outcomes and prevent recurrences in AE cases [3].

**CASE PRESENTATION:** A 9-year-old male patient, who was previously healthy and had good social relations with his friends, suddenly began to experience anxiety, irritability, aggression, self-talk, and laughing without an apparent reason. Subsequently, during the following three months, behavioral changes such as regression in speech, introversion, decreased self-care, and lack of attention accompanied by autism-like symptoms such as lack of eye contact and communication and stereotypical hand movements occurred. The investigated biochemical values of both serum and CSF were within the normal range. Electroencephalography was normal, viral infectious etiologies, and serum antibody tests regarding autoimmune etiologies were negative. Diffusion Brain MRI showed a signal increase in both posterior parietal regions and cortical-subcortical areas in the right frontal region. The treatment of fluoxetine 5 mg/day, risperidone 2.5 mg/day, aripiprazole 5 mg/day, olanzapine 10 mg/day did not provide any benefit to the patient. The patient is currently undergoing treatment with IVIg and Clozapine at a dosage of 100 mg per day, which has resulted in a slight improvement in their symptoms.

**CONCLUSION:** AE appears to manifest more frequently as agitation, temper tantrums and aggression, often coinciding with speech and language problems and movement disturbances in children. Many of the symptoms that define AE are also present in ASD, and there is strong evidence that ASD can be misdiagnosed, particularly in regressive ASD cases. The typical autoimmunity profile associated with AE is likely to differ by age, and it is important to understand that AE can be diagnosed in children even if all antibody tests are negative, provided certain other criteria are met. It can no longer be assumed that regression is just “a part of autism” without any further research and there is evidence to support expanding screening for AE in cases where a previously healthy child or adult experiences a regression in development, resulting in the presentation of ASD or ASD-associated features [2].

**Keywords:** Autoimmune Encephalitis, Autism Spectrum Disorder, Misdiagnosed, Regression

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## [Abstract:0128]

### The concurrent use of two long-acting depot antipsychotics in a patient with treatment-resistant bipolar disorder and history of serious violence: a case report

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**INTRODUCTION:** Using a mood stabilizer with an antipsychotic is a well-established approach towards Bipolar Disorder (BD) patients with manic episode predominance and rapid cycles. Also, using Long-acting injectable (LAI) antipsychotics are especially effective when it comes to preventing mania rather than depression. Currently, only Aripiprazole and Risperidone LAI forms are approved as monotherapy and adjunctive therapy in Bipolar Disorder I (BD-I). Although it is not approved by FDA, Paliperidone LAI form was found to be effective in bipolar I disorder after an acute manic or mixed episode in randomized controlled trials. In the CANMAT 2018 guideline, Paliperidone extended-release injectable form was considered as the second-line of treatment for BD-I. Here, we present a patient case in which Paliperidone LAI and Aripiprazole LAI are administered dually.

**CASE PRESENTATION:** A 37-year-old man who was diagnosed with BD in 2007 and also has transverse myelitis applied to Basaksehir Cam and Sakura City Hospital Emergency Room in May, 2023. He was brought from a group home, which he has been residing since November 2019, after he threatened other group home residents and staff. He has a history of armed attack on his father, which resulted in a 3-month imprisonment in 2019, leading his family to apply for public care. The patient has been hospitalized 12 times between 2007 and 2019 and his last hospital admission was in October, 2019. It was observed that a second long-acting antipsychotic was started after it was clinically

determined that the patient did not benefit from a single LAI antipsychotic. The patient's treatment regime included dual LAI antipsychotics. 100 mg Paliperidone palmitate injection every 4 weeks, 400 mg Aripiprazole injection every 4 weeks, 1000 mg oral Valproate per day and 4 mg oral Biperiden per day have been Mr. A.' treatment since November, 2019. For the last three and a half years, he has not been hospitalized. After reviewing his health record of the past three and a half years no major side effects have been detected. Only side effect was tremor, thought to be caused by antipsychotic usage and propranolol was prescribed. However, Mr. A did not need to continue using Propranolol. Also, there have not been any abnormal results in his laboratory tests and ECGs.

**CONCLUSION:** In literature, the first report about using dual LAI in a person was published in 2009. Since then, 11 more articles have been published on this subject. In 10 of them, dual LAI antipsychotics were applied to schizophrenia patients. Only in one report, dual LAI treatment was applied to a patient who had schizoaffective disorder. To our knowledge, combining two LAI antipsychotics in a patient diagnosed with BD have never been reported in the literature. Especially in patients who display violent behavior, discontinuation of the drug may become an important problem as it may directly cause mania and risk the lives of others. According to our case; It has been discussed that it may be beneficial to use dual LAI in treatment-resistant BD patients with violent behavior and manic dominance.

**Keywords:** long-acting injectable antipsychotics, combination antipsychotics, depot antipsychotic, bipolar disorder,

#### [Abstract:0148]

#### Use of Guanfacine in a Case with Attention Deficit Hyperactivity Disorder and Comorbid Oppositional Defiant Disorder

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**INTRODUCTION:** Attention Deficit and Hyperactivity Disorder(ADHD) is the most common neurodevelopmental disorder with a prevalence of 7% in children and adolescents. Comorbidity is common in ADHD. The most common comorbidities are learning disorder, Oppositional Defiant Disorder(ODD), anxiety disorder, tic disorder conduct disorder and mood disorders. In the community sample, the frequency of ODD varies between 2% and 14%.The most commonly used drugs in the treatment of ADHD are psychostimulants. Atomoxetine, guanfacine, clonidine are preferred when there is insufficient response to psychostimulants or when stimulants can not be tolerated.Alpha 2 receptor agonists mediate the treatment of ADHD by increasing noradrenergic tone in the prefrontal cortex.We evaluated the use of guanfacine in a case with ADHD and comorbid ODD.Written and verbal consent was obtained from the case and his family

**CASE PRESENTATION:** AB was brought to our clinic for the first time by his parents with complaints of anger, hyperactivity, disobedience to rules, getting bored quickly, problems in friendship, losing his belongings, talking too much, interrupting others conversations and not being able to wait his turn. Based on the clinical evaluation and scales the case was diagnosed with ADHD and ODD. Methylphenidate Extended Release (ER) 10 mg/day was started. The treatment was arranged as Methylphenidate ER 20 mg/day and risperidone 0.5 mg/day. In process, Methylphenidate ER was increased to 30 mg/day and risperidone to 1 mg/day. Since he didn't benefit from Methylphenidate ER, his treatment was changed to Methylphenidate OROS 36 mg/day. When the case's complaints continued with Methylphenidate OROS and risperidone combination treatment, 1 mg/day guanfacine was added and increased to 2 mg/day one week later. A significant regression was observed in the symptoms of the case.

**CONCLUSION:** Guanfacine, an alpha 2 agonist, was approved by the FDA in 2009 for the treatment of ADHD and in 2011 it was approved by the FDA for use with stimulants. The initial dose recommended by the FDA is 1 mg/day, with weekly increments of 1 mg/day to a maximum of 7 mg/day. In combination treatments, this dose should be limited to 4 mg/day. In our case, guanfacine was used at a dose of 2 mg/day because of adequate response in combination treatment. The most common side effects of guanfacine are drowsiness, fatigue, upper abdominal pain and sedation. It was reported that these side effects gradually decreased after the third week of treatment.Considering the low side effect profile of guanfacine in cases resistant to ADHD treatment, it can be used safely.

**Keywords:** ADHD, ODD, Treatment, Guanfacine

**[Abstract:0153]****A Case with ADHD and Speech Difficulties**Saniye Tulin Fidan<sup>1</sup>, Merve Nur Sariyer<sup>2</sup><sup>1</sup>Department Of Child and Adolescent Psychiatry, Eskisehir Osmangazi University, Eskisehir, Turkey<sup>2</sup>Department of Speech and Language Therapy, Anadolu University, Eskisehir, Turkey

**INTRODUCTION:** Attention-deficit hyperactivity disorder (ADHD) is one of the most common childhood neuropsychiatric disorders and is highly comorbid with speech, language and communication difficulties (SLCDs). ADHD is associated with impairment of psychosocial functioning that goes beyond the core symptoms of attention-deficit, hyperactivity, and impulsivity.

**CASE PRESENTATION:** 7 years 7 months boy was 1st grade student. He applied with complaints of being very active in the classroom, having difficulty in following the rules in the classroom, forgetfulness, difficulty in all his lessons, speaking too much, so fast and no one easily able to understand his speech. He has been more active than his peers since early childhood. It has been learned that homework takes a long time, although her parents and teachers are personally involved in the study lessons, he has no academic achievement at the level of her peers in reading, writing and mathematics, and has difficulty in learning, so he sometimes does not want to do homework. The DSMIV-based Screening and Evaluation Scale for Conduct Disorders in children and adolescents-Initial assessment was applied before and after treatment. In the evaluation of mental development, the verbal sub-score could not be calculated because his speech unintelligibility in Wechsler Children Intelligence Test (WISC-R) but in normal limits clinically. According to the specific learning disability battery, he was found to be academically behind in the sub-domains of reading, writing and mathematics. Methylphenidate treatment was started with the diagnosis of Attention Deficit Hyperactivity Disorder, Specific Learning Disability, Speech and Language Disorder (Cluttering, Stuttering, Articulation Disorder). The patient's attention deficit and hyperactivity symptoms showed significant remission. In the clinic and in the evaluations, it was observed that his speech rate slowed down, and his cluttering improved with medication.

Speech and Language Evaluation: According to Test of Early Language Development Third Edition Turkish (TEDİL) score was 40 points/very low. Also he has not had two sentence utterances. His therapy sessions was planned with phonological, pragmatic and morphosyntax activities. At the end of therapy, his language score was 80 points/average. He has cluttering and stuttering disorders. He had 12% stuttering. He had blocks and repetition. His The Test of Language Development (TODİL) score was 90 points/average. Also, it was determined that speech sound disorder (/k/, /t/, /p/, /s/, /ş/, /z/, /j/, /l/ sounds.)

**CONCLUSION:** Neurodevelopmental Disorders is called Attention Deficit Hyperactivity Disorders (ADHD), Specific Learning Disorders (SLD), Autistic Disorders, Language and Speech Disorders, Tic Disorders. Language and Speech disorders, which we call verbal learning disability in DSM IV, are very common in cases diagnosed with specific learning disability and ADHD. Especially in the presence of cluttering, it is necessary to make the differential diagnosis of cluttering, which is one of the main symptoms of Attention Deficit Hyperactivity Disorder. In this case, there was a rapid improvement in speech fluency after ADHD treatment. In this respect, cluttering, which was inherent in ADHD, might increase or mimic the language and speech disorders symptoms. The assessment of the language and speech could make it easier for us to understand the clinic after ADHD treatment.

**Keywords:** Attention and Hyperactivity Disorder, Speech and Language Disorders, Cluttering

**[Abstract:0159]****Haloperidol decanoate-induced severe parkinsonism and catalepsy: a case report**İbrahim Sungur<sup>1</sup>, Muhammet Burak Karaman<sup>1</sup>, Ahmet Acarer<sup>2</sup>, Hakan Coskunol<sup>1</sup><sup>1</sup>Department of Psychiatry, Ege University, Izmir, Turkey<sup>2</sup>Department of Neurology, Ege University, Izmir, Turkey

**INTRODUCTION:** Haloperidol decanoate, a long-acting antipsychotic drug used in the treatment of schizophrenia and other psychotic disorders, can lead to extrapyramidal side effects, such as acute parkinsonism and catalepsy. This case report presents a 37-year-old male patient with substance-induced psychotic disorder who developed severe acute parkinsonism and catalepsy after an increase in haloperidol decanoate dosage. This case report aims to provide a comprehensive review of the clinical

presentation, risk factors, and management strategies associated with haloperidol decanoate-induced acute parkinsonism and catalepsy.

**CASE PRESENTATION:** A 37-year-old male with a longstanding history of substance(methamphetamine) and alcohol use disorder was initially prescribed haloperidol decanoate at 50 mg every four weeks for eight months. However, due to a recurrence of substance use, the dosage was increased to 150mg every four weeks. Within a week of the dosage increase, the patient exhibited symptoms including bradykinesia(retardation in movement), generalized rigidity, bilateral resting tremor, and excessive diaphoresis. Additionally, the patient displayed episodes of catalepsy, characterized by sustained fixed postures in response to various stimuli. Neurological examination revealed severe bradykinesia/akinesia, rigidity, and resting tremor consistent with severe parkinsonism. The patient's condition required immediate intervention. Haloperidol decanoate was discontinued then biperiden 4 mg daily and clonazepam 4 mg daily were initiated to alleviate Parkinsonian symptoms. Supportive care, including physical therapy and close monitoring, was provided to manage cataleptic episodes and prevent complications. Over the following weeks, the patient demonstrated gradual improvement in Parkinsonian symptoms, with diminished rigidity and tremor. The dosage of clonazepam and biperiden was gradually reduced, and during follow-up visits, the patient demonstrated steady progress in functional recovery with no signs of catalepsy.

**CONCLUSION:** This case report highlights a rare and severe presentation of haloperidol decanoate-induced acute parkinsonism and catalepsy. Prompt recognition, discontinuation of the causing antipsychotic therapy, initiation of symptomatological medication, and appropriate medical care were crucial in improving the patient's outcome. The precise neurobiological mechanisms underlying these severe manifestations remain unclear, but they are likely influenced by factors such as high drug potency, individual susceptibility(substance use disorder), and genetic factors.

**Keywords:** Haloperidol decanoate, neuroleptic-induced parkinsonism, anticholinergic medication, substance-induced psychotic disorder.

#### [Abstract:0160]

#### Affective dysregulation, deficits in executive function and Cerebellar cognitive affective syndrome(CCAS):Schmahmann's syndrome

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**INTRODUCTION:** Cerebellar function damage can cause cognitive and affective symptoms apart from the well-known ataxia, impaired gait and balance, and ataxic motor syndrome with incoordination in extremity and eye movements. This clinical entity was defined as CCAS in a study of 20 cases in 1998. Dr. Schmahman explained this syndrome with dysmetria of thought hypothesis. It has been described in both adults and children. CCAS is defined by: disturbances of executive functioning, impaired spatial cognition, personality change and linguistic difficulties. In the patient we followed up in our inpatient service, there were mood symptoms such as hypersexuality and impulsive behaviors as well as treatment-resistant depressive mood and anhedonia. This case report discusses a female adolescent case with post-op atypical mood and neurocognitive symptoms consistent with CCAS, and limited treatment response with standard treatment algorithms. Case reports compatible with CCAS from the adolescent age group in our country have not been encountered within the scope of our knowledge.

**CASE PRESENTATION:** This case report describes a 16year 8-month-old female patient who was followed up for many years with atypical mood symptoms after pilocytic astrocytoma operation and was followed up in the inpatient service due to impulsive behaviors, hypersexuality, suicidal thoughts and attempts. Due to the symptoms that developed after the operation, treatments such as benzodiazepine, lamotrigine, topiramate and methylphenidate have been used with different psychiatric diagnoses, in addition to almost all SSRIs, SNRIs, typical and atypical antipsychotic drugs. No response has been received. In the mental state examination, her mood was depressed, her sleep was increased, her speech was dysprosodic. The patient was a child who did not have any psychiatric complaints before the operation and whose development progressed in accordance with her age. The patient was followed up with the diagnoses of borderline personality organization and bipolar disorder with depressive episodes in outpatient psychiatry applications. But during hospitalization, the patient's atypical mood

disorder symptoms, the disturbances in executive functions were thought to be a component of CCAS, which developed as a result of cerebellar lesions.

**CONCLUSION:** Childhood brain tumors often originate in the cerebellum. About 25% of children undergoing cerebellar tumor resection develop severe cognitive and affective symptoms. Although pilocytic astrocytoma is considered a WHO grade 1 tumor with a good prognosis, this case demonstrates the importance of a neuropsychiatric approach in the long-term follow-up of these patients after tumor resection. The fact that the affective and cognitive symptoms of the case do not overlap with the known psychiatric diagnoses, that it is resistant to treatment and that the symptoms develop in the post-op period makes the case different. In the future, with the increase of similar case reports in the literature, different approaches to these patients will shed light on treatment options.

**Keywords:** Cerebellum, Cerebellar cognitive affective syndrome, CCAS, Affective dysregulation, Executive function

#### [Abstract:0178]

#### Effectiveness of agomelatine in generalized anxiety disorder comorbid to bipolar 1 disorder in a male adolescent patient

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**INTRODUCTION:** Bipolar Disorders (BP) are a complex group of severe and chronic disorders that includes bipolar I disorder, defined by the presence of a syndromal, manic episode, and bipolar II disorder, defined by the presence of a syndromal, hypomanic episode and a major depressive episode. Anxiety comorbidity in BD is important and thus significantly affects the course of BD and its outcomes. In this case report, the response to agomelatine treatment in a patient with Generalized Anxiety Disorder (GAD) comorbid to Bipolar 1 Disorder was evaluated. Written and verbal informed consent was obtained from the patient and his family.

**CASE PRESENTATION:** A 17 years 6 months old male patient was admitted to our child psychiatry emergency department with suicide attempt. It was learned that he was hospitalised 1 year ago with the diagnosis of bipolar disorder – manic episode. He stated that he had been feeling depressed, restless all the time recently, that he had thoughts that something bad was going to happen, that he had difficulty in focusing, difficulty falling asleep, fatigue and irritability. It was learned that medications he had been taking regularly for the last 1 year were lithium 1500 mg/day and lorazepam 3.5 mg/day. It was found that the patient scored 31 and 54 points on the Children's Depression Inventory (CDI) Scale and Child Anxiety Related Emotional Disorders Scale (SCARED) respectively. In the evaluation of the patient, bipolar 1 disorder depressive episode and generalized anxiety disorder were diagnosed; follow-up and treatment was started. In the patient's treatment plan; lorazepam was gradually discontinued and Quetiapine XR was started gradually (50-100-150-300 mg). In the interviews, he stated that he still felt depressed and tired, had many somatic complaints and continued to feel restless. Agomelatine 25 mg/day was added to the treatment after checking the liver function tests and increased to 50 mg/day after 1 week. In regular follow-ups, although it was observed that the patient's anxiety and depressive complaints decreased, no shift to mania was observed.

**CONCLUSION:** Pediatric Bipolar Disorder also has a complex clinical presentation of a rapid cycling phenomenon and high psychiatric comorbidity. Almost half of the patients reported at least one of the anxiety disorders. It has been hypothesized that the pathophysiology of BD may be linked to a disruption of circadian periodicity, since most patients with bipolar depression experience phase advance in their melatonin rhythms relative to sleep. These findings suggest that modulation of the melatonin receptors may provide a specific and effective way of treating BD. In this regard, we chose agomelatine, a potent agonist of melatonin MT1 and MT2 receptors with 5-HT<sub>2C</sub> antagonist properties, in our case. It is assumed that the synergism of these mechanisms accounts for the antidepressant and anxiolytic actions of agomelatine. Agomelatine should be considered as a strong option for the treatment of bipolar depression and comorbid generalized anxiety disorder due to its broad mechanism of action, low risk of shifting to mania and low side effect profile.

**Keywords:** bipolar disorder, generalized anxiety disorder, agomelatine

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### [Abstract:0183]

#### Modafinil Use in an Adolescent with Major Depressive Disorder

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**INTRODUCTION:** Depression is one of the most common mental health problem in adolescence and may be associated with a number of negative consequences. Therefore, it is critical to identify and effectively treat major depressive disorder in adolescents.

The treatment of major depressive disorder includes psychopharmacological treatments and psychotherapeutic interventions. Antidepressant drugs, particularly selective serotonin reuptake inhibitors (SSRIs), are used in psychopharmacological treatment. Depression cases that do not respond to at least 2 antidepressant treatments are referred to as treatment-resistant depression (TRD). Various augmentation strategies are available in TRD cases. In recent years, it has been reported that modafinil can be used as an augmentation agent.

In this case, it was aimed to present the use of modafinil in an adolescent patient with TRD.

**CASE PRESENTATION:** Informed consent was obtained from the patient's guardian for the case report. KD, a 16-year-old 3-month-old female patient applied to us with complaints of unhappiness that has been going on for the past 1 year and getting worse gradually, not being able to enjoy anything, sleep disorder, inability to focus on lessons, and lack of energy. It was learned that the patient was started on sertraline 50 mg/d treatment with the diagnosis of major depressive disorder in an external center approximately 2 months before her first application to us. The patient stated that although she regularly used the treatment at the recommended dose, there was no significant change in her complaints. Initially, the dose of sertraline, which was the current treatment, was increased to 100 mg/d. Although some of her complaints decreased, her complaints such as fatigue, constant sleepiness, and deterioration of focus continued. Considering the patient's retardation symptoms, fluoxetine 20 mg/d treatment was started and the dose was increased to 40 mg/d 1 month later. The patient stated that she had partial benefit from fluoxetine 40 mg/d treatment for about 2 months, and this benefit was more pronounced than her previous treatment. However, her cognitive symptoms and retardation continued. Thereupon, modafinil 100 mg/d was added to the treatment. At the end of 2 months of modafinil treatment, it was observed that there was a decrease in the complaints of cognitive domain, anergy and sleep.

**CONCLUSION:** Modafinil is a drug approved by the US Food and Drug Administration (FDA) to provide wakefulness in the treatment of excessive sleepiness due to narcolepsy, shift work or obstructive sleep apnea.

Although its exact mechanism of action has not been clarified yet, it is known that modafinil interacts with various mechanisms via dopaminergic, histaminergic, serotonergic, GABAergic, noradrenergic, glutamatergic, orexinergic systems. It has also been supported by studies that it has neuroprotective effects.

One of the treatment augmentation strategies in TRD cases is the use of modafinil. In studies conducted with modafinil, it has been determined that the benefit is evident especially in patients with symptoms of sleepiness/fatigue and at doses of 100-300 mg of modafinil, which are low-medium doses. In our case, since symptoms of fatigue and sleepiness were also evident, 100 mg/d modafinil was used and benefited.

**Keywords:** depression, fatigue, modafinil, sleepiness

**[Abstract:0189]****An uncommon side effect: visual hallucinations caused by pregabalin**Esra Aslan<sup>1</sup>, Bahadır Demir<sup>2</sup>, Şengül Kocamer Şahin<sup>2</sup><sup>1</sup>Department of Psychiatry, Aksaray Training and Research Hospital, Aksaray, Turkey<sup>2</sup>Department of Psychiatry, Faculty of Medicine, Gaziantep University, Gaziantep, Turkey

**INTRODUCTION:** Pregabalin, a compound derived from gamma-amino butyric acid (GABA) with an isobutyl substitution, functions as an inhibitor neurotransmitter within the human brain. Medical professionals employ it to address various conditions such as neuropathic pain, fibromyalgia, generalized anxiety disorder, and partial epileptic seizures. The consensus regarding pregabalin is that it is an efficient and safe medication, well-tolerated by most individuals. Nonetheless, there have been reports of adverse effects such as somnolence, dizziness, and headache. Visual hallucinations are an infrequent side effect associated with the administration of Pregabalin.

**CASE PRESENTATION:** Patient consent, both verbal and written, was duly obtained. A 55-year-old female patient with a known diagnosis of diabetes mellitus was started on 150 mg/day pregabalin with the diagnosis of neuropathic pain by a neurologist. The patient was referred to us with the consultation of a neurologist after the complaints of visual hallucinations (animal, human appearance) that started 3 days after the use of pregabalin. The urine toxic screening test was negative, no pathological detection in brain magnetic resonance imaging, routine biochemical parameters, complete blood count, and thyroid function tests were all normal. She refrained from reporting any delusions, and no hallucinations were observed through other sensory channels. The visual hallucinations lacked any diurnal fluctuations, and their occurrence displayed no discernible pattern. The patient's pregabalin treatment was terminated, and haloperidol 15 drops/day was started. After 1 week, the patient did not have any complaints of visual hallucinations.

**CONCLUSION:** Adverse reactions associated with pregabalin are more common at higher doses. Psychosis, hallucinations, and other neuropsychiatric symptoms have been associated with rapid titration. Contrary to these studies, our case shows that visual hallucination may develop with the use of low-dose pregabalin, although rarely.

**Keywords:** visual hallucination, pregabalin, side effect

**[Abstract:0190]****Blurred vision caused by bupropion**Esra Aslan<sup>1</sup>, Bahadır Demir<sup>2</sup>, Şengül Kocamer Şahin<sup>2</sup><sup>1</sup>Department of Psychiatry, Aksaray Training and Research Hospital, Aksaray, Turkey<sup>2</sup>Department of Psychiatry, Faculty of Medicine, Gaziantep University, Gaziantep, Turkey

**INTRODUCTION:** Bupropion belongs to the class of aminoketones and possesses a distinct pharmacological profile, impeding the reuptake of both noradrenaline and dopamine. Notably, it does not influence serotonin, histamine, acetylcholine, or adrenaline (epinephrine) receptors. This unique attribute results in its lack of substantial sedative, cognitive, anticholinergic, gastrointestinal, or hypotensive side effects. Bupropion is generally well-received, with its adverse effects encompassing insomnia, headache, dry mouth, dizziness, and nausea. Blurred vision is not a common side effect that develops due to the use of bupropion. An uncommon ocular side effect: blurred vision triggered by bupropion.

**CASE PRESENTATION:** Patient consent, both verbal and written, was duly obtained. A 24-year-old female patient, who has no known comorbidity, applied to us with the complaint of sudden onset of blurred vision and loss of vision clarity on the 7th day of bupropion 150 mg/day treatment. An ophthalmology consultation was requested, revealing a decline in near vision. No additional causative element could be linked, aside from administering bupropion. Bupropion was promptly discontinued, and the patient was requested to follow up after five days. The patient reported that her health had completely recovered at the control examination three days after stopping the drug. The patient was switched to sertraline.

**CONCLUSION:** In this instance, our focus turns to a youthful individual who solely utilized bupropion for a brief duration. During this period, the patient encountered blurred vision, which interestingly resolved on its own after ceasing bupropion usage. The fact that this patient solely used bupropion and

experienced an amelioration in blurred vision upon its discontinuation suggests that bupropion use could be a potential, albeit infrequent, cause of blurred vision.

**Keywords:** Blurred vision, bupropion, side effect

**[Abstract:0191]**

**Mignon delusional patient with adolescent schizophreniform**

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**INTRODUCTION:** Genealogical delusion is classified as a form of megalomania, wherein the patient strongly believes that they are connected to or descended from royalty, nobility, or any other distinguished lineage. This delusion has been observed in patients who firmly believe themselves to be members or heirs of the Royal family of France and Savoy. Additionally, it can manifest in individuals experiencing manic psychosis as well as schizophrenia<sup>1</sup>. Mignon's delusion, similar to our case, can also manifest when a patient firmly believes that they are genuinely descended from an aristocratic or exceptionally distinguished family<sup>2</sup>. Cases of adults exhibiting Mignon's delusion can be found in the literature<sup>3-4</sup>.

**CASE PRESENTATION:** A 14-year-old male patient presented to our emergency department with the following symptoms: a false belief that he was the child of higher-ranking parents (mignon delusion), reference delusions, persecution delusions, somatic delusions, slowed psychomotor activity, and disorganized behaviors. As a result, he was admitted to the hospital for further evaluation and care.

During her mental state examination, the patient exhibited a dull affect, slowed psychomotor activity, and reduced speech volume and speed. Delusions of persecution, reference, and mignon were expressed, and her judgment was impaired. Laboratory examinations and cranial MRI did not reveal any significant pathology. As a result of the decreased psychomotor activity (PMA), lorazepam was initiated and gradually adjusted to a dosage of 3.75 mg. This led to a normalization of PMA and speech rate. To address the positive symptoms, risperidone was titrated to 6 mg, and quetiapine was titrated to 750 mg. As a positive outcome, the PANSS score decreased from 117 to 45.

**CONCLUSION:** The case of schizophreniform disorder with Mignon's delusion is an uncommon occurrence, particularly in the context of child and adolescent cases, as it is rarely documented in the existing literature.

**Keywords:** Mignon delusion, adolescent, schizophreniform

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**[Abstract:0194]**

**Challenges in Managing Tardive Dystonia and Psychotic Symptoms in a 15-Year-Old Male: A Case Report**

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**INTRODUCTION:** We present a case of a 15-year-old male with treatment-resistant psychotic disorder and tardive dystonia, highlighting the importance of a comprehensive approach in such cases.

Tardive dystonia (TD) and dyskinesia is one of the rare extrapyramidal system side effects that develop due to long-term use of antipsychotics.

Tardive dystonia is characterized by continuous, usually slow, involuntary twisting and twisting movements that affect the trunk and face region of the extremities, often starting from the cranial and cervical regions after the use of antipsychotic agents. Despite many treatment approaches, complete recovery is rarely seen, and it often initiates in the first year of antipsychotic use.

We wish to report a case of TD, in a 15 years old male patient with schizophrenia, who developed TD after a 8 weeks of treatment with olanzapine.

**CASE PRESENTATION:** A 15-year-old male in the 11th grade was admitted to the Child and Adolescent Psychiatry Clinic with symptoms of withdrawal, self-talk, disorganized speech and behavior, and harmful behavior towards his surroundings and family. The patient had previously undergone multiple trials of first and second-generation antipsychotic treatments with no improvement. Due to the persistence of symptoms, he was referred to the Neurology Department to rule out neurological causes, and limbic encephalopathy was preliminarily diagnosed. During the hospitalization, the patient was receiving olanzapine 10 mg/d, with a subsequent dose increase leading to partial improvement in psychotic symptoms. However, after 8 weeks olanzapine treatment, he developed cervical dystonia and oculogyric crisis, which prompted the discontinuation of olanzapine.

Upon evaluation, the patient was diagnosed with tardive dystonia related to antipsychotic use. Therefore, treatment with clozapine was initiated, and the dose was adjusted based on blood test results up to 325 mg/day. Considering the potential benefit of aripiprazole in tardive dystonia cases, aripiprazole 0.5 mg/day was added to the patient's treatment (8). The combination of clozapine 450 mg/day and aripiprazole 0.5 mg/day resulted in significant improvement in tardive dystonia symptoms and negative psychotic symptoms. However, positive psychotic symptoms only showed partial improvement, leading to an increase in the clozapine dose to 500 mg/day. After a follow-up period, the patient exhibited continued partial improvement in symptoms, prompting a decision for discharge with a plan for outpatient treatment.

**CONCLUSION:** This case report sheds light on the complexities involved in managing treatment-resistant psychotic disorder with tardive dystonia in a 15-year-old male patient and illustrates the complexity of managing tardive dystonia in a young patient with treatment-resistant psychotic disorder. The addition of aripiprazole to clozapine treatment proved beneficial in this case.

In conclusion, this article emphasizes the importance of a comprehensive and collaborative approach in managing complex psychiatric conditions in adolescents. Clinicians must remain vigilant in recognizing and addressing extrapyramidal symptoms associated with antipsychotic use and consider alternative treatment options when necessary. As we continue to expand our knowledge and understanding of treatment-resistant cases, the pursuit of innovative and personalized therapeutic strategies remains critical to improve the overall well-being and long-term outcomes of young patients facing challenging psychiatric conditions.

**Keywords:** tardive dystonia, treatment-resistant psychotic disorder, antipsychotic medications, olanzapine, extrapyramidal system side effects, adolescent

#### [Abstract:0209]

#### Quetiapine-Induced Peripheral Edema, a case report

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**BACKGROUND AND AIM:** Quetiapine is a second-generation antipsychotic widely used in the treatment of psychiatric disorders. Common side effects of quetiapine include; orthostatic hypotension, weight gain, gastrointestinal irritation, constipation and sedation. Although it is known for its relatively mild side effect profile, quetiapine might cause peripheral edema, therefore clinicians must be aware of this side effect as it might affect treatment compliance.

**METHODS:** Mr. G. a 24 year old male, was admitted to our outpatient clinic by his relatives, with the complaints of not being able to speak, screaming and hitting himself and psychomotor agitation. He is in dependence of his parents to fulfill his needs such as feeding and self-care. He had these behavioral problems since childhood. He had a febrile seizure when he was 6 months old; could not speak at all afterwards, was able to walk when he was two years old but he has lost his ability to walk shortly afterwards. He has been under the follow-up of our outpatient clinic since 2018. In his most recent appointment his treatment consisted of Quetiapine 100 mg/day and Risperidone 6 mg/day. As his

aggressive behaviour, psychomotor agitation and insomnia still haven't receded; Quetiapine dose was titrated up to 300 mg/day and was switched to extended-release formulation.

**RESULTS:** After 2 months of his admission he presented with 3+ pitting pretibial edema and significant edema in the arms. Blood biochemistry panel, complete blood count and thyroid function tests were performed to assess other possible etiologies. Cardiology and cardiovascular surgery were also consulted. Echocardiogram was performed, his ejection fraction was 65, his peripheral edema was not thought to be of cardiac origin. Since all the medical evaluations revealed normal results, his condition was considered to be a drug side effect. The only recent change in his treatment was the dosage of quetiapine. Quetiapine treatment was terminated. Following the termination, the pretibial edema decreased and disappeared within two weeks.

**CONCLUSIONS:** Quetiapine is a second generation antipsychotic known for its mild to moderate side-effect profile. Peripheral edema is not a typical side-effect but might be seen in patients using quetiapine, as well as other second generation antipsychotics. Physicians must be aware of this side effect as it might mimic other medical conditions and affect treatment compliance. In some case reports the edema tends to limit itself but in our case it was severe; so the treatment was terminated.

**Keywords:** quetiapine, peripheral, edema, antipsychotic, side effect

**Pretibial Edema.**



*+3 pitting pretibial edema seen shortly after the increase in quetiapine dosage*

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Jonathan E. Dunn, Raja Shekhar R. Sappati Biyyani, General Hospital Psychiatry Volume 31, Issue 2, March–April 2009, Pages 194-195; <https://doi.org/10.1016/j.genhosppsych.2008.08.001> Pedal edema associated with atypical antipsychotics; Santanu Munshi, Shatavisa Mukherjee, Indranil Saha, Sukanta Sen, Indian J Pharmacol. 2016 Jan-Feb; 48(1): 88–90. doi: 10.4103/0253-7613.174571

**[Abstract:0261]**

**Development, validity, and reliability study of the stages of change inventory (soci)**

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**BACKGROUND AND AIM:** Identifying the stages of change is useful in determining the type of clinical intervention. In addition, being ready for change is necessary to determine the direction of clinical intervention. Therefore, a scale named the Stages of Change Inventory (SOCi) has been planned to identify the stages of change and the readiness to change. The prepared 12-question scale was applied to a total of 274 alcohol, substance, tobacco, gambling, and internet users. In addition to the scale prepared for the study, participants were given the SOCRATES and URICA scales, which are used to measure change. The ethical committee approval for this study was obtained from Istanbul University (2023). "

**METHODS:** The factor structure of the scale was examined using the main components method and Varimax Rotation.

**RESULTS:** In the explanatory factor analysis, three factors with an eigenvalue greater than 1 were obtained, explaining 45.28% of the total variance. All items have been included in a factor with factor loads greater than 0.30. Questions were largely distributed to factors as expected. The factors have been named in order; change, return to old behavior, and pre-awareness.

Considering that the change cycle consists of six stages, a fixed number of factor analysis was chosen, selecting six factors, and the analysis was repeated. In the analysis, it was observed that the questions were distributed to the factors according to the stages of the change cycle.

The internal consistency Cronbach's alpha coefficient of the whole scale was found to be 0.86.

The eight questions in the direction of change in the scale (questions 3-4-5-6-7-8-9-10) were accepted as the Readiness for Change Sub-Scale. In the analysis conducted with the Readiness for Change sub-scale, the internal consistency Cronbach's alpha coefficient of the scale was determined as 0.90. The correlation coefficients between all the items and the total score range from 0.66 to 0.80. The correlation of the scale scores, which consists of readiness for change questions, with the URICA scale was 0.63 ( $p < 0.01$ ) and with the SOCRATES scale was 0.36 ( $p < 0.01$ ).

**CONCLUSIONS:** With this form, it can be said that the Stages of Change Inventory (SOCi) is a valid and reliable scale that can be used to determine the stages of change and to measure readiness for change.

**Keywords:** ambivalence, behavior change, inventory

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**[Abstract:0264]**

**Is there a possible link between using long-acting methylphenidate and experiencing auditory hallucinations?**

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**INTRODUCTION:** Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity symptoms. Methylphenidate, a

psychostimulant, is commonly used to treat ADHD in children. The most common side effects of methylphenidate are insomnia, decreased appetite, abdominal pain, irritability, weight loss, and headache. Although it is usually well-tolerated and does not commonly cause serious side effects, rare and significant adverse reactions are possible.

This case report describes a 7-year-old male patient who experienced auditory hallucinations during treatment with long-acting methylphenidate.

**CASE PRESENTATION:** The patient presented to our clinic with complaints of inattention, difficulty concentrating in school, restlessness, and impatience. Upon evaluation, no other underlying pathology was identified and the patient was diagnosed with ADHD according to the DSM-5 criteria. Short-acting methylphenidate 10 mg per day was started. At the end of the first month, the dose of short-acting methylphenidate was gradually increased to 20 mg per day. The following month, the patient's treatment was changed to long-acting methylphenidate 10 mg daily due to the ease of use in a single dose. However, on the first day, the patient reported experiencing auditory hallucinations, including hearing voices and noise. These hallucinations occurred approximately one hour after taking the medication and resolved within two days of discontinuing it. No pathology was detected in the neurological examination after discontinuation of long-action methylphenidate. Cranial MRI and routine blood test examinations were normal.

After the patient experienced auditory hallucinations, the medication was stopped. Instead, the patient was prescribed short-acting methylphenidate and did not experience any further auditory hallucinations during the six-month follow-up period.

**CONCLUSION:** Auditory or visual hallucinations have been reported as a rare side effect of methylphenidate in the literature. In reported cases, the occurrence of hallucinations can often occur with high-dose methylphenidate use or normal-dose IV use. In a 14-year-old patient who was diagnosed with ADHD, depression and conduct disorder, auditory and visual hallucinations occurred with 20 mg/day methylphenidate and 20 mg/day fluoxetine treatment. The hallucinations disappeared after methylphenidate treatment was discontinued.

This case highlights the importance of closely monitoring patients for atypical side effects when switching between different formulations of the medication and the potential need to discontinue treatment if necessary. Further research is needed to understand the underlying cause of these rare side effects and to develop strategies to mitigate them.

Written informed consent was obtained from the patient's family to publish this case report. No financial interests and relationships to disclose.

**Keywords:** ADHD, hallucination, methylphenidate

#### [Abstract:0265]

#### **Social communication disorder and low vision in a 5-year-old child – the significance of comprehensive assessment in suspected autism spectrum disorder: a case presentation**

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**INTRODUCTION:** This case presentation aims to investigate the evaluation and treatment process of a 5-year-old child with social communication disorder and low vision. Social communication disorder refers to a disruption in an individual's ability to effectively engage in social interactions. This limitation can impact the comprehension, interpretation, and utilization of verbal and nonverbal communication methods. Individuals with social communication disorder may struggle to understand facial expressions, gestures, body language, and eye contact. Additionally, they may face difficulties in comprehending and expressing emotions, identifying appropriate behaviors in social interactions, and sustaining them. Social communication disorder typically necessitates evaluation for conditions such as autism spectrum disorder (ASD). Low vision is characterized by an individual experiencing limitations in their visual capacity due to various reasons, despite normal eye function. This condition often encompasses visual impairments that cannot be fully corrected through treatment or conventional corrective lenses, affecting daily life. Low vision can influence quality of life and constrain an individual's interaction with their environment.

**CASE PRESENTATION:** A 5-year-old child presented at our clinic with limitations in social interaction skills, age-appropriate yet limited speech content, and indications of compromised functionality. Initial assessments included the Denver Developmental Screening Test and Childhood Autism Rating Scale (CARS) to assess verbal and nonverbal communication difficulties in social communication. The Denver

Developmental Screening Test revealed delays in personal-social, fine motor-adaptive, and language domains compared to peers. Gross motor skills were age-appropriate. The CARS test yielded a score of 27, closely approaching the threshold score for an ASD diagnosis. The child's social communication limitations significantly affected daily functioning and he had developmental delays. All these made us think that sensory pathologies should also be investigated for comprehensive evaluation. The child was referred to an ophthalmologist and hearing test. Hearing examination results were normal; however, a diagnosis of "low vision" was made in the ophthalmologic evaluation. The treatment process was managed through a multidisciplinary approach. Visual rehabilitation techniques aimed at enhancing visual acuity were employed, alongside individualized behavioral interventions targeting the development of social communication skills. Over a five-month intervention period, significant improvements were observed in the child's social communication skills and visual abilities. At the conclusion of this period, a reevaluation of the CARS test yielded a score of 19. Furthermore, the WIBO-E functional impairment scale indicated increased functionality across all domains.

**CONCLUSION:** This case report highlights significant improvements in social communication skills through individualized appropriate interventions, as evidenced by the decreased CARS score and improvements in the WIBO-E functional scale resulting from the treatment process. The findings demonstrate the effectiveness of individualized behavioral interventions and specialized visual rehabilitation techniques. The primary reason for presenting this case is to emphasize the importance of comprehensive sensory assessments and potential additional diagnoses in children with suspected autism spectrum disorder or social communication disorder. Informed consent was obtained from the patient's parents at all stages.

**Keywords:** autism spectrum disorder, individual therapy, low vision, social communication disorder

#### [Abstract:0278]

#### Aripiprazole Induced Transient Bilateral Myopia

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**INTRODUCTION:** Aripiprazole is a second generation antipsychotic widely used to treat psychiatric disorders such as schizophrenia, bipolar disorder and major depression. Ocular side-effects of aripiprazole are rare. In this case, a woman who has no visual impairment then develops acute transient bilateral myopia after aripiprazole use is presented.

**CASE PRESENTATION:** A 19 year old, female patient was admitted to our outpatient clinic with the preliminary diagnosis of acute psychotic episode. Olanzapine 10 mg/day was started and was titrated up to 15 mg/day. The patient's complaints subsided completely in two weeks and the treatment plan was decided to be continued for 1 year. At 6 months of treatment, due to increased appetite and high BMI of the patient, a change in the treatment regimen was planned. Olanzapin was titrated down to 10 mg/day and Aripiprazole 10 mg/day was added. After the change in treatment regimen, on day 7, the patient consulted with painless blurry vision in both eyes. As she developed the ocular symptoms she had no other acute medical condition or medication change. She had no history of refractive errors. Ophthalmology was consulted. Refractive error on both eyes were -10 diopters. Anterior chamber and fundus examination were normal. Angles of the anterior chamber were open, the intraocular pressures were 20 mmHg bilaterally. She had no other systemic diseases. This presentation was thought to be acute transient bilateral myopia due to aripiprazole use, aripiprazole use was terminated and appointed for control in 3 days. Following termination, all the ocular complaints of the patient subsided in 1 day. In the control examination there were no refractive errors in both eyes, intraocular pressures were 18 mmHg bilaterally, optic coherence tomography yielded normal results.

**CONCLUSION:** Aripiprazole is a partial agonist at dopamine D2 and serotonin 5HT1-A receptors and acts as an antagonist at 5HT2 receptors. Ocular side effects are rarely seen with aripiprazole use. In literature we see a few cases reporting ocular side effects such as; unilateral myopia, bilateral myopia, diplopia, rethinopathy and glaucoma crisis. Clinicians must be aware of the ocular complications of aripiprazole, and make early treatment adjustments.

Written informed consent was obtained from the patient.

**Keywords:** adverse drug reactions, drug induced myopia, aripiprazol

**[Abstract:0282]****Antipsychotic Treatment of a 14-year-old Adolescent with Schizophrenia and Osteogenesis Imperfecta**

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**INTRODUCTION:** Osteogenesis imperfecta (OI) is an inherited connective tissue disease with symptoms of bone fragility and deformity, growth retardation, blue sclera, hearing loss [1,2]. The most common pathogenic variants are in COL1A1 and COL1A2, which encode the alpha1 and alpha2 chains of type 1 collagen [3]. Relationships between OI and psychiatric disorders have rarely been reported. Here, we present a 14-year-old male patient with OI who presented to the Child and Adolescent Psychiatry clinic with psychotic symptoms. We aimed to discuss the medical management of OI and schizophrenia comorbidity. Verbal consent was taken from patient for this case report.

**CASE PRESENTATION:** A 14-year-old male patient presented to our clinic with irritability, agitation, self-harm, hearing voices, and referential delusions, worsening self-care and social withdrawal for three months. We learned that OI was diagnosed after investigations for multiple bone fractures at eight years old, and a pathogenic variant in the COL1A1 gene was identified. He spent most of his time at home to avoid bone fractures, and his social life was limited. Family history revealed that his father had a history of paranoid symptoms. The patient was observed to be short and had diminished self-care. The mental state examination revealed that the patient had mild anxiety, an appropriate affect, and a decreased speech amount and content. He described auditory hallucinations of people insulting him and referential delusions of people laughing at him in the park near his house. Judgment, reliability, and insight were impaired. He was admitted to the inpatient service for treatment with a preliminary diagnosis of acute psychotic disorder. He was treated with 20 mg/day aripiprazole. Positive and negative symptoms have improved with the treatment. The SANS score decreased from 64 to 44, and the SAPS score decreased from 35 to 18. The patient's functionality was increased, and he was discharged on the same treatment. In follow-up, the patient was poorly compliant, and 5 mg daily olanzapine was added. In further follow-up, the patient was found stable for psychotic symptoms with treatment consisting of aripiprazole 20 mg/day and olanzapine 5 mg/day, and no bone fracture was noted.

**CONCLUSION:** The patient was diagnosed with schizophrenia co-existing with a rare hereditary connective tissue disease, OI, and antipsychotic treatment was initiated. There are few case reports for this comorbidity. Hyperprolactinemia, which is a side effect of antipsychotics, is associated with low bone mineral mass and bone fractures [4]. Aripiprazole poses a low risk for hyperprolactinemia as it acts as a partial dopamine D2 receptor agonist [5]. Antipsychotics induced orthostatic hypotension and sedation are associated with increased risk of bone fractures secondary to falls. Incidence of orthostatic hypotension is low at therapeutic doses of aripiprazole [6,7]. Therefore, aripiprazole maintenance treatment was chosen at 20 mg/day, the most effective dose with the most minor side effect profile. Reports showed that OI patients with psychosis are successfully treated with atypical antipsychotics such as aripiprazole and risperidone [8].

The risk of bone fractures is critical in managing OI patients with schizophrenia. Clinicians need to consider this risk in their treatment plans.

**Keywords:** Antipsychotics, Aripiprazole, Osteogenesis imperfecta, Schizophrenia

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**[Abstract:0284]**

**The Role of Comprehensive Psychoeducation in Patients Developing Transient Tic Disorder After Surgery: Two Cases**

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**INTRODUCTION:** Clinical treatment for tic disorders typically begins with educational and supportive interventions, with pharmacological interventions reserved for later stages. The effectiveness of Comprehensive Behavioral Intervention for Tics (CBIT) has been established for individuals aged 9 and above, but its efficacy for younger children lacks sufficient scientific evidence. Younger children may lack the self-awareness and control needed for CBIT, necessitating age-appropriate adaptations. Parental reactions play a vital role in tic symptoms among young children. However, there's limited guidance on interventions modifying the child's environment (parents, teachers, peers) to alleviate tic symptoms and improve quality of life.

In this case report, we discussed two cases in which patients developed a tic disorder following surgical procedures and remarkably showed symptom reduction after applying the comprehensive psychoeducation model of the clinician's guide to treatment and management of youth with Tourette syndrome and tic disorders. This psychoeducation model was implemented for each case across 8 sessions. The Yale Global Tic Severity Scale was administered during the initial and final sessions.

**CASE PRESENTATION:** Our first case involved an 8-year-old boy with congenital long QT syndrome who developed vocal and upper limb motor tics following circumcision. The onset of these tics significantly impacted his academic performance and social interactions. In response to the tics, his mother overreacted and reprimanded him each time they occurred. Given the patient's existing cardiac condition, we did not initially consider pharmacological intervention.

The second case was a 5-year-old boy who developed upper and lower limb motor tics after a tympanostomy. The child's mother had high levels of anxiety, and as a result, the child became more timid in response to his mother's reactions to the tics he developed after his surgery. Because of his young age, he found it difficult to understand his tics, which made the situation worse.

The psychoeducational model's initial session consisted of a 90-minute family interview where tics-related reactions were evaluated, and the YGTSS was utilized. Information about tic progression, stress impact, and treatment was given. In the first YGTSS assessment, the first case scored 58, and the second case scored 38. Later sessions encouraged parent-child engagement based on strengths, conducted online. Teachers provided feedback through a questionnaire and phone interview for psychoeducation. The YGTSS scores in the last session were 33 for the first case and 20 for the second case. Clinically, a significant improvement in the children's symptoms was observed.

**CONCLUSION:** The initial step in treating children with tic disorder, similar to other psychiatric disorders, is psychoeducation. It is essential to note that tics in childhood are typically transient; therefore, it is recommended to implement psychoeducation and closely observe them before considering medication or therapy. The psychoeducational approach involves assisting parents to overcome feelings of anxiety and guilt that may exacerbate the tics. For preschool children, psychoeducation for the family could result in significant progress in treatment.

Written informed consents were obtained from the patient or patient's legally authorized representative.

**Keywords:** Transient Tic Disorders, Childhood, Prevention and Control, Parent-Child Relations, Psychological Interventions

**[Abstract:0286]**

**Positive response to low-dose risperidone treatment in pediatric nocturnal enuresis: a case report**

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**INTRODUCTION:** Risperidone, an atypical antipsychotic, is a prevalent therapeutic choice for addressing a range of mental disorders in the pediatric population. It acts by blocking dopamine 2 (D2) and serotonin 2A (5-HT<sub>2A</sub>) receptors, as well as noradrenaline  $\alpha$ 1 and  $\alpha$ 2 receptors. While risperidone is generally well-tolerated, it can cause side effects such as abdominal discomfort, dizziness, weight gain, and sedation. In rare cases, enuresis has been reported as a side effect of risperidone. In contrast to existing literature, we present a 5.5-year-old child with primary nocturnal enuresis in this case report who responded favorably to treatment with low-dose risperidone.

**CASE PRESENTATION:** A 5.5-year-old girl was brought to our outpatient clinic with complaints of aggressive behavior, including hitting, yelling, and bedwetting. The patient consistently experienced bedwetting and used diapers at night without any dry periods. There was no family history of enuresis. The parents received psychosocial education related to the aggressive behaviors of their child, and were counseled to seek a pediatric examination. The pediatric assessment revealed no physical abnormalities, and laboratory tests, including a hemogram and a metabolic panel, yielded normal results. A cognitive assessment confirmed typical cognitive functioning. The diagnoses of oppositional defiant disorder and primary nocturnal enuresis were established according to the DSM-5 criteria. Risperidone therapy was initiated at a dosage of 0.25 mg, resulting in a significant reduction in aggression symptoms and complete resolution of enuresis. A month later, the dosage was adjusted to 0.50 mg due to a minor resurgence of behavioral problems, leading to further improvement. No significant adverse effects were observed.

The patient was monitored on the 0.50 mg/day risperidone dose for five months, remaining entirely symptom-free. Subsequently, the risperidone dose was tapered back to 0.25 mg/day, and the patient was followed for an additional month. While the behavioral issues did not return, the nocturnal enuresis reoccurred in the first week, at a frequency of approximately 3-4 times per week. Re-establishing the 0.50 mg/day risperidone dose resolved the enuresis issue, and the patient has remained symptom-free for two months.

**CONCLUSION:** This case report highlights the potential role of low-dose risperidone therapy in the management of primary nocturnal enuresis in pediatric patients. The recurrence of enuresis upon reducing the dosage of risperidone and the resolution of symptoms upon reinstating the dosage may indicate a causal relationship between risperidone and its effectiveness against enuresis. It is important to note that risperidone does not have anticholinergic or pro-adrenergic effects commonly associated with enuresis treatment. Therefore, the mechanism through which risperidone exerts its effect on enuresis remains unclear and requires further research.

Written informed consent was obtained from the parents for the publication of this case report.

**Keywords:** Primary nocturnal enuresis, risperidone, treatment response

#### [Abstract:0287]

#### Weight Loss With The Addition Of Reboxetine To The Treatment Regimen In An Autism Spectrum Disorder Case

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**INTRODUCTION:** Antipsychotics must not be overlooked as they can cause weight gain and metabolic abnormalities, leading to higher morbidity and mortality. This can gravely affect the patient's quality of life and their willingness to comply with treatment (1). Reboxetine is used as a selective, potent noradrenaline inhibitor in depression and anxiety disorders in children and adolescents. Patients using reboxetine frequently report having less appetite and losing weight (2,3). This is thought to result from the NA reuptake inhibitor's impact on appetite (4). In this case report, the weight loss of a 14-year-old male patient after the addition of reboxetine to antipsychotic treatment was discussed.

**CASE PRESENTATION:** A 14-year-old male patient came to our clinic with various concerns, including laughing for no reason, talking to himself, feeling like his peers might harm him, experiencing fear and sleep issues, being excluded by his peers, feeling worthless, being easily irritated, and experiencing a decrease in academic performance.

Based on the family interview and clinical evaluation, it was determined that the patient had autism spectrum disorder with concomitant psychotic depression according to DSM-5. There was no known other chronic disease, drug or substance use in his past medical history. The neurological examination was normal. Psychoeducation was given to the family, aripiprazole 5 mg was started, after 3 months

sertraline 25 mg was added for depressive symptoms. The patient's symptoms related to depression decreased, but his appetite increased and the patient gained 10 kg (from 62 kg to 72 kg) over six months. For controlling weight gain, sertraline was discontinued, and reboxetine 4 mg/day was started. After eight weeks, the patient described decreased appetite and weight loss without dieting (from 72 kg to 68 kg) patient did not experience any other side effects. He was still on reboxetine treatment, and his weight remained unchanged after four months.

**CONCLUSION:** In this case, with the change of antidepressant treatment, weight and appetite control was achieved during the patient's treatment process using antipsychotics. In a study conducted on obese patients with binge eating disorder, it was shown to be effective in eating behavior and depressive symptoms (5). Studies have shown weight loss and decreased appetite, and improvement in some metabolic and endocrine parameters with the addition of reboxetine to olanzapine treatment (6-8). Reboxetine could be a viable choice as an antidepressant, particularly for patients who are taking antipsychotics, due to its ability to suppress appetite.

**Keywords:** Reboxetine, Weight loss, Autism spectrum disorder

#### [Abstract:0288]

#### Late-onset Psychotic Symptoms in Postoperative Acoustic Neuroma: A Case Report

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**INTRODUCTION:** Acoustic neuromas are tumors of Schwann cell origin, usually arising from the superior vestibular branch of the VIII cranial nerve. Hearing loss is usually the first symptom in patients with acoustic neuroma. It has been reported that psychiatric symptoms appear especially in cerebellopontine corner lesions. Here, we present a patient who developed late-onset delusions and hallucinations after an acoustic neuroma operation.

**CASE PRESENTATION:** This is the case of a 36 year old man who was admitted to our psychiatric clinic with acute onset psychosis. His psychotic symptoms were characterized by persecutory and referential delusions, as well as auditory, tactile, kinesthetic and visual hallucinations. Our patient was operated 17 years ago with the diagnosis of acoustic neuroma. He had postoperative complications such as unilateral (right) deafness and facial paralysis. He had a psychiatric examination for the first time in 2011 due to his depressive symptoms. He was treated with escitalopram, quetiapine and amitriptyline and partially healed. A worsening of symptoms is 8 months, stated by the appearance of hostility and delusion of persecution towards his stepsister and cousin. In the examinations; He said that his feelings and thoughts were controlled by a device. When he had physical complaints (such as pain, nausea), he believed that these were caused by the device, he said that he could sometimes localize the device in his body. The patient was treated with carbamazepine and amisulpride in our clinic. The patient was discharged after partial improvement in her hallucinations while there was no significant regression in his delusions.

**CONCLUSION:** We wanted to draw attention to the psychotic symptoms that started years later in a patient with facial paralysis and hearing loss complications after acoustic neuroma operation.

**Keywords:** Acoustic neuromas, Psychotic Symptoms, Cerebellopontine Corner Lesions

#### [Abstract:0291]

#### Cavum Septum Pellucidum et Vergae Variation in a Case of Schizophrenia

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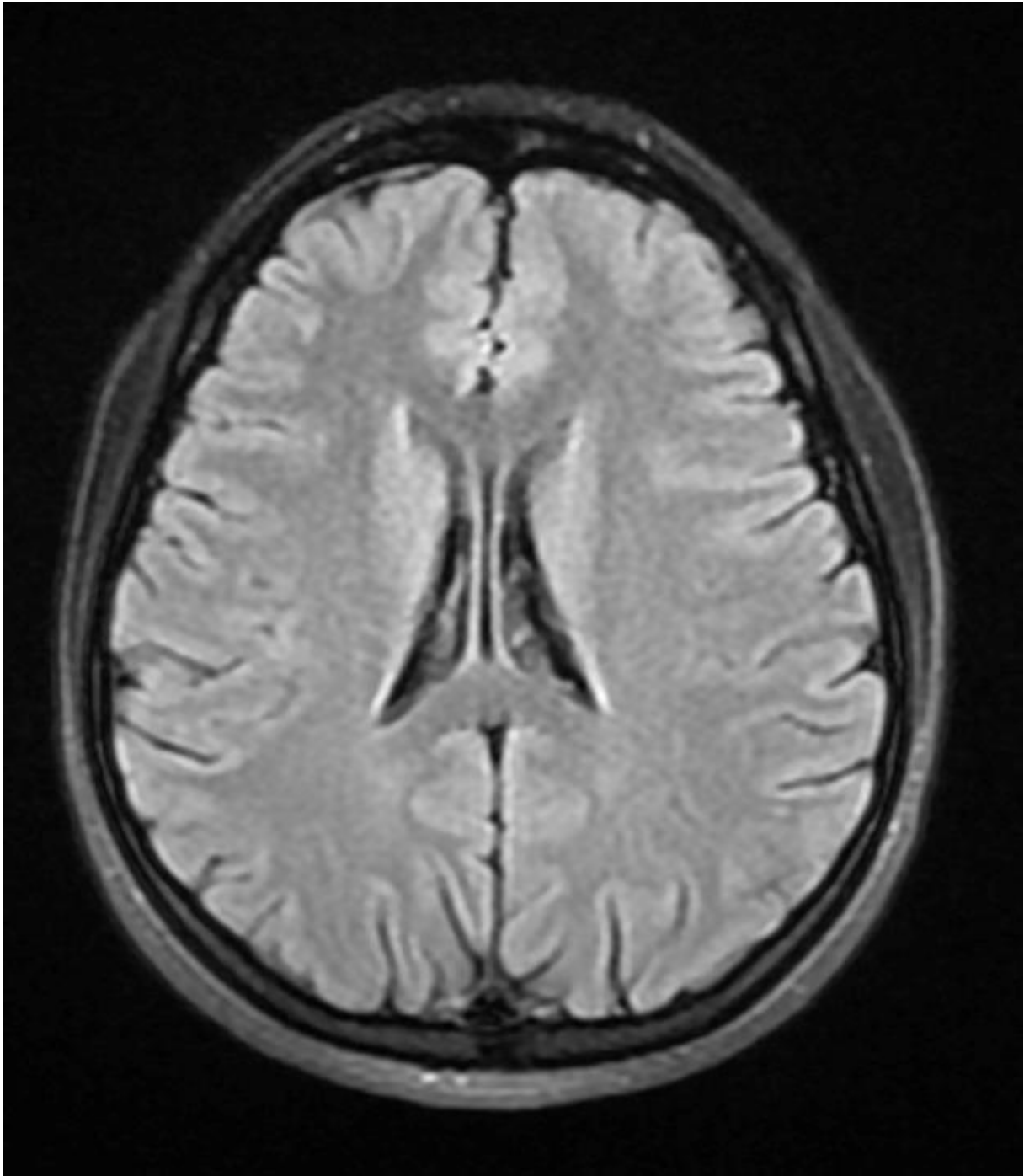
**INTRODUCTION:** Cavum Vergae (CV) is the persistence of the embryological fluid-filled space between the leaflets of the Septum Pellucidum together with the Cavum Septum Pellucidum (CSP) located just anterior to it and is a common anatomical variant (1). CSP, as a midbrain anomaly, is reported to be more common in affective and psychotic diseases (2). This relationship suggests that neuropsychiatric

diseases may share a common neurodevelopmental etiology (3). In this report, the aim is to present a case with CV variation followed up with the diagnosis of schizophrenia.

**CASE PRESENTATION:** A 31-year-old female patient, who had no previous psychiatric admission, was brought to the emergency service by her family due to her disorganized behavior and irritability observed for about 6 months, and she was admitted to our service. It was stated that the patient was afraid that her children would be harmed. She was checking their saliva to understand if they were poisoned, she was going out with inappropriate clothes, she looked anxious, she was spending long time in front of the mirror and she was talking to herself. During her hospitalization, the patient exhibited increased speech rate and circumstantial thoughts. Her thought content included reference, grandiose and persecution delusions. Considering the initial psychotic episode, the patient underwent MRI and EEG to exclude organic causes. The contrast-free MRI revealed a variation involving the Cavum Septum Pellucidum et Vergae. The patient, whose psychotic symptoms diminished with the use of antipsychotics in the service follow-ups, was discharged with Aripiprazole 400 mg/month and Biperiden 2 mg/day treatment. During the 2-month follow-up period, it was observed that the well-being continued with this treatment.

**CONCLUSION:** Literature shows the coexistence of central midline brain variations and neuropsychiatric disorders (4). In this case presentation, the importance of neuroimaging, in the cases presenting with first-episode psychosis, is emphasized, and the association between midline brain variations and psychosis was demonstrated.

**Keywords:** Cavum Septum Pellucidum et Vergae, Neuroimaging, Schizophrenia

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**[Abstract:0294]****Seen behind unseen; Charles Bonnet syndrome**Beyza Baran Boz<sup>1</sup>, Seda Sarıkaya Erdil<sup>2</sup>, Mehmet Emrah Karadere<sup>1</sup><sup>1</sup>Department of Psychiatry, İstanbul Medeniyet University School of Medicine, İstanbul, Turkey<sup>2</sup>Department of Psychiatry, Göztepe Süleyman Yalçın City Hospital, İstanbul, Turkey

**INTRODUCTION:** Charles Bonnet syndrome (CBS) is a rare syndrome characterized by the presence of visual hallucinations due to the decrease in visual acuity or loss of vision without any psychopathology. In this case, we discuss the diagnosis and treatment of CBS in a 97-year-old woman with cataract and macular degeneration who visited our psychiatry outpatient clinic.

**CASE PRESENTATION:** A 97-year-old high school graduate female visited our psychiatric outpatient clinic, reporting seeing colorful flowers, groups of soldiers, shadows and aged faces of her relatives. These visions started a year ago and became more troubling over time. Her hallucinations come and go throughout the day. She stated that she was able to carry on with her usual activities of daily living. In discussions with her accompanying daughter, she shared a consistent story. On mental examination she was conscious, oriented and cooperative. She described her mood as "good if there are no visions" and her affect was consistent with her stated mood, displaying a full range of emotions. No delusional thoughts were observed, and she did not describe any hallucinations other than visuals. She was able to verbalize that the visual hallucinations were "not real". Her insight and judgment was intact. Neurological pathologies were excluded in the patient who underwent MRI and EEG examinations by the neurologist. The patient, with notable vision loss in both eyes, had diagnosed bilateral cataract and age-related macular degeneration.

**CONCLUSION:** Charles Bonnet syndrome (CBS) is characterized by visual hallucinations without any mental illness in patients with visual loss due to any disorder in the visual system. Differential diagnosis of the cases is important in terms of other organic causes and psychiatric disorders that will explain the visual hallucinations. Although various pharmacological interventions are recommended, interventions to increase visual acuity and education for the patient's symptoms are the mainstays of treatment.

**Keywords:** Charles Bonnet, hallucination, vision loss

**[Abstract:0299]****"Tetrabenazine Treatment in Tourette Syndrome"**

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**BACKGROUND AND AIM:** Tourette Syndrome (TS) is a chronic neurodevelopmental disorder characterized by motor and vocal tics that can substantially diminish the quality of life of affected individuals. The prevalence of TS in school-aged children is approximately 0.3-0.9%. The hallmark symptoms of TS, motor and vocal tics, vary widely in terms of type, severity, frequency, and complexity among patients. Approved treatments for TS include behavioral therapies, pharmacological treatments, or a combination of both (1). As pharmacological treatment, atypical antipsychotics, typical antipsychotics, alpha-2 adrenergic agonists, and anticonvulsants are commonly used. There are also studies indicating that vesicular monoamine transporter 2 (VMAT2) inhibitors such as tetrabenazine are also effective in treatment resistant TS.

**METHODS:** Here, we report the case of a 16-year-old male patient with a diagnosis of TS who underwent tetrabenazine treatment but did not experience significant improvement. A 16-year-old male patient presented to our clinic with a complaint of motor and vocal tics that had been present since approximately the age of 4 and intermittently worsening. The patient exhibited multiple motor tics such as blinking and facial grimacing, as well as vocal tics in the form of throat clearing; which were significantly impairing his functioning and causing stigmatization. Based on clinical evaluation, Tourette Syndrome (TS) was considered. Through the medical history obtained, it was revealed that the patient had used various medications including risperidone, haloperidol, aripiprazole, fluoxetine, and sertraline at different times since around the age of 8, with partial benefit from some of these medications.

**RESULTS:** Tetrabenazine treatment for TS was planned and gradually increased to 50 mg. Although there was initially a reported decrease in tics, the tics worsened during follow-up, leading to an increase in the medication dose to 75 mg. No adverse effects emerged during the course of treatment. However,

due to the lack of significant reduction in tics, the tetrabenazine treatment was gradually discontinued. After transitioning the patient to sertraline and risperidone treatment, the tics noticeably improved.

**CONCLUSIONS:** The results of studies related to tetrabenazine in the literature generally indicate its efficacy and safety in TS. In a study, tetrabenazine was used in a total of 77 patients diagnosed with TS, including children and adults, for 2 years, and a moderate to marked improvement in tics was reported (dose range  $50.4 \pm 27$  mg/day) (2). In another study, tetrabenazine was used in 47 pediatric-adolescent patients diagnosed with TS, and it was reported that tics significantly decreased in 65.9% of patients and moderately decreased in 66.1% of patients (dose range  $83.51 \pm 41.90$  mg/day) (3). Furthermore, while Tetrabenazine is generally considered effective and safe, common observed side effects include somnolence, Parkinsonism, depression and akathisia (3). Since the drug is not on sale in our country and must be brought from abroad, our experience with the drug is limited. In our case, our patient did not experience significant benefit from approximately 3 months of tetrabenazine use. However, due to the studies showing its effectiveness and the limited side effects, it may be considered in cases resistant to other treatments.

**Keywords:** tetrabenazin, tourette syndrome, treatment

#### [Abstract:0300]

#### Irritability Control of a Joubert Syndrome Patient with Risperidone: Case Report

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**INTRODUCTION:** Joubert Syndrome (JS) is an autosomal recessive disorder characterized by partial or complete agenesis of the cerebellar vermis. The main clinical manifestations of JS are hypotonia, ataxia, mental-motor retardation, abnormal eye movements and altered tachypnea-apnea respiratory pattern. Typical “molar tooth sign” is seen in axial MRI. The diagnosis of JS is based on characteristic clinical symptoms, genetic examination and MRI.

Irritability is defined as low anger threshold in response to frustration, state of nervousness incompatible with developmental level or prolonged state of this nervousness.

**CASE PRESENTATION:** A 9-year-old female patient diagnosed with Joubert Syndrome associated with CEP290 mutation referred to our clinic with symptoms of aggression, irritability, restlessness and hitting herself.

The patient entered the examination room in a stroller with her mother. She had diffuse hypotonia and motor skills below her age including holding her head up, sitting up without support, crawling, and walking without support. She had stereotypical movements of swinging her arms and legs in the air. The mother indicated that these stereotypical movements occurred nearly all day.

According to the mother, the patient had been hitting her head with her fists while she was crying and making meaningless noises during the day.

In the Denver II Developmental Screening Test applied in our clinic, the patient was seen behind in all subtests for her age.

The patient had been having an oculomotor dysfunction in both eyes since birth. She also had pathognomonic findings of Joubert Syndrome in her brain imaging, but she didn't have any breathing abnormalities, nor hepatic/renal involvement.

For her self-injurious behavior, irritability and restlessness, risperidone solution of 0.25mg/ml prescribed to the patient and dosage was increased by 0.25mg/ml in each 2-weeks up to 1mg/ml in total of 6 weeks.

After the dosage of 0.50mg/ml of risperidone had been taken by the patient for 2 weeks, the self-injurious behaviors of hitting herself disappeared and irritability was decreased according to the mother.

After 8-weeks of treatment, 2-week usage of 1mg/ml of risperidone, the patient didn't show the stereotypical movement of swinging all four extremities both during the examination and at home. The patient examined for extrapyramidal symptoms, but none was found. In her blood samples during the treatment with risperidone, the liver functions were in normal ranges. She was continuing her treatment in our clinic.

**CONCLUSION:** Although mental-motor retardation is accepted as a component of JS in the literature, there aren't enough studies on psychiatric problems in children with JS. In the literature, a 6-year-old patient with JS was diagnosed with ADHD, conduct disorder and mild mental retardation according to

DSM-IV, and was treated with methylphenidate and risperidone. It has been mentioned that pharmacotherapy is beneficial in psychiatric problems in JS. In this case, it was concluded that the use of risperidone may be a safe option in the treatment of irritability and self-harming behavior in a JS patient without liver disease. Written informed consent was obtained from the patient's family to publish this case report. No financial interests and relationships to disclose.

**Keywords:** Irritability, Joubert Syndrome, Risperidone

#### [Abstract:0302]

#### Patient with Methylmalonic Acidemia and Neurodevelopmental Disorders

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**INTRODUCTION:** Methylmalonic Acidemia (MMA) is an autosomal recessive congenital metabolic disorder. MMA is a disorder in which the body is unable to properly process certain protein building blocks (amino acids) and cholesterol (fatty acids).

Attention Deficit/Hyperactivity Disorder and Specific Learning Disorder are among the most common neurodevelopmental disorders of childhood. There is increasing evidence that abnormalities of fatty acid and membrane phospholipid metabolism play a part in a wide range of neurodevelopmental and psychiatric disorders.

We present a patient with Attention-Deficit/Hyperactivity Disorder and Specific Learning Disorder who also had Methylmalonic Acidemia.

**CASE PRESENTATION:** A 10-year-old girl who was previously diagnosed with methylmalonic acidemia presented with complaints of being easily distracted, failing to complete school assignments, frequent interjection during the conversation, and losing her personal belongings. The comprehensive assessment revealed that she was a hyperactive and inattentive child who struggled academically. Her skills in both writing and reading were notably deficient. Wechsler Intelligence Scale for Children-IV form was administered to the patient. According to the WISC-IV results, the verbal comprehension index score ranged from 74 to 86, the perceptual reasoning index score ranged from 79 to 91, the working memory index score ranged from 66 to 76, the processing speed index ranged from 67 to 75, and the total IQ score was 70. The patient was diagnosed with Attention-Deficit/Hyperactivity Disorder and Specific Learning Disorder according to DSM-V. Atomoxetine 10 mg/day was initiated. A week later, the dose was increased to 25 mg/day. The patient was assessed in the second week. She had experienced loss of appetite, nausea, and vomiting. The treatment was discontinued due to metabolic intolerance.

In addition, she was referred to the specialized training program for Specific Learning Disorder.

**CONCLUSION:** In the literature, there have been very few reports describing the comorbidity of metabolic and neurodevelopmental disorders. It is suggested that probable fatty acid abnormalities can cause a tendency to neurodevelopmental conditions. Clinicians should be aware that these conditions can be seen concurrently. Given that episodes of reduced appetite can potentially trigger attacks during medical treatment, the choice of medications should be approached cautiously. Informed consent was obtained from the patient's parent.

**Keywords:** ADHD, specific learning disorder, methylmalonic acidemia, neurodevelopmental disorders

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**[Abstract:0303]**

**Specific Learning Disorder In A Patient With Multiple Comorbidities**

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**INTRODUCTION:** Patients with medical conditions such as many genetic, metabolic or cardiac disorders may be accompanied by psychiatric neurodevelopmental conditions such as mental retardation, autism, specific learning disorder and ADHD. They are at greater risk for neurodevelopmental deficits resulting from biological and environmental risk factors such as underlying syndromes or genetic disorders, circulatory abnormalities specific to congenital heart defects, necessary medical and surgical treatments, and the psychosocial stress of living with a serious chronic illness. In this case, we report a specific learning disorder in a patient with multiple comorbidities that may be part of an as-yet-undefined syndrome.

**CASE PRESENTATION:** An 11-year-old male patient with multiple comorbidities presented to the child and adolescent psychiatry clinic with a complaint of academic failure. He had poor reading and writing skills. He started school a year late and learned to read and write at the end of the 1st grade. The patient, who reads slower than his peers and has difficulty in basic mathematics, started special education with the diagnosis of SLD in the 2nd grade with these complaints. In his medical history; at the age of 6 months, he was hospitalized due to cyanosis and diagnosed with tetralogy of Fallot. After intensive care hospitalization, immunodeficiency was suspected and diagnosed. At the age of 2.5 years, he was fitted with bilateral hearing aids due to conducting type hearing loss. He has been followed up for seizures with white matter changes since infancy and had his first seizure at the age of 8 years. He has been under control with medication and has not had seizures for 1.5 years. The patient is being followed up by genetics, immunology, neurology and otolaryngology departments due to tetralogy of Fallot, bilateral hearing loss, epilepsy, combined immunodeficiency, chronic asthma, bifid uvula, high palate, choanal atresia, flat feet and no mutation was detected by the genetics department. In the family history, no consanguinity between parents and the mother's first pregnancy ended because the fetal skull bone was not developed. His brother has PDA and is a carrier of cystic fibrosis. Detailed evaluation during clinical interviews revealed that he had difficulty with erratic typing, skipping letters while literate and slow reading with spelling (50 words/min). It was also found that he confuses right and left, and has difficulty in counting the months even though he can count the days of the week in order. Wechsler Intelligence Scale for Children-Revised form was administered to the patient. It showed a verbal IQ of 69, a performance IQ of 96, and a total IQ of 81. The patient was diagnosed with Specific Learning Disorder according to DSM-V.

**CONCLUSION:** Is it a coincidence that medical conditions such as tetralogy of Fallot, epilepsy, bilateral hearing loss, combined immunodeficiency, bifid uvula, high palate, choanal atresia are accompanied by specific learning disorder even though no mutation has been detected in genetic tests or could it be a syndrome that has not yet been detected? This could be investigated if similar cases are identified.

**Keywords:** Specific Learning Disorder, Tetralogy of Fallot, Bilateral hearing loss, Epilepsy

**[Abstract:0304]**

**Use of Fluoxetine in a 5-Year-Old Patient with Avoidant Restrictive Food Intake Disorder(ARFID): A Case Report**

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**INTRODUCTION:** Avoidant Restrictive Food Intake Disorder (ARFID) is an eating disorder characterized by significant limitation in the amount and/or types of consumed food. Avoidance of certain foods is based on sensory characteristics and/or concerns about unpleasant consequences of eating, resulting in unmet individual nutritional needs. Unlike other eating disorders, individuals with ARFID do not have concerns related to body image.

ARFID is a new diagnosis in the DSM-5, characterized by persistent and disturbed eating or feeding behavior that involves a lack of interest in or avoidance of food, and it encompasses all age groups.

**CASE PRESENTATION:** A 5-year and 9-month-old girl patient presented to our clinic with complaints of vomiting fear, reluctance to lie down, not wanting to get in the car due to fear of nausea, and refusal to go to school due to these fears following an episode of intestinal infection and subsequent volvulus. Supportive counseling was conducted, and a daily dose of 5 mg fluoxetine was initiated. With treatment, school refusal did not persist, food intake increased, she began consuming from different food groups; however, as separation anxiety continued, the fluoxetine dosage was increased to 10 mg per day. At this dosage, with the patient no longer experiencing separation anxiety, then she witnessed a negative event at school, her food refusal resurfaced, and the fluoxetine dosage was adjusted to 20 mg per day. During the follow-up appointments, there was no school refusal, food refusal had ceased, and separation anxiety did not affect her functionality.

**CONCLUSION:** An evidence-based treatment for ARFID has not been identified up to the present time. While our case report, which exhibits features of the fear of adverse consequences subtype, showed benefit from fluoxetine treatment, further research is required to determine the effectiveness of antidepressant and anxiolytic medications for ARFID treatment across all age groups.

**Keywords:** ARFID, child, eating disorders, fluoxetine, separation anxiety

#### [Abstract:0305]

#### Follow-up Process of a Male Adolescent with Paraphilia Symptoms: A Case Report

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**INTRODUCTION:** Fetishism, a type of paraphilia, is the recurrent occurrence of intense, sexually stimulating fantasies, sexual urges, or behaviors related to the use of inanimate objects. Foot fetishism is the sexual attraction to the size of the feet and toes, heels and soles, long nails, dressed state with shoes and socks, or odor. Foot fetishism is reported to be the most common type of fetishism among men. The attachment of special meaning to the fetish object begins in adolescence and follows a chronic course. In this case report, the follow-up process of a male adolescent patient with paraphilia and depressive symptoms will be presented.

**CASE PRESENTATION:** A 14-year-old male patient was admitted to our clinic with complaints of unhappiness and irritability. During the interview with his mother, it was understood that the main reason for the admission was that the adolescent took photos of the feet of especially little girls and collected these photos and looked at them when he was alone. It was learned that the patient's interest in feet started when he was 10 years old and he sniffed his cousin's feet at that time. It is known that the patient underwent a total of 5 operations in 2016 due to pineal localized germinoma and had a shunt.

After clinical examination and interviews, aripiprazole 2.5 mg/day treatment was started for the patient who was thought to have depressive episode (with psychotic features?) and paraphilia. In the first interviews, he was negativist and defensive when discussed about the foot photographs he took. In the process, treatment was adjusted to aripiprazole 5 mg/day and mirtazapine 7.5 mg/day. In the following interviews, it was observed that he said 'I have a fetish', he was uncomfortable and regretful about this situation and gained partial insight. The family described a period when they did not observe him taking photos and he was happier. However, as his complaints returned in the same way after a short period of time, the dose of aripiprazole was increased to 10 mg/day and the dose of mirtazapine to 15 mg/day. After the follow-up at these doses, aripiprazole treatment was gradually discontinued and risperidone was switched to risperidone (1 mg/day) as the patient had increased impulsivity and auditory pseudohallucinations. In the next interview, it was informed that there was no photo-taking behavior but there was an increase in aggression. Thereupon, treatment was adjusted as risperidone 1.5 mg/day, mirtazapine 15 mg/day, and methylphenidate 18 mg/day. The patient's partial well-being continued and he could not adapt to behavioral methods.

**CONCLUSION:** It is noteworthy that the patient who had a history of previous pineal germinoma operation had cognitive decline and impulsivity, aggression and paraphilia symptoms persisted despite psychopharmacotherapy despite the absence of any pathology and active seizures in follow-up and MR imaging. In organic conditions such as previous brain operations that continue to have a chronic effect, the accompanying psychiatric findings may become resistant to treatment. In addition, it is thought that further studies on paraphilic symptoms in adolescence are needed.

**Keywords:** Paraphilia, foot fetishism, risperidone, mirtazapine, methylphenidate

**[Abstract:0307]****The Relationship Between Cavum Septum Pellucidum and Treatment-Resistant Schizophrenia: A Case Report**Bahar Uslu Terzioğlu<sup>1</sup>, Seda Sarıkaya Erdil<sup>2</sup>, Hasan Turan Karatepe<sup>1</sup><sup>1</sup>Department of Psychiatry, İstanbul Medeniyet University School of Medicine, İstanbul, Turkey<sup>2</sup>Department of Psychiatry, Göztepe Süleyman Yalçın City Hospital, İstanbul, Turkey

**INTRODUCTION:** The septum pellucidum, a component of the limbic system, is a thin plate composed of two laminae that form the medial walls of the lateral ventricles. When these laminae fail to fuse, they form a cavity known as the cavum septum pellucidum (CSP). It has been suggested that large sizes of CSP (>6mm) may be associated with psychotic disorders. Additionally, it has been reported that the severity of clinical symptoms in schizophrenia patients with wide CSP is higher than in schizophrenia patients with normal width CSP. In this case, a 24-year-old female patient diagnosed with schizophrenia with resistant positive symptoms and cranial magnetic resonance imaging (MRI) findings were examined.

**CASE PRESENTATION:** A 24-year-old female admitted to our outpatient clinic. She reported she was being followed by men, hearing voices that talk among themselves, responding to these voices, and feeling angered by them. The patient, who had been on olanzapine 20 mg/day treatment for about 1 year, was hospitalized in the inpatient unit for further examination and treatment.

In her mental state examination her verbal communication was limited, she avoided eye contact, third person auditory hallucinations and persecution delusions were noted. She had lacked insight. MRI and electroencephalogram (EEG) were performed. An 11x15x38 mm cavum septum pellicidum appearance was observed on MRI. The EEG showed no pathology.

The patient was diagnosed with schizophrenia. The patient, whose positive and negative syndrome scale (PANSS) score did not show adequate improvement during both hospitalization and post-discharge follow-up, was diagnosed with treatment-resistant schizophrenia. Consequently, her treatment was switched to clozapine.

**CONCLUSION:** It is revealed that CSP occurs more frequently in patients with schizophrenia, and its dimensions correlate with the severity of psychotic symptoms. Our case reinforces the link between enlarged CSP and symptom severity, consistent with existing literature.

**Keywords:** Cavum septum pellicidum, schizophrenia, treatment resistance, psychosis, neurodevelopmental

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**[Abstract:0310]****Lithium Augmentation in an Adolescent with Treatment Resistant Depression**

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**INTRODUCTION:** Adolescent depression is associated with significant morbidity and suicidality. While treatments alone or in combination have been shown to be efficacious, at least 40% of adolescents with depression do not show an adequate clinical response to these interventions.

**CASE PRESENTATION:** Seventeen-years old male patient admitted to our clinic in May 2022 due to anhedonia, reluctance and self-harm behavior. His first admission to our clinic was when he was 7 years old due to inattention, shyness and social anxiety. He had a history of methylphenidate, fluoxetine and atomoxetine prescribed in different hospitals. After his actual psychiatric assessment, sertraline 100

mg/day was started gradually. When the patient described passive suicidal thoughts, persecution delusions and self-harming behaviors risperidone 1.5 mg/day was added. In April 2023, methylphenidate for ADHD was added. In June 2023, he admitted to emergency department due to psychological pain and feeling of insanity. Sertraline treatment was increased to 150 mg/day, risperidone 1.5 mg/day treatment was continued and methylphenidate treatment was interrupted. Clonazepam 0.5 mg/day was added because he had 2 more emergency visits with similar complaints in the same month. Lithium 900 mg/day was added to the treatment plan as depressive complaints and self-harm behavior continued in follow-ups interviews. In the last psychiatric assessment of the patient, partial regression in depressive complaints was described. Follow-up of the patient is continued. Informed consent was obtained for this case report.

**CONCLUSION:** Lithium is considered the first-line pharmacologic strategy with proven effectiveness in the treatment and prevention of bipolar depression and suicide attempts in adults. However, there are only a few studies of depressed children and adolescents with suicidal ideation. More research is needed examining medication augmentation strategies for treatment-resistant depression in children and adolescents.

**Keywords:** Adolescent, depression, lithium, treatment resistant

#### [Abstract:0312]

#### The effectiveness of the online 'fear hunter' cognitive behavioural therapy program in a case of post-seismic pediatric post-traumatic stress disorder

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**INTRODUCTION:** The 2023 earthquake in southeastern Turkey caused deaths, property damage, and emotional distress. Studies show that trauma from such events can lead to post-traumatic stress disorder (PTSD) symptoms and avoidance behaviors.

The "Fear Hunter" program is a cognitive behavioral therapy (CBT) intervention designed for Turkish children aged 8 to 14 who have been diagnosed with generalized anxiety, specific phobia, social phobia, or separation anxiety disorder.

In this presentation, we will discuss a case of a child who developed PTSD after an earthquake and recovered through an online structured approach.

**CASE PRESENTATION:** A 9-year-old girl presented with symptoms of fear related to sleeping alone, being alone at home, and entering buildings. Seeking assistance, the patient utilized the "special children support system," an online application provided by the Turkish government to offer professional support to survivors. The child displayed symptoms such as intrusive memories, nightmares, psychosomatic manifestations including nausea, and persistent negative emotions, all of which were trauma-associated. Furthermore, her educational progress was impacted, as she expressed refusal to enter her classroom located on an upper floor due to her fear of earthquakes. Following a family and child interview, it was decided that the patient would engage in the CBT-based program "Fear Hunter" on a weekly basis. With the most compelling avoidance behaviours identified and treatment rationale clearly explained, treatment objectives were determined in relation to these behaviours, in agreement with the child. By the eighth session, her symptoms had reduced and she had shown improvements in both her school performance and peer relationships. Her child anxiety and depression scale – child version (RCADS-CV) T score was reduced from >80 to 58, while her child posttraumatic stress reaction index (CPTS-RI) score decreased from 54 to 15.

**CONCLUSION:** Although the Fear Hunter program was not originally intended for PTSD treatment, we thought it could still be helpful since anxiety and avoidance behaviors are common symptoms. This program is structured and suitable for use by novice therapists who are supervised, making it a useful option when in-person therapy is not possible due to the earthquake.

Informed consent was obtained from the patient's parent.

**Keywords:** cognitive behavioural therapy, earthquake survivor, online therapy, post-traumatic stress disorder

**Table 1. T-score values of the "Child Anxiety and Depression Scale-Child" form completed before the first session and after the ninth session.**

	Before First Session	After 9th Session
Separation Anxiety	>80	71
Generalized Anxiety	72	52
Panic	>80	75
Social Phobia	51	41
Obsessions/Compulsions	71	60
Depression	62	48
Total Anxiety	>80	59
Total Anxiety & Depression	>80	58

**[Abstract:0314]****Infrequent side effects of fluvoxamine: polyuria and polydipsia**

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**INTRODUCTION:** Anxiety disorder is a disease whose frequency is not underestimated in children and adolescents. Its prevalence is reported to be 15-20%. Selective serotonin reuptake inhibitors are generally the first choice drugs in treating various mental disorders such as depression, anxiety disorders, eating disorders and impulse control disorders. SSRIs' most common side effects are; agitation, sleep disturbance, tremor, sexual dysfunctions (especially anorgasmia) and headache. Arthralgia, lymphadenopathy, antidiuretic syndrome, agranulocytosis and hypoglycemia have rarely been reported. In this case, fluvoxamine was started after generalized anxiety disorder and depressive symptoms were evident; polyuria and polydipsia, which occur during fluvoxamine dose escalation, which are not reported as common side effects, are presented.

**CASE REPORT:** 16-year-old male patient, attending 11th grade. He applied with the complaints of decreased sleep, anxiety and fear about the soundness of the building they lived in, palpitations, restlessness, malaise, and inability to study after the earthquake. The patient applied to pediatric cardiology with these complaints, and no pathology was found as a result of the examinations. Fluvoxamine was started with the diagnosis of mixed anxiety and depressive disorder. It was planned that the patient start with quetiapine 12.5 mg/day for a sleep disorder and fluvoxamine from 50 mg/day increased to 100 mg/day. He stated that there was a 50% decrease in his complaints. However, there was a significant increase in daily water drinking, he urinated frequently, and he had occasional headaches at the follow-up visit one month later. The patient was then asked to follow up on a hemogram, biochemistry, tides, intake and extraction and fluvoxamine 50 mg/day. Headache, polyuria and polydipsia complaints regressed at the follow-up visit one month later. The guardian of our case volunteered to participate in the presentation and signed the informed consent form.

**DISCUSSION:** While SSRIs have a distinctly similar mode of action and side-effect profile, people may respond very differently to one SSRI. Although polyuria and polydipsia related to the use of fluvoxamine are not frequently seen in the literature, care should be taken during use.

**Keywords:** Fluvoxamine, polydipsia, polyuria

**[Abstract:0317]****Metformin Utilization In The Treatment of Risperidone Induced Hyperprolactinemia In An Adolescent Patient with Bipolar Disorder Type 1**

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**INTRODUCTION:** The treatment landscape for psychiatric conditions in adolescents has prominently integrated antipsychotic medications. However, this adoption has been paralleled by a noticeable upsurge in cases of hyperprolactinemia, characterized by elevated prolactin hormone levels. This study

presents a compelling case of a female adolescent diagnosed with bipolar disorder type 1, whose experience with hyperprolactinemia due to risperidone treatment prompts an exploration of the potential benefits of metformin incorporation as an adjunct intervention. While dopamine receptor agonists remain the preferred therapeutic option for addressing symptomatic hyperprolactinemia, their applicability isn't universal, especially in cases where elevated prolactin levels are induced by antipsychotic usage. This is particularly pertinent in patients prescribed typical antipsychotics or certain atypical agents like risperidone, as dopamine agonists might not be suitable due to contraindications.

**CASE PRESENTATION:** The patient's treatment course involved a comprehensive regimen encompassing antipsychotics, mood stabilizers, and adjunctive medications to address bipolar disorder symptoms. Despite the regimen's efficacy, the emergence of hyperprolactinemia-induced manifestations, such as breast tenderness, galactorrhea, and menstrual irregularities, precipitated a therapeutic reassessment. Elevations in prolactin levels, indicative of hyperprolactinemia, a common antipsychotic side effect, particularly with risperidone use, were observed. There are findings that suggest that metformin alters pituitary function only if the secretory function of effector pituitary cells is enhanced. Metformin stored locally in the pituitary may reduce prolactin synthesis and/or release by affecting dopaminergic regulation of lactotroph function. Hyperprolactinemia induced by antipsychotic medications was found to down-regulate the number and/or affinity of dopamine receptors in this brain region. Metformin, improving local dopamine action, may partially restore normal function of these cells, decreasing circulating prolactin levels.

In response to these literature, the strategic integration of metformin was pursued. Metformin, renowned for its metabolic regulation capabilities, was selected for its potential in modulating prolactin secretion. Notably, metformin's pharmacokinetics facilitate its passage through the blood-brain barrier, enabling targeted actions on hyperactive pituitary cells responsible for prolactin secretion. Over a three-week period, the patient's metformin dosage was gradually escalated from 850 mg/day to 2000 mg/day. Promisingly, metformin's introduction yielded positive outcomes. Subsequent tests reflected substantial reductions in prolactin levels, paralleled by an amelioration of the patient's clinical presentation. Galactorrhea intensity diminished, and menstrual irregularities exhibited signs of mitigation. Intriguingly, these improvements were achieved while the patient continued her risperidone treatment, acknowledged as a contributing factor to hyperprolactinemia.

**CONCLUSION:** This case serves to underscore metformin's potential as a valuable adjunct in managing hyperprolactinemia induced by antipsychotic medications. The patient's favorable response to metformin underscores its adaptability across diverse etiologies of hyperprolactinemia. Moreover, metformin's favorable side effect profile augments its appeal as a therapeutic approach.

Nevertheless, further investigation is warranted to comprehensively explain the mechanisms underpinning metformin's effectiveness in hyperprolactinemia management. Validation of metformin's role and optimal dosing regimens in addressing antipsychotic-induced hyperprolactinemia are essential to settle its status as a reliable and viable treatment strategy. As psychiatric interventions in adolescents evolve, integrating innovative approaches like metformin could provide improved patient outcomes and therapeutic success.

**Keywords:** metformin, drug-induced hyperprolactinemia, bipolar disorder

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[Abstract:0324]

**Bupropion Use in an Adolescent with Treatment-Resistant Depression: A Case Study**

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**INTRODUCTION:** Adolescent depression is a prevalent condition linked to substantial morbidity and suicidality. Clinical guidelines advise selective serotonin reuptake inhibitors, psychotherapy, or their combination for managing adolescent depression. However, a substantial portion of adolescents, around 40%, do not respond adequately to these treatments.

**CASE PRESENTATION:** A 17-year-old female patient first presented at our outpatient clinic on 10.06.2022 with complaints of anhedonia, worthlessness, inability to enjoy life, increased sleep, and irregular appetite. Persisting for about 3 years, these complaints had not been addressed previously. Family history revealed the patient's father had a 25-year history of schizophrenia, effectively managed with Paliperidone injections. Given passive suicidal thoughts and depressive complaints, the patient received Risperidone (1 mg/day) and Sertraline (50 mg/day). With no decrease in depressive symptoms, Sertraline was increased to 100 mg/day. Dissociative and symptoms and auditory hallucinations emerged, prompting an increase in Risperidone to 2 mg/day. During the course of treatment psychotic symptoms were diminished and depressive symptoms were partially improved. Due to declining academic performance and possible sluggish cognitive tempo, Risperidone was reduced to 1.5 mg/day and Methylphenidate (10 mg/day) was added.

Despite adjustments, depressive symptoms persisted. Treatment shifted from Risperidone to Aripiprazole, combined with Sertraline (100 mg/day), Aripiprazole (2x2.5 mg/day), and Methylphenidate (20 mg/day). Later, Sertraline was replaced by Fluoxetine (20 mg/day). Following initial improvement, a relapse occurred after two months, prompting discontinuation of Fluoxetine and Methylphenidate and Bupropion (150 mg/day) was added to Aripiprazole. Subsequent follow-ups indicated significant improvement, Aripiprazole was tapered off and Bupropion was adjusted to 300 mg/day.

**CONCLUSION:** Bupropion, not a primary treatment for adolescent depression, can be an initial option in cases like our patient's—resistant depression with sluggish cognitive tempo and/or ADHD symptoms—due to its dopaminergic system influence. However, research remains inadequate in this area.

**Keywords:** bupropion, depression, adolescent, treatment resistant

[Abstract:0334]

#### Study On The Application Durations Of Moodsoft-Rita (Mental Health Risk Screening Scale)

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\*\*The participants who took part in the research contributed on a purely voluntary basis, without providing any personal information, and the survey was administered anonymously.

**BACKGROUND AND AIM:** The study focuses on the application durations of the MOODSOFT-RITA (Mental Health Risk Screening Scale) which is a computerized scale developed to screen mental health risks and associated factors. The scale consists of 21 sub-scales for detecting mental health issues and 10 sub-scales for examining associated factors, with validity and reliability previously established in other studies. The main objective of this study is to determine the application duration of the Mental Health Risk Screening Scale (RITA) and its subscales as a measure of reliability [2] & [3].

**METHODS:** The scale was administered to 97 individuals working in a hospital. Of the participants, 26.5% were male (n=35), and 67.4% were female (n=89). Within the following week, 30 of the participants completed the scale again.

To obtain more precise results, selected sections of RITA containing specific questions were also examined in the study. The study included sub-scales related to depression, OCD (Obsessive-Compulsive Disorder), eating disorders, ADHD (Attention-Deficit/Hyperactivity Disorder), internet addiction, psychological resilience, and physical condition.

**RESULTS:** The minimum application duration of RITA was 519.00 seconds, and the maximum duration was 3917 seconds. The average duration was found to be  $1187.97 \pm 623.69$  seconds, which is less than 20 minutes.

A positive correlation was observed between age and completion time ( $r=0.47$ ;  $p<0.01$ ). Considering the potential increase in the number of mental health issues with age, the relationship between age and completion time was analyzed for the selected sections, showing a similar correlation ( $r=0.45$ ;  $p<0.01$ ).

The average completion times for selected sections were as follows: depression section 49.95±41.45 seconds, OCD section 57.60±38.45 seconds, eating disorders section 48.28±36.57 seconds, ADHD section 35.03±35.16 seconds, Internet Addiction section 10.91±6.13 seconds, Psychological Resilience section 20.22±14.82 seconds, and Physical Problems section 22.45±10.26 seconds.

**CONCLUSIONS:** Based on the findings, RITA can be defined as a short and feasible scale. The positive correlation between age and application duration suggests that the scale's validity is indicated by this relationship [1].

**Keywords:** moodsoft-rita, application duration, risk screening

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## [Abstract:0336]

### Test-Retest Results Of Moodsoft-Rita (Mental Health Risk Screening Scale)

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\*\*The participants who took part in the research contributed on a purely voluntary basis, without providing any personal information, and the survey was administered anonymously.

**BACKGROUND AND AIM:** The RITA, a computerized scale, has been developed with the aim of screening the risk of mental health issues and accompanying factors. It comprises 21 subscales dedicated to identifying mental health problems and 10 subscales designed to examine associated factors. The validity and reliability of these subscales have been demonstrated in other studies. In this study, the comparison of test-retest scores of the Mental Health Risk Screening Survey, RITA, will be examined which serves as a measure of reliability [1] & [4].

**METHODS:** The survey was conducted with 97 individuals employed in the hospital. Among the survey participants, 26.5% were male (n=35), while 67.4% were female (n=89). In the subsequent week, 30 of the participants who carried out the initial application filled out the questionnaire once again. All completions were conducted anonymously. During the process of statistical analysis, an initial evaluation was performed using the total numerical sum of responses to all questions within the RITA. Despite the one-week interval between the two rounds of data collection, and considering the potential for changes in certain mental health aspects, an evaluation was also undertaken using the total score of questions related to personality traits, which were not expected to exhibit significant changes.

**RESULTS:** A significant correlation was observed between the initial and subsequent RITA assessments ( $r=0.75$ ,  $p<0.01$ ). Similarly, there was a robust correlation between the personality section scores during the first and second rounds of evaluation ( $r=0.90$ ,  $p<0.001$ ).

For the overall RITA score, the mean score as seconds during the initial evaluation was  $251.86 \pm 149.53$ , while during the subsequent evaluation, it was  $243.13 \pm 158.78$ . The paired samples t-test yielded a value of 0.43 ( $p=0.67$ ).

Regarding the personality section, the mean score during the initial assessment was  $69.65 \pm 55.73$  seconds, and during the follow-up assessment, it was  $68.27 \pm 47.48$ . The paired samples t-test yielded a value of 0.29 ( $p=0.76$ ). In conclusion, there were no statistically significant differences found in the averages of both the overall RITA and personality section scores between the two assessment instances.

**CONCLUSIONS:** These findings demonstrate the reliability of the Mental Health Risk Screening Survey, RITA.

**Keywords:** test-retest, moodsoft-rita, risk screening

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## [Abstract:0344]

### Low-dose aripiprazole treatment in Kleine-Levin Syndrome: A case report

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**INTRODUCTION:** Kleine-Levin syndrome is a neuropsychiatric disease characterized by periodic attacks of hypersomnia, mental, cognitive and behavioral deterioration. In between disease periods, the patient is healthy. The etiology of the disease is not fully known. Because it is little-known, a case who had applied to our emergency department is presented, in order to increase the awareness of other clinicians.

**CASE PRESENTATION:** A 12-year-old 4-month-old male patient was admitted to our emergency department with irritability, increase in psychomotor activity, disinhibited behaviors, hypersomnia. His symptoms had started acutely approximately twenty days ago. He was admitted to an external emergency center with head pain, deterioration in perception and confusion. Presenting with acute encephalopathy but having normal neurological examination, he was referred to the pediatric neurology service for further examination and treatment. Cranial MRI, EEG, toxicology, blood, CSF tests and autoimmune encephalitis panel were performed and no pathology was detected. He was discharged and referred to child psychiatry with acute stress disorder and conversion disorder preliminary diagnoses.

**CONCLUSION:** 12 years and 4 months old male patient who has an abrupt onset of hypersomnia

attacks with disinhibited behaviors, irritability, distractibility, cognitive dysfunction, and perceptual impairment in last 20 days, is presented. After 4 days of starting aripiprazole, the patient returned to normal alertness, behavior changes and hypersomnia were also improved. Because of significant improvement with low-dose aripiprazole, not meeting the criteria for mania-depression at the diagnostic level and absence of alcohol-substance abuse, bipolar disorder diagnosis was avoided. CNS pathology was not detected as a result of tests and consultations with other relevant departments. The psychiatric examination of the patient after the hypersomnia attack was normal. Considering the literature, the patient was diagnosed with KLS. Although KLS is a rare syndrome, it should be considered in the differential diagnosis of hypersomnia attacks in adolescence.

**Keywords:** Kleine-Levin syndrome, aripiprazole, hypersomnia, child and adolescent psychiatry

#### [Abstract:0350]

#### Does Risperidone Prevent And Treat From Methylphenidate Induced Chorea ?

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**INTRODUCTION:** Chorea is an irregular, involuntary, hyperkinetic, dance-like movement disorder [1]. Methylphenidate is a stimulant drug that is one of the most effective treatments for attention deficit hyperactivity disorder (ADHD) and can cause various movement disorders such as tics, stereotypical movement, chorea and dyskinesia [2,3].

In the treatment of methylphenidate induced movement disorder, the drug can be discontinued or changed and replaced with D2 blocker, benzodiazepine and diphenhydramine. However, there is no clear consensus on the treatment of methylphenidate induced chorea [4]

In this case, we present a 13-year-old male patient who developed chorea after increasing the dose in long-acting MPH therapy and improved upon switching to risperidone therapy.

**CASE PRESENTATION:** A 13-year-old male patient, who was followed up in an external center with the diagnosis of ADHD + Conduct Disorder, applied while using OROS methylphenidate 27 mg/g and Risperidone 2 mg/g treatment. The patient's hyperactivity, attention deficit, aggression, anger, and behavioral problems were not under control. While our patient's OROS methylphenidate was gradually increased to 36 mg/g and 54 mg/g, the risperidone drug was gradually decreased and discontinued. A few days after OROS methylphenidate was increased to 54 mg/g, the patient reapplied because of choreiform movements in his hands and feet. The dose of OROS methylphenidate was reduced to 27 mg/g but the patient's choreiform movements in his hands and feet did not improve. Therefore, OROS methylphenidate was stopped and risperidone 0.5 mg/g was added. The choreiform movements observed, decreased in 1 month and completely healed.

**CONCLUSION:** Methylphenidate induced chorea cases and treatment recommendations are limited in the literature. Melvin and Heiraty reported a case of a 10 years old girl who developed writhing, irregular hand movement, and 'dance-like' twisted gait after increasing methylphenidate OROS dose from 36 mg to 54 mg for treatment of ADHD. In this case, it was reported that the abnormal movements decreased with in 24 hours after discontinuation of the methylphenidate and administration of lorazepam, and recovered after three weeks [5].

In another case, a 6-year-old male patient with Sydenham chorea due to acute rheumatic fever was reported to have exacerbated Sydenham chorea after OROS methylphenidate 18 mg/g, which was started for the treatment of ADHD, and a decrease in the severity of chorea was observed with atomoxetine treatment, and ADHD symptoms could be controlled [6].

In our case, although our patient used 45 mg/g OROS methylphenidate and 2 mg/g risperidone in his previous treatments, movement disorder did not occur. However, after the last increase of OROS methylphenidate to 54 mg/g and discontinuation of risperidone, choreiform movements were observed. This case shows that Risperidone can be used in the prevention and treatment of methylphenidate-induced movement disorder. More studies are needed on the use of D2 blocker drugs in the treatment of chorea.

**Keywords:** Chorea, Methylphenidate, Stimulant

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#### [Abstract:0352]

#### Most Powerful Tool in Toolbox – Anamnesis

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**INTRODUCTION:** Hypochondria, or as in DSM-5 called somatic symptom disorder and illness anxiety disorder, is under the heading of anxiety disorders. This condition can often be comorbid with other anxiety and mental disorders like OCD. As multiple diagnoses overlap, it can be challenging to reach the optimal treatment. (1)

**CASE PRESENTATION:** Here, we present a 17-year-old male referred from pediatrics with complaints of chest pain radiating to the left arm and panic-attack-like symptoms. Cardiological examination, ECG, and echocardiogram were normal. He was referred to a psychiatry outpatient clinic for psychiatric evaluation. He had four ER visits in the last two months, convinced he was experiencing a heart attack. Psychiatric examination revealed he had religious obsessions as praying for hours and spending too much time researching his symptoms online. He was diagnosed with Somatic Symptom Disorder according to DSM-V. Sertraline 50 mg/day was gradually initiated. After a month, his hypochondriac symptoms and obsessive thoughts were partially under control. However, his chest pain did not relieve. During the second month's follow-up, the patient mentioned that he had been feeding the cats in the neighborhood. Detailed anamnesis revealed that he was afraid of catching Toxoplasma. He, therefore, drank vinegar afterward every time he touched a cat. He was surprised to be told that consuming a bottle of vinegar a week may cause chest and stomach pain. He was referred to the child gastroenterology department. Sodium alginate 1000 mg/day was commenced. Also, an endoscopic evaluation was planned. His chest pain highly regressed.

**CONCLUSION:** This case report highlights the importance of recognizing the atypical presentation of symptoms that can be misleading. In some instances, individuals may perceive hazardous behaviors as ordinary due to obsessive thoughts, emphasizing the crucial role of in-depth anamnesis. Informed consent was obtained from the patient's parents.

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**Keywords:** anxiety, somatic, anamnesis

#### [Abstract:0354]

#### Severe Drug Induced Parkinsonism Presentation As Catatonia: A case report

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**Introduction:** Parkinsonism is a clinical syndrome whose cardinal symptoms include postural reflex loss, bradykinesia, rigidity and tremor. It can be caused by various drugs or toxins, although it is primarily associated with a neurodegenerative process that affects multiple regions of the brain(1). Drug-induced parkinsonism (DIP) presents with tremor, bradykinesia, rigidity and gait disturbance, similar to Parkinson's disease (PD)(2).

DIP is defined as the emergence of symptoms within 6 months after use of dopamine-blocking agents in individuals without prior parkinsonian symptoms, with symptom improvement observed within 6 months after discontinuing the treatment (3,4) DIP is the second most common cause of parkinsonism, following idiopathic PD(5)

Symptoms of DIP typically include bilateral and symmetric tremor, which is slightly different from PD. Additionally, orofacial and limb dyskinesia, akathisia, and rapid onset are considered indicators of drug associated parkinsonism(6,7). DIP has a higher risk in males and individuals over 65 years old(8).

In addition to typical antipsychotics, DIP can be caused by calcium channel blockers, gastrointestinal prokinetics, atypical antipsychotics, antiemetics, antiepileptics, and antihypertensive drugs(9,10). Although severe parkinsonian symptoms are commonly observed in DIP cases, there are no reported instances of DIP presenting with catatonia-like symptoms in the current literature, except for a single case report of neuroleptic-induced parkinsonism with comorbid catatonia(11).

The case presented below discusses the diagnosis and treatment of drug-induced severe parkinsonism in a patient who sought emergency care and was initially diagnosed with catatonia.

**Case:** Mr. B, a 41-year-old married man, presented to the psychiatry emergency department with mutism, refusal of oral intake, inability to walk. His depressive symptoms (withdrawal, unwillingness, unhappiness) had started 2 months before he consulted to our emergency service. He was evaluated by family physician and started paroxetine 20 mg/daily for his symptoms. Two days after paroxetine usage, it had occurred involuntary leg and arm movement and also severe anxiety. He applied to family physician and paroxetine was stopped, olanzapine 10mg/daily was prescribed. Four days after starting olanzapine, restlessness and reluctance to eat was started. He applied to emergency service with his family and was consulted to neurology department. No pathology on neuro imaging and neurologic examination was found. Before he applied to psychiatry, he was evaluated once again by family physician and the physician ordered zuclopenthixol 200 mg/ml depot intramuscular injection for his psychiatric complaints. After four days of the injection, he applied our emergency department with rigidity and contraction of his muscles. The patient was evaluated by psychiatrist in the emergency department. In psychiatric evaluation, mutism continued, he could not be mobilized, he refused to take medication. He was admitted to the psychiatry inpatient unit with the preliminary diagnosis of catatonia for differential diagnosis.

On his initial mental state and neurological examination upon admission to the service, his consciousness was open but uncooperative, with a decrease in self-care. He displayed blunt affect and mutism. His pupil reflexes were bilaterally intact, but there was partial limitation of upward gaze and restricted eye movement. He exhibited a flexor posture and severe rigidity in his extremities. Due to his uncooperativeness, a comprehensive examination could not be conducted. There were no pathological reflexes. Psychotic disorder, depressive disorder and catatonia were considered in the differential diagnosis of the patient who had a history of introversion, restlessness, and refusal to take oral intake. The Bush-Francis Catatonia Scale score was 24. Following his hospitalization, the patient was started on lorazepam and diazepam. While the treatment with lorazepam (5 mg daily) and diazepam (25 mg daily) continued, on the 6th day of hospitalization, the mental state examination revealed an open consciousness, full cooperation, and orientation. The patient provided brief responses to questions, exhibited hypophonic speech, a flexor posture, and ongoing rigidity in his extremities. Oral intake was limited to soft foods. Electroconvulsive therapy (ECT) was planned due to the patient's partial response to benzodiazepines on the 7th day. Concurrently, a neurology consultation was sought for further evaluation. The neurologic examination revealed hypophonic speech, slowed eye movement, intact indirect reflexes, isochoric pupils, rigidity in the upper and lower extremities, bilateral indifference plantar reflex, gait with small steps, postural instability. The cerebrospinal fluid (CSF) obtained from the lumbar puncture (LP) was normal, and both the CSF and blood tests for limbic encephalitis yielded normal results. ECT was initiated. However, after the third session of ECT, the patient developed confusion, hyperthermia (38.5°C), tachycardia (pulse rate 150/min), and elevated C-reactive protein (CRP) levels. The patient was then referred to the infectious disease department, where blood and urine cultures were requested and a chest X-ray was taken. Empirical treatment with intravenous ceftriaxone 2 grams/day was initiated due to the ongoing fever and suspicion of an infectious focus. ECT was discontinued, and lorazepam 4 mg/days oral and diazepam 20 mg/days intravenous were adjusted as part of the treatment. The fever subsided after one day, and the CRP levels decreased. Throughout the hospitalization, there

were no psychotic symptoms during psychiatric interviews. However, the patient reported feelings of unwillingness and malaise. He also mentioned difficulty swallowing during meals. Despite extensive organic investigations, no pathological findings were identified. The patient continued to exhibit symptoms such as bradykinesia, rigidity, a mask-like face. It was determined with neurologist that the current presentation was associated with severe drug-induced parkinsonism resulting from the use of depot antipsychotics. Rasagiline 1 mg daily was added to the treatment regimen, which partially alleviated rigidity and bradykinesia. Diazepam was gradually discontinued, and amantadine 100 mg daily, along with levodopa 100 mg daily and benserazide 20 mg daily, were added to the treatment by the neurology department on the 24th day of hospitalization. The clinical condition improved, with reduced postural instability, rigidity, and bradykinesia noted on the 32nd day of hospitalization. Oral intake was resumed with a normal diet. The Bush-Francis Catatonia Scale score improved to 6. On the 40th day of hospitalization, improvements were observed in the patient's vocal tone, speech rate, compliance with treatment, and participation in interviews. A detailed psychiatric differential diagnosis was conducted, revealing no psychiatric complaints other than insomnia, unwillingness, and malaise. Mirtazapine 7.5 mg daily was initiated to address the patient's depressive symptoms, and he was discharged while continuing his treatment as an outpatient. During regular follow-up visits at the outpatient clinic, the dosage of mirtazapine was gradually increased. In collaboration with the neurology department, treatment for drug-induced parkinsonism consisted of amantadine 200 mg daily and levodopa-benserazide 500 mg daily. Complete resolution of parkinsonism symptoms was observed on the 15th day after discharge. During the patient's follow ups, his depressive symptoms declined, he was independently performing his daily routines, and his sleep had improved. Neurology recommended a partial reduction and discontinuation of levodopa-benserazide, while amantadine was continued at a dose of 100 mg daily to address the rigidity in his extremities. Neurological examination revealed complete resolution of bradykinesia.

**Discussion:** DIP is common side effect specially after antipsychotic usage(5,12). Antipsychotics basically effects on three dopaminergic pathway on the brain which is mesolimbic, mesocortical and tuberoinfundibular pathways. Although dopamine receptor blockage on basal ganglion and striatum is responsible extrapyramidal side effects that antipsychotics caused. This area primary includes fine motor coordination between thalamus and cortex and voluntary movement coordination(13).

Risk factors that associated patient for DIP are female sex, old age, organic brain pathology, familial parkinsonism story. First-generation antipsychotics such as zuclopenthixol are predicted high risk for DIP. No previous use of antipsychotics, high dose or rapid dose escalation, use of depot typical antipsychotics may play a role in increasing the risk of DIP development (14,15). The presentation that clinical appearance like a catatonia is not reported as severe DIP before. Although the patient was first evaluated as catatonia, it was understood that antipsychotic was started because of increased mobility and restlessness after paroxetine given for depressive symptoms in the history. Zuclopenthixol depot treatment without a detailed evaluation caused parkinsonism symptoms and his movements slowed down, he could not eat because of swallowing difficulty. The partial response of the patient to benzodiazepines and the worsening of the symptoms with the third session of ECT made us think about focusing on other underlying causes. The antiparkinsonian treatment response, which was initiated after the evaluation with neurology, showed that the case was a severe DIP case that looked like catatonia.

The studies shows that amantadine is effective and lack of side effects in symptomatic treatment of DIP and levodopa-benserazide is effective in DIP (6,16). As a result, it should be ensured diagnosis before starting antipsychotic treatment to patients and considered risk factors which appears side effects in patients. It should be started specially antipsychotic drugs at suggested dose and increased dose as followed side effects with regular controls(15). It should be avoided antipsychotic depot treatment without knowing treatment response and toleration of patients in oral treatment. If there is no response to treatment after excluding organic etiology in patients which presented catatonia and medical history is not suitable a psychiatric diagnosis and parkinsonism symptoms is clear, it may be considered as severe DIP.

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#### [Abstract:0358]

#### Masturbation Under Two Year of Age- Case Series

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**INTRODUCTION:** Infantile masturbation is a condition characterised by genital stimulation that may start as early as two months of age and usually regresses after 3-4 years of age. It is not clear whether it is a disorder or symptom. This condition is not understood by families, sometimes confused as seizures. In this case series, we present three female patients whose complaints started before 18 months-of-age and presented to the child and adolescent psychiatry outpatient clinic with the complaint of masturbation.

**CASE PRESENTATION:** Case-1: 54-months-old, complaints started at 8 months, first rubbing genitalia, now mostly jumping on heel. Mother stated that it occurs mostly when she was alone, no problems at kindergarden. No psychopathology was detected in examination. The patient was referred to pediatrics and chronic fungal infection was detected. A decrease in behaviours was observed with the treatment of infection and psychoeducation of the family.

Case-2: 22-months-old, complaints started at 16 months as episodes of shear posture of the legs with flushing and diaphoresis. Mother was pregnant, and they recently moved from another city. Also, patient fell in daycare. The patient was restless and non-complaint during examination. The mother also had high anxiety level. The father was a soldier who was mostly absent, family had lack of social support. Follow-up is carried out with a preliminary diagnosis of adjustment disorder.

Case-3: 15-months-old, complaints started six months ago. Patient had very fair skin with red atopic cheeks. Mother mentioned that she had persistent diaper rash. Mother describes it as a “tantrum”; “when she doesn't get her way, she contracts herself, flushes, grunts”. Pediatrics was consulted for the treatment of the rash, mother was informed and behavioural therapy started.

**CONCLUSION:** Clinicians should keep in mind that the approach may change depending on the underlying factor in cases presenting with infantile masturbation. Verbal consent obtained from the parents of all cases.

**Keywords:** masturbation, early childhood, treatment

**[Abstract:0359]**

**Manic Episode Following Pulse Steroid Therapy in a Multiple Sclerosis Patient: A Case Report**

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**BACKGROUND AND AIM:** Multiple Sclerosis (MS) is a chronic demyelinating disease of the central nervous system. Various medical and psychiatric comorbidities are associated with MS. Among the neuropsychiatric comorbidities, affective disorders are the most frequently reported mental health problems [1]. Although the link between MS and Bipolar Disorder has not been fully established yet, a possible genetic involvement in the Human leukocyte antigen (HLA) region has been suggested [2].

In this report, we present a case of a manic episode that occurred after pulse steroid therapy, administered for MS treatment, independent of the MS disease itself.

**METHODS:** Ms. B. is a 25-year-old woman who has been diagnosed with MS for 6 years. She presented at the emergency department with symptoms of increased energy, heightened libido, decreased need for sleep, delusions of persecution, inappropriate laughter, racing thoughts and infantilization. These symptoms started 2-3 days after receiving a pulse steroid dose (1000 mg). The patient had no prior history of psychiatric admissions or illnesses. Based on the clinical evaluation, hospitalization in our department was deemed necessary for further differential diagnosis and treatment. Routine blood tests showed no abnormalities. A consultation with the neurology clinic, where the patient had been receiving care for MS, confirmed that the current clinical presentation was not associated with MS-related brain lesions.

The Young Mania Rating Scale (YMRS) score for the patient was 32. Olanzapine treatment was initiated at 10 mg/day and gradually titrated up to 20 mg/day. However, due to observed arm rigidity, the olanzapine dose was reduced back to 10 mg/day, and biperiden at 4 mg/day was added to the regimen. Under the current treatment regimen, a noticeable improvement in the patient's manic symptoms was observed.

**RESULTS:** Her thought process became goal-directed, her speech rate and quantity normalized, her sleep issues resolved, and her extrapyramidal symptoms showed improvement. The patient, with a YMRS score of 5, was subsequently discharged from our department with a prescription for olanzapine 10 mg/day and biperiden 4 mg/day. Further follow-up appointments were scheduled at the outpatient clinic.

**CONCLUSIONS:** This case underscores the potential development of manic episodes in MS patients following pulse steroid therapy, intended as treatment for MS itself. Despite the increasing prevalence of bipolar disorder in MS patients (3%), it is important to recognize that such complications might arise as a consequence of treatment [3]. In our patient, with no prior psychiatric history or prior instances meeting criteria for mania, the manic symptoms that manifested on the 3rd day after pulse steroid therapy were attributed to steroid use. The patient exhibited improvement with olanzapine treatment at 10 mg/day, with a significant positive impact on her mental state. Plans for discontinuing antipsychotic treatment are scheduled for follow-up. It is important to consider that manic episodes observed in MS patients might be related to steroid treatment and to approach such cases with a comprehensive understanding of both medical and psychiatric aspects.

**Keywords:** manic episode, MS, Steroid treatment

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**[Abstract:0365]**

**Psychotropic Medication Prescriptions and Polypharmacy in Geriatric Patients Followed up in a Home-based Health Care Setting**

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**BACKGROUND AND AIM:** By 2050, it is predicted that one out of every six people in the world will be 65 years or older. Chronic diseases and associated multiple drug use are common in elderly individuals. The use of five or more drugs is called polypharmacy and its frequency in the elderly is reported between 40-90%. The Beers Criteria is the American Geriatrics Association's guide to current recommendations regarding the safety of pharmacotherapy in the elderly. Being a part of community-based health services in Türkiye since 2005, "Home-based Health Care Services" is a program in which patients, who are mostly elderly and have difficulty in accessing health institutions, access medical services at their homes. In our study, it was aimed to examine the chronic disease diagnoses and prescriptions of patients aged 65 and over, registered in a home-based health care unit, in terms of psychotropic drugs and polypharmacy, and to evaluate the compliance of their psychiatric prescriptions with the Beers Criteria.

**METHODS:** Sociodemographic, chronic disease, psychiatric diagnosis and treatment prescription and home-based health service-specific data were collected and recorded from the electronic files of patients registered in a home-based health care unit. Chronic diseases were scored according to the Modified Charlson Comorbidity Index (mCCI). The last 6-month prescriptions obtained from the electronic patient files were scanned and the drugs prescribed on more than one date were included in the analysis. Ethical approval was obtained from the local ethics committee on 29.12.2022 with the decision number 372. Written informed consent was obtained from the patients and their legal representatives. In statistical analysis using SPSS Version 25, a p-value of significance <.05 was determined.

**RESULTS:** As of February 2023, 229(83.2%) of 275 patients aged 65 and over constituted the research sample. The mean age of the sample, half of whom were considered as oldest-old(85 years and older), was  $83 \pm 7.97$  (median=86, IQR=10.75), 69.9%(n=160) were women and 97.8%(n=224) were diagnosed with at least one chronic disease. The mean mCCI scores were  $5.30 \pm 1.11$  (median=5.50, IQR=1.0). Polypharmacy was detected in 78.6% of the sample(n=180), among half(n=114) of whom at least one psychotropic was prescribed, drugs not recommended to be prescribed according to the Beers Criteria in elderly patients were 46%(n=52). The diagnosis of dementia was 32%(n=73) while prescription rates were as follows: anti-dementia- 21.5%(n=49), antidepressants- 31.1%(n=71), antipsychotics- 21.5%(49) and benzodiazepines- 5.3%. Most frequently prescribed antidepressant was escitalopram 49.2%, while most frequently prescribed antipsychotic was quetiapine 29.4%. The frequency of quetiapine prescription increased significantly in patients with dementia ( $X^2(1)=29.54$ ,  $p<.001$ ) and insomnia ( $X^2(1)=13.11$ ,  $p<.001$ ). The number of prescribed drugs decreased significantly as age increased ( $r=-0.184$ ,  $p=.006$ ), and was significantly higher in the middle-old group compared to the oldest-old ( $Z=-2.478$ ,  $p=.013$ ). Psychotropic prescriptions did not differ significantly by age.

**CONCLUSIONS:** The frequency of polypharmacy was found to be closer to the higher values reported previously. Almost half of the sample had a prescription for psychotropic drugs, and one out of two of these prescriptions did not meet the Beers Criteria. Considering the aging population, it will be of great importance for clinicians to carefully evaluate psychotropic prescriptions and polypharmacy.

**Keywords:** Home-based health care, psychotropic prescription, geriatric population, polypharmacy, Beers Criteria, oldest-old

**[Abstract:0372]**

**The Turkish Validity And Reliability Of Sydney Melancholia Prototype Index (SMPI)**

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**BACKGROUND AND AIM:** DSM-5 proposes a melancholia specifier with phenotypic characteristics that could be associated with clinical progression, biological markers or therapeutic response. The Sydney Melancholia Prototype Index (SMPI) is a clinical measure designed to differentiate melancholic and non-melancholic depression. So far, there is English and Brazilian Portuguese versions of the instrument available. The aim of this study is to analyze the validity and reliability of the Turkish translation of the SMPI.

**METHODS:** 23 children and adolescents (6 - 18 years old) and 40 healthy controls (6 - 18 years old) who applied to the Child and Adolescent Psychiatry clinic between January 2023 and August 2023 were included in the study. All participants were given Children's Depression Rating Scale - Revised Form (CDRS), The Sydney Melancholia Prototype Index (SMPI), The Revised Child Anxiety and Depression Scale – Parent and Children Versions, Strengths and Difficulties Questionnaire (SDQ) and The Swanson, Nolan and Pelham Parent Rating Scale (SNAP) scales were applied.

**RESULTS:** The mean number of A and B symptoms was 9.0/2.3 in the first, 7.6/4.6 in the second, 5.0/4.0 in the third, 4.3/7.5 in the fourth and 2.8/9.4 in the fifth depression profiles. The total number of A symptoms was positively correlated with total CDRS raw scores ( $r=0.52$ ,  $p=0.001$ ). Also, there was a strong negative association between the total number A symptoms and B symptoms in adolescents with depression ( $\rho=-0.85$ ,  $p<0.001$ ).

**CONCLUSIONS:** The Turkish form of SMPI is valid and reliable scales and are suitable for use in children and adolescents in our country. The instrument could become an important option to enhance studies on melancholia in Turkish-speaking samples.

**Keywords:** Child, adolescent, melancholia, depression, validity, reliability

#### [Abstract:0373]

#### New-Onset Obsessive-Compulsive Disorder, Psychosis, and Encopresis in an Adolescent Following SARS-CoV-2 Infection: A Case Report

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**INTRODUCTION:** SARS-CoV-2 has been linked to neuropsychiatric problems such as anxiety, delirium, psychosis, and depression, according to emerging evidence; nevertheless, the precise etiology remains unknown [1]. This case report presents a 13-year-old male with no prior psychiatric history who developed symptoms consistent with obsessive-compulsive disorder (OCD), psychosis, and elimination disorder (encopresis) in direct response to COVID-19 infection.

**CASE PRESENTATION:** A 13-year-old male patient was brought to our clinic by his parents due to obsessive behaviors. He spent almost the entire day trying to position his mask correctly and washing his hands properly, which prevented him from attending school. Despite his meticulous cleanliness rituals, he avoided using the toilet, letting feces stay in his underwear for days. When his family complained about the odor, he physically forced his mother to clean him. He grew aggressive towards anyone who tried to intervene in his behavior and eventually harbored uncontrollable homicidal thoughts. These symptoms emerged after he isolated himself for 3 weeks due to the COVID-19 infection 8 months prior, leading to significant functional decline over time. During interviews, the patient had limited eye contact, a blunted affect, and exhibited psychomotor agitation. Previously a successful student, he now struggled significantly with age-appropriate mathematical problems. His speech was disorganized and explosive, with extended reaction time and a limited attention span. His thought content was significantly impoverished with persecutory delusions against his family. He lacked insight and expressed no remorse for his homicidal actions. Neurological examinations, MRI, and EEG were non-pathological. Based on DSM-5 criteria, he received a dual diagnosis of early-onset schizophrenia and OCD and was prescribed a graduated dosage of 200 milligrams (mg) of sertraline and 20 mg of aripiprazole daily. After a 6-month follow-up, he resumed schooling. Notably, there was a marked decrease in his compulsive symptoms, disorganized behavior and speech, and delusions. His budding insight into his symptoms made therapeutic discussions of his encopresis more feasible.

**CONCLUSION:** Existing research on post-COVID-19 psychosis or OCD, particularly among young people, is sparse, and it is also unclear whether the new onset of these symptoms is triggered by the COVID-19 infection itself or by biopsychosocial stressors caused by the pandemic [2]. This report aims to contribute to the literature by presenting a patient with a typical developmental history, no prior psychiatric record, no substance use, and symptoms that did not appear at the beginning of the pandemic but suddenly emerged following a COVID-19 infection. This case differs from previous reports in that it contains straightforward variables that may explain the link between COVID-19 infection and psychiatric symptoms.

Written informed consent was obtained from the patient or the patient's legally authorized representative.

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**Keywords:** Obsessive Compulsive Disorder, Psychosis, Encopresis, Adolescent, SARS-CoV-2, Early-Onset Schizophrenia

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## [Abstract:0382]

### A Professional Dreamer In Modern World: Differential Diagnosis Of A Case With Maladaptive Daydreaming Beyond DSM-5

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**INTRODUCTION:** Maladaptive Daydreaming (MD) is a phenomenon based on a created fantasy of a parallel reality that can be quite realistic for the individual, disrupts interpersonal and professional functioning, and is sometimes difficult to stop.

**CASE PRESENTATION:** In this paper, we want to present the case of a 23-year-old woman who was admitted to our outpatient clinic with the symptom of having 'imaginary friends'. These imaginary friends were described as visual experiences that could be seen very vividly, speak clearly, and be so realistic that the patient could sometimes hand them something. The patient states that she hid this situation for years, thinking that she suffered from the same disorder as her aunt, who was diagnosed with schizophrenia. It was learned that the patient's academic and social stress factors had increased recently and she started to 'lose control' over her imaginary friends. In the detailed mental state examination, her reasoning and reality testing skills were complete and psychosis was excluded. The psychiatric assessment revealed that the patient met DSM-5 criteria for social anxiety disorder, major depressive disorder, and binge eating disorder and she also had dissociative symptoms. However, the patient's presenting complaint which couldn't explain with these diagnoses, was associated with a recently described phenomenon, Maladaptive Daydreaming, and her MD-related symptoms were increasing with emotional regulation problems. The patient was managed primarily with psychological intervention. After psychotherapy focused on adaptive emotional regulation strategies and the cognitive reconstruction of her stigma on her psychiatric problems, all of the patient's complaints and symptoms, including MD, regressed.

**CONCLUSION:** Maladaptive daydreaming is associated with many psychiatric disorders like anxiety disorders, depressive disorders, obsessive-compulsive or related disorders, and personality disorders. MD is also known to be associated with emotional regulation problems. In this case, we wanted to highlight the relationship of MD with a problem that can be seen in nearly all MD-associated disorders, emotional regulation problems, rather than DSM 5 diagnoses comorbid to MD, by presenting a case of MD that regressed with psychotherapy aimed at improving healthy emotion regulation methods.

**Keywords:** Maladaptive Daydreaming, Emotional Regulation, DSM 5

**[Abstract:0402]**

**The impact of anxiety and depression on the quality of sleep of hemodialysis patients in a sample from Somalia**

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**OBJECTIVE:** The main objective of the present study was to determine anxiety, depression, and sleep quality in end-stage renal disease (ESRD) patients receiving hemodialysis (HD) treatment and to examine the impact of anxiety and depression on these patients' sleep quality in a sample from Somalia.

**METHODS:** The study involved 200 ESRD patients who were undergoing HD treatment for over 3 months. The participants were given a sociodemographic questionnaire, the Patient Health Questionnaire-9 (PHQ-9), the Hospital Anxiety and Depression Scale (HADS), the Insomnia Severity Index (ISI), and the Pittsburgh Sleep Quality Index (PSQI).

**RESULTS:** Out of the ESRD patients, 200 patients, aged between 18 and 86 years (mean=52.29; SD=14.13) consented and participated in the study. 58.5% of the participants were men; 64% had a chronic kidney disease (CKD) duration of 1–5 years, and 52.6% had a HD duration of 1–5 years. Using the PHQ-9 scale and the HADS depression subscale, depressive symptoms were found in 13.5% and 37.5% of HD patients, respectively. 31.5% had poor sleep quality measured by the PSQI, which has significantly correlated with the PHQ-9 scale total score ( $r_s=0.600$ ,  $p<0.01$ ), the HADS anxiety subscale ( $r_s=0.460$ ,  $p<0.01$ ), and the HADS depression subscale ( $r_s=0.606$ ,  $p<0.01$ ). The ISI scale total score was significantly correlated with the PHQ-9 scale total score ( $r_s=0.611$ ,  $p<0.01$ ), the HADS anxiety subscale ( $r_s=0.494$ ,  $p<0.01$ ), and the HADS depression subscale ( $r_s=0.586$ ,  $p<0.01$ ). All PSQI scale components are significantly correlated with depression and anxiety, except the sleep medication use component. Hierarchical regression analyses revealed that the PHQ-9 scale total score ( $\beta=0.271$ ,  $t=3.634$ ,  $p=0.000$ ), HADS anxiety subscale ( $\beta=0.217$ ,  $t=3.122$ ,  $p=0.002$ ), and the HADS depression subscale ( $\beta=0.301$ ,  $t=4.051$ ,  $p=0.000$ ) were significant predictors of the PSQI scale total score. PHQ-9 scale total score ( $\beta=0.279$ ,  $t=3.691$ ,  $p=0.000$ ), HADS anxiety subscale ( $\beta=0.249$ ,  $t=3.525$ ,  $p=0.001$ ), and HADS depression subscale ( $\beta=0.250$ ,  $t=3.310$ ,  $p=0.001$ ) were significant predictors of the ISI scale total score.

**CONCLUSIONS:** The results of this study suggest that most dimensions of sleep quality were negatively impacted by higher levels of anxiety and depression. Early identification and appropriate management of these psychological disturbances are crucial for improving the overall quality of life for these patients.

**Keywords:** End-stage renal disease, hemodialysis, anxiety, depression, quality of sleep