INVITATION

It is our great pleasure to announce that the Turkish Association for Psychopharmacology (TAP)'s 15th International Congress on Psychopharmacology & Child and Adolescent Psychopharmacology / Psychotherapy (ICP 2024) will be held on April 22-25, 2024 in Antalya, Türkiye.

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Oral Research Presentations | Poster Research Presentations

15th International Congress on Psychopharmacology & International Symposium on Child and Adolescent Psychopharmacology

Oral Research Presentations

[Abstract:0004] [Çocuk Psikiyatri » Travma, Stres ve İlgili Durumlar]

Turkish Language Proficiency is Associated with Prosocial Skills but Not Psychological Difficulties in Syrian İmmigrant Children

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BACKGROUND AND AIM: Language proficiency can be vital for immigrant children's adaptation and well-being in their host countries (Cavicchiolo et. al., 2020). A Turkish Red Crescent report (2019) indicates a significant language barrier for Syrians in Turkey. No study directly links Turkish language proficiency to children's strengths and difficulties. Critical skills like understanding and speaking Turkish might be crucial for daily life, impacting their interaction, behavior, and challenges.

METHODS: A cross-sectional survey of 79 Syrian immigrant children (female = 51%) aged 7-18 recruited from Red Crescent Community Centres in Turkiye. The survey gathered demographic data and self-reported proficiency in understanding, speaking, reading, and writing Turkish on a 5-point Likert scale. The self-rated Strength and Difficulties Questionnaire (SDQ) for 11–17-year-olds was administered with Arabic and Turkish options, where children aged 7-11 could receive parental support upon request.

RESULTS: Turkish language proficiency overall was high, with means for understanding, speaking, reading, and writing at 4.01 (1.08), 4.01 (1.05), 3.99 (1.19), and 3.97 (1.17), respectively. A significant correlation was observed between overall language proficiency and prosocial skills ($r = .28$, $p < .01$). Understanding ability showed the strongest correlation with prosocial skills ($r = .35$, $p < .05$), while speaking ($r = .29$, $p < .01$), reading ($r = .25$, $p < .05$), and writing ($r = .13$, $p > .05$) were less associated with prosocial behavior among Syrian immigrant children. Conversely, the dimensions of language proficiency showed no significant correlation with internalizing ($r = .00$, $p > .05$) or externalizing behaviors ($r = -.14$ to $.02$, $p > .05$).

CONCLUSIONS: These findings underscore the multifaceted role of language proficiency: it is integral to fostering social connections and engagement (as seen with prosocial behavior), but it may not directly mitigate the internal and external emotional difficulties immigrant children face. However, literature suggests that prosocial behavior might exert an indirect influence on these difficulties (Gresham et al., 2004). Overall, this study suggests that while language proficiency might be an important factor in the positive adaptation of Syrian immigrant children in Turkey, additional support may be required to address the broader spectrum of their psychosocial needs. Despite limitations like brief language proficiency assessment, this study effectively reached a challenging sample, navigating language and educational barriers in survey research. Data was collected in an interactive environment, bolstering reliability.

Keywords: Language proficiency, prosocial behavior, externalizing behavior, internalizing behavior, immigration, youth mental health

[Abstract:0011] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

The Effect of Receiving Services from Community Mental Health Centers and Case Management on the Level of Social Functioning, Level of Self-Stigmatization by Their Families and Caregiver Burden in Patients with Schizophrenia Spectrum Disorder

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BACKGROUND AND AIM: In our study, we aimed to determine the impact of the services and training provided at Community Mental Health Center (CMHC), the social functioning levels of the patients, the level of stigmatization caused by mental illness in their relatives/caregivers, and the level of caregiver burden on the caregivers.

METHODS: The sample of the study consisted of,18-60 age range, 28 patients with a case manager diagnosed with schizophrenia spectrum disorder in remission, who have received service from CMHC for at least 1 year and who can continue to attend CMHC studies at least 2 days a week and 30 patients who are only followed up in the outpatient clinic and their relatives. Sociodemographic data form, Social Functioning Scale (SFS),Zarit Caregiver Burden Scale (ZCBS), Self-Stigma Inventory for Families (SSI-F) were filled in by the participants. Statistical analysis was performed with the SPSS26.0 computer program,and the significance level was accepted as $p<0.05$.

RESULTS: The sociodemographic characteristics of the participants are shown in Table1a and Table 1b. The suitability of the data for normal distribution was determined by Skewness analysis. Due to its normal distribution, Studen's t test was applied to compare ZCBS, SFS, SSI-F scores between groups (Table 2). Statistically, ZCBS and SFS scores were significantly different between the groups (respectively p<0,001, p:0,001). Although SSI-F scores were lower in the CMHC group than in the outpatient group, they were not statistically significant(p:0,912).

CONCLUSIONS: Schizophrenia poses a great burden for patients due to its significant effects on daily functioning (physical functions, self-care skills, interpersonal relationships, social acceptability, social activities and work skills) [1]. Caregivers who try to maintain a balance between their individual responsibilities such as work and family and patient care often neglect their own physical and mental health [2]. As a result of these situations, the concept of 'burden' comes into prominence for caregivers[3]. Unfortunately, the reflection of schizophrenia in society has been negative, and patients have been stigmatized due to their illness. Patients who experience disability as a result of the disease are isolated from social life due to stigma, and therefore their social functionality decreases over time. The stigma around schizophrenia not only affects the patient, but also everything and everyone associated with the patient. The issue of stigma in the family also comes into prominence [4]. Patients through case management method; CMHCs, who evaluate, support and try to develop multi-faceted care together with their caregivers/families, especially focus on the issues of stigma, burden and functionality [5]. The results of our study shows that services and case management provided in a multidisciplinary manner increase the social functioning of patients and greatly reduce the burden of caregivers, but more comprehensive studies need to be conducted in terms of stigma in CMHCs.

Keywords: burden, community mental health center, functionality, schizophrenia, stigma

Table 1a. Description of study participants

		Mean	Standart Deviation	p	t
Age	outpatient group	37,47	11,85	0,115	-1,600
	cmhc group	41,86	8,67		
Education Duration	outpatient group	9,3667	4,27	0,248	1,168
	cmhc group	8,1429	3,66		
Caregiver Age	outpatient group	45,87	9,96	0,001	3,359
	cmhc group	37,43	9,11		
Duration of Illness	outpatient group	11,20	6,00	0,858	-0,180
	cmhc group	11,46	5,12		
Number of Hospitalizations	outpatient group	5,50	3,47	0,000	4,460
	cmhc group	2,21	1,83		
Duration of Living in the Same House /Year	outpatient group	17,73	12,23	0,667	0,433
	cmhc group	16,50	9,13		
Duration Spent Together per Day	outpatient group	12,50	4,58	0,002	3,326
	cmhc group	8,75	3,96		
Caregiver Education Duration	outpatient group	5,30	3,22	0,275	1,101
	cmhc group	4,61	0,88		

cmhc group: patient group followed by community mental health center

outpatient group: patients group followed only by the outpatient clinic

Table 1b. Description of study participants

		outpatient group	cmhc group	p	X^2
Sex	men	23	19	0,453	0.563
	women	7	9		
Work Status	not working	18	22	0,079	6.784
	works irregularly	4	5		
	works regularly	6	0		
	student	2	1		
Caregiver Sex	men	9	13	0,198	1.660
	women	21	15		
Closeness Status	parent	12	2	0,017	10.240
	partner	3	3		
	sibling	12	14		
	other	3	9		
Caregiver Marital Status	maried	27	28	0,086	2.953
	widow	3	0		
Caregiver Work Status	works irregularly	0	3	0,000	18.337
	works regularly	12	11		
	housewife	15	2		
	retired	3	12		
Marital Status	married	3	9	0,056	5.756
	single	25	19		
	divorced/widow	2	0		

cmhc group: patient group followed by community mental health center

outpatient group: patients group followed only by the outpatient clinic

Table 2. Comparison of scale scores between groups

		Mean	Standart Deviation	p	t
SSI-F	outpatient group	34,7000	12,19426	0,912	0,11
	cmhc group	34,3571	11,38294		
ZCBS	outpatient group	65,1667	17,39418	0,001>	5,653
	cmhc group	45,0000	7,57188		
SFS	outpatient group	40,3667	3,57658	0,001	-3,349
	cmhc group	43,4286	3,37121		

cmhc group: patient group followed by community mental health center

outpatient group: patients group followed only by the outpatient clinic

SSI-F: Self-Stigma Inventory for Families

ZCBS: Zarit Caregiver Burden Scale

SFS: Social Functioning Scale

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[Abstract:0023] [Erişkin Psikiyatri » Duygudurum bozuklukları]

The Relationship between Childhood Trauma, Dissociation, Attachment and Alexithymia in Bipolar Affective Disorder Patients

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BACKGROUND AND AIM: The etiology of bipolar affective disorder (BAD) has not been adequately elucidated and its relationship with some psychological concepts has not been adequately studied. The aim of this study was to investigate the relationship between childhood trauma, dissociation, attachment and alexithymia in BAB patients with a healthy control group.

METHODS: The study included 100 patients who were followed-up with the diagnosis of BAD and 100 healthy subjects, age and sex matched. Sociodemographic data form, Childhood Trauma Questionnaire, Dissociative Experiences Scale, Toronto Alexithymia Scale, Experiences in Close Relationships Scale-II (ECR-S), Hamilton Anxiety and Depression Scale and Young Mania Scale were applied to the participants. Statistical significance was accepted as $p<0,05$.

RESULTS: Child trauma, alexithymia, dissociative experiences and experiencing scale scores were found to be significantly higher in the patient group. There was a positive correlation between physical abuse, dissociation and alexithymia and the number of attacks. Physical abuse was more common in early-onset BAD patients. There was a positive relationship between dissociation and all trauma groups except sexual abuse subscale. It was found that childhood trauma groups other than sexual abuse were associated with recognition of feelings and difficulty in expressing emotions. In addition, emotional abuse and CTQ-total scores were found to be significantly related to total alexithymia score. In the BAD group, ECR-Savoidant and anxious attachment dimensions were found to be significantly higher than in the healthy control group. In the cluster analysis, it was found that insecure attachment types were detected more frequently in the BAD group than in the healthy control group.

It is thought that physical abuse may cause the disease to start at an earlier age and have more frequent attacks in BAD. It is thought that dissociative symptoms in BAD negatively affect the course of the disease and cause more attacks. It is thought that the presence of different types of trauma in BAD causes alexithymic features to be more common.

When the predictive risk factors for BAD were examined, it was found that having psychopathology in first-degree relatives was a significant predictor of BAD. It is conceivable that exposure to childhood trauma may also be an indicator for BAD. Extraverted thinking and marital status were found to be negative predictors for the development of BAD.

CONCLUSIONS: Childhood trauma may have an important effect on the development of BAD and the course of the disease by affecting the early stages of neurodevelopment. Alexithymic features, dissociative experiences, and insecure attachment types, which are found to be higher in BAD patients than in the healthy group, may be shown as other factors related to the course of the disease.

Due to the nature of BAD, the fact that it progresses with attacks, the appearance of residual symptoms, and frequent hospitalizations, the disease can lead to deterioration in occupational and social functionality. This reveals that holistic evaluation is very important in terms of the clinical course of the disease and the treatment process.

Keywords: Bipolar Affective Disorder, childhood trauma, attachment, dissociation, alexithymia

[Abstract:0039] [Çocuk Psikiyatri » Adli Psikiyatri]

Sociodemographic and Clinical Characteristics of Adolescents Applied to the Probation Unit: A Sample from Rize

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BACKGROUND AND AIM: Substance use is a significant health problem worldwide. The age of initial access and use of addictive substances is reported to be higher during adolescence. The unique characteristics of adolescence put them at risk for first starting and continuing substance use (1). This study aimed to retrospectively examine the sociodemographic and clinical data of adolescents under probation due to substance use or procurement.

METHODS: Cases who applied to Rize Training and Research Hospital Probation Unit due to substance use between January 2016 and May 2023 were examined retrospectively from the hospital registry system. A total of 47 cases were initially considered, but 16 cases were excluded from the analysis due to data inadequacy. Sociodemographic and clinical characteristics of the patients were investigated. Descriptive statistics were used, presenting mean and standard deviation (minimum-maximum) for quantitative data and frequency and percentage for qualitative data.

RESULTS: The age distribution of the 31 included patients ranged from 14 to 17, with an average age of 16.26 (±1.03) years. Sociodemographic and clinical data for the participants are presented in Table 1. Among the 23 cases with psychiatric application, 4 out of 23 had only one-time application, while 19 continued with irregular follow-ups. The treatment duration varied between 2 and 60 months, with an average of 22.4 (±19.6) months. Toxicology results for the cases are presented in Table 2. It was determined that 64.5% (n=20) of the cases had negative results for the three-session toxicology tests under probation, and 12.9% (n=4) had positive results for multiple substances in the same test.

CONCLUSIONS: This study examined the sociodemographic and clinical characteristics of adolescents under probation due to substance use. Substance use disorders are reported to be more commonly observed in males during adolescence. In two studies conducted with probation adolescents in our country, 85.7% and 97.4% of the cases were reported to be male (2; 3). In contrast to these results, our study found a higher prevalence of female adolescents. This difference is thought to be influenced by variation in gender distribution in legal referrals and regional characteristics. Only 9.7% of the cases were found to continue their education, while the remaining cases dropped out or were distanced from school. It is reported that adolescents with substance use have lower education levels, and early school dropout is a risk factor for substance use (2; 3). There have been numerous studies conducted and reported on adult probation individuals, but to the best of our knowledge, studies involving adolescents are limited. Considering the increasing frequency of substance use during adolescence in today's conditions, understanding the characteristics of this age period is crucial. It is believed that having information about the sociodemographic and clinical characteristics of probation adolescents will contribute to recognizing risk factors, examining psychopathologies, and planning appropriate interventions. Although our study is a single-center and retrospective study, it is thought that the results obtained will contribute to multicenter, long-term follow-up studies and be guiding for future research.

Keywords: adolescent, substance, probation

Table 1: Sociodemographic and clinical characteristics of patients

Variable		n	%
Sex	e	17	54,8
Education	ry-secondary school dropout school school dropout	6	19,4
Parent marital status	ed ced	15	48,4
Psychiatry application	nt t	23	74,0
Under health precaution	nt t	6	19,4
ADHD		5	16,1
Conducter disorder		16	51,6
Other Mental Disorder	ssive disorder ar disorder ctual disability	20	64,5
Hospitalization		6	19,4
Abuse		4	12,9
Medication		18	58,1
Drugs used	lopram line rigine ic acid razole apine apine ridone lphenidate	2	6,5
Forensıc cases	ren Dragged into Crime e 432 of the TCC er	19	61,3

ADHD: Attention deficit hyperactivity disorder, PTSD: Post-traumatic Stress Disorder, TCC:Turkish Civil Code

[Abstract:0054] [Erişkin Psikiyatri » Bağımlılıklar]

The Relationship between Food Addiction and Alexithymia in Bariatric Surgery Candidates

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BACKGROUND AND AIM: Food addiction is characterized by excessive consumption of certain foods and specific behaviors related to this consumption. Although food addiction is not included in the DSM-5, it is evaluated under the title of substance addiction due to its similarity to the behaviors seen in drug, alcohol and cigarette addictions. Alexithymia; It is characterized by difficulty in identifying emotions and distinguishing between physical sensations and emotions, limited imagination ability, inability to express emotions, and an extroverted way of thinking. There is data in the literature that alexithymia scores are significantly higher in addicted people than in non-addicted people. This relationship between addiction and alexithymia indicates that alexithymic features can also be found in food addiction. This study aimed to investigate the relationship between food addiction and alexithymia in obese individuals.

METHODS: Approval was received for this study from the Erzurum Regional Training and Research Hospital Ethics Committee (Date: 18.04.2022, decision no: 2022/05-38). The study included 50 obese individuals who were planned to undergo obesity surgery and were consulted to our clinic for psychiatric examination, and whose informed consent was obtained by agreeing to participate in the study. Participants were evaluated with the sociodemographic data form, Yale food addiction scale and Toronto alexithymia scale (TAS-20). The cases were divided into two groups: cases with food addiction and cases without food addiction, according to the data of the Yale food addiction scale. These two groups were compared in terms of alexithymia using the TAS-20 scale.

RESULTS: According to the analysis results, the rate of food addiction in obese individuals was determined to be 36.0%, which is compatible with the literature. The rate of food addiction was found to be higher in men than in women ($p = 0.016$). Alexithymia level was found to be significantly higher in those with food addiction than in those without food addiction ($p<0.001$). Difficulty in recognizing emotions and difficulty verbalizing emotions subscales of TAS-20 were found to be significantly higher in those with food addiction than in those without food addiction ($p<0.001$). There was no significant difference between the two groups in the externalizing thinking subscale.

CONCLUSIONS: The findings obtained in the study support that there is a significant relationship between food addiction and alexithymia. This suggests that alexithymic features detected in obese individuals may affect food addiction, weight control and treatment strategies. For a successful treatment process in obesity, it is important not to ignore alexithymia when evaluating the individual's mental state.

Keywords: Alexithymia, eating addiction, food addiction, obesity, bariatric surgery

[Abstract:0056] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Abnormal EEG Microstates in Adolescent Depression are Associated with Childhood Emotional Abuse Experience

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BACKGROUND AND AIM: To investigate the abnormalities of the resting-state EEG microstates in eye-open state and to explore the correlations between EEG microstates and the childhood traumatic experiences in adolescent depression.

METHODS: In this study, resting-state EEG microstate analysis, which reflects the transient overlap of resting-state brain network activation, was used to investigate the temporal dynamics of brain activity in adolescent depression. Modified k-means clustering algorithm was selected to segment resting EEG data into different microstates. A total of 27 healthy adolescents and 66 adolescents with depression were included. Independent samples t-test and Spearman correlation were used to compare the differences in microstate between groups and to analyze the correlation between significant indicators and childhood trauma in patients.

RESULTS: Significantly elevated occurrence in microstate A ($P<0.05$) is found negatively correlated with emotional abuse factor scores (Spearman's rho=-0.31, P= 0.013, N=66). Special non-random transitions from microstate B→A (Spearman's rho=-0.3, P=0.015, N=66) and C→A (Spearman's rho=-0.31, P=0.013, N=66) in patient group were both negatively associated with emotional abuse factor and show significant differences from healthy controls ($P<0.05$). Comparing the high and low quartile groups of emotional abuse factor scores in depressed participants, all three indicators were significantly different after correction for multiple comparisons ($P < 0.05$). No other childhood traumatic experiences were found related to the abnormal microstate parameters in patient group.

CONCLUSIONS: Depressed adolescents experienced severe childhood emotional abuse and show abnormalities in the temporal dynamics of brain networks activation. EEG microstates have the potential to aid in inspecting depressed adolescent underwent severe childhood emotional abuse and provide personalized interventions in an earlier stage.

Keywords: major depressive disorder, adolescents, resting state EEG, microstate, childhood trauma.

Figure.2 Independent t-test results between groups for occurrence in each microstate

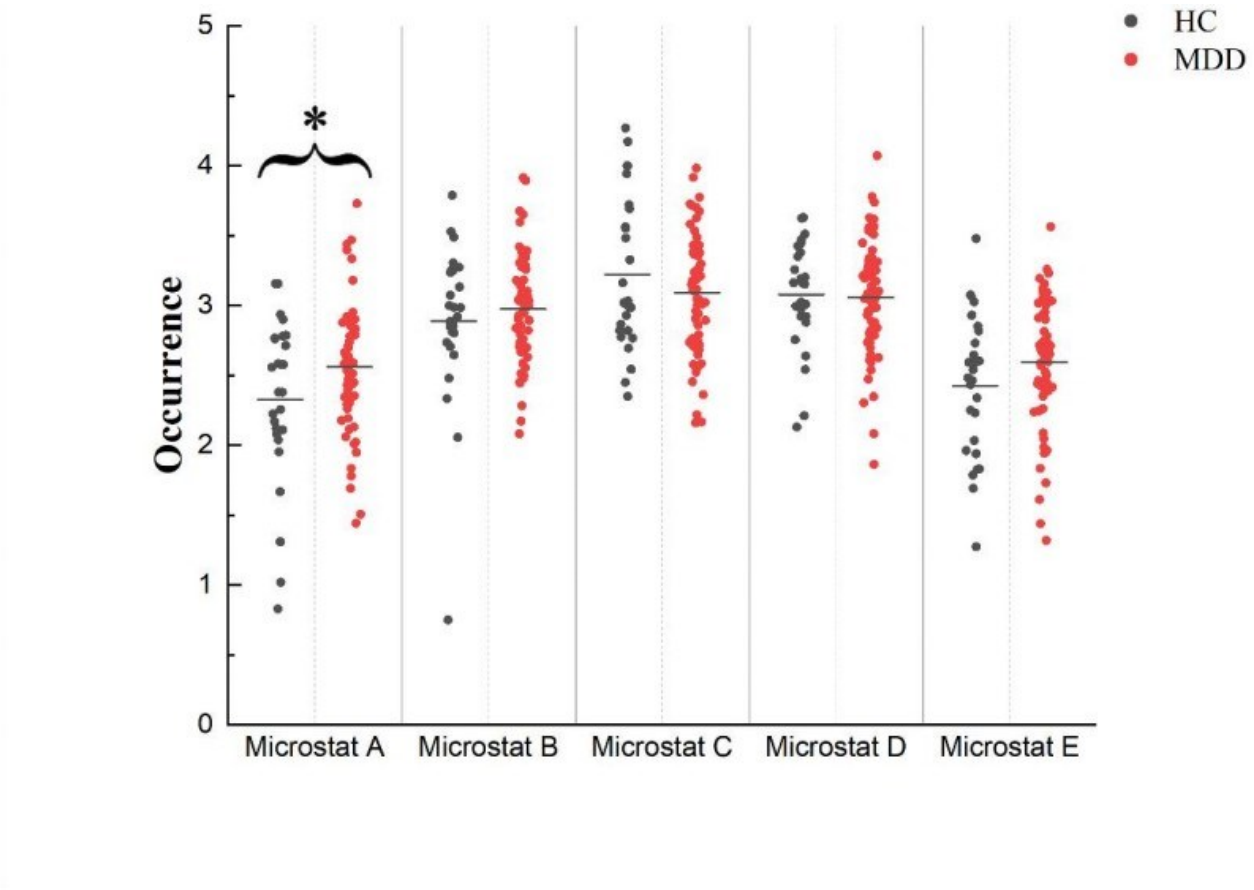

Figure.2 Independent t-test results between groups for occurrence in each microstate

The bar scatterplot shows the level of distribution of the occurrence of each microstate in the patient group versus the healthy control. The black line represents the mean of its group level. Gray dots are healthy controls, red are MDD adolescents, and * indicates $P<0.05$.

Figure.3 Microstate transitions are non-random in each group.

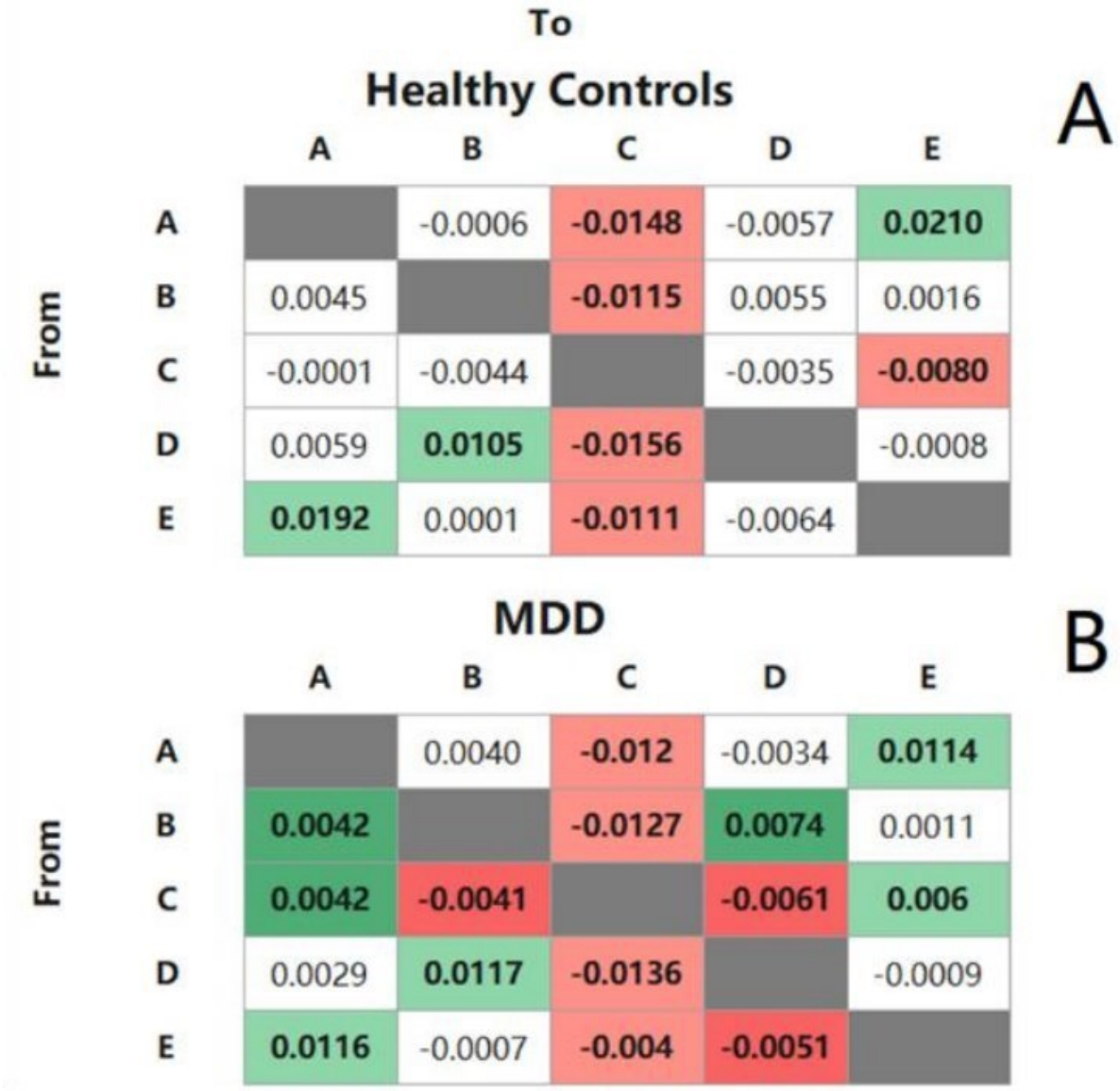

Figure.3 Microstate transitions are non-random in each group.

Matrix plots show the actual average probability of microstate transition probability minus the expected transition probability of transformation in each group. The observed transition probability was compared with the expected probability of transformation using the paired samples t-test following Benjamini-Hochberg correction (P adjusted<0.05), where a colored box indicates that the microstate transition was non-random within the group, where red indicates a lower-than-expected transition probability, and green indicates a higher-than-expected transition probability, and darker red and darker green are patient-group-specific Non-randomized transition probabilities.

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[Abstract:0057] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Sleep Problems and Chronotype Preferences in Children with Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder

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BACKGROUND AND AIM: Attention deficit hyperactivity disorder (ADHD) is a disorder characterized by inattention, hyperactivity and impulsivity that is inappropriate for age and developmental level. Studies have shown that at least 2/3 of children with ADHD have a psychiatric comorbidity, and the most common psychiatric disorder is oppositional defiant disorder (ODD). A high rate of sleep problems is reported in children with ADHD, especially difficulties in initiating and maintaining sleep. Since ADHD is a very heterogeneous disease in terms of clinical presentation, sleep problems seen in ADHD also vary. This study aimed to compare the sleep problems and chronotype preferences of children with ADHD and ODD with healthy controls.

METHODS: This study included 40 patients diagnosed with ADHD and 36 patients diagnosed with ADHD comorbid with ODD according to DSM-V criteria. The children were selected among patients who applied to the outpatient clinic of Erciyes University Faculty of Medicine Child and Adolescent Psychiatry Department and were between the ages of 6-12. The patients were required to be free of any medication use, comorbid psychiatric or medical disorders and intellectual disability. The control group is consisted of 44 healthy children who have the same age and sex. Participants were informed about the aim and method of the study and written consent was obtained from both children and their parents. This study also been approved by Erciyes University Ethical Committee. Schedule for Affective Disorders and Schizophrenia for School Age Children- Present and Lifetime Version (K-SADS-PL) was administered to the participants. Sociodemographic data form prepared by the researcher, Conners' Parent Rating Scale (CPRS), Turgay DSM-IV Based Disruptive Behaviour Disorders Screening and Rating Scale (T-DSM-IV-S), Children's Sleep Habits Questionnaire (CSHQ) and Children's Chronotype Questionnaire (CCTQ) were filled out by the children's mothers.

RESULTS:85 boys and 34 girls were participated in the study and the average age of the participants was 8.96±1.84. The average sleep duration in ADHD+ODD group was lower than the control group ($p=0.045$). Total scores of CSHQ and daytime sleepiness subscale were higher in ADHD and ADHD+ODD groups compared to the control group ($p<0.001$). ADHD+ODD group had higher scores than other groups in terms of sleep anxiety and bedtime resistance subscale scores ($p=0.022$ and ($p=0.004$). There was no statistically significant difference between the groups in terms of CCTQ total score and chronotype preferences ($p>0.05$). CSHQ total score and daytime sleepiness subscale score of children with late chronotype were higher than the children with early and intermediate chronotypes ($p<0.001$).

CONCLUSIONS: Inattention, impulsivity, and hyperactivity, which are the core symptoms of ADHD, also overlap with symptoms of sleep deprivation. There is increasing evidence that ADHD is associated with life span sleep difficulties and should not be considered as a disorder that only occurs during the daytime. Studies are needed to investigate the effects of subtypes, symptom severity, medication use and comorbid psychopathologies on sleep problems of children with ADHD.

Keywords: Attention Deficit Hyperactivity Disorder, Chronotype, Circadian Rhythms, Oppositional Defiant Disorder, Sleep Disorders

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[Abstract:0070] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Evaluation of Functional Impairment and Related Factors in Patients with Major Depressive Disorder in Remission: A Cross-Sectional Study

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BACKGROUND AND AIM: Major depressive disorder (MDD) is one of the leading mental disorders that causes significant functional impairment and quality of life (1). Studies on the subject have shown that the functional impairment continues during the remission period (2). Studies evaluating functional impairment in MDD patients report a relationship between functionality and unemployment, disability, impairment in interpersonal relationships, and low job performance (3,4). However, functional impairment and related factors have not been fully examined in patients with MDD, especially in the remission period. This study aimed to contribute to the existing literature by evaluating functional impairment and examining related factors in patients with MDD in remission.

METHODS: Eighty-six patients selected from among patients with MDD in remission between the ages of 18-65 who consecutively applied to the Psychiatry outpatient clinic of Rize Recep Tayyip Erdoğan University Training and Research Hospital were included in the study. A volunteer control group of eighty-seven people was formed by matching the patient group in terms of age, gender, and marital status. Criteria for inclusion in the study; the Hamilton Depression Rating Scale (HDRS) score of ≤7 was defined as the absence of a comorbid psychiatric disorder. Those who did not volunteer to participate in the study, those with comorbid psychiatric disorders, mental retardation, hearing impairment, pregnant, breastfeeding women, individuals under 18 years of age and over 65 years of age were excluded from the study. Sociodemographic data form, HDRS and Functioning Assessment Short Test (FAST) were applied to all participants. Ethics committee approval was received for the study from Rize Recep Tayyip Erdoğan University Faculty of Medicine Non-invasive Clinical Research Ethics Committee.

RESULTS: Among the patients included in the study, 64.0% were female and 36.0% were male. In the control group, 66.7% were female and 33.3% were male. The mean age of the patients included in the study was 33.15±11.12 years, and the mean age of the control group was 32.9±10.5 years (Table.1). FAST total scores of the patients included in the study (min-max: 3-56; med-IQR=31.50-17.25) and FAST subscale scores of the control group (min-max: 0-15; med-IQR=2-4)) and was found to be statistically significantly higher than the FAST subscale scores ($p<0.001$) (Table.2). In the correlation analysis performed to examine the relationship between clinical features and functionality of the patient group, no statistically significant relationship was found between clinical features and functionality.

CONCLUSIONS: Functional impairment is quite common in patients with MDD (5). In this study, in which functionality was evaluated using FAST in patients with MDD in the remission period, it was found that functionality was impairment compared to the control group. It is noteworthy that the functional impairment continues during the remission period in patients diagnosed with MDD.

Keywords: Functional impairment, Major depressive disorder, Remission

Table 1. Comparison of Sociodemographic Data of Patient and Control Group

		Patient (n=86)		Control (n=87)		
		min-max	mean±SD	min-max	mean±SD	p
Age		18-60	33.15±11.12	18-58	32.9±10.5	0.905
Education duration		5-18	12.744±4.08	5-20	13.3±3.8	0.304
		n	%	n	%	
Gender						0.415
	Female	55	64.0	58	66.7	
	Male	31	36.0	29	33.3	
Occupation						0.006*
	Worker	27	31.4	50	57.5	
	Employee	31	36.0	19	21.8	
	Retired	2	2.3	2	2.3	
	Student	26	30.2	16	18.4	

Independent Sample T Test. Chi Square. Fisher Exact Test
P<0.05*

Table 2. Comparison of FAST Scores of Patient and Control Group

	Patient (n=86)		Control (n=87)		
	min-max	med(IQR)	min-max	med(IQR)	p
FAST -A	0-11	4.00(3.25)	0-3	0.0(0.0)	**<0.001***
FAST -OF	0-16	6.00(4)	0-3	0.0(0.0)	**<0.001***
FAST -CF	0-15	8.00(5)	0-5	0.0(1.0)	**<0.001***
FAST -FI	0-4	.00(2)	0-3	0.0(0.0)	**<0.001***
FAST -IR	0-17	8.00(6.5)	0-3	0.0(1.0)	**<0.001***
FAST -LA	0-6	4.00(2)	0-4	1.0(1.0)	**<0.001***
FAST -Total	3-56	31.50(17.25)	0-15	2.0(4.0)	**<0.001***

Mann Whitney U,IQR:Interquartile Range, p<0.01*
FAST: Functioning Assessment Short, Test, A: Autonomy,
OF: Occupational Functionality, CF: Cognitive Functionality
FI: Financial Issues, IR: İnterpersonal Relations,
LA: Leisure Activities

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[Abstract:0079] [Çocuk Psikiyatri » Yeme bozuklukları]

Eating Behaviors of Toddlers with Screen Exposure During Mealtime

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BACKGROUND AND AIM: Families may prefer to use screens such as tablets, televisions, and phones during mealtimes from an early age to make it easier for their children to eat or to distract them. However, screen use may affect children's eating habits and behaviors and may be associated with emotional and behavioral problems. This study aimed to determine the eating behaviors and social-emotional functioning of toddlers aged 1-3 years with screen use during mealtimes and to compare them with children without screen use.

METHODS: Mothers with children aged 1-3 years were sent online forms and asked how often they used a tablet, phone, or television during meals. Children of mothers who answered frequently or always were included in the group with screen exposure during meals (n:50), and children of mothers who responded sometimes or never were included in the control group (n:79). Participants were asked how they perceived their children in the first year. Sociodemographic Data Form, Brief Symptom Inventory (BSI) to assess psychopathological symptoms of mothers, Brief Infant-Toddler Social Emotional Assessment (BITSEA) to determine the social and emotional functioning of children, and Infancy Adaptive Eating Behavior Scale (IAEBS) to screen for feeding problems also completed.

RESULTS: The SE group consisted of 25 (50,0%) girls and 25 (50,0%) boys; the mean age was 25,84 ±8,2 months. The control group consisted of 41 (51,9%) girls and 38 (48,1%) boys, mean age was 21,51±5,7 months. There were similarities between the groups regarding gender. Children who used screens were older than the control group. Children with screen use were more likely to be perceived as difficult babies by their mothers. Children with screen use had higher 'Poor Appetite' and 'Resistance' scores on the Infancy Adaptive Eating Behavior Scale. In addition, their 'Competence' scores were significantly lower on the BITSEA, while their 'Problem' subscale score tended to be higher, but not significantly. There was no difference between the psychopathologic symptoms of the mothers.

CONCLUSIONS: Our study shows that children with screen exposure during mealtimes have negative eating behaviors, and this exposure affects their social-emotional development. For the development of healthy eating behaviors from an early age, it is recommended to avoid any screen use during mealtimes.

Keywords: screen, toddler, eating behaviour, feeding

[Abstract:0090] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Is Advanced Parental Age a Environmental Risk Factor for Attention Deficit Hyperactivity Disorder?

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BACKGROUND AND AIM: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by hyperactivity, inattention, and impulsivity. ADHD begins in childhood and includes genetic, epigenetic and environmental risk factors in its etiology. In our study, we aimed to examine the relationship between parental ages and disease severity in children with ADHD.

METHODS: A total of 176 participants, 75 children diagnosed with ADHD and 101 healthy children, were included in the study. All participants underwent psychiatric evaluations based on the Turkish version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5 TR). Data forms were completed by parents and researchers. The obtained data were analyzed using the spss 22.0 program.

RESULTS: In our study, it was found that children with ADHD had a higher paternal age and a higher maternal age compared to the control group (p:0.005/p:0.007 respectively). In the ADHD group, a significant relationship was found between paternal age and the hyperactivity subscale (r: -0.306, p: 0.008). No relationship was found between paternal age and oppositional defiance and attention subscales (r: -0.196, p: 0.104/r: -0.02, p: 0.864, respectively). A significant relationship was found between maternal age and hyperactivity subscale in the ADHD group (r: -0.278, p: 0.016). No relationship was found between maternal age and oppositional defiance and attention subscales (r: -0.235 / p: 0.05 / r: -0.034, p: 0.734, respectively).

CONCLUSIONS: In our study, it was found that the ages of the mothers and fathers of children with ADHD were older. In our study, a relationship was found between maternal and paternal age and ADHD. it was found that children with ADHD had a higher paternal age and a higher maternal age. We think that these findings should be taken into account in future research on the causes of ADHD. Our study has important implications for advancing the understanding of this mechanism that contributes to clinical heterogeneity in ADHD.

Keywords: Attention deficit hyperactivity disorder, environmental risk factors, paternal age, maternal age

[Abstract:0093] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Evaluation of Child and Adolescent Psychiatry Consultation Services Requested from the Pediatric Emergency Department of a University Hospital

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BACKGROUND-AIM: Child and adolescent psychiatry consultations in pediatric emergency departments are often requested in psychiatric emergencies where the child poses a danger to his own life and the lives of those around him, where there is a sudden change in mental health or a worsening of his current condition. There are a limited number of studies in our country regarding child and adolescent psychiatric consultations requested from emergency departments. In a recent study, it was reported that the most common reason for child and adolescent psychiatry consultations requested from emergency departments was drug side effects in patients younger than 12 years of age, and suicide attempt in patients older than 12 years of age. In the study, it was reported that 25.2% of the cases were recurrent emergency service visits, the most common psychiatric diagnosis after evaluation was depressive disorder. This study aimed to retrospectively investigate child and adolescent psychiatric consultations requested from the pediatric emergency department of a university hospital.

METHODS: A total of 52 cases who applied to our university's pediatric emergency department and requested child and adolescent psychiatry consultation between 01.01.2023 and 01.01.2024 were included in our study. Age, gender characteristics of the cases, reasons for requesting consultation, frequency of admission, psychiatric and physical disease diagnoses, drug use at the time of application and initiation of drug treatment after consultation, and hospitalization requirements were examined retrospectively from file records.

RESULTS: It was determined that 42.3% (22) of the total 52 cases were boys and 57.7% (30) were girls. It was found that the average age of the cases was 14.9. It was determined that 84.6% of the applications were first and 15.4% were recurrent applications. It was determined that the most common reason for admission was suicide attempt/risk (23.1%). It was observed that there was an existing psychiatric diagnosis in 83.1% of the cases at the time of admission, and the most common psychiatric diagnosis was depression. As a result of the consultation evaluation, 9.6% of the cases did not receive any psychiatric diagnosis, the most common psychiatric diagnosis was depressive disorder (37.3%), drug treatment was not recommended in 37% of the cases, and the most frequently started drug group was antipsychotics (19.2%).Hospitalization was recommended for 9.6% of the patients who applied.

CONCLUSIONS: Studies evaluating emergency psychiatric consultations of children and adolescents are limited in our country. Two studies have shown that psychiatry consultation is most frequently requested due to suicide attempts and violent behavior. In one of the studies, it was stated that no psychiatric diagnosis was made in 9% of the cases, the most common psychiatric diagnosis was depressive disorder, and the most frequently used drug group was antipsychotics. Similar findings were obtained in our study. We hope that our study will contribute to the development of child and adolescent emergency consultation services, intensifying specialized training in this field, and reducing emergency room admissions by developing policies that can improve access opportunities to child and adolescent psychiatry outpatient clinics.

Keywords: emergency, child, adolescent, psychiatry, consultation

[Abstract:0108] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Investigation of the Relationship between Perceived Social Support, Coping Styles, and Quality of Life After the February 6 Türkiye Earthquakes

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INTRODUCTION: The February 6th earthquakes in Türkiye left a trail of devastation, impacting over 23 million people in Türkiye and Syria. The size of the population that left the region after the earthquake was announced as 3.3 million on March 1. Beyond the physical destruction, such natural disasters significantly affect mental well-being and quality of life (QOL). Protective factors like active coping styles and perceived social support can mitigate this impact. This study examines the interplay between these factors and QOL in earthquake survivors.

Materials and Methods: We evaluated 400 earthquake survivors (262 women, and 138 men, aged 18-67) who sought outpatient or inpatient treatment at our hospital between March and May 2023. Ethical approval was obtained from Aksaray University (75-SBKAEK, 2023/14-03). We assessed their coping styles (emotion-focused, problem-focused, dysfunctional), perceived social support (family, friend, special someone, total), and quality of life (WHOQOL) across physical, psychological, environmental, and social domains.

RESULTS: Of the participants whose average age was 29.73±11.28 years, 65.50% (262) were women and 34.50% (138) were men. Women scored higher than men on problem-focused and emotion-focused coping ($p=0.011$, $p<0.001$), as well as WHOQOL environmental quality of life ($p=0.021$) (Table 1). A weak positive correlation was found between perceived social support and WHOQOL physical health, psychological health, and social relations domains ($r = 0.215$, $r = 0.238$, $r = 0.350$). In addition, a weak positive correlation was found between the Emoton-focused coping score and WHOQOL physical health, psychological health, social relations, and environmental domains ($r = 0.122$, $r = 0.160$, $r = 0.113$, $r = 0.143$).

CONCLUSIONS: Our findings suggest that both problem-focused and emotion-focused coping may be beneficial depending on the situation. While problem-focused coping might be preferred for controllable situations, emotion-focused coping might be more helpful for uncontrollable events like earthquakes. However, gender differences in coping remain complex. While previous research suggests that women tend towards emotion-focused coping and men towards problem-focused coping, our findings of higher scores for both styles in women might be attributed to their generally higher reported stress levels.The positive association between perceived social support and QOL aligns with existing literature. This reinforces the importance of post-disaster social support interventions to improve survivors' well-being. This study highlights the importance of both coping styles and social support in promoting QOL after a major earthquake. Recognizing these factors can inform targeted interventions to enhance well-being and resilience in affected communities.

Keywords: earthquake, coping, social support, quality of life

Table: Comparison of the coping styles (emotion-focused, problem-focused, dysfunctional), perceived social support total, and WHOQOL physical, psychological, environmental, and social domains scores of female and male

	ale (n=262	ale (n=262)	ale (n=262	ale (n=262	(n=138)	(n=138)	(n=138)	(n=138)	
	n	dard Deviati	ian	-%75)	n	dard Deviati	ian	-%75)	
eived Social Su	3	0	0	8	2	6	0	4	9
lem-Focused Cop	4		0	5	3		0	4	1
tion-Focused Cop	9		0	9	8		0	8	0
unctional Coping	2		0	2	2		0	1	6
ical	3		0	5	9		0		2
hological	6		0		6		0	5	7
al Relationships	8		0	6	0		0	6	3
ronment	3		0	6	0		0	5	1

PSS-total: perceived social support
$p < 0.05$ was considered statistically significant

[Abstract:0109] [Erişkin Psikiyatri » Psikoterapiler]

Turkish Adaptation of the Validity and Reliability Study of Self-as-Context Scale in Clinical Sample: A Preliminary Findings

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BACKGROUND AND AIM: Acceptance and Commitment Therapy (ACT) is a third wave psychotherapy that follows the behavioral tradition. The purpose of ACT is to increase psychological flexibility (PF) in people. PF is defined as being in touch with the moment by approaching our inner lives with attention and openness and being determined to behave in line with our values. The PF model consists of six core processes: acceptance, present moment awareness, values, committed actions, cognitive defusion, and self-as-context. Perception of SAC is our self-awareness of ourselves that does not change even though age and physical characteristics change, and it remains the same from our birth to our death. Perception of self-as-context provides a personal experience of integrity, security, and continuity. Our aim in this study is to test the Turkish validity and reliability of Self-as-context Scale (SACS) -developed by Zettle et al. in 2018- in clinical sample.

METHODS: From 02 January 2024 to 22 January 2024, 149 patients aged between 18 and 60 years who applied to Istanbul Medeniyet University Faculty of Medicine Goztepe Prof Dr Suleyman Yalcin City Hospital Psychiatry Department outpatient clinic and accepted to participate and who met inclusion criteria were taken into the study except patients who has intellectual disability diagnosis. Informed consent form, sociodemographic data form, Depression Anxiety Stress Scale-21 (DASS-21), Self-as-Context Scale (SACS), Acceptance and Action Questionnaire (AAQ-2), The Satisfaction With Life Scale (SWLS) were applied to all participants. The Clinical Global Impression Scale (CGI) was applied by the researcher. Ethics committee approval obtained for the study.

RESULTS: Data from 149 participants with a psychiatric diagnosis according to DSM-5 diagnostic criteria were evaluated. Among the participants 77,9% of them were women (n=116), 58,4% were single (n=87), and their mean age was 33,3±11,6. Six percent (n=9) of the participants had a master's degree, 24,2% (n=36) had a bachelor's degree, 6,7% (n=10) had an associate's degree, and 47,7% (n=71) had a high school degree, 9,4% (n=14) had a middle school degree, and 6% (n=9) had a primary school degree. Among the patients, 6,7% (n=10) of them were diagnosed with neurodevelopmental disorders, 3,4% (n=5) with schizophrenia spectrum and other psychotic disorders, 4% (n=6) with bipolar and related disorders, 28,9% (n=43) with depressive disorders, 49% (n=73) with anxiety disorders, and 8,1% (n=12) with obsessive-compulsive disorder and related disorders. SACSs Cronbach alpha coefficient was found 0,776 and McDonald omega coefficient was found 0,784. When the factor loadings of the items in the scale were examined, it was seen that they were grouped into 2 factors between 0,436 and 0,836 (Factor 1: 3rd, 4th, 7th, 8th, 9th, 10th items; Factor 2: 1st, 2nd, 6th items). It was seen that item number 5 was not included in any factor. SACS was statistically significantly correlated with the AAQ-2, SWLS, CGI, DASS-21 stress subscale; it was found not to be statistically significantly correlated with the DASS-21 depression and anxiety subscales.

CONCLUSIONS: It has been observed that the Self-as-Context Scale can be used in the clinical population.

Keywords: act, psychological flexibility, self-as-context

[Abstract:0118] [Erişkin Psikiyatri » Diğer]

The Relationship of Hip Ultrasonography Compliance with Maternal Alexithymia Characteristics in Newborns

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BACKGROUND AND OBJECTIVE: Developmental hip dysplasia is one of the most important orthopedic pathologies of the neonatal period: With early diagnosis and intervention, very good results are obtained. The overall incidence among all newborns is reported to be between 0.5-1.5% and this rate increases even more in the presence of a positive family history. Ultrasonography is very successful in visualizing the immature hip. It has an important place in the early recognition and follow-up of developmental hip dyspalysis. However, the rate of ultrasonography varies between societies. Alexithymia is defined as difficulty in recognizing, discriminating and expressing emotions. In this study, the relationship between bringing newborns to ultrasonography screening for developmental dysplasia of the hip and alexithymia characteristics in mothers was investigated.

METHODS: One group was formed with participants born between certain dates and who underwent hip ultrasonography for developmental dysplasia of the hip within 6 months, and the other study group was formed with patients who did not undergo ultrasonography within the first 6 months after birth. The sociodemographic data form was completed by the clinician and the Toronto Alexithymia Scale was completed by the mothers. Ethics committee approval was obtained from the local ethics committee for the study (date: 09.09.2022, meeting no: 159, decision no: 2022/3945). Verbal and written informed consent was obtained from the children and their parents or guardians.

RESULTS: Study groups were formed with 108 participants who underwent ultrasonography screening and 42 participants who did not undergo screening. The educational level of the mothers in the non-screening group was significantly lower compared to the mothers in the screening group ($p < 0.010$). No significant difference was found between the groups in terms of mode of delivery and duration of pregnancy. The total number of children ($p <0.001$) and the child's rank among all children ($p <0.001$) were significantly higher in the group that did not have hip ultrasonography. Toronto Alexithymia Scale total score was significantly higher ($p=0.013$) in the group that did not undergo hip ultrasonography (59.76±8.95) compared to the group that did (55.96±8.09).

CONCLUSION: Developmental dysplasia of the hip is a problem whose treatment cost increases exponentially when not treated in the early period. On the contrary, the treatment process is easier in early infancy and the cost and complication rate are quite low. Ultrasonography is an important method in early diagnosis. Addressing the factors that prevent parents from having an ultrasound will reduce the complications related to this pathology. Our results suggest that there may be a relationship between increased maternal alexithymic characteristics and non-participation in ultrasonography screening. Training of mothers on the subject after birth may increase participation in newborn screening.

Keywords: alexithymia, newborn, parent, hip dysplasia

[Abstract:0122] [Erişkin Psikiyatri » Psikofarmakoloji]

Neuropsychiatric Symptoms and Treatment in Patients with Dementia of the Alzheimer Type in Clinical Practice

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BACKGROUND AND AIM: Neuropsychiatric symptoms (NPS) in dementia include psychotic symptoms, signs of depression and anxiety, agitation and aggression, trouble sleeping, disinhibition, and irritability [1]. Symptoms of NPS occur in up to 97% of patients with dementia [2]. NPS is associated with functional impairment, increased hospitalization, and accelerated progression of dementia [3]. NPS is often under-recognized in patients with dementia due to a cognition- centered view. Furthermore, in the absence of clinically consistent guidelines for the treatment of NPS, off-label medications are frequently used for symptomatic treatment. The present study aimed to evaluate the neuropsychiatric symptoms and treatment of patients with dementia of the Alzheimer type in a training and research hospital.

METHODS: The study was approved by the institutional ethics committee. (Ethics committee of the Faculty of Medicine of Kastamonu University, Project no:2024-KAEK-14) A total of 95 patients with a previous diagnosis of Alzheimer's disease admitted to the neurology outpatient clinic were included in the study. A sociodemographic data form and neuropsychiatric inventory (NPI) were applied to the patients.

RESULTS: NPS was present in 94.7% of the patients. In 54.7% of the patients, psychotropic medication was used for NPS. The most frequent indication for initiation of psychotropic medication was sleep (46.2%), and the most preferred drug was quetiapine (35.8%). For NPS, a neurologist initiated psychotropic drug treatment in 80.8% of cases and a psychiatrist in 19.2% of cases. When the groups receiving and not receiving psychotropic treatment were compared in terms of NPI, the NPI total score and class score were significantly higher in the group receiving treatment. A comparison between NPI and NPS showed that delusions, hallucinations, agitation/aggression, and sleep symptom scores were significantly higher in the group receiving psychotropic treatment compared to the group not receiving treatment.

CONCLUSIONS: It was concluded that the rate of neuropsychiatric symptoms was comparable to the literature, that atypical antipsychotics were mostly preferred in treatment [4] and neurologists were more active in treatment, and NPS was higher in patients receiving psychotropic treatment for NPS.

Keywords: Alzheimer's Disease, dementia, neuropsychiatric symptoms, pharmacologic treatment

Table 1. General characteristics of the participants

Variables	
Age, mean±SD	78.71±8.09
Education (year), mean±SD	2,56,±3,07
Disease duration (year), mean±SD	4.53±3.24
SMMSE, mean±SD	15.41±5.28
NPI score, mean±SD	14.04± 12.03
NPI distress	8.87±6.15
Gender, Number (%)	
Male	35 (36.8)
Female	60 (63.2)
Neuropsychiatric symptom	
None	5 (5.3)
Least one	90 (94.7)
Alzheimer's medications	
None	7 (7.4)
Donepezil	26 (27.4)
Rivastigmine	3 (3.2)
Memantine	28 (29.5)
Donepezil+Memantine	25 (26.3)
Rivastigmine+memantine	3 (3.2)
Ginkgo biloba	3 (3.2)

NPI: Neuropsychiatric Inventory, SMMSE: Standardized mini mental state examination

Table 2. Evaluation of neuropsychiatric symptom treatment

Variables	
Psychotropic medication use , Number (%)	
None	43 (45.3)
Quetiapine	34 (35.8)
Risperidone	1 (1.1)
Olanzapine	3 (3.2)
Quetiapine+Haloperidol	2 (2.1)
Quetiapin+Vortioxetine	1 (1.1)
Quetiapin +Risperidone	3 (3.2)
Quetiapin +Escitalopram	2 (2.1)
Quetiapin +Sertraline	1 (1.1)
Sertraline+Trifluoperazine	1 (1.1)
Escitalopram+Risperidone	3 (3.2)
Sertraline+Olanzapine	1 (1.1)
Reason for starting psychotropic, Number (%)	
Agitation	2 (3.8.)
Irritability	6 (11.5)
Sleep	24 (46.2)
Sleep+ Hallucinations	5 (9.6)
Iritability+ Hallucinations	3 (5.8)
Iritability+Sleep	5 (9.6)
Iritability+Depression	2 (3.8)
Depression+ Hallucinations	1 (1.9)
Iritability+ Delusions	3 (5.8)
Sleep+Depression	1 (1.9)
Physician who started psychotropic medication	
Neurologist	42 (80.8)
Psychiatrist	10 (19.2)
Benefits of medication according to the family	
Beneficial	45 (86.5)
Not beneficial	7 (13.5)

Table 3. Comparison of neuropsychiatric symptoms and mental states between groups receiving and not receiving psychotropic treatment

	Psychotropic medication (+) (n:43)	Psychotropic medication (-) (n:52)	P
Variables	Mean±SD/ Median (min-max)	Mean±SD/ Median (min-max)	
SMMSE	16.64±5.08	16.24±5.42	0.162*
NPI score	16 (0-49)	5 (0-37)	<0.001**
NPI distress	11 (0-27)	5 (0-16)	<0.001**
Delusions	1 (0-12)	0 (0-9)	<0.001**
Hallucinations	4 (0-12)	0 (0-12)	0.001**
Agitation	0 (0-12)	0 (0-9)	0.047**
Depression	0 (0-6)	0 (0-4)	0.056**
Anxiety	0 (0-9)	0 (0-4)	0,523**
Elation/Euphoria	0 (0-0)	0 (0-0)	1.000**
Apathy	0 (0-12)	0 (0-4)	0.945**
Disinhibition	0 (0-9)	0 (0-4)	0,637**
Iritability	1 (0-12)	0 (0-9)	0.085**
Abnormal motor behaviour	0 (0-12)	0 (0-0)	0.065**
Sleep	2 (0-12)	0 (0-12)	0.024**
Appetite and eating changes	0 (0-12)	0 (0-9)	0.073**

NPI: Neuropsychiatric Inventory, SMMSE: Standardized mini mental state examination, *: P for Independet Sample T-test, **: P for Mann-Witney U test

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[Abstract:0131] [Erişkin Psikiyatri » Diğer]

Investigating the Relationship between Eco-Anxiety and Emotion Regulation, Coping Attitudes, Psychological Resilience, and Intolerance of Uncertainty In Health Care Workers

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BACKGROUND AND AIM: In recent years, many individuals worldwide have been struggling with the psychological effects of climate change. This situation makes the place of eco-anxiety, defined as concern about climate change and other global environmental conditions, more prominent in the scientific literature. Our study aimed to examine the relationship between eco-anxiety and emotion regulation, coping attitudes, psychological resilience, and intolerance of uncertainty in a population of health care workers exposed to high levels of stress.

METHODS: The study included 335 health care workers aged 20-56 years, of whom 197 were female (58.8%) and 138 were male (41.2%). Participants completed the sociodemographic data form, the Hogg Eco-Anxiety Scale (HEAS-13), the Intolerance of Uncertainty Scale (IUS-12), the Difficulties in Emotion Regulation Scale-Brief Form (DERS-16), the Coping Attitudes Evaluation Scale (COPE-R), and the Brief Resilience Scale.

RESULTS: 291 (86.9%) of the participants reported feeling at least one negative emotion about climate change and other global events. 169 (50.4%) participants indicated that the predominant emotion they felt was fear, 59 (17.6%) participants indicated sadness, 34 (10.1%) participants indicated hopelessness, 8 (2.4%) participants indicated anger, 7 (2.1%) participants indicated guilt, 7 (2.1%) participants indicated helplessness, 4 (1.2%) participants indicated sadness and grief, and 3 (0.9%) participants indicated powerlessness. 220 (65.7%) of the participants stated that they did not have enough information about climate change. In our study, eco-anxiety levels were significantly higher in women than in men ($p< 0.05$). A significant positive correlation was found between the total Eco-Anxiety score and the total Intolerance of Uncertainty score ($p < 0.001$, $r= 0.261$) and the total score of the Emotion Regulation Difficulties Scale ($p < 0.001$, $r= 0.393$). There was a significant positive correlation between Eco-Anxiety total scores and Coping Attitudes Assessment Scale scores ($p < 0.001$, $r= 0.210$). The avoidance ($p < 0.001$, $r = 0.291$) and self-punishment ($p = 0.001$, $r = 0.180$) subscales showed a significant positive correlation with eco-anxiety scores. There was a significant negative correlation between the psychological resilience scale and eco-anxiety scores ($p < 0.001$, $r= -0.233$).

CONCLUSIONS: This study shows that high levels of eco-anxiety are associated with higher uncertainty intolerance, greater emotion regulation difficulties, and greater use of maladaptive coping strategies such as avoidance and self-punishment. The negative correlation of eco-anxiety with psychological resilience underscores the potential of psychological resilience as a buffer against eco-anxiety and highlights the importance of the potential protective role of interventions that strengthen psychological resilience. We would like to emphasize the importance of emotional regulation skills, coping strategies, and psychological resilience in the therapeutic context given the increasing rates of eco-anxiety.

Keywords: Coping Attitudes, Eco-Anxiety, Emotion Regulation, İntolerance Of Uncertainty, Psychological Resilience

[Abstract:0144] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Are the Reward System, Risk Taking and Emotional Conflict Endophenotypes for Bipolar Disorder?

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BACKGROUND AND AIM: In our study, children with at least one parent diagnosed with Bipolar Disorder (BD) were divided into high-risk (HR) and ultra high-risk (UHR) groups by semi-structured clinical interview, and cases diagnosed with HR, UHR and BD were compared with healthy control group (HC) in terms of reward system, risk-taking behavior and emotional conflict resolution. Our main aim in this study was to determine the potential of using the reward system, risk-taking behavior and emotional conflict resolution as an endophenotype that would enable early recognition of the disease in children at high risk for BD.

METHODS: The study included 25 adolescents between the ages of 12 and 18 who were followed up in the Pediatric Psychiatry clinic of Ankara City Hospital and diagnosed with a DSM-V disorder. Patients between the ages of 12-18 years, consisting of children of parents diagnosed with BD who were followed up in the Psychiatry Clinic of Ankara City Hospital, were evaluated with the Bipolar Prodrome Symptom Scale (BPSS). According to the BPSS results, 24 cases constituted the UHR group and 32 cases constituted the HR group. K-SADS-PL-DSM-5-T, Young Mania Rating Scale and Sociodemographic Information Form were administered to all patients. All participants completed the Beck Depression Inventory, Barratt Impulsivity Scale-11 (BIS-11) and Behavioral Inhibition System/Activation System (BIS/BAS) Scale. In addition, the Go/No-Go Task, Modified Balloon Analog Risk Task (M-BART), Iowa Gambling Task (IGT) and Emotional Stroop Test (EST) were administered to all participants in a computerized environment.

RESULTS: The total scores of the BIS-11 were found to be significantly higher in the HR, UHR, and BD cases compared to the HC group. The reward sensitivity subscale of the BIS/BAS scale was significantly higher in the HR, UHR and BD cases compared to the HC group. The funseeking subscale of the BIS/BAS scale was found to be significantly higher in the UHR and BD cases compared to the HC group. The total number of M-BART pumps and mean pump score were higher in the UHR group compared to the HC group. IGT net scores of the HR, UHR and BD cases were significantly lower than those of the HC group. Both conflict and non-conflict accuracy scores in EST were found to be significantly lower in HR, UHR and BD cases compared to the HC group. Both conflict and non-conflict test latencies of HR and BD cases were found to be significantly longer than the HC group.

CONCLUSIONS: In our study, impulsivity and reward system hypersensitivity were found to be increased in both high-risk cases and cases with a diagnosis of BD compared to HC. Risk-taking behavior and increased cognitive impulsivity were found to be significantly increased in UHR cases. As a result of the EST, it was found that patients diagnosed with bipolar disorder and both HR and UHR cases had difficulties in resolution skills especially in conflict situations. In our study, it was thought that reward system hypersensitivity, risk-taking behavior and emotional conflict may be endophenotype candidates. Our findings need to be supported by further studies with larger samples.

Keywords: Bipolar disorder, high risk, impulsivity, emotional conflict, risk taking, reward system.

[Abstract:0150] [Erişkin Psikiyatri » Diğer]

Can Inflammatory Markers Predict Suicide Risk in Patients at Risk in Terms of Suicide Attempt?

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BACKGROUND AND AIM: Increased inflammatory markers have been linked to suicidal behavior in numerous studies(1-4). Platelet/lymphocyte ratio, neutrophil/lymphocyte ratio, monocyte/lymphocyte ratio and other inflammatory markers may be a marker in predicting suicide. In addition, the determination of the relationship between these inflammatory markers and suicide can provide a basis for preventive mental health measures. In this study, we aimed to investigate inflammatory markers in suicidal ideation/behavior and to compare the results with the control group(1-4).

METHODS: The study included 23 patients who met the inclusion criteria and 23 healthy individuals admitted to the psychiatric outpatient clinic or emergency department due to suicidal thoughts/behavior. All participants were evaluated by the clinician according to SCID-I and DSM-IV TR. Patients with diseases that could cause elevated CRP (infection, oncological diseases,etc.) were not included in the study. While calculating the sample, the study of Ayhan et al. was taken as reference(4). Research data were evaluated using the SPSS 21 statistical program. Ethics committee approval was obtained from Adnan Menderes University Faculty of Medicine Ethics Committee with protocol number 2024/26.

RESULTS: The study included 23 patients aged 18 and over who applied to the psychiatry outpatient clinic or emergency department due to suicidal ideation/behavior, and 23 healthy individuals similar in age and gender. There was no statistically significant difference between the groups in terms of age and gender(Table 1).
There was no statistically significant difference in inflammatory markers between those with and without chronic psychiatric disease(Table 2).

CRP, WBC, Neutrophile and NLR values were found statistically significantly higher in the group with suicidal thoughts/behavior compared to the control group.

In the ROC analysis, it was observed that suicidal ideation/behavior could be predicted statistically significantly level at CRP values of 1.86 and above (68.2% sensitivity and 69.6% selectivity), WBC values of 8.14 and above (63.6% sensitive,65.2% specificity), Neutrophile values of 4.52 and above (72.7% sensitive,73.9% specificity), NLR values of 1.89 and above (77.3% sensitive,78.3% specificity)(Figure 1). In univariate logistic analysis, WBC and NLR values were found to be statistically significantly associated with suicidal ideation/behavior. In the multivariate logistic regression analysis performed with WBC and NLR values, it was determined that NLR was an important marker in predicting suicidal ideation/behavior. It has been observed that a one-unit increase in the NLR rate increases the risk of suicide by 4,034 (1,120-14,535) times(Table 4).

CONCLUSIONS:When we research the literature, it is seen that chronic psychiatric diseases trigger inflammatory processes and, accordingly, inflammatory markers increase (1,5,6).In our study, in order to distinguish whether the higher levels of inflammatory markers such as CRP, WBC, neutrophil, and NLR in the study group compared to healthy controls were due to the effect of chronic psychiatric disorders or the effect of suicidal ideation/behavior, we grouped the patients with suicidal thoughts/behavior with or without chronic psychiatric disorders and compared inflammation markers. No significant difference was detected. This suggests that inflammation is increased in suicidal ideation/behavior processes, independent of chronic psychiatric disease. Using inflammatory markers in patients at risk in terms of suicide attempt can be applied to predict and monitor suicide risk.

Keywords: inflammatory markers, neutrophil/lymphocyte ratio, suicidal ideation

Figure 1. Evaluation of inflammatory markers with ROC analysis (State variable=Suicide)

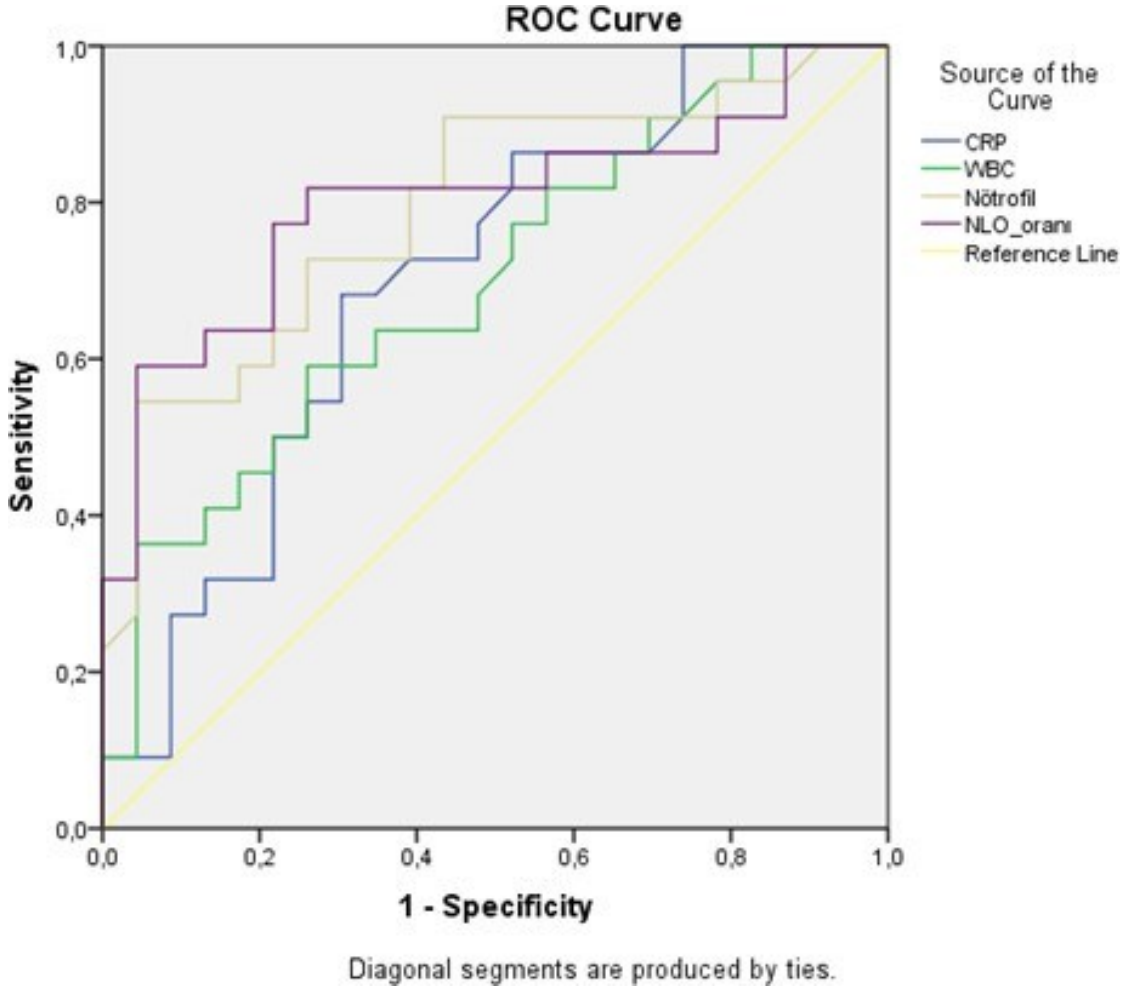

Table 1. Demographic characteristics

	de (n=23)	ol (n)23)	ıe
	26,0-48,0)	23,0-58,0)	*
er††			
le	,9)	,5)	**
	1)	,5)	

*† Median(Perc 25-75) †† Count(Percentage) *Mann Whitney U test **Chi square test*

Table 2. Comparison of inflammatory markers according to the presence of chronic psychiatric disease

	ıic Psychiatric Disease	ıic Psychiatric Disease	
	=10)	n=13)	ıe
(mg/lt) †	,2-5,5)	,2-5,3)	*
(µl) †	8,9-12,2)	,1-9,3)	*
ophile (µl) †	,1-8,2)	,8-6,9)	*
hocyte (µl) ††	,8	,0	**
†	,9-5,5)	,5-2,6)	*

*† Median(Perc 25-75) †† Mean±SS *Mann Whitney U test **Student t test*

Table 3. Comparison of inflammatory markers between groups

	Suicide (n=23)	Control (n=23)	p value
CRP †	3,1(1,2-5,5)	1,1(0,3-3,1)	0,021*
WBC (µl) †	8,9(7,1-11,0)	7,4(6,0-8,7)	0,015*
Neutrophile (µl) †	6,1(4,2-7,7)	3,7(3,4-4,7)	<0,001*
Lymphocyte (µl) ††	2,3±0,9	2,7±0,9	0,111**
NLR †	2,4(1,8-5,2)	1,5(1,4-1,9)	0,001*

*† Median(Perc 25-75) †† Mean±SS *Mann Whitney U test **Student t test*

Table 4. Evaluation of inflammatory markers with univariate and multivariate logistic regression analysis

	Univariate	p value	Multivariate	p value
	B(%95 CI)		B(%95 CI)	
CRP	1,184(0,967-1,449)	0,102	-	-
WBC	1,421(1,049-1,925)	0,023	1,242(0,884-1,746)	0,212
NLR	4,303(1,270-14,575)	0,019	4,034(1,120-14,535)	0,033

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[Abstract:0155] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Side Effects Of Paliperidone Palmitate 3-Monthly In Comparison With Paliperidone Palmitate 1-Monthly

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BACKGROUND AND AIM: Many clinicians believe that Long Acting Injections (LAIs) are associated with a greater side effect burden than oral agents, among other misconceptions about LAI treatment. Clinical studies have demonstrated that paliperidon palmitate-three-month (PP3M), which currently has the longest duration of action, is an effective, safe and tolerable treatment in schizophrenia, the number of studies on the long-term efficacy and side effects (SE) are limited. We aimed to evaluate SE and symptom severity of paliperidon palmitate-one-month (PP1M)/PP3M and whether the SE changed in patients who switched from PP1M to PP3M

METHODS: Of the 473 consecutive patients with schizophrenia who were admitted to the psychiatry outpatient and inpatient clinic, only 132 patients were prescribed long-acting injections of antipsychotics (LAIA) and 67 patients who were initiated on PP1M and met the inclusion criteria were included in the study.

RESULTS: The stabilization phase of patients continued after switching to PP1M and PP3M treatments. The SAPS and SANS scores decreased significantly after PP1M compared to first interview and this significant reduction continued after switching to PP3M. The most common SEs after PP1M and PP3M were increased fatigability in psychic SEs, hypokinesia and akathisia in neurological SEs, weight gain and diminished sexual desire in other SEs. When SE were observed after PP1M and PP3M treatments, SEs changed with small effect size or not at all. There was no difference between high-dose and low-dose PP in terms of SEs. Of the participants only using PP1M treatment, 40% reported mild (do not interfere with the patient's performance) or moderate (24%) (moderately interferes with the patient's performance) SEs. Of these participants, 16% received more frequent examination-discontinuous medication for SEs, and 16% received additional medication for SEs. Of the participants only using PP3M treatment, 48% reported mild, 8% moderate, 8% severe SEs. Of these participants, 12% received more frequent examination-discontinuous medication for SEs, 8% received additional medication, 8% medication was discontinued for SEs.

CONCLUSIONS: The present study systematically focused adverse events, of the head to-head comparison of the PP with the only difference being their use as an 1 month or 3 month formulation. Also this study is consistent with the literature since there was a decrease in the number of hospitalizations and psychotic exacerbation and a significant symptomatic improvement in the participants after switching to the PP1M treatment compared to pre-PP1M. After switching PP1M to PP3M no significant increase in their SEs was observed. After selecting the appropriate dosage and to be titrated and adjusted based on clinical presentation before switching to PP there was no difference between high-dose and low-dose PP in terms of SEs. In this study's data, it was observed that the use of multiple antipsychotics increased weight gain and diminished sexual desire. Preferring monotherapy as much as possible at an effective dose and duration may increase the comfort of patients in terms of SE.

Keywords: Antipsychotic Agents, Drug-Related Side Effects and Adverse Reactions, Schizophrenia, Treatment Outcome

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[Abstract:0175] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Long-Term Psychiatric Symptoms in Children with Crush Syndrome One Year After the Kahramanmaraş Earthquake

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BACKGROUND AND AIM: Crush syndrome refers to a condition that develops surgically and medically as a result of trauma, involving numerous symptoms and signs associated with rhabdomyolysis. Crush syndrome is most commonly encountered during earthquakes. After unpredictable and uncontrollable disasters such as earthquakes, psychiatric symptoms may occur, which usually resolve spontaneously within a few weeks. Psychological effects due to traumatic experiences vary from person to person, and trauma can cause chronic psychiatric disorders in some individuals. This study aimed to determine the long-term psychiatric symptoms of patients with crush syndrome or amputation who were transferred to our hospital after the Kahramanmaraş earthquake.

METHODS: The psychiatric assessment of children with physical injuries regarding the earthquake was conducted after one year of the acute period of their hospitalizations. Thirty-two earthquake survivors were assessed with The Revised Children's Anxiety and Depression Scale (RCADS) and The Child and Adolescent Trauma Screen 2 (CATS-2).

RESULTS: The mean age of the children was 12.63±3.67 years, and 53.1 % (n=17) were girls. The duration of being under the wreckage after the earthquake was 21.68±25.86 hours. The mean duration length of stay in the hospital was 61.06±46.63 days. A total of 3 children had a limp amputation history, and 40.6 % had compartment syndrome and fasciotomy history. 37.5% had a loss of the mother, 28.1% had the father loss, and 50.0% had a sibling loss. The highest psychopathology mean T scores were found to be separation anxiety (61.41± 18.45), panic disorder (56.20± 15.57), and depression scores (55.29± 13.63). PTSD screening by caregiving test showed that 48.4 % of the sample was at risk for probable PTSD diagnosis. However, PTSD self-report screening indicated that 53.3% of the sample was risky for probable PTSD.

CONCLUSIONS: The highest severity of psychopathology is found in separation anxiety disorder in the long term of physically injured children after the earthquake. Moreover, nearly half of the sample is at serious risk for the presence of PTSD and should receive psychological support and treatment.

Keywords: Child and Adolescent, Trauma, Earthquake, Crush Syndrome

[Abstract:0176] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Examining the Relationship between Autistic Features and Suicidal Ideation and Suicidal Behavior in Adolescents Diagnosed with Depression

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BACKGROUND AND AIM: The aim of this study was to investigate the presence of autistic traits in adolescents diagnosed with depression between the ages of 12-18. Additionally, the study aimed to assess the relationship between autistic features and suicidal thoughts and behavior, peer bullying, and ruminative thoughts.

METHODS: The sample of our study consists of 40 adolescents with a diagnosis of depression and suicidal ideation (Suicidal Depression-SD), 36 adolescents with a diagnosis of depression but no suicidal ideation (Non-Suicidal Depression-SOD) and 36 healthy adolescents at the Child and Adolescent Mental Health and Diseases Clinic of Ankara Bilkent City Hospital. Patients who reported suicidal thoughts and plans in the clinical interview, patients who reported suicidal thoughts in the 9th item of the Beck Depression Inventory (BDI), and those who attempted suicide in the last 3 months were evaluated by the clinician by applying the Beck Suicide Ideation Scale (BSSI). Those who met the required score from the screening part of the scale were evaluated with suicidal thoughts and behavior. They were included in the study as current (SD) adolescents. For all adolescents, the Sociodemographic Data Form and Autism Spectrum Questionnaire (AQ) were completed by their parents. BDI, Beck Anxiety Inventory (BAI), Ruminative Response Scale (RRS), Child/Adolescent Bullying Scale (CABS) were completed by the adolescents.

RESULTS: A total of 112 adolescents were included in our study, 40 in the SD group, 36 in the NSD group and 36 in the healthy control (HC) group. When all groups were compared in terms of AQ total score and subscale scores, it was determined that SD cases had higher scores than HC cases. When the groups were compared according to the BDI and BAI total score averages, BDI and BAI scores were found to be higher in the SD group than in the NSD and HC groups, and in the NSD group than in the HC group. When the 3 groups were compared according to the RRS total score averages, the RRS total scores were found to be higher in the SD group than in the NSD and HC groups, and in the NSD group than in the HC group. When evaluated in terms of CABS score, it was shown that SD cases received higher scores than NSD and HC cases. When the correlation analyzes were examined, a positive relationship was shown between AQ scores and BDI, BAI, CABS, BSSI total and subscale scores.

CONCLUSIONS: In our study, it was shown that autistic features were higher in adolescents diagnosed with depression and having suicidal thoughts and attempts than in healthy controls. It has also been shown that autistic features are associated with suicidal thoughts, ruminative thoughts and peer bullying. It should be noted that autistic features may increase the risk of suicide in people with depression symptoms. In addition, in order to use autistic features as risk markers in adolescents with depression, there is a need for specific and sensitive measurement methods for autistic features and more research to clarify the relationship between autistic features and suicide.

Keywords: autistic features, suicide, adolescent; depressive disorder

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[Abstract:0183] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]
Examining the Relationship between the Level of Social Integration, Perceived Social Support and Functional Recovery Levels of Patients Who Have Been/Will Be Discharged from Psychiatric Clinics

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BACKGROUND AND AIM: With this study, patients who have been treated as inpatients in psychiatric clinics for at least 30days and planned to be discharged, and patients with psychiatric disorders who are followed up in Community Mental Health Centers (CMHC); It was planned to examine the relationship between the level of social integration, perceived social support and functional recovery levels.

METHODS: The study was planned in a descriptive, cross-sectional design. The population of the study consisted of patients receiving inpatient treatment at "Adana Dr. Ekrem Tok Mental Health and Diseases Hospital Clinics" and patients followed in two different CMHCs affiliated with the hospital. The research was conducted between August 2022 and February 2023, with a total of 342 patients, who met the inclusion criteria and volunteered to participate in study and who were followed up in CMHCs (161patients) and "received inpatient treatment in inpatient clinics for at least 30days and were planned to be discharged"(181patients). “Sociodemographic Data Form”, which includes sociodemographic characteristics of the patients, “Community Integration Scale for Adults with Psychiatric Disorders”[1], “Multidimensional Perceived Social Support Scale”[2] and “Functional Recovery in Schizophrenia Scale”[3] used in collecting data. SPSS 22.0 package program was used in the statistical analysis of the data.

RESULTS: Patients participating in the study; 42.1%are between the ages of 36-50, 57.6%are male, 28.9% are primary school graduates, 30.4%are married, 47.7%have income less than their expenses, 80,1%of them lived with their family, 69%were not employed, 57.6%were treated as inpatients in a psychiatric clinic more than 3times, 31%had a family member with a psychiatric disorder, 57.6%It was concluded that 57,6%of them smoked, 10.2%used alcohol, 9.4%used a substance, 17%had a criminal history, and 65.5%used psychotropic medications regularly. There was a difference between the total score of the multidimensional perceived social support scale of patients, functional improvement in schizophrenia($p=0.051$); It was determined that there was a significant difference between the social functionality subscale($p=0.002$), daily living skills subscale($p<0.001$), health and treatment subscale($p<0.001$) and vocational functionality subscale($p=0.002$). With the patients' total score of the multidimensional perceived social support scale; subscales of the community integration scale for adults with psychiatric disorders; psychosocial community integration- with social network size and characteristics($p<0.001$), physical community integration- with independence and community resource use($p<0.001$), psychosocial community integration- with community support($p<0.001$), psychosocial community integration- emotional connection($p<0.001$) and physical community integration, community participation and leisure activities($p<0.001$), from the subscales of the functional recovery scale; It was determined that there was a statistically significant relationship between the social functionality subscale($p<0.001$), daily living skills subscale($p<0.001$), health and treatment subscale($p<0.001$) and occupational functionality subscale($p<0.001$).

CONCLUSIONS: It was determined that there was a relationship between the level of social integration, perceived social support and functional recovery levels of patients with psychiatric disorders. It is thought that evaluating the real potential of individuals with serious mental disorders regarding their integration into the society they live in, adequately perceived social support and optimal levels of functionality will contribute significantly to the reduction of recurrent hospitalizations and the increase of individuals' integration into society.

Keywords: Community integration, Perceived social support, Functional recovery, Mental disorder

[Abstract:0202] [Çocuk Psikiyatri » Uyku bozuklukları]

Is There a Relationship Between Problematic Internet Use and Sleep Quality, Depression in Medical Faculty Students: A Preliminary Study

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BACKGROUND AND AIM: The term “Problematic Internet Use (PIU)” has been used to refer to problematic behavioral patterns associated with internet use. According to reports, PIU is more frequent in college students than in the general population, particularly in medical school students. Therefore, it is important to identify individuals with potentially problematic internet use and to reveal the relationships between internet use and mental health in these individuals in order to develop preventive interventions for this group. This study aims to determine whether PIU is associated with sleep quality and depression levels in medical school students.

METHODS: A total of 70 Medical Faculty students (74.3% female, mean age 23.01 ± 0.87) who completed the Young’s Internet Addiction Scale (YIAS), Pittsburgh Sleep Quality Index (PSQI), and Beck Depression Inventory (BDI) participated in our study. Problematic behaviors and symptoms related to internet use were evaluated via YIAS, and subjects with a YIAS score of ≥50 were categorized as PIU, while those with a score of <50 were defined as normal internet use (NIU).

RESULTS:22.9% (n = 16) of the participants were determined to have PIU. There was no gender (p =.468) or age (p =.629) difference between the PIU and NIU groups. BDI and PSQI total scores were found to be significantly higher in the PIU group than in the non-PIU group ($p < 0.001$, $p=0< 0.001$; respectively). According to Spearman correlation analysis, a positive correlation was found between YIAS and BDI total scores ($p < 0.001$), YIAS and PSQI total scores ($p < 0.001$), BDI and PSQI total scores ($p < 0.001$). According to the results of logistic regression analysis, it was observed that BDI and PSQI total scores were associated with of PIU.

CONCLUSIONS: The findings of this study show that the prevalence of sleep quality and depressive disorders in medical school students with PIU is higher than in those without PIU. Although our study is still preliminary results, this study shows that PIU may have negative effects on the mental health and sleep quality of medical students.

Keywords: Problematic Internet Use, Sleep quality, Depression, Medical Faculty, University Student

[Abstract:0204] [Erişkin Psikiyatri » Otizm Spektrum Bozuklukları]

Turkish Validation and Reliability of the Broad Autism Phenotype Questionnaire: Preliminary Study

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BACKGROUND AND AIM: The sub-threshold symptoms observed in parents of individuals with autism spectrum disorder (ASD) were first mentioned by Leo Kanner and Hans Asperger. The prevalence of subclinical-level autistic symptoms in this group has led to the introduction of the broad autism phenotype (BAP) concept in parents of individuals with ASD. We aimed to adapt the Broad Autism Phenotype Questionnaire (BAPQ) designed for adults to Turkish and assess its validity and reliability.

METHODS: After receiving approval from the Ethics Committee, we included 176 parents of children with ASD in our preliminary study. In addition to the BAPQ self-report form, participants were also provided with the BAPQ informant-report form to be completed by a relative if available. Additionally, participants completed the Autism Spectrum Quotient (AQ). Best-estimate scores were obtained by calculating the mean values of the subscale and total scores obtained from both forms. The BAPQ was re-administered to 34 participants four weeks later for a test-retest assessment. Data were analyzed using statistical software packages.

RESULTS: Confirmatory factor analysis revealed ten items needing removal with p-values > 0.05, resulting in a 26-item Turkish version of the BAPQ (BAPQ-T). The Cronbach's alpha coefficients for the 26-item BAPQ-T self-report and informant forms were 0.860 and 0.844, respectively, indicating good internal consistency. The Cronbach's alpha coefficients for the Aloof Personality, Rigid Personality, and Pragmatic Language subscales of the BAPQ-T self-report form were 0.812, 0.645, and 0.787. The corresponding values for the BAPQ-T informant form were 0.815, 0.583, and 0.680. A test-retest analysis of the self-report form revealed significant correlations for each subscale and total score, indicating good reliability (ranged from r=0.616 to 0.730, p<0.001). All BAPQ-T subscales showed significant correlations with each other in the self-report and best-estimate scores. The correlation coefficients ranged from r = 0.271 to 0.493 ($p < 0.001$) for self-report and from r = 0.272 to 0.544 ($p < 0.001$) for the best estimate (Table 1-2). The AQ total score was found to be significantly correlated with both the total self-report score (r = 0.410, $p < 0.001$) and the total best estimate score (r = 0.386, $p < 0.001$). All BAPQ-T subscales (both best estimate and self-report) were found to be significantly correlated with the social skills, attention switch, and communication subscales of the AQ (Table 3). Discriminant validity analyses confirmed that the scale effectively distinguishes.

CONCLUSIONS: The Turkish version of the BAPQ could provide the identification of the BAP observed in parents of individuals with ASD. Our preliminary results indicated that Turkish BAPQ is a useful and valid instrument for defining the BAP.

Keywords: Broad Autism Phenotype, Assessment, Autism, Parents, Sub-treshold Autism

Table 1: Correlation of the subscales of BAPQ-T self-report form with the total score and other subscales.

	Aloof personality	Rigid personality	Pragmatic language	BAPQ-T score
Aloof personality	1			
Rigid personality	r = 0,493** p <0,001	1		
Pragmatic language	r = 0,438** p <0,001	r = 0,271** p <0,001	1	
BAPQ-T score	r = 0,872** p <0,001	r = 0,679** p <0,001	r = 0,755** p <0,001	1

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

Table 2: Correlation of the subscales of BAPQ-T (best estimate score) with the total score and other subscales.

	Aloof personality	Rigid personality	Pragmatic language	BAPQ-T score
Aloof personality	1			
Rigid personality	r = 0,544** p <0,001	1		
Pragmatic language	r = 0,466** p <0,001	r = 0,272** p <0,001	1	
BAPQ-T score	r = 0,887** p <0,001	r = 0,695** p <0,001	r = 0,759** p <0,001	1

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

Table 3: Correlation between the subscales of BAPQ-T and the subscales of AQ

Table 3: Correlation between the subscales of BAPQ-T and the subscales of AQ

	AQ-Social skills	AQ-Attention switch	AQ-Imagination	AQ-Attention to detail	AQ-Communication
Aloof personality (BAPQ best estimate score)	r=0,309***	r=0,252***	r=0,199*	r=-0,110	r=0,373***
	p<0,001	p=0,002	p=0,013	p=0,171	p<0,001
Rigid personality (BAPQ best estimate score)	r=0,175*	r=0,242***	r=0,109	r=-0,099	r=0,175*
	p=0,028	p=0,003	p=0,179	p=0,220	p=0,030
Pragmatic language (BAPQ best estimate score)	r=0,206**	r=0,257***	r=0,327***	r=-0,098	r=0,450***
	p=0,009	p=0,001	p<0,001	p=0,221	p<0,001
Aloof personality (BAPQ self-report form)	r=0,339***	r=0,221**	r=0,224**	r=-0,104	r=0,345***
	p<0,001	p=0,006	p=0,005	p=0,198	p<0,001
Rigid personality (BAPQ self-report form)	r=0,207**	r=0,239***	r=0,126	r=-0,174*	r=0,181*
	p=0,009	p=0,003	p=0,117	p=0,030	p=0,025
Pragmatic language (BAPQ self-report form)	r=0,266***	r=0,261***	r=0,290***	r=-0,075	r=0,467***
	p=0,001	p=0,001	p<0,001	p=0,354	p<0,001

***Bonferroni corrected p-value cut-off: p < .003

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

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

[Abstract:0225] [Çocuk Psikiyatri » Bağımlılıklar]

Evaluation of social media privacy, internet addiction in adolescents who are victims of sexual abuse and digital awareness in their parents

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BACKGROUND AND AIM: Childhood sexual abuse; It is defined as the use of a child who has not completed his/her psychosocial development by an adult for sexual stimulation. It is known that most cases remain hidden and difficult to detect. Also it is a serious problem as it can be seen regardless of socioeconomic level, age, gender or geographical region [1].

Nowadays, with the effect of increasing use of media, we observe that abuse cases also occur via the internet. There is evidence that relationships that begin online can progress to face-to-face encounters that escalate to sexual contact between the young victim and the offender[2].We created the hypothesis of our study with the prediction that adolescents who have difficulty protecting their privacy in the digital environment and have high internet addiction may be at risk for abuse and that their parents may have low digital awareness.

METHODS:We conducted our study in the child and adolescent psychiatry outpatient clinics of Balıkesir Atatürk City Hospital and Kırıkkale Yüksek İhtisas Hospital. The case group included 57 adolescents, aged between 11 and 18, who were victims of sexual abuse, without mental retardation, and who were admitted to the child and adolescent psychiatry outpatient clinic, which is the number we obtained as a result of the power analysis. The control group included 57 adolescents aged between 11 and 18, who had no psychiatric disease or mental retardation and were admitted to the child and adolescent psychiatry outpatient clinic.Verbal and written consents were obtained from all subjects and their legal representatives. Apart from the sociodemographic data form, the social media privacy protection scale and the Young Internet Addiction Scale short form were filled in by the adolescents, and the parents filled in the digital parent awareness scale. Statistical evaluations were made in the “SPSS (Statistical Package for Social Sciences) version 26."

RESULTS:Internet addiction and use of the Internet for social media purposes were found to be higher in the case group. While social media privacy protection skills were higher in the control group, they were lower in the case group. Digital awareness was found to be lower in the parents of the case group, although it was not statistically significant. A negative relationship was found between internet addiction and parental awareness. In other words, as parents' digital awareness increases, internet addiction decreases.

CONCLUSIONS:. The fact that internet addiction is higher in the case group and their ability to protect social media privacy is lower supports our hypothesis. Additionally, given that parents play an important role in young people's social learning, it is known that parental mediation of young people's social media use affects young people's privacy management[3]. The inverse relationship between parental awareness and internet addiction draws attention to the importance of parents in protecting adolescents from abuse. In preventing abuse, parents need to be aware of the risks of the digital environment and the precautions they can take.

Keywords: abuse, internet addiction, privacy

[Abstract:0227] [Erişkin Psikiyatri » Psikofarmakoloji]

Determination of Pancreatic Beta Cell Reserve in Antidepressant Users and Evaluation of Its Relationship with Metabolic Parameters: A Cross-Sectional Study

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BACKGROUND AND AIM: The aim of this study is to determine the pancreatic β-cell reserve by means of homeostatic model assessment for insulin resistance (HOMA-IR) in patients followed up with the diagnoses of major depressive disorder and anxiety disorder and being treated with antidepressants, and to investigate the relationship between the pancreatic β-cell reserve and various metabolic markers.

METHODS: The fasting blood glucose and insulin levels and various biochemical parameters of 60 patients using antidepressants and 60 healthy control subjects were measured and their HOMA-IR values were calculated. The study has been approved by the Institutional Review Board (IRB) or Independent Ethics Committee (IEC) (Date: 27/02/2019; Number: 314883).

RESULTS: Both the patient and control groups consisted of 32 (53.3%) females and 28 (46.7%) males. There was also no significant difference between the groups in terms of age ($p=0.275$). The median duration of antidepressant use of the patients was 27 (min:12, max:48) months. Weight, body mass index and waist, hip and neck circumferences of the patient group were significantly higher than those of the control group ($p<0.05$). The insulin, C-peptide and HOMA-IR values of the patient group were also significantly higher than those of the control group ($p<0.05$). There was no significant difference between the patient and control groups in terms of fasting blood glucose and hemoglobin A1c (HbA1c) values ($p>0.05$). On the other hand, total cholesterol and low-density lipoprotein (LDL) values of the patient group were found to be significantly higher than those of the control group ($p<0.05$).

CONCLUSIONS: The findings of this study indicated that the use of antidepressants is associated with an increase in C-peptide and HOMA-IR levels, which are positively correlated with insulin resistance.

Keywords: Antidepressant, Insülin, HOMA-IR, Beta cell reserve

[Abstract:0228] [Erişkin Psikiyatri » Adli Psikiyatri]

Cases Evaluated in a Mental Health and Diseases Hospital Within the Scope of Article 32 of the Turkish Penal Code (TCK 32)

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BACKGROUND AND AIM: This study aimed to examine the sociodemographic and clinical characteristics of patients evaluated within the scope of Article 32 of the Turkish Penal Code (TCK 32) in a mental health and diseases hospital (MHDH).

METHODS: In this retrospective study, cases evaluated within the scope of TCK 32 at Elazığ MHDH between 01/07/2023-31/12/2023 were examined. Sociodemographic and clinical data of the patients were recorded. The study has been approved by the Institutional Review Board (IRB) or Independent Ethics Committee (IEC) (Fırat University, Date: 18/03/2021; No: 2021/04-35).

RESULTS: The number of cases evaluated within the scope of TCK 32 in the specified date ranges was 406. 372 (91.6%) of these cases were male and 34 (8.4%) were female. The mean age of all cases (n=406) was 36.38±11.96 years. The current psychiatric diagnoses of the cases at the time they were evaluated at the medical board were examined. There was no diagnosis of any psychiatric disorder in 147 (36.2%) of the cases. The diagnosis of 80 (19.7%) of the cases was determined as schizophrenia, 72 (17.7%) as bipolar disorder, 39 (9.6%) as SUD and 37 (9.1%) as intellectual disability. 202 (49.8%) cases were using at least one psychotropic at the time of evaluation. 52 (12.8%) cases were using at least one illicit drug/substance/stimulant at the time of evaluation. 88 (21.7%) cases had a history of psychotic disorder due to substance use disorder. 244 (60.1%) cases had a history of psychiatric hospitalization at least once. 255 (62.8%) cases were detained/convicted at the time of evaluation. 167 (41.1%) of the cases met the criteria for antisocial personality disorder according to DSM-5. The cases' current crimes related to TCK 32 were examined. 94 cases of intentional/negligent injury, 70 (17.2%) cases of theft, 37 (9.1%) cases of illicit drug-related crimes, 35 (8.6%) cases of threat/blackmail, 32 (7.9%) cases of insult, 23 (5.7%) cases sexual crimes, 21 (5.2%) cases for damaging public property and 13 (3.2%) cases for crimes related to private life. In terms of crime classification, 280 (69.0%) crimes were committed against individuals, 70 (17.2%) crimes were committed against the nation and the state, and 56 (13.8%) crimes were committed against society. The crimes were committed an average of 2.97±2.91 years before the current application. After the medical board evaluation, 231 (56.9%) cases were given "full criminal liability", 69 (17.0%) cases were given "TCK 32/1", 16 (3.9%) cases were given "TCK 32/2", 86 (21.2%) cases were given "CMK74". ” and 4 (1.0%) cases were decided to be evaluated by a full-fledged hospital. After the medical board evaluation, a security precaution decision was requested for 43 (10.6%) cases.

CONCLUSIONS: This study deals with cases evaluated by the medical board of an MHDH. When interpreting the findings, it should be taken into consideration that this study was conducted in a MHDH. Based on the results of this study, regulations can be made regarding forensic psychiatry processes in MHDHs.

Keywords: Turkish Penal Code, Forensic Psychiatry, Forensic Report, Crime

[Abstract:0230] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

The Relationship Between the Symptom Severity of Children with Attention Deficit Hyperactivity Disorder and Parental Self-Stigma

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BACKGROUND AND AIM: Stigma refers to an attribute that is "deeply discrediting," which reduces a person to a "tainted" or "discounted" one.[1] In many cultures, individuals with mental health problems are amongst the most highly stigmatized groups.[2] Children with mental health disorders experience public stigma, and this stigma can extend even to their parents.[3] Additionally, individuals may experience 'self-stigma,' which means that a stigmatized individual accepts and endorses stigmas as valid or true of the self.[4] Self-stigma is related to diminished self-esteem, social connectedness, hopelessness, and mental health problems, such as depression.[5] The present study aims to evaluate the self-stigma in parents of children with attention deficit hyperactivity disorder (ADHD) and its relationship with the symptom severity of children.

METHODS: Forty parents of children with ADHD who were following up at the Child and Adolescent Psychiatry Outpatient Clinic of Silifke State Hospital were included in this study. Parents completed the Self-Stigma Inventory for Parents (SSI-P) and the Strengths and Difficulties Questionnaire-Parent Form.

RESULTS: Of the participants, 29 (72.5%) were mothers, and 22 (55.0%) had a high school education or less. The mean age was 39.92 (SD = 4.79, 30-53) years. SSI-P scores were positively associated with hyperactivity/inattention (ρ =.315, p = 0.048), conduct problems (ρ =.421, p = 0.007), and total difficulties scores (ρ =.396, p = 0.013). However, SSI-P scores were not related to parental age, gender, educational level, elapsed time from diagnosis, emotional symptoms (ρ =.200, p = 0.222), and peer problems scores (ρ =.254, p = 0.119).

CONCLUSIONS: The current findings underscore the relationship between hyperactivity/inattention symptoms and conduct problems of children with ADHD and the self-stigma of their parents. Given the impact of self-stigma on psychological well-being, it seems crucial to manage symptoms in children with ADHD to increase parental well-being and improve parent-child relationships.

Keywords: ADHD, attention deficit hyperactivity disorder, parent, self-stigma

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[Abstract:0234] [Çocuk Psikiyatri » Adli Psikiyatri]

Investigation of Burnout Levels of Parents of Children Evaluated within the Scope of Health Measures and the Relationship of Depression, Anxiety, Stress Levels with Psychopathologies of Children

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BACKGROUND AND AIM: "Regulation on the Implementation of the Protective and Supportive Measure Decisions Made Pursuant to the Child Protection Law" published in the Official Gazette dated December 24, 2006 and numbered 26386, the health measure is a measure for the temporary or permanent medical care and rehabilitation of the child necessary for the protection and treatment of the child's physical and mental health, and for the treatment of substance addicts. The aim of this study was to examine the relationship between the psychopathology of children under health measures and their parents' burnout levels, depression, anxiety and stress levels.

METHODS: The study sample consisted of children who were evaluated within the scope of health precautions in the outpatient clinic of the Department of Child and Adolescent Mental Health and Diseases at Selçuk University. Sociodemographic Data Form and Strengths and Difficulties Questionnaire (SDQ) were applied to the children evaluated within the scope of health measures. Parents were administered the Couple Burnout Measures- Short Form (CBM-SF) and the Depression, Anxiety and Stress Scale (DASS-21). Ethical approval was obtained.

RESULTS: A total of 41 children between the ages of 5-18 years were included in our study with a mean age of 11.68 ± 4.38 years. 51.2% of the children were girls and 48.8% were boys. 18 children live with nuclear family, 4 children live with extended family, 12 children live with mother, 6 children live with father and 1 child lives in an institution. The most common diagnoses of the children were Attention Deficit and Hyperactivity Disorder (9 cases) and Post Traumatic Stress Disorder (8 cases). The most frequently used medical treatment was Risperidone (6 cases) and Methylphenidate (3 cases). A significant correlation was found between parents' depression scores and children's SDQ behavioral problems subscale ($p<0.01$, r: 0.538), emotional problems subscale (p: 0.002, r: 0.497) and total scale scores ($p<0.01$, r: 0.577). In addition, there was a significant correlation between parents' anxiety scores and children's behavioral problems subscale (p: 0.03, r: 0.468), emotional problems subscale ($p<0.001$, r: 0.614) and total scale score ($p<0.01$, r: 0.618) in the SDQ. Similarly, there was a significant correlation between parents' stress scores and children's behavioral problems subscale ($p<0.01$, r: 0.534), emotional problems subscale (p: 0.003, r: 0.464) and total scale score ($p<0.01$, r: 0.509) in the SDQ. Burnout scores of the parents of 22 children living in nuclear and extended families were correlated with depression (p: 0.02, r: 0.515) and stress (p: 0.019, r: 0.518) scores of the parents, but not with anxiety scores. In addition, no significant correlation was found between the CBM-SF and SDQ data.

CONCLUSIONS: This study shows that the data obtained from children under health measures and their parents can shed light on the complex relationships between parents' mental states and children's psychopathology levels. İt may be important to consider the mental status of parents in determining treatment strategies for children under health measures, and longitudinal studies with larger samples are considered necessary to support the data of our study.

Keywords: health measure, child, adolescent, parent, burnout

[Abstract:0238] [Çocuk Psikiyatri » Duygudurum bozuklukları]

The Relationship Between Social-Emotional Skills and Parent-Child Interaction in Children of Mothers with Bipolar Disorder

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BACKGROUND AND AIM: Bipolar Disorder(BD) is a psychiatric disease that causes serious dysfunction and has a chronic course. A study has shown that communication skills within the family are negatively affected if only one of the parents is diagnosed with BD. In another study, it was shown that emotion recognition decreased as the duration of the disease increased in patients in remission diagnosed with bipolar affective disorder. High levels of alexithymia are associated with low levels of emotional awareness. Emotion awareness and identification can be viewed as a requirement for appropriate emotion regulation. Emotion regulation skills have various aspects such as recognition of emotions and empathy characteristics, so alexithymic individuals are generally unsuccessful in empathizing. The aim of the study is to examine the parent-child relationship and social-emotional skills such as emotion recognition, alexithymia and empathy in adolescent children of mothers diagnosed with BD.

METHODS: The pilot study will consist of 30 female patients diagnosed with Bipolar Disorder and their 30 adolescent children between the ages of 12-18, and 30 female patients without a diagnosis of Bipolar Disorder and their 30 adolescent children between the ages of 12-18. Based on self-report for all participants between the ages of 12-18; Family Assessment Device(FAD), DSM-5 Level-1 Cross-Sectional Symptom Scale, Toronto Alexithymia Scale(TAS-20), KA-SI Empathic Tendency Scale Adolescent Form, Reading the Mind in the Eyes of Children Test(RME-C-T), Evaluating mothers diagnosed with bipolar disorder Mother's Illness History Form, Young Mania Rating Scale, Hamilton Depression Scale, Reading the Mind in the Eyes Test (RMET) were applied for the diagnosis. Parents and adolescents were verbally informed about this research and written consent was obtained for participation in the study. Descriptive and correlation analyses were used in statistical evaluations.

RESULTS: As a result of this pilot study, TAS-20 scores of children of mothers diagnosed with BD were higher than those of children of mothers without BD, and no statistically significant difference was found ($p>0.05$). KA-SI Empathic Tendency Scale and RME-C-T scores were found to be lower in children of mothers diagnosed with BD, and no significant difference was detected between the two groups ($p>0.05$). It was found that sleep problems measured by the DSM-5 Level-1 Cross-sectional Symptom Scale were significantly more common in children of mothers diagnosed with bipolar ($p<0.05$). A moderately positive and significant ($p<0.05$) relationship was found between the TAS total score and the FAD Roles and Behavior Control subscale scores of children of mothers diagnosed with BD.

CONCLUSIONS: When we look at the literature, it has been shown that troubleshooting and communication skills in the family are negatively affected when both or only one of the parents is diagnosed with bipolar disorder. In general, families with parents diagnosed with bipolar disorder have been found to show higher levels of conflict, less harmony and organization, and lower emotion recognition and empathy skills compared to control families. Our pilot study results are consistent with past research results. It was thought that the reason for the lack of a statistically significant difference might be the small number of samples in our study.

Keywords: bipolar disorder, empathy, emotion recognition, alexithymia

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[Abstract:0257] [Çocuk Psikiyatri » Duygudurum bozuklukları]

The Relationship Between Depressive Symptom Severity and Serum Cobalamin, Folate, TSH, and Iron Status in newly diagnosed Adolescent Patients

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BACKGROUND AND AIM: Depression is a complex and heterogeneous psychiatric disorder. Most of the theories explaining the etiology of depression mention the importance of genetic and environmental interactions and brain neurochemistry, suggesting disturbances in the metabolism of neurotransmitters such as serotonin, dopamine, and norepinephrine (1). Single-carbon metabolism and methylation processes, which have an important role in the neurotransmitter cycle, are dependent on micronutrients such as cobalamin and folate (2). Iron deficiency is common in adolescents, especially in females, and recent studies found that iron status can be associated with depressive symptoms in both adult and adolescent patient populations (3). Another important system involved in the etiopathogenesis of depression is the hypothalamus-pituitary-thyroid axis. The mood-regulating effect of thyroid hormone is known, and external thyroxine supplementation is used as an augmentative treatment method in cases of resistant depression (4). Regarding this information, it is necessary to perform certain blood tests on patients presenting with depressive complaints, especially in cases of insufficient diet, accompanying physical symptoms and family history of vitamin deficiency or hypothyroidism.

METHODS: Adolescent patients aged 12-18 years old, who were admitted to the Siverek State Hospital child and adolescent psychiatry outpatient clinic for depressive symptoms for the first time, between the dates 01.01.2023-01.02.2024, were included in the research. Among these patients, those who completed the Beck Depression Inventory (BDI) and had their routine blood tests for serum Vitamin B12, Folate, Ferritin, Transferrin, Iron and Thyroid Stimulating Hormone (TSH) levels in the same month as the admission were included in the study. This is a retrospective study using data from the hospital's archive. Patients' data were recorded anonymously. Necessary institutional approval and ethics committee approvals will be included in the whole text.

Our aim was to retrospectively analyze the records of adolescent patients admitted to our clinic and to examine the relationship between the severity of depressive symptoms and serum vitamin, thyroid stimulating hormone (TSH) and iron parameters as well as the frequency of psychopharmacological treatment. Our hypothesis is that vitamin B12, folate and iron deficiency and elevated TSH levels will be associated with more severe depressive symptoms in adolescents.

RESULTS: A total of 41 patients were included, 30 female (73%) and 11 male (%27). Mean BDI score was 34.0, (sd. ±10.5). 25 patients (%39) were started on antidepressant drug treatment after initial assessments. 15 patients had cobalamin deficiency (37%). 3 patients had folate deficiency (%7). 9 patients had iron deficiency and all of them were female (9/30, 30%). None of the patients had abnormal TSH levels. There was no direct correlation between any of the laboratory tests and depression score severity. However, patient group with iron deficiency had higher BDI scores (p = 0,05).

CONCLUSIONS: In conclusion it is beneficial to scan all adolescents with depression for cobalamin deficiency, and it is important to scan adolescent girls for iron status as it may be associated with more severe symptoms.

Keywords: Adolescent, depression, vitamin deficiency, iron deficiency, thyroid

[Abstract:0262] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Psychometric properties of the Turkish version of the Maudsley 3-item Visual Analogue Scale

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BACKGROUND AND AIM: The core symptoms of major depressive disorder include low mood and anhedonia. There is no standardized visual analog scale that evaluates both symptoms in Turkish language. We aimed to examine the psychometric properties of the Turkish version of the Maudsley 3-item Visual Analogue Scale (M3VAS), which measures the core symptoms of depression.

METHODS: We contacted the original author about the M3VAS via email. We obtained permission for the Turkish adaptation of the scale. Afterwards, the translation and back translation of the M3VAS processes were completed. The study included patients with unipolar depression who were admitted to the psychiatry outpatient clinic of Erzurum City Hospital. All patients completed the sociodemographic data form, Beck Depression Inventory (BDI), Patient Health Questionnaire-9 (PHQ-9), and M3VAS. The reliability of the M3VAS was calculated with Cronbach's alpha and McDonald's omega. The factor structure of the scale was evaluated by exploratory factor analysis (EFA). Inter-scale correlation was analysed for convergent validity Our research was approved by the Health Sciences University Erzurum Faculty of Medicine Scientific Research Ethics Committee (date: 13.12.2023, decision number: 101). Informed consent was obtained from all participants. The study was conducted in accordance with the Declaration of Helsinki. Our study was performed utilizing SPSS version 20.0 and Jamovi version 2.3.28.

RESULTS: A total of 50 patients with major depressive disorder were included in the study. The mean age of the participants was 31.26 ± 11.64. The majority of the participants were female (n= 35, %70). 22% (n = 11) of the participants reported current suicidal ideation. 38% of the participants (n = 19) had a first-degree family member with a history of major depressive disorder. The total scale scores of the participants were 177.64 ± 56.73 for M3VAS, 30.70 ± 10.80 for BDI, and 19.20 ± 5.58 for PHQ-9, respectively. M3VAS's Cronbach alpha value and McDonald's omega value were found to be 0.72 and 0.74, respectively. Internal consistency coefficients did not increase when any item was removed. Inter-item correlations of the M3VAS were found to be significant ($p < 0.01$ and correlation coefficients ranged between 0.30 and 0.46). The Kaiser-Meyer-Olkin value was 0.629, and Barlett's test of sphericity was significant. This meant that the sample was suitable for factor analysis. EFA revealed a one-factor structure explaining 58% of the total variance. The factor loadings of the M3VAS items were calculated as 0.80, 0.78, and 0.68, respectively. Significant correlations were found between M3VAS, PHQ-9, and BDI. The correlation between M3VAS and BDI was $p < 0.01$, $r = 0.63$, and between M3VAS and PHQ-9 was $p < 0.01$, $r = 0.57$.

CONCLUSIONS: The Turkish version of M3VAS is a scale that can be applied quickly and practically and has adequate psychometric properties. Future research should analyze the validity and reliability of the scale in various sample groups, like bipolar depression.

Keywords: Depression, validity, reliability, anhedonia, suicidality

[Abstract:0263] [Farmakoloji » Perinatal psikiyatri]

Psychiatric drug use in pregnancy: retrospective analysis of data from a tertiary care hospital

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BACKGROUND AND AIM: Selection and dosage adjustment of the drug to be used in the treatment of psychiatric disease during pregnancy; It is quite difficult as it requires balancing the effective treatment of the mother and the teratogenic effects that may occur on the fetus. Discontinuation of psychiatric medications during pregnancy significantly increases the risk of relapse. The benefits and risks of psychopharmacological treatment should be considered. In this study, we aimed to review our treatment approach in women with mental illness that started before or during pregnancy and who applied to a tertiary health institution.

METHODS: In this study, the data of 56 pregnants admitted to inpatient services and outpatient clinics of Tertiary Care Hospital Psychiatry department were retrospectively reviewed.

RESULTS: The mean age of 56 pregnants included in the study was 29.93 ±5.68 (18-42) years. The gestational age at the first admission of the patients was evaluated and the mean age was 16.68 ±9,39 (4-35) weeks. 39.3% (n = 22) patients with bipolar disorder, 23.2% (n = 13) patients with depression, 19.6% (n = 11) patients with psychotic disorder, 12.5% (n = 7) patients with anxiety disorder, 5.4% (n = 3) patients were followed with the diagnosis of OCD. %17,9 (n = 10) patients who were in remission were followed up without drug during their pregnancy. 58.9% (n = 33) patients were followed with pharmacotherapy only. In addition to pharmacotherapy, 14,3% (n = 8) patients received ECT and 5,4% (n = 3) received r-TMS. 1.8% (n = 1) of the patients were treated with ECT only and 1.8% (n = 1) were treated with r-TMS only. Pharmacotherapy was 26.8%(n = 15) in patients with sertraline, 44.6% (n = 25) with olanzapine, 33.9% (n = 19) with quetiapine, 3.6% (n = 2) risperidone. The pregnancy process of 56 pregnants was followed without any problems. As far as we know, no health problems or teratogenic effects due to the drugs used during the pregnancy in newborn infants were observed.

CONCLUSIONS: Psychiatric disorders that are not adequately treated during pregnancy pose significant risks for both the mother and the newborn. However, there is no treatment method proven to be completely safe during pregnancy. In cases such as psychosis, mania, and severe depression, it is recommended to start drug treatment after calculating the profit and loss. Sertraline is the first-line treatment among SSRIs. The advantage of sertraline is that the treatment can be continued without any problems during breastfeeding. If antipsychotics are needed, olanzapine is primarily recommended based on the amount of safety data, but risperidone, quetiapine and clozapine can also be used. ECT and TMS are relatively safe and effective treatments when appropriate precautions are taken to reduce possible risks during pregnancy. If the medication is suddenly stopped, pregnant women have a higher risk of relapse than the normal population. Therefore, if psychiatric symptoms are severe and the response to medication is good, continuing the use of psychiatric medication in pregnant women may be the best option.

Keywords: fetus, pregnancy, psychotropic drug

[Abstract:0265] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Investigating Visual Perception with Pareidolia Test in Children Diagnosed with Attention Deficit Hyperactivity Disorder

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BACKGROUND AND AIM: A normal dopaminergic neurotransmitter system is crucial for both higher cognitive functioning and human perception. The importance of dopamine in human perception and the impaired dopaminergic system in attention deficit hyperactivity disorder (ADHD) indicate potential changes in perceptual functions in individuals with ADHD. It is crucial to thoroughly examine perceptual processes in ADHD, since research indicates that perceptual abilities can impact cognitive functions and psychosocial development. Pareidolia is the phenomenon where individuals perceive faces in unclear visual stimuli, such clouds, making it a form of visual illusion. Research indicates that pareidolia is linked to impaired visual and perceptual functions. This study aims to examine visual perception in children diagnosed with ADHD by utilizing face and face pareidolia images.

METHODS: The study was conducted on children aged 7-18 years who had been diagnosed with ADHD. Mixed face and face pareidolia images were utilized to evaluate visual perception in both the ADHD group and the control group. They were instructed to indicate if they detected faces in the images. The visual test was conducted using the online survey platform Qualtrics. Participants' reaction times were measured by the program, and their answering to images of face and face pareidolia were recorded. Furthermore, the severity of ADHD symptoms was evaluated using the Revised Conners Parent Rating Scale-Short form. Informed consent was obtained from all individual participants included in the study.

RESULTS: The work is currently in progress. The initial analysis findings indicate that the healthy group identified faces in face pareidolia images more frequently than the ADHD group. The reaction time of children with ADHD to pareidolia images was found to be longer than healthy controls.A negative link was discovered between the reaction time to pareidolia images and the subscales of the Revised Conners Parent Rating Scale-Short form, specifically the ADHD index and hyperactivity index.

CONCLUSIONS: The study results and analysis will be thoroughly presented at the congress.

Keywords: pareidolia, face-like images, visual perception, face perception, attention deficit hyperactivity disorder

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[Abstract:0279] [Erişkin Psikiyatri » Duygudurum bozuklukları]

The Relationship between Suicidal Behaviors and Impulsivity, Executive Functions, and Childhood Trauma in Patients with Major Depressive Disorder

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Objective: Determining suicide risk in Major Depressive Disorder (MDD) and preventing suicides are crucial. The simultaneous examination of various factors such as impulsivity, executive functions, and childhood traumas (CT) in patients with depression could be helpfulin assessing suicide risk. It has been suggested that CT might enhancesuicidal behavior in depression by permanently impairing impulse control and executive functions. This study aims to explore the differences in the history of CT, lifetime and momentary impulsivity levels, and executive functions such as sustained attention between patient groups with and without suicidal thoughts and behaviors, and also to investigate the effects of childhood traumas, impulsivity, and executive function impairments on suicidal behavior in depression.

Method: A total of 86 patients aged between 18-65, diagnosed with MDD during a depressive episode according to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) criteria, were included in this study. Patients were divided into two groups: those with and without a history of suicide attempts and/or current suicidal thoughts. Forty-four patients (25 women, 19 men) had a history of suicide attempts and/or current suicidal thoughts [according to the Hamilton Depression Rating Scale (HAM-D) third question and Sociodemographic and Clinical Data Information Form interview questions], and 42 patients (28 women, 14 men) did not. The study included a control group of 37 healthy individuals, 18 women and 19 men. All subjects were administered HAM-D, Barratt Impulsiveness Scale-11 (BIS-11), Beck Scale for Suicidal Ideation (BSSI), Childhood Trauma Questionnaire-28 (CTQ-28) and Go/No Go tests.
Approval for the study was obtained from Erciyes University Clinical Research Ethics Committee on 28.09.2022 with decision number 2022/678.

Findings: It was found that the total score of lifetime impulsivity measured by the Barratt impulsivity scale-11 was significantly higher in the depression group with suicidal tendencies than in the other groups ($F=25.38$ $p<0.001$). It was found that the attention impulsivity and inability to plan subscale scores of the Barratt impulsivity scale-11 subscales were higher in the depression group without suicidal tendencies than in the control group ($p = 0.029$ and $p = 0.018$, respectively). In the Go/No Go test, commission error scores indicating momentary impulsivity were found to be significantly higher in depressed patients with suicidal thoughts and behavior than in the control group ($p = 0.008$).
The total score of the childhood trauma scale was found to be higher in the patient group with suicidal thoughts and behavior than in the patient group without suicidal thoughts and behavior ($p=0.009$), and in the patient group without suicidal thoughts and behavior than in the control group ($p<0.001$) (Table 1). In the suicidal patient group, positive correlations were found between the severity of depression and impulsivity as indicated by the Barratt Impulsiveness Scale scores and commission errors in the Go/No Go test (respectively $rs=0.377$ $p=0.012$, $rs=0.407$ $p=0.008$). Additionally, in the suicidal patient group, a positive correlation was found between Barratt Impulsiveness Scale scores and Beck Scale for Suicidal Ideation scores ($rs=0.612$ $p<0.001$)(Figure 1).

Conclusion: Findings that lifetime and momentary impulsivity in suicidal patients with depression, as well as childhood trauma scores are higher than in patients without suicidal tendencies and controls, and that impulsivity scores are positively correlated with the severity of depression and suicidal ideation scores,

impulsivity in patients with major depression, childhood traumas and executive functions, independently of each other or in interaction with each other, increase the risk of suicide.

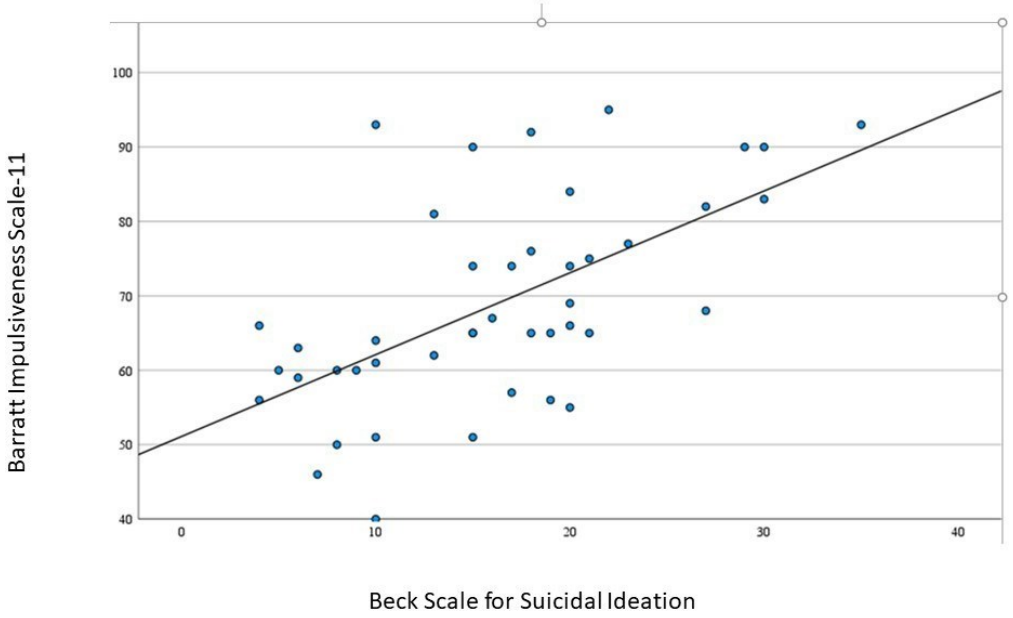
Keywords: Depression,Suicide,Impulsivity, Executive Functions

Table1. Comparison of scale and neuropsychological test evaluations of patient and control groups

s and Tests		ssion and suicide [a](n=44)	e depression group[b]	ol group[c](n=37)	arison	arison of pai s
-D n (min-max)		-33)	26)		***.05p<0.001***	
n (min-max)		-35)	7)	0)	***.96p<0.001***	
1	ionalımp.	±4.89	±3.80	±2.92	***63p<0.001***	
	ımp.	±5.63	±4.25	±3.24	***63p<0.001***	
	anning	±5.55	±5,50	±3.63	***21p<0.001***	
	score	±13.91	±11.41	±7.92	***38p<0.001***	
28	cal neglect	0)	4)	2)	***.96p<0.001***	
n	cal abuse	4)	5)	5)	***.58p<0.001***	
max)	onal neglect	25)	24)	2)	***.77p<0.001***	
	onal abuse	4)	0)	6)	***.65p<0.001***	
	l abuse	5)	4)		***.58p<0.001***	
	score	-111)	-93)	-62)	***.95p<0.001***	
ɔGo	sionerrors	8)	0)		***.33p=0.001***	
	ssionerrors	6)	3)	0)	***2p=0.027***	
n (min-m	ate average reac		(282.5-		***3p=0.044***	
r	)	-	)	-		
		)		)		

HAM-D:Hamilton Depression Rating Scale
BSSI:Beck Scale for Suicidal Ideation
BIS-11:Barratt Impulsiveness Scale-11
CTQ-28: Childhood Trauma Questionnaire-28
H=Kruskal-Wallis one-way analysis of variance
F=OneWayANOVA(one-way analysis of variance) rs=Spearman correlation analysis
p=statistical significance
a,bandc:represents groups

Figure 1: Correlation between BSSI score and total BIS-11 scores in depressed patients with suicidal ideation and behavior


Barratt Impulsiveness Scale-11
100
90
80
70
60
50
40
0
10
20
30
40
Beck Scale for Suicidal Ideation

[Abstract:0280] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Examination Of Vitamin D Levels in Patients with Schizophrenia and Schizoaffective Disorder: A Retrospective Study

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The relationship between vitamin D and schizophrenia has been the focus of studies in the last 20 years. Little exposure to sunlight, living in northern latitudes, and being born in winter are common causal factors in both vitamin D deficiency and schizophrenia. Studies have shown that approximately 65% of schizophrenia patients have vitamin D deficiency. Additionally, it has been reported that the risk of schizophrenia in people with vitamin D deficiency is 2,16 times higher. This study aimed to retrospectively investigate the vitamin D levels of schizophrenia and schizoaffective disorder (SAD) patients receiving inpatient treatment at a tertiary care hospital.

METHODS: Patients diagnosed with Schizophrenia and SAD received inpatient treatment at psychosis service of a tertiary care hospital in the last two years (2021-2023) were included in this study. The data of 230 patients were examined retrospectively from hospital and file records. In the study, 0-20 ug/L (microgram/liter) deficiency, 21-29 ug/L insufficiency, and 30-70 ug/L normal range were taken as reference for the 25-hydroxy vitamin D levels of the patients. This research was approved by The Pamukkale Univercity Non-Interventional Clinical Research ethics committee with the decision number 05 dated 05.03.2023

RESULTS: 47.8% (n=110) of the patients included in the study are women, the average age of women is 42,3±15,8, and 52,2% (n=120) are men and the average age of men is 37,2±14,1. 24.5% (n=27) of the women had SAD and 75.5% (n=83) had schizophrenia. 30.8% (n=37) of the men had SAD and 69.2% (n=83) had schizophrenia. Vitamin D deficiency was found in 73% (n=168) of the group, vitamin D insufficiency was found in 17.4% (n=40), and normal vitamin D levels were found in 9.6% (n=22). In female patients, the rate of vitamin D deficiency was 80% (n = 80), the rate of vitamin D insufficiency was 13.6% (n = 15), and the normal vitamin D level was 6.4% (n = 7). In male patients, the rate of vitamin D deficiency was 66.7% (n= 80), the rate of vitamin D insufficiency was 20.8% (n=25), and the normal vitamin D level was 12.5% (n=15). When vitamin D levels were compared between male and female patient groups, no statistically significant relationship was found ($p = 0.068$). When vitamin D levels were compared between patient groups diagnosed with schizophrenia and SAD, no statistically significant relationship was found. ($p>0.05$)

CONCLUSIONS: In a study conducted in the Aegean region, vitamin D deficiency was detected at a rate of 74.9%. In this study, it was found to be more common in the study group (approximately 90%) than in the normal population. In the study, vitamin D levels below normal were considered as deficiency. In this study, it was found to be 93.6% (deficiency + insufficiency) in female patients and was found to be more common than the general population.

Despite advances in the treatment of schizophrenia, the morbidity and mortality of the disease remain suboptimal, so prophylactic measures should be investigated. Adequate vitamin D supplementation during critical stages of life, including pregnancy, may be a simple, safe and cost-effective intervention.

Keywords: schizoaffective disorder, schizophrenia, vitamin D deficiency, vitamin D insufficiency

[Abstract:0287] [Çocuk Psikiyatri » Non-biyolojik tedaviler]

The Effectiveness of the Triple P-Positive Parenting Program Applied During the Pandemic in Improving Parenting and Child Behavior

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BACKGROUND AND AIM: The COVID-19 pandemic has had a significant impact on the mental health of parents and children due to school closures, job losses, and economic hardship. The purpose of this study was to evaluate the effectiveness of the Triple P program applied during the COVID-19 pandemic on children's emotional and behavioral problems and parental mental health and attitudes.

METHODS: This study was performed with 43 parents presenting to the Konya City Hospital Child and Adolescent Psychiatry Department, Türkiye, and taking part in the Triple P level 4 program between 01.09.2020 and 30.12.2020. The parents participated in eight-week group education in the scope of the research and completed the Strengths and Difficulties Questionnaire, General Health Questionnaire, and Parenting Scale before and after the intervention.

RESULTS: The Triple P program was found to reduce behavioral problems and inattention/hyperactivity symptoms and to increase prosocial behaviors in the children but caused no alteration in emotional or peer problems. It also reduced negative parenting attitudes in the parents but produced no change in mental problems.

CONCLUSIONS: In the light of the significant effect of the pandemic on parenting styles and children's behaviors, effective parental interventions are essential. The Triple P program applied during the pandemic was found to be capable of reducing children's externalizing behaviors and of improving parental attitudes. Our results will pave the way to the use of such programs in similar risky situations in the future.

Keywords: pandemic, parent intervention, triple p, child-parent relation, parenting behavior

[Abstract:0298] [Çocuk Psikiyatri » Bağımlılıklar]

Evaluation of Sociodemographic and Clinical Characteristics of Adolescent Cases Admitted to the CEMATEM Probation Polyclinic of a Training and Research Hospital

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BACKGROUND AND AIM: Substance Use Disorder (SUD) is one of the important psychiatric disorders seen all over the world and in our country, and its onset in childhood and adolescence is increasing. This study aims to investigate the sociodemographic and clinical data of adolescent cases applying to the Probation Polyclinic of the Child and Adolescent Substance Abuse Treatment Center (CEMATEM) affiliated with a training and research hospital.

METHODS: The sociodemographic and clinical data of cases applying to the Probation Polyclinic of the Health Sciences University Bursa Yüksek Ihtisas Education and Research Hospital CEMATEM between January 2023 and January 2024 were retrospectively examined from files.

RESULTS: It was determined that 68 cases applied to the Probation Polyclinic between January 2023 and January 2024. While the files of 52 cases were included in the study, the files of 16 cases were excluded due to missing data. The average age of the cases was 16.60 ± 0.72 years, with 65.4% (n=34) being male and 34.6% (n=18) female. When examined in terms of substance use characteristics, it was determined that 82.7% (n=43) of the cases had a history of substance use, with an average age of onset for substance use of 15.16 ± 1.84 years. Additionally, 34.9% (n=15) used multiple substances, with synthetic stimulants being the most commonly used substance at 65.1% (n=28), followed by cannabis at 58.1% (n=25). It was determined that 28.8% (n=15) of the cases had a criminal history (such as theft, injury, mugging), and 38.5% (n=20) had a criminal history in their family. Non-suicidal self-injury behavior was present in 17.3% (n=9) of the cases, and 46.2% (n=24) were receiving psychopharmacological treatment. It was found that 84.6% of the cases (n=44) attended regular follow-ups at the probation polyclinic, while 23.1% (n=12) tested positive for substance screening tests in urine.

CONCLUSIONS: In light of the findings of our study, it was determined that synthetic stimulants are one of the frequently used substance types, the majority of the cases came to regular follow-ups with the probation application, and substance use was not detected in the majority of the cases during this period. It was observed that the cases could receive psychopharmacological treatment during this process. SUD appears to be one of the important psychiatric diseases whose frequency is increasing in children and adolescents in our country, and regular follow-up and rehabilitation are at important stages of treatment. At this point, it is thought that the probation system implemented in our country has a significant contribution, especially to SUD. However, due to the limited number of CEMATEM clinics in our country, there are few studies on children and adolescents. For this reason, it is thought that studies in this field will guide in the diagnosis, follow-up and treatment stages of individuals with SUD.

Keywords: adolescent, probation, CEMATEM, substance use disorder

[Abstract:0332] [Erişkin Psikiyatri » Diğer]

Evaluation of Sexual Function in Obese Patients

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BACKGROUND AND AIM: The prevalence of obesity, a critical public health issue, has been on the rise in recent years. Obesity is a complex condition influenced by many psychological and social factors. Prior research indicates that individuals with obesity experience higher rates of psychopathology than the general population. This study aims to assess the sexual functions of obese individuals.

METHODS: The study comprised 83 obese patients and 60 healthy controls. Participants were evaluated using a sociodemographic data form, the Golombok Rust Inventory of Sexual Satisfaction (GRISS), and the Arizona Sexual Experience Scale (ASES).

RESULTS: The participant group included 83 obese patients (60 females, 23 males) and 60 healthy individuals (35 females, 25 males), with no significant difference observed in the mean age and gender distribution between the two groups (34.92±7.70 and 35.20±6.78, p=0.823; p=0.082, respectively). Analysis of the GRISS subscales for frequency, communication, avoidance, touching, and satisfaction revealed significantly higher mean scores among the patient group than controls ($p<0.001$). Furthermore, the total score and all subscales of the ASES were significantly higher in the patient group ($p<0.001$).

CONCLUSIONS: Obesity is identified as a multisystem disorder with significant mental health components. The findings of this study indicate that obese patients exhibit compromised sexual functions. Consistent with existing literature, our research demonstrates that obesity adversely impacts various aspects of sexual function in individuals within the patient group.

Keywords: Obesity, Psychopathology, Sexual Function

[Abstract:0359] [Erişkin Psikiyatri » Bağımlılıklar]

Internet Addiction, Anxiety Sensitivity and Violent Tendency in Medical School Students

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BACKGROUND AND AIM: Internet addiction, which can be defined as excessive, uncontrolled and harmful use of the Internet. Many researchers around the world have reported an association between internet addiction and mental health problems such as depression, anxiety, stress and reduced happiness. In this study, we aimed to evaluate the association between internet addiction and anxiety sensitivity, violence tendency, depression and anxiety levels in medical students.

METHODS: This cross-sectional study consisted of 421 students from Pamukkale University Faculty of Medicine who volunteered to participate in the study. Sociodemographic data form, Internet Addiction Test, Anxiety Sensitivity Index, Violence Tendency Scale, Beck Depression Inventory, and Beck Anxiety Inventory were administered to the participants. Student t test was used to compare the groups and Pearson correlation analysis was used for correlation analysis. Those who scored 50 points or more on the Internet Addiction Test were considered to have internet addiction. Multiple linear regression analysis was performed to determine the factors associated with Internet addiction. In this analysis, internet addiction score was taken as dependent variable, anxiety sensitivity, violence tendency, depression and anxiety levels were taken as independent variables and stepwise method was used.

RESULTS: Among the 421 medical students who participated in the study, 12.8% had internet addiction. When the anxiety sensitivity, violence tendency, depression and anxiety levels of those with and without internet addiction were compared, it was found that the anxiety sensitivity ($p<0.001$), violence tendency ($p:0.002$), depression ($p<0.001$) and anxiety ($p<0.001$) levels of those with internet addiction were higher than those without internet addiction. When the correlation between Internet addiction, anxiety sensitivity, violence tendency, depression and anxiety levels was examined, a significant positive correlation was found between all variables. In the linear regression analysis, it was found that anxiety sensitivity, violence tendency, and depression levels were associated with internet addiction and these factors predicted 27.2% of internet addiction. Anxiety level was not found to be associated with internet addiction.

CONCLUSIONS: Previous studies have reported a relationship between internet addiction and anxiety sensitivity. In previus study, individuals with higher anxiety sensitivity may escape from such mental and social difficulties and change his or her focus from reality to virtual universe via internet use to get away from factors that increase anxiety sensitivity. Specifically, smartphones may offer a convenient, socially acceptable source of avoidance and distraction from anxiety symptoms during times of stress and distress. This process may negatively reinforce internet addiction. This study also found that violence tendency is higher in those with internet addiction. Previus studies also reported that there was a relationship between internet addiction and violence tendency. The increase in violent content on the internet, especially on social media, and the fact that people can be exposed to violent content even at a young age may explain this relationship. These psychological factors may need to be taken into consideration in order to prevent and treat Internet addiction.

Keywords: Internet addiction, depression, anxiety, violence tendency, anxiety sensitivity

[Abstract:0360] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Evaluation of Cases with Attention Deficit Hyperactivity Disorder (ADHD) and Comorbid Oppositional Defiant Disorder (ODD) or Slow Cognitive Tempo (SCT) in Terms of Emotional Lability and Family Functioning

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by a combination of inattention, hyperactivity, and impulsivity, typically beginning in early childhood.[1] Oppositional Defiant Disorder (ODD), on the other hand, is identified by noncompliance with rules, defiance, and a lack of tolerance with loss of anger control.[2] Slow cognitive tempo (SCT) is a form of attention disorder characterized by symptoms such as sluggish cognitive processing, daydreaming, difficulty staying alert, and low energy.[3] In current literature, Slow Cognitive Tempo is also referred to as Cognitive Disengagement Syndrome (CDS), as it is deemed to be less impactful.Difficulty in regulating emotions, when observed as a symptom in these psychopathologies, can increase risky behaviors and negatively impact family, social, and academic functioning.[4]

The study examines emotional dysregulation in ADHD, ADHD with comorbid ODD, and ADHD with SCT, comparing them to a control group. Emotional dysregulation, prevalent in these disorders, contributes to risk behaviors affecting family, societal, and academic functions. The research evaluates differences in emotional dysregulation and family functioning, providing insights for targeted interventions and identifying prognostic factors.

Methods: Our study includes newly diagnosed 7-12-year-old children with ADHD, ADHD with ODD, ADHD with SCT, and a healthy control group who have not used psychotropic medications in the last six months.

Parents of participating children were administered a Socio-Demographic Data Form, CBCL, Barkley's Child Attention Scale, Disruptive Behavior Disorders, Family Assessment Scale, participants were subjected to the Childhood Depression and the Emotion Regulation Difficulties Scale.

The study included 40 cases of ADHD, 40 cases of ADHD+ODD, 40 cases of ADHD+SCT, and 35 healthy control group children aged 7-12.

Statistical analysis of research data was performed using SPSS. Descriptive statistics were presented as mean ± standard deviation or median for continuous variables and as counts and percentages for categorical variables. Chi-square and Fisher's cross-tabulation statistics were used for the comparison of categorical variables. Parametric data with normal distribution were analyzed using Student's t-test and ANOVA, while non-parametric data were analyzed using Mann-Whitney U and Kruskal-Wallis tests. Post Hoc Tukey analysis was conducted for multiple group comparisons. Measurement intercorrelations were assessed using the Sperman's Rho Test and Pearson test. Results were considered statistically significant at $p<0.05$. Mediation relationships were examined using the Mediator Model through the Bootstrapping method.

Resultus: Our study revealed that while there was no significant difference in gender distribution among the groups, fathers in the healthy control group and mothers in the control group exhibited higher rates of university education compared to fathers and mothers in the case groups, respectively. Furthermore, mothers in the ADHD+ODD group had lower rates of psychiatric history and treatment compared to mothers in the other groups. The ADHD+SCT group had a significantly higher monthly income level. However, there were no significant differences between the groups in terms of other parental characteristics such as psychiatric history, diagnosis, family relationship status, marital status, and sibling presence. The ADHD+ODD group

exhibited higher scores in family assessment, problem-solving, communication, roles, emotional responsiveness, showing necessary attention, behavior control, and general functions compared to the ADHD, ADHD+SCT and control groups. These findings suggest distinct patterns of family functioning and problem-solving skills among the groups, with the ADHD+ODD group generally displaying higher levels of functioning in these areas.

The ADHD+ODD group had significantly higher scores on the EDS and Impulsivity compared to the ADHD, ADHD+SCT, and control groups. Additionally, scores for Rejection and Strategies were significantly higher in the ADHD+ODD group compared to the other groups. However, no significant differences were found between the groups in terms of Openness and Goals total scores. ADHD+ODD group had significantly higher scores on the ERS compared to the ADHD, ADHD+CD, and control groups. Similarly, the ADHD+ODD group had significantly higher scores on Variability Negativity compared to the other groups. However, the ADHD+SCT group had significantly higher scores on Emotion Regulation compared to the ADHD, ADHD+ODD, and control groups. SCT, attention deficit does not directly influence family relationship problems via SCT-mediated ODD or Emotion Regulation. Hyperactivity scores influence family relationship problems, it was found that hyperactivity affects family relationships through its impact on ODD and Emotion Regulation. However, unlike attention deficit, hyperactivity does not directly influence family relationship problems through SCT. Instead, hyperactivity influences family relationships through Emotion Regulation and ODD mediated by SCT. Attention deficit affects family relationship problems through its influence on ODD and Emotion Regulation, while hyperactivity affects family relationships through its influence on ODD and Emotion Regulation mediated by SCT.

Discussion: Our study found no significant differences in age and gender among the ADHD, ADHD+SCT, ADHD+ODD, and control groups. However, there was a male predominance in the ADHD and ADHD+ODD groups, consistent with literature findings showing higher male ratios in these diagnostic groups.[3,5] Conversely, the ADHD+SCT group showed a higher proportion of females, which aligns with previous studies. Despite challenges in diagnosing pure SCT cases, our study's age averages for ADHD cases and those with accompanying SCT were similar, consistent with existing literature.

It was observed that the ADHD+ODD group had a lower rate of preschool education, although such education has been noted to be effective in reducing behavioral issues. Additionally, it was observed that parents in the healthy control group had higher levels of education, supporting the notion that lower education levels may exacerbate ADHD and associated psychopathologies. Regarding income level, the ADHD+SCT group exhibited the highest income rate, which contrasts with existing literature.[6] These findings may be attributed to the limitations of the sample and the tendency of clinical cases to present with moderate to low socioeconomic status.

In our study, we utilized the Family Assessment Scale and Family Relations Scale to assess family functioning in ADHD and comorbid conditions, following methodologies consistent with existing literature. We found that the ADHD+ODD group exhibited significantly higher scores in total family assessment, problem-solving subscale, and overall functioning compared to other groups. This aligns with prior research indicating the detrimental effects of disruptive behavior on family dynamics. Children with comorbid ODD alongside ADHD tend to display greater emotional-behavioral dysfunction, impacting parental emotional well-being and family cohesion. Parental difficulties in emotion regulation and problem-solving exacerbate behavioral issues in individuals, necessitating interventions targeting parental skills. However, the direct negative impact of ODD on overall family functioning was not evident, with existing family problems likely originating from accompanying comorbidities.

Various studies in the literature have aimed to determine the relationship between emotion regulation and various psychopathologies, employing measures such as the EDS and the Emotion Regulation Scale.[7–9]

These scales are used to identify different stages of emotion regulation, including emotional reactivity/variability/negativity and the regulation of generated emotions. Literature suggests that in individuals with ADHD, emotion regulation difficulties have direct effects on symptoms of hyperactivity and impulsivity, as well as indirect effects through executive function deficits. Furthermore, the co-occurrence of ADHD and ODD/SCT has been associated with intense emotion regulation problems in both conditions. Consistent with existing literature, our study finds that the ADHD+ODD group, characterized by high scores in hyperactivity, impulsivity, and disruptive behavior, demonstrates significantly elevated total emotion regulation and impulsivity sub-group scores compared to other groups.

We assessed family functioning in ADHD and comorbid cases, particularly with ODD, using the Emotion Regulation Scale. We found that the total score of this scale was significantly higher in the ADHD+ODD group compared to other groups. Specifically, the variability-negativity aspect, indicating unstable and negative reactivity during challenging tasks, was notably higher in the ADHD+ODD group. This heightened reactivity observed in disruptive behavior disorders aligns with existing literature linking ADHD symptoms, especially the variability-negativity aspect of emotion regulation.[9] Additionally, the Emotion Regulation sub-scale, focusing on the ability to recognize, monitor, and sustain emotions, showed significant differences across groups. Furthermore, the symptom of mind-wandering in ADHD may complicate emotion processing, while the slowness aspect of ADHD may delay this process. Previous studies have associated ADHD predominantly inattentive type with emotion regulation difficulties, possibly due to challenges in distinguishing SCT symptoms by clinicians.

Literature has explored the association between attention deficit symptoms and family dynamics through various lenses. While previous studies have indicated that attention deficit and depressive symptoms influence family functioning via SCT, our research yielded contrasting findings. We found that attention deficit symptomatology did not directly correlate with emotion regulation difficulties through SCT but rather indirectly through hyperactivity, impacting family relationships. This underscores the importance of discerning symptomatology in understanding familial dynamics.

Furthermore, our analysis demonstrated that attention deficit symptom scores independently affected family functioning through ODD and emotion regulation pathways. Conversely, hyperactivity symptoms indirectly influenced family relationships through SCT symptoms, ODD development, and emotion regulation hurdles. This indirect relationship suggests a crucial role for intervening in familial issues.[10]

In summary, while attention deficit symptomatology plays a significant role in familial dynamics, its impact differs from that of hyperactivity symptoms. Understanding these nuances contributes to a more comprehensive comprehension of attention deficit and SCT clinical characteristics and aids in tailored interventions to address family relationship difficulties.

Keywords: Hyperactivity, Oppositional, Daydreaming, Emotion

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[Abstract:0361] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Examination of Autistic Features in First-Degree Relatives of Patients with Bipolar Disorder and Schizophrenia

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BACKGROUND AND AIM: Schizophrenia(SCH) and bipolar disorder(BD) are widely regarded as overlapping conditions on the same spectrum. Studies investigating first-degree relatives, inflammatory processes, brain imaging studies, cognitive features are being conducted to explore useful markers in terms of endophenotypes(1). Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by impairments in social relationships, restricted patterns of interests, behaviors, and activities. There is significant symptomatic overlap among all three disorder groups. Studies have shown that autistic traits are prominent in patients with bipolar disorder(BB) and schizophrenia(SCH), independent of symptom severity(2,3). In this study, we aimed to investigate autistic traits in first-degree relatives of individuals diagnosed with SCH and BB.
METHODS: A total of 60 participants between the ages of 18-65 were included in the study: Twenty participants with first-degree relatives diagnosed with schizophrenia(SCH-FDR), 20 with bipolar disorder(BD-FDR), and 20 healthy controls(HC) without psychiatric illness in their first-degree relatives were included in the study. Socio-demographic information and the Autism Spectrum Quotient Scale(AQ) were administered to volunteers who met the inclusion criteria. Differences in total AQ scores and subscale levels -social skills, attention switching, attention to detail, communication, imagination- among groups were statistically analyzed.
RESULTS: A one-way between-groups analysis of variance(ANOVA) was conducted to explore differences in AQ levels between diagnostic groups. There was a statistically significant difference between the groups in the Total AQ score ($F=3.81$, $p<0.05$) and also in social skills and communication subscale levels ($F=4.45$, $p<0.05$, and $F=5.5$, $p<0.05$).Post-hoc comparisons test indicated that the mean score of the Total AQ for the BD-FDR group was significantly different from the healthy control (BD vs HC:$p<0.05$). The SCH-FDR group did not differ significantly from either the healthy control ($p=0.233$) or the BD-FDR group ($p=0.476$). The BD-FDR group exhibited higher social skills scores -which indicates lower social ability- (BD vs SCH:$p<0.05$, BD vs HC:$p<0.05$) compared to the SCH and HC. However, no significant difference was observed between the SCH and the healthy group ($p=0.760$). The healthy control group exhibited lower communication scores-which indicates higher communication ability- compared to the BD-FDR and SCH-FDR groups (HC vs PS:$p<0.05$, HC vs BD:$p<0.05$). BD-FDR group did not differ significantly from the SCH-FDR group ($p=1$).
CONCLUSIONS:BB-FDR significantly differs from the HC group in terms of high autistic features and low social skills.BB patients exhibit marked impairments in social functioning, which are important to be observed in relatives as well, especially in terms of being potential endophenotypes for autistic features, particularly social skills.Contrary to expectations, there was no significant distinction between SCH-FDR and the HC. This may be attributed to the small sample size and the fact that the scales used were as self-reports. Larger-scale studies are needed. The communication subscale resulted in significantly lower scores in both SCH-FDR and BD-FDR groups compared to HC. Interventions focusing on communication skills, particularly in the early stages of autism development, are crucial.Screening for autistic features in high-risk individuals, such as relatives with known genetic susceptibility, can help identify more sensitive individuals, and subsequent interventions aimed at improving social and communication skills can contribute to this group.
Keywords: Autism, Bipolar Disorder, Communication, Schizophrenia, Social skills

[Abstract:0367] [Çocuk Psikiyatri » Diğer]
The Relationship Between Social Communication and Temperament in Preschoolers with Developmental Language Disorder

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BACKGROUND AND AIM: Developmental Language Disorder (DLD) is characterized by deficits in comprehension and production of language. DLD, however, primarily affects the morphosyntax and semantic domains in language, it was also shown that preschool children with GDB may present with limited social communication skills. In this study, we aimed to investigate the associations between social.

communication skills and temperamental features of children with DLD in comparison with typically developing peers.

METHODS: 55 children diagnosed with DLD and their age and sex-matched 55 typically developing (TD) peers were included in the study. The children with DLD were diagnosed for the first time and no therapeutic and educational intervention was reported. Test of Early Language Development-Third Edition (TELD-3) and DENVER II Developmental Screening Test were administered to DLD group. Parents completed the Social Communication Questionnaire (SCQ), Children's Behavior Questionnaire-Short Form (CBQ-SF), and Strengths and Difficulties Questionnaire. The statistical analysis was made via SPSS 22.0.

RESULTS: SCQ-Reciprocal Social Interaction and SCQ-Total scores were found significantly higher in DLD group compared with TD children. CBQ-SF-Effortful Control, CBQ-SF-Attentional Focusing, and CBQ-SF-Perceptual Sensitivity scores were found lower than TD group. In partial correlational analysis, when age, sex, and higher psychopathological symptoms are controlled, there were negative correlations between SCQ-Reciprocal Social Interaction scores and CBQ-SF-Effortful Control (r= -.357, p=.007), and CBQ-SF-Perceptual Sensitivity (r= -.302, p=.025) subdomains.

CONCLUSIONS: Our study demonstrated that, in line with previous research, the social communication skills of Turkish children with Developmental Language Disorder (DLD) are more impaired compared to their typically developing peers. Furthermore, we found that the social communication skills of children with DLD are linked to temperamental characteristics such as effortful control and perceptual sensitivity. Assessing the communicational skills of children with DLD in light of their temperamental features is crucial.

Keywords: Developmental Language Disorder, Social Communication, Effortful Control, Perceptual Sensitivity

[Abstract:0384] [Çocuk Psikiyatri » Diğer]

Assessment of The Clinical Characteristics of Cases Admitted to The Child Psychiatry Disaster Outpatient Clinic

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BACKGROUND AND AIM: The Kahramanmaraş-centered earthquakes that occurred on February 6, 2023 affected 11 cities, and many children had to migrate due to the earthquakes that caused great destruction. Immediately after the earthquakes, child psychiatry disaster outpatient clinics were constituted in many centers, especially in nearby cities. This study aimed to investigate the sociodemographic data and clinical characteristics of children and adolescents who applied to a disaster outpatient clinic.

METHODS: Hospital records of the cases who applied to the disaster outpatient clinic of a university hospital between 9 February 2023 and 5 June 2023 were examined, and 78 children and adolescents with complete data were included in the study. The study has been approved by the ethics committee of university.

RESULTS: The mean age of the cases was 11.32±4.16, and girls constituted 57.7% of the study group. 41.1% of the cases applied to the disaster outpatients clinic in the first month following the earthquakes. The houses of 24.4% of the cases were destroyed, 12.8% were buried under rubble, and 15.4% lost at least one relative. 6.4% of the children and adolescents had medical problems after the earthquakes. The school attendance rate in the city they migrated to was found to be 47.8%. The most common complaint was sleep problems with 48.7%, earthquake-related psychiatric disorder developed in 14 patients, and the most common diagnosis was adjustment disorder (57.1%). It was learned that 35.9% had received at least one psychiatric diagnosis in the past. Including newly diagnosed patients, 61.5% of the cases were using at least one psychotropic drug. 74.4% of the children and adolescents did not come to the control examination.

CONCLUSIONS: Early recognition and treatment of psychiatric symptoms that develop in children and adolescents after major disasters such as earthquakes is important in terms of returning functionality to its previous level. In addition to mental health services in the earthquake region for children and adolescents who have pre-existing psychiatric disorders and will need psychological support as a result of disasters, it is also important to constitute disaster outpatient clinics to evaluate this high risk population in cities receiving immigration.

Keywords: disaster, earthquake, psychiatry, children, adolescents

[Abstract:0389] [Erişkin Psikiyatri » Bağımlılıklar]

Psychological Factors Associated with Internet Addiction in Medical Faculty Students

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BACKGROUND AND AIM: Pathological or excessive use of the Internet is associated with various psychological and behavioral problems and can even lead to an addictive condition called “internet addiction” (IA). IA has shown to have negative impacts on personal and public mental health, such as depression, social anxiety, distress, reduced happiness, social withdrawal and suicide attempts.The aim of this study was to determine the relationship between IA and distress tolerance capacity, emotion regulation difficulty, suicidal behavior, depression and anxiety levels in medical faculty students.

METHODS: A total of 100 medical students at Pamukkale University Faculty of Medicine were included in this study. IA symptoms were evaluated with the Internet Addiction Test (IAT) and scores of 50 or higher were considered to indicate IA. Participants were administered sociodemographic data form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Discomfort Intolerance Scale (DIS), Difficulty in Emotion Regulation Scale (DERS) and Suicidal Behavior Scale (SBS). Student test was used to compare the groups and Pearson correlation analysis was used for correlation analysis. Multiple linear regression analysis was performed to determine the factors associated with IA. In this analysis, IAT mean score was taken as dependent variable; DERS, DIS, BDI, BAI, SBS means cores were taken as independent variables and stepwise method was used.

RESULTS: The prevelance of IA was found to be 19%. The severity of depression, anxiety and emotion regulation difficulties were significantly higher and tolerance for discomfort were significantly lower in IA group compared to without IA group. It was found that there was no significant difference between groups in terms of suicidal behavior. The severity of IA was significantly positively correlated with depression, anxiety, difficulty in emotion regulation, and suicidal behavior; also negatively correlated with the capacity for discomfort tolerance. In the linear regression analysis, the severity of IA was related to increased difficulty in emotional regulation and severity depression, also decreased capacity for discomfort tolerance. These factors predicted 31.6% of IA severity. The severity of anxiety and suicidal behaviors were not related to IA.

CONCLUSIONS: People with IA has more difficulty in understanding and accepting their emotions, changing them according to their goals, developing strategies and regulating them. It is thought that this difficulty may lead to deterioration in the interpersonal relationships of individuals in daily life, and accordingly, the relationships that they cannot maintain in daily life may be replaced by relationships on the internet. Accordingly in this study, IA was found to be associated with difficulty in emotional regulation. Anxiety and depression have been repeatedly reported to be associated with internet addiction. In previous researches, IA was found to be related to depression and self-harm or suicidal behaviors. In our study, although a relationship was found between IA and depression, no relationship was found between IA and suicidal behaviour. This may be related to the sample selection. Recognition of the psychological factors associated with IA may lead to prevention of IA.

Keywords: Anxiety, depression, distress tolerance capacity, emotion regulation difficulty, internet addiction, suicidal behavior

Tablo.1 Comparison of groups with normal internet use and internet addiction in terms of levels of emotion regulation difficulties, depression, anxiety, discomfort intolerance and suicidal behavior

		Normal Internet Use n=19	Internet addiction n=81		
		Mean±SD		*t*	*p*
DERS	*SCORE*	89.59±16.11	106.84±16.49	*-4.181*	*<0.001*
BDI	*SCORE*	15.27±8.53	22.31±9.56	*-3.165*	*0.002*
BAI	*SCORE*	21.59±13.39	29.57±10.76	*-2.420*	*0.017*
DIS	*SCORE*	21.51±6.34	17.05±5.11	*2.855*	*0.005*
SBS	*SCORE*	1.33±1.94	2.26 ±2.32	*-1.612*	*0.120*

Difficulty in Emotion Regulation Scale (DERS), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Discomfort intolerance Scale (DIS), Suicidal Behavior Scale (SBS)

Tablo.2 Linear Regression Analysis for Psychological Factors Related to Internet Addiction

Dependent variable	Independent variables	Unstandardized Coefficients		Standardized Coefficients			Adjusted R^2
		B	Std. Error	Beta	t	Sig.	
IAT	DERS	0.357	0.084	0.394	4.245	<0.001	0.147
IAT	DERS	0.383	0.078	0.423	4.904	<0.001	0.268
	DIS	-0.894	0.215	-0.359	-4.159	<0.001	
IAT	DERS	0.330	0.078	0.364	4.232	<0.001	0.316
	DIS	-0.815	0.210	-0.327	-3.883	<0.001	
	BDI	0.416	0.150	0.239	2.772	0.007	

Internet Addiction Test (IAT), Difficulty in Emotion Regulation Scale (DERS), Beck Depression Inventory (BDI), Discomfort Intolerance Scale (DIS), Suicidal Behavior Scale (SBS)

[Abstract:0391] [Erişkin Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

The Relationship Between Screen Time and Sleep Quality

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BACKGROUND AND AIM: With the advancement of technology and increased access to technology, the use of technological devices has increased. Screen time refers to the time spent with any screen, including smartphones, tablets, televisions, video games, or computers. Studies have shown that increased screen time is associated with shorter sleep duration and more sleep problems, and that prolonged screen exposure increases the likelihood of developing ADHD-like symptoms of insufficient sleep-wake behavior. This study aims to investigate the relationship between screen time and sleep quality in a non-clinical sample.

METHODS: The research was approved by the Ankara Bilkent City Hospital Ethics Committee for Clinical Research with the number E1-23-34-29 on 05.04.2023. The research was planned as a cross-sectional and descriptive study. Online surveys, created by the researchers, were distributed to volunteers who gave their consent to participate. Participants filled out the Sociodemographic Data Form, Screen Time Survey, and Pittsburgh Sleep Quality Index forms.

RESULTS: FINDINGS: A total of 206 individuals were reached in our study, and 166 individuals completed the survey. The survey scores were analyzed using correlation analysis. It was found that the age range of the participants was 15-70, with a mean age of 36.8 +13.1, and 99 were female while 67 were male. The total score of the Pittsburgh Sleep Quality Index (PSQI) was found to be 5.8. Through the correlation analyses conducted, it was found that there is a significant positive correlation between the PSQI Total score and the weekday basic activity screen time (p: 0.01, r: 0.197), as well as a significant positive correlation between the weekend basic activity screen time (p: 0.33, r: 0.166). Furthermore, a significant positive correlation was observed between PUKI Subjective sleep quality disorder and the weekday background screen time (p: 0.006, r: 0.213), as well as between PSQI Sleep Latency and the weekday background screen time (p: 0.006, r: 0.214). Additionally, a significant positive correlation was identified between sleep duration and the weekday basic activity screen time (p: 0.022, r: 0.177), and between sleep disorders and the weekday basic activity screen time (p: 0.018, r: 0.183). It was also noted that there is a slight positive correlation between daytime dysfunction and the weekday basic activity screen time (p: 0.046, r: 0.155).

CONCLUSIONS: It has been observed that there is a negative relationship between the increase in technology use and screen time and sleep quality. This relationship is thought to be bidirectional. Regulating the relationship with technology and interventions for sleep disorders are important for improving individuals' quality of life.

Keywords: ADHD,SLEEP QUALİTY,SCREEN TİME

[Abstract:0397] [Farmakoloji » Psikofarmakoloji]

Sub-Chronic Agmatine Administration Dose-Dependently Increased Learning and Memory As Well As Social Interaction In Healthy Rats

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BACKGROUND AND AIM: Agmatine, synthesized as a result of the decarboxylation of l-arginine by arginine decarboxylase, is an endogenous polyamine. Agmatine as a neuromodulator of the central nervous system; G proteins interact with many molecular targets such as protein kinases, GABAergic receptors, glutamatergic receptors, imidazoline receptors, alpha2-adrenergic receptors, voltage-gated calcium channels and nitric oxide synthase. Agmatine, which shows its biological effects in the central nervous system by interacting with specific receptors and neuronal pathways, has shown neuroprotective, anti-neuroinflammatory and memory modulating effects in cellular and animal models of central nervous system disorders. However, the effects of agmatine on learning-memory and social interaction of healthy animals are unclear. In this study, we investigated the effects of chronic agmatine administration on rats' visual spatial learning and memory, as well as their effects on social interaction.

METHODS: 10-week-old rats were used in our study, and the rats were randomly divided into four groups (n = 8 for each group): Saline, Agmatine (40 mg/kg), Agmatine (80 mg/kg) and Agmatine (120 mg/kg). All treatments were administered daily intraperitoneally for twenty eight days. Behavioral experiments were performed from the twenty-first day of treatments. Novel object recognition test was used to test visual learning and memory in rats, Y-maze test was used to test spatial learning and memory, and social interaction test was performed to test social interaction.

RESULTS: Agmatine (40 mg/kg) and Agmatine (80 mg/kg) increased visual learning and memory, spatial learning and memory, and social interaction in rats compared to the control group. Agmatine (120 mg/kg) impaired visual learning and memory, as well as spatial learning and memory, in rats compared to the control group. Agmatine (120 mg/kg) did not alter social interaction in rats.

CONCLUSIONS: Our study showed that sub-chronic agmatine administration in healthy rats can increase learning and memory in a dose-dependent manner. It has also been shown that sub-chronic agmatine administration increases social interaction in healthy rats. While these effects of agmatine can be attributed to its being a multimodal neuromodulator, further studies are needed to elucidate its mechanism of action.

Keywords: Agmatine, Social Interaction Test, Novel Object Recognition Test, Y-maze Test, Memory, Learning

[Abstract:0401] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Healing Aspects of Psychological First Aid Intervention Applied to Children and Young People After the 6 February Earthquakes

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The study aimed to assess the effectiveness of employing psychological first aid intervention for children and young people following the earthquakes in Kahramanmaraş and Gaziantep on February 6.To achieve this, a phenomenological approach, a form of qualitative research method, was adopted, with a sample group comprising 76 children and 30 young individuals. The children's ages ($\bar{x}$ =7.51) ranged from 2.5-12 years, while the youth's ages ($\bar{x}$ =16.57) spanned 13-21 years. The intervention program was executed daily for the initial 2 weeks, 6 days weekly for the subsequent 2 weeks, 5 days weekly for the second month, and 3 days weekly for the 3rd and 4th months, covering a total of 4 months from February 20, 2023. The team involved in implementing the intervention voluntarily consisted of 19 psychology students, 5 psychologists, and 2 clinical psychologists. In light of the therapeutic potential of cultural elements (Allen et al. 2017; Biddle and Crawford 2017; Black, Frederico & Bamblett, 2024; Bourke et al., 2019), interventions that are culturally tailored were put into practice. Prior to commencing the intervention, all locations were visited, and invitations specifying the team's presence, purpose, and locations were distributed. Invitations were provided before the activities, and greeting cards were given out before Eid. All team members participated in various tasks, with daily task allocations made including container visits, walking, coordination, registration, outdoor activities, painting, games, play dough, puzzles, and boxed games. The total intervention duration for children was 60 minutes daily, with 10 minutes allocated for each area without providing guidance during the interventions. Young individuals engaged in a 60-minute nature walk every morning, followed by concluding the day with activities like poetry reading, listening to songs, singing, creating bracelets from beads, and playing volleyball. Throughout the process, the team observed changes in the children and young people, reporting their findings daily.A total of 62 observation reports were analyzed. Upon reviewing the reports, it was evident that during the initial days, children displayed expressions of anger or timidity, depicted houses using darker colors in their drawings, constructed and subsequently dismantled houses with wooden blocks, and exhibited reluctance to cooperate. Furthermore, it was noted that the youths exhibited reluctance to engage in relationships, remained confined within their shells, and displayed emotions of anger and sadness. However, from the 2nd month onward, the children's play content and interpersonal interactions evolved. They began sharing memories about the earthquake, drawing rainbows, flowers, and family pictures, and were more open to collaboration.Meanwhile, the young individuals began expressing their preferences, developed bonds with team members and peers, and discussed their aspirations. Effective factors contributing to these changes included team cohesion, genuine and warm relationships with the children and young people, lack of guidance, establishment of routines and rules, spending time with the individuals in their living spaces through daily visits, coordinated attire worn by the team, ongoing team development through daily feedback, and discussions about dreams and interests. This study advocates for the utilization of psychological first aid interventions in the aftermath of sudden disasters.

Keywords: Earthquake, psychological first aid, healing factors, child, adolescent

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[Abstract:0404] [Erişkin Psikiyatri » Anksiyete bozuklukları]

Red Cell Distribution Width and Neutrophil/Lymphocyte Ratio in Patients with Panic Disorder

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BACKGROUND AND AIM: It seems that there has been a relationship between panic disorder and cardiac problems and immunological factors. In this context, in the present study, we aimed at evaluating the red blood cell distribution (RDW), a predictor implicating cardiac artery problems, and the neutrophil-lymphocyte ratio (NLR), a prognostic value in a variety of chronic inflammatory conditions in patients with panic disorder.

METHODS: We included twenty patients with a panic disorder and nineteen healthy control subjects in the present study.An approval was obtained from the local ethics committee prior to the study (approval number of ethics committee: 21/03-04).Some exclusion criteria were the patient group: The presence of any comorbidity, current or a history of any endocrinological abnormality, utilization of any anti-inflammatory agents, the presence of abnormal laboratory tests, current or history of any serious and unstable medical conditions, the existence of medical conditions which might influence changes in metabolic values. The inclusion criteria for the control group were as follows: an age of 18–65 years, absence of a history of any psychiatric disorder, absence of a history of medical treatment within the last 3 months, absence of serious neurological diseases and systemic diseases, absence of a pathology in routine blood and biochemical tests All total blood count parameters were determined using an autoanalyzer (Coulter Max M, Coulter Electronics Ltd, Luton, UK) in the subjects.

RESULTS: The mean±standard deviation (S.D.) of the NLR values was found to be 1.76±0.78 in patients with panic disorder whereas it was 2.34±0.96 in the healthy control group. The difference was statistically significant ($p<0.05$). Besides, the mean±standard deviation (S.D.) of the RDW values was found to be 15.45±2.19 in patients with the panic disorder while it was 13.92±1.64 in the healthy control group. The difference was not statistically significant ($p>0.05$). As to parameters of red blood cells, we did not any statistically significant differences concerning hematocrit (HCT), mean corpuscular hemoglobine concentration (MCHC), red blood cell count (RBC), or hemoglobin (HGB), exception for mean corpuscular volume (MCV), and mean corpuscular hemoglobin concentration (MCH). Besides, we did not find any differences in the platelet counts (PLT) between patients with panic disorder and healthy control subjects.As for the white blood cell (WBC) parameters, there was no difference regarding total WBC, neutrophil, basophil, eosinophil, lymphocyte, and monocyte counts between the two groups.

CONCLUSIONS: We suggest that the inflammatory factors might have an important role in the occurrence of panic disorder. On the other hand, when we take into consideration that patients with panic disorder seemed to have higher P wave dispersion in their electrocardiograms, higher QT wave dispersion, or low adiponectin values compared to those of healthy control subjects, with the present finding of increased RDW, we suggest that clinicians should be alert that patients with panic disorder may be prone to cardiac problems. In summary, this study represents the first published report of total hematological parameters in patients with panic disorder. Though further replication is required to confirm this association, there seems to be a relationship between panic disorder and the immunologic system.

Keywords: RDW, NLR, panic disorder, red cell

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[Abstract:0405] [Erişkin Psikiyatri » Kültürel psikiyatri]

The Association Between Depression and Alcohol Use Among the Wa Ethnic Group In China

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BACKGROUND : Alcohol use and depression often co-occur, however, little is known about their association in specific ethnic groups. This study aimed to explore the prevalence and associations of alcohol use and depression in the Wa ethnic group in China. The Wa people had maintained a primitive lifestyle and their language until 1964. They were known as a “directly advancing” ethnic group, referring to the fact that they transitioned directly from a primitive society to a socialist society without experiencing other social systems.

METHODS : A representative sample of the Wa ethnic group residing in Cangyuan County of southwest China was enrolled using a stage sampling approach. Firstly, eight administrative villages were randomly selected from a total of ninety villages in Cangyuan County. Secondly, two natural villages were chosen from each administrative village, resulting in a total of 16 natural villages. Thirdly, a systematic sampling method was employed to select 25-50 households from each natural village. Finally, utilizing the KISH table (Kish Grid sampling), one member from each household was chosen. Face-to-face interviews were conducted by trained interviewers because most respondents had low levels of education or were illiterate. The participants' alcohol use was evaluated using the widely accepted Alcohol Use Disorder Identification Test (AUDIT), while depressive symptoms were assessed utilizing the Patient Health Questionnaire-9 (PHQ)-9). Data were analyzed using a combination of generalized additive models and a two-segment logistic regression.

RESULTS : Among 668 participants, 48.98% (337/668) were current drinkers. Low-risk, high-risk, and probable alcohol-dependence drinkers accounted for 21.4%, 25.4%, and 2.7%, respectively. Participants falling into the AUDIT score category (20-40) exhibited a significantly greater likelihood of developing depressive symptoms (OR = 7.62, 95% CI: 1.79- 32.49, P = 0.006) compared to those in the lower AUDIT score category (0-7). Generalized additive models showed a non-linear association between the AUDIT score and depressive symptoms, with a statistically significant non-linearity (P for non-linearity <0.001). Employing a two-segment logistic regression model identified an inflection point at an AUDIT score value of 15. Beyond this inflection point, for each unit increase in AUDIT score, there was a substantial 43% rise in the probability of experiencing depressive symptoms (OR = 1.43, 95% CI: 1.19, 1.72, P <0.001), while, on the left side of the inflection point, no significant relationship between the AUDIT score and depressive symptoms was observed (OR = 0.98, 95% CI: 0.90, 1.05, P = 0.53).

CONCLUSION : This study contributes preliminary evidence exploring the associations between alcohol use and depression in the ethnic group. The relationship between alcohol and depression was observed to be non-linear, which identified a threshold effect in the Wa ethnic group. Our findings indicate that utilizing alcohol use as a preliminary screening to identify individuals at risk of depression is a promising approach in “directly advancing” ethnic minority groups.

FUNDING : This study was supported by grants from the “China Rural Social Survey” of Yunnan University and the National Key R&D Program of China (2017YFE0103700).

Keywords: depression， alcohol use， the Wa ethnic group

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[Abstract:0473] [Erişkin Psikiyatri » Anksiyete bozuklukları]

Evaluation of the castelli risk index and the atherogenic coefficient in patients with generalised anxiety disorder

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OBJECTIVE: Generalised anxiety disorder (GAD) is a mental illness characterised by symptoms such as irritability, sleep problems, muscle tension and difficulty concentrating, as well as excessive anxiety that is difficult to control. Many studies have shown an increase in cardiovascular morbidity and mortality in anxiety disorders. Blood lipids are often used to monitor the risk of cardiovascular disease, but atherogenic indices are more sensitive and newer markers for assessing risk groups. In GAD, dyslipidemia occurs due to lipid metabolism changes known to cause atherogenic changes. Therefore, we aimed to evaluate the Castelli risk index (CRI-I and CRI-II) and the atherogenic coefficient (AC) in patients with generalised anxiety disorder.

METHODS: A total of 100 participants, 50 healthy controls and 50 participants with GAD were included in the study. All participants were analysed for metabolic profiles, including plasma levels of fasting glucose and lipid profiles, including total cholesterol, triglycerides, high-density lipoprotein cholesterol (HDL-C) and low-density lipoprotein cholesterol (LDL-C). Body mass index (BMI) was calculated. According to the American Heart Association National Heart, Lung, and Blood Institute, atherogenic indices, including the Atherogenic Coefficient (AC), Castelli risk index (CRI)-I, and CRI-II, were calculated using the following formula: (TC-HDL-C)/HDL-C, TC/HDL-C, and LDL-C/HDL-C, respectively. Analyses were performed using SPSS (Statistical Package for Social Sciences; SPSS Inc., Chicago, IL) 22. Chi-square analysis (Pearson Chi-square) was used to compare categorical variables between groups. The Kolmogorov-Smirnov test assessed whether continuous variables conformed to a normal distribution. Student t-test was used to compare paired groups. Statistical significance was accepted as $p<0.05$ in the analyses.

RESULTS: In our study, the patient and control groups were similar in age and gender ($p=0.731$ and $p=0.410$, respectively). BMI ($p=0.002$), glucose ($p=0.012$), TG ($p<0.001$), total cholesterol ($p<0.001$), LDL ($p=0.002$), HDL ($p=0.007$), AC ($p=0.002$) and CRI-I ($p=0.036$) values were significantly higher in the patient group than in the control group. There was no significant difference in CRI-II between the groups ($p=0.086$).

CONCLUSION: Our study is the first to evaluate the atherogenic and Castelli indexes in patients with GAD. Among these parameters, AC and CRI-I can be used in clinical practice to assess the risk of cardiovascular disease in patients with GAD. CRI-II increased with GAD but did not reach statistical significance. It has been reported that the Castelli index and the atherogenic index can be used to determine cardiovascular risk in patients with depressive disorder and bipolar disorder. Nunes et al. showed that the atherogenic coefficient is increased in major depression and bipolar disorder, especially when associated with tobacco use disorder. Vargas et al. reported an increase in the Castelli risk indices 1 and 2 in major depression. In another study, the atherogenic index increased in elderly patients with depression. We believe that the CRI-I, CRII-II and AC in GAD should be evaluated in large sample groups because they are inexpensive, feasible and can identify cardiovascular risk at an early stage.

Keywords: Generalized anxiety disorder, Castelli risk index, Atherogenic coefficient, Cardiovascular disease, Dyslipidemia

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Poster Research Presentations

[Abstract:0010] [Erişkin Psikiyatri » Psikofarmakoloji]

An Uncommon Side Effect; Ptosis Caused By Mirtazapine

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INTRODUCTION: Mirtazapine, an atypical antidepressant approved by the FDA, is primarily prescribed for major depressive disorder. Its mechanism of action involves antagonism of alpha-2, H1, 5-HT2A, 5-HT2C, and 5-HT3 receptors, leading to increased serotonin and norepinephrine release.(1) The most common adverse effects include dry mouth, sedation, increased appetite, and weight gain. Rarely, users may experience drowsiness, insomnia, agitation, restlessness, headache, vertigo, constipation and fatigue. (2).Additionally, very rare side effects such as tenosynovitis and bursitis have also been reported. Ptosis is a lowering of the eyelid to below its normal position. Ptosis etiology includes structural abnormalities, myogenic causes, neurogenic causes, neuromuscular junction disorders, and central causes.(3) There are reports of eye drops caused by medications such as statins, lithium, alpha adrenoceptor agonists, chlorpromazine, chloroquine, phenytoin, valproic acid. (4)Adverse events and unintended pharmacologic effects from medication administration are stressful for patients and physicians. The literature does not include any reported cases of ptosis attributable to mirtazapine.

CASE PRESENTATION: A 43-year-old female presented with sleeplessness, boredom, crying, irritability, and loss of appetite and feeling that something bad is going to happen. The patient was diagnosed with fibromyalgia before but now she hasn't got a complaint about this comorbidity. Taking all these complaints into consideration, she was diagnosed with major depressive disorder and prescribed mirtazapine 30 mg/day with a gradual increase. Ptosis developed in three days after starting the medication. On examination, she exhibited blepharoptosis, with the right eyelid covering part of the cornea. The eye movements were free in all four directions and there was no double vision. Various tests; including blood count,glucose, ferritin,vitamins and electrolytes, thyroid function tests, coagulation parameters showed normal results.Neurology was consulted for other possible diagnoses.Acetylcholine antibodies and brain MRI were requested by the neurology department and the results were normal.Mirtazapine was discontinued as no other reason was identified and her symptoms resolved in two days. Mirtazapine induced ptosis was diagnosed and the offending drug was withdrawn.Upon follow-up the patient’s ptosis was recovered with the change of treatment to escitalopram.

CONCLUSION:As it known, antidepressant have been used for many years in the treatment of major depressive disorder.Antidepressants are vital in major depressive disorder treatment, but side effects may limit tolerability.(6) Mirtazapine use may cause serious neurologic and systemic complications and necessitating careful patient monitoring. In this single case study aimed to highlight an instance of ptosis occurring after mirtazapine treatment. The occurrence of ptosis was considered to possibly be associated with myositis following the use of mirtazapine. We defined a new case of mirtazapine-induced ptosis. The pathogenesis of ptosis induced by mirtazapine has not been fully understood yet. Moreover, the possible cause of eyelid drooping triggered by medication use could be related to the involvement of myositis.

Keywords: mirtazapine, major depressive disorder, ptosis, myositis, adverse reaction

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[Abstract:0025] [Erişkin Psikiyatri » Diğer]

Ischemic Stroke After ECT: A Case Report

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INTRODUCTION: Stroke is a sudden onset, focal neurological syndrome associated with cerebrovascular disease (CVD). Postictal focal neurological disorders mimicking stroke are common after electroconvulsive therapy. However, true cerebrovascular events (strokes) are considered to be an extremely rare complication of ECT, given modern anesthesia and appropriate medical screening. The availability of acute stroke treatments has made it critical to distinguish them from true cerebrovascular events. In our article, a case with ischemic stroke after ECT is mentioned and it is aimed to be an additional resource to the literature.

CASE PRESENTATION:62 years old, married, two children, high school graduate, retired male patient: he was admitted to our clinic with a prediagnosis of psychotic disorder with complaints of susceptibility, suspiciousness, hearing voices, thinking that others are watching her with a camera, introversion and not speaking for four months. Routine blood tests, EEG and Brain MRI were done. Mini mental test applied. Routine blood tests and EEG were within normal limits. Brain MRI reported as cerebral and cerebellar atrophy. Mini mental test resulted as 30/30. Dementia diagnosis not considered. The patient's medical treatment was adjusted as escitalopram 10 mg/g and olanzapine 10 mg/g. ECT is planned. Neurological examination was normal. He had no recent history of neurological symptoms. Successful 2 sessions of ECT were applied to the patient. He was consulted to the Neurology department because his speech was dysarthric in his clinical follow-ups after the third ECT. Diffusion MRI was recommended. The patient was transferred to the neurology intensive care unit after the detection of areas of diffusion restriction consistent with acute ischemia in the left cerebellar and thalamic in diffusion MRI.

CONCLUSION: There is a limited number of cases reported or proven as an ischemic stroke caused by ECT in the literature. Stroke caused by ECT is difficult to diagnose, not only because of its rarity, but also because of the frequency of post-ictal states that mimic stroke. Considering the narrow timeframe for acute stroke treatments, it highlights the importance of careful neurological assessments that can aid in the diagnosis of stroke, a possible complication of ECT. Our case; It is an important example of ischemic stroke after ECT, confirmed by neuroimaging.

Keywords: ECT, Ischemic Stroke, Psychotic Disorder, Neuroimaging

[Abstract:0040] [Erişkin Psikiyatri » Psikofarmakoloji]

Mirtazapine Induced Atypical Neuroleptic Malignant Syndrome: A Case Report

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INTRODUCTION: Neuroleptic malignant syndrome (NMS) is a potentially fatal complication of neuroleptic drug use.Nms can be seen clinically with many findings including autonomic instability, creatine phosphokinase elevation, rigidity, leukocytosis, and changes in consciousness.When NMS develops without one of the main symptoms, such as hyperthermia or rigidity,it is called atypical NMS.We report a case of atypical NMS in a 72-year-old male who developed after the initiation of mirtazapine for a depressive mood disorder.

CASE PRESENTATION: A 72-year-old male patient was brought to the emergency room with complaints of loss of orientation,confusion, inability to walk, refusal to eat and drink,rigidity in the body,visual hallucinations, blood pressure fluctuations.His complaints started suddenly 3 days ago.He was receiving mirtazapine 30mg/day for depression.He also was receiving metoprolol 50mg/day and clopidogrel 75mg/day for coronary artery disease, for nearly 15 years without any complaints.On psychiatric examination,the patient did not recognize his relatives, had fluctuating orientation and distractibility.On neurologic examination,consciousness was clear,pupils were isochoric, rigidity in both upper extremities in the form of lead tubular rigidity,mild rigidity in the left lower extremity,decreased amount of speech, and dysphonia.Deep tendon reflexes were normal.Body temperature was 37.1C, pulse rate ranged from 85-112, respiratory rate 13-24 per minute. His Blood pressure ranged between 155/95-120/70.In biochemistry measurements,CPK +2733 U/L,CRP 25 mg/L,Aspartate Aminotransferase 2461 U/L, Alanine Aminotransferase +1427 U/L, creatinine 2.01 mg/dL,urea 110.6 mg/dL, glucose 66mg/dL, White Blood Cell count 10.33 10^3/uL, Neutrophil count 9.73 10^3/uL, and myoglobinuria were detected. 2.5 months of regular treatment with mirtazapine 30mg/day,it was learned that the medication was discontinued,without medical advice, by the patient's caring family members who felt that the drug was no longer working, 20 days before the emergency presentation.Upon the onset of insomnia in the patient mirtazapine 30mg/day treatment was restarted 5 days before the emergency admission, by the patient's caring family members.His complaints started 2 days after the mirtazapine was restarted.
Atyipical NMS diagnosis was considered.He was admitted to the Internal Care Unit.Supportive therapies were applied.His body temperature did not rise above 37.0.Irregularities in biochemistry measurements improved day by day.

CONCLUSION: Levenson's NMS criteria can be used to avoid missing atypical NMS cases.In Levenson NMS criteria,fever,rigidity and increased CPK levels are major criteria,while tachycardia,abnormal blood pressure,tachypnea,diaphoresis,leukocytosis and altered consciousness are minor criteria.Diagnosis can be made with 3 major or 2 major and 4 minor manifestations.The possible agent for NMS was thought to be mirtazapine due to the addition of a high dose recently.The presence of rigidity,leukocytosis,altered consciousness,autonomic instability,elevated CPK,acute renal failure, rapid drug dose change within 5 days led us away from other diagnoses and towards the diagnosis of NMS.Alternative NMS diagnostic criteria,such as the Levenson's diagnostic criteria may be used to diagnose atypical cases early.Early diagnosis and treatment may reduce the mortality and morbidity of NMS complication.It should be kept in mind that the use of antidepressants may cause NMS.Close follow-up in terms of NMS and other drug side

effects is important in psychotropic drug changes or dose increases.In psychotropic drug changes,tapering off and starting the drug slowly may be effective in reducing the risk of developing NMS.

Keywords: Adverse Drug Reaction, Atypical Neuroleptic Malignant Syndrome, Case Report, Mirtazapine, Rapid dose escalation

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[Abstract:0043] [Çocuk Psikiyatri » Psikofarmakoloji]

Atomoxetıne And An Unexpected Sıde Effect: "Red Ear Syndrome"

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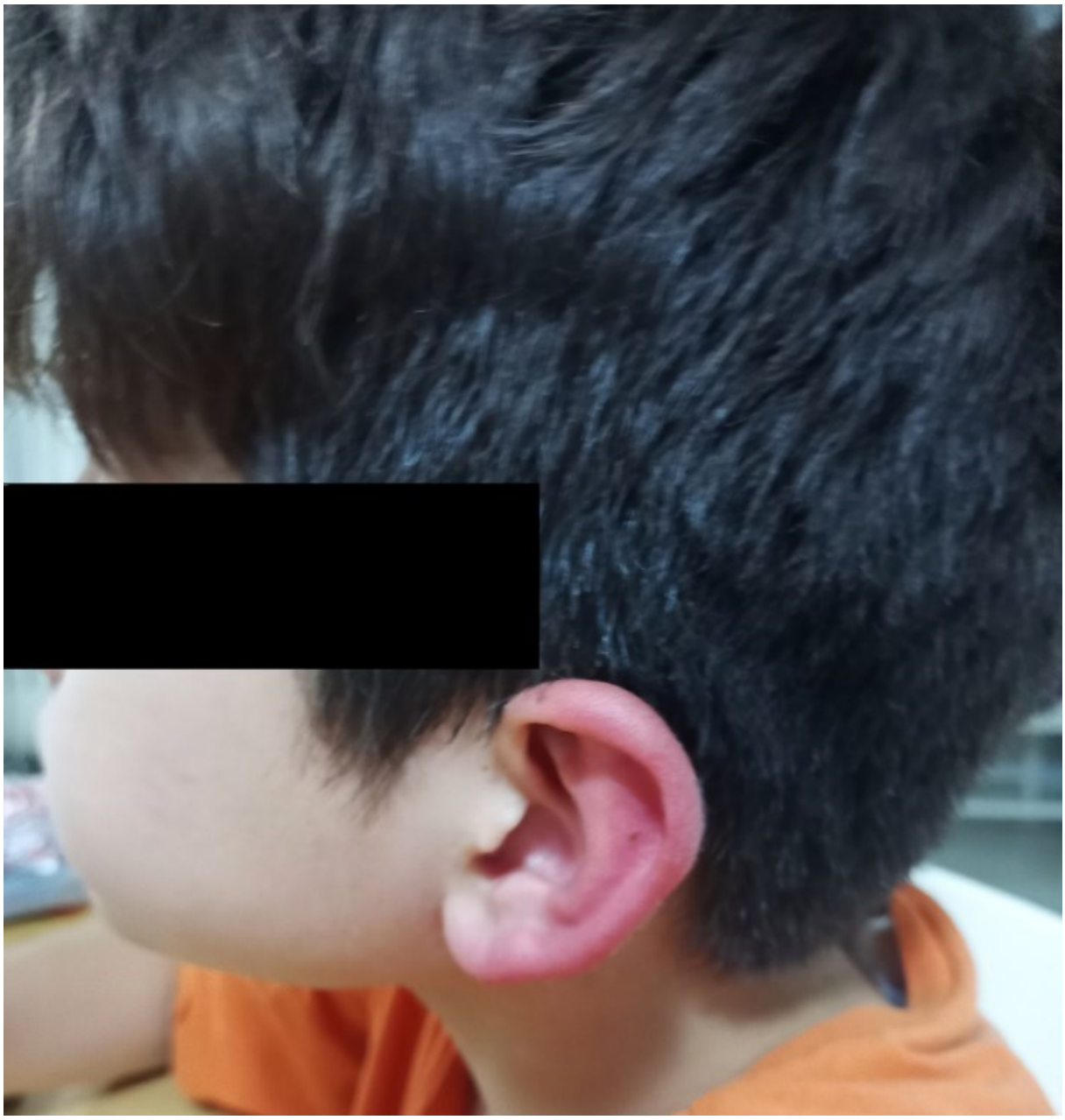
INTRODUCTION: Atomoxetine is a selective norepinephrine reuptake inhibitor (NRI) used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in individuals aged 6 and older. It is also referred to as a norepinephrine transporter (NET) inhibitor. It exhibits high selectivity for noradrenergic receptors, impacting both central and peripheral noradrenergic receptors to enhance noradrenergic neurotransmission. Red Ear Syndrome (RES) is a rare or inadequately diagnosed clinical condition characterized by paroxysmal burning pain attacks and redness in the ear 2. It can manifest as either idiopathic or secondary. Idiopathic RES tends to occur more frequently in young patients and is often associated with migraines, while in adults, it may be related to cervical disorders
In this case, we present the clinical features and treatment process of a patient who developed secondary RES after initiating atomoxetine treatment for ADHD at the age of 10.

CASE PRESENTATION: A 10-year-old boy was brought to our clinic by his family with complaints of hyperactivity, attention difficulties, restlessness, academic underachievement, and impulsivity, as directed by the teacher. His developmental history indicated normal motor and mental development. During the clinic assessment, short attention span, impulsive behaviors, and conduct disorders were observed. The patient had been under child psychiatry follow-up since the age of 7, with a medication regimen in the last year consisting of methylphenidate 36 mg/day, atomoxetine 40 mg/day, and risperidone 1 mg/day. Upon evaluation of the family and teacher reports, and due to the persistence of inattention and impulsivity symptoms, the atomoxetine dose was adjusted to 1.4 mg/kg/day, resulting in an increase to 25 mg * 2. Three days after the dose increase, redness occurred in both ears (Figure-1). Atomoxetine was discontinued by reducing the dose, and the symptoms disappeared in the patient who was started on guanfazine.

CONCLUSION: RES is an extremely rare complication that may be associated with atomoxetine treatment. Sympathetic dysregulation may play an active role here. Clinicians should be mindful of this rare condition that may arise during atomoxetine therapy. Sharing our case and discussing experiences with professionals encountering similar cases will contribute to understanding the underlying pathophysiological mechanisms by explaining the causal relationship.

Keywords: atomoxetine, red ear syndrome, sympathetic dysregulation

Figure-1. Red ear syndrome developing after atomoxetine treatment



[Abstract:0055] [Erişkin Psikiyatri » Diğer]

Psychiatric-onset Dementia wıth Lewy Bodies:Case Report

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INTRODUCTION: Dementia with Lewy bodies (DLB) accounts for 7.5% or more of all dementias in older people.[1] The main clinical features of DLB are fluctuating cognition, visual hallucinations, REM sleep behavior disorder, and parkinsonism findings.[2] Prodromal phase of DLB examined in three classes: psychiatric-onset, delirium-onset and mild cognitive impairment.[3] The most frequently reported symptoms in psychiatric-onset DLB are late-onset major depressive disorder and late-onset psychosis. Psychiatric-onset DLB is rare and can cause diagnostic difficulties. This article describes how a 73-year-old female patient applied to psychiatry and was diagnosed with DLB as a result of the evaluations. Approval was obtained from the patient and her relatives to share the findings with mental health professionals in scientific environments.

CASE PRESENTATION: The 73-year-old female patient, married, mother of two children and a high school graduate, applied to a psychiatrist with complaints of seeing people and animals and her children changing places with strangers, which started 1 month ago. She said that she realized that strangers had entered her children's body and that her children might have entered another body. She said that she had complaints of weakness, fatigue and unwillingness. According to the information received from his son, it was learned that his complaints of forgetfulness started for 6 months. It was learned that there was no medical application for these complaints. It was learned that she had no previous history of psychiatric admission. In the mental status examination of the patient, the patient was conscious, oriented, cooperative, had normal self-care, and psychomotor activity had decreased. The patient was open to the interviewer and her mood was slightly depressed, her affect was calm, the rate and amount of speech decreased. There were visual hallucinations and delusions of misidentification. Active suicidal or homicidal thoughts were not identified. Her physical examination and vital signs were normal. Due to the atypical presentation, it was planned to first investigate the patient's organicity. Brain MRI showed mild brain atrophy with preservation of the medial temporal lobes. Later, FDG-PET showed hypometabolism in the occipital lobes. According to the diagnostic criteria used for DLB, the patient was diagnosed with DLB.

CONCLUSION: Visual hallucinations are one of the main clinical features of DLB.[2] Along with cognitive impairment, patients may experience a delusion of misidentification called Capgras syndrome.[4] There appears to be an increase in antipsychotic sensitivity in DLB patients. Even a single dose of antipsychotics may aggravate parkinsonism symptoms in patients and cause an increase in the risk of neuroleptic malignant syndrome development and mortality.[4] There are no studies supporting the use of antipsychotics in DLB patients; it has been shown that both generations of antipsychotics can develop serious sensitivity reactions regardless of dose.[5] In DLB patients, the use of acetylcholinesterase inhibitors is recommended for cognitive impairment and psychiatric symptoms.[6] Patients with dementia with Lewy bodies presenting with psychiatric complaints may cause diagnostic difficulties. Recognition of cases is important considering the increased antipsychotic sensitivity in these patients. Atypical clinical features may provide clues.

Keywords: Dementia with Lewy bodies, Capgras syndrome, delusion of misidentification, psychiatric-onset DLB, antipsychotic sensitivity

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[Abstract:0061] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Lithium Use in Addition to Quetiapine During the First Attack of Mania and the Following Maintenance Period in an Adolescent Patient: A Case Report

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INTRODUCTION: Quetiapine, either as monotherapy or in combination with lithium is generally well tolerated and effective in reducing manic symptoms in adult and adolescent patients with acute bipolar mania. As monotherapy, the drug is also effective in reducing depressive symptoms in patients with bipolar depression.
In our case, we investigated the effectiveness of dual therapy by adding lithium to the treatment of a young patient who had initially received quetiapine for depressive symptoms but later exhibited manic symptoms.

CASE PRESENTATION: A 16-year-old female patient, who presented to us with a suicide attempt by ingesting medication; an increase in depressive thought content, anhedonia, anergy, and irritability was observed in our examination. There was no reported history of manic or hypomanic episodes in herself or her family. The patient was diagnosed with Depressive Episode, and treatment with Selectra 25 mg/day and risperidone 1 mg/day was initiated. Due to the persistence of depressive mood and passive suicidal thoughts, along with an observed increase in irritability during follow-up visits, the risperidone dose was increased to 2 mg/day. While the patient's treatment was ongoing, aripiprazole treatment was initiated after discontinuing risperidone due to the emergence of new side effects. Despite the current treatment, the patient's anger attacks, crying episodes, and frequent mood swings partially persisted. The patient, who did not continue with follow-up appointments during the process, presented to our emergency department one month later after ingesting medication in a suicide attempt. During the examination an increase in risky behaviors, decreased sleep need, and complaints of irritability were observed. The patient was admitted to the inpatient unit with a preliminary diagnosis of hypomania, and the current treatment was adjusted to quetiapine 400 mg/day. Upon discharge after a three-week hospitalization, there was an increase in sexıal desire. As complaints persisted partially during follow-ups, olanzapine 5 mg/day was added to the treatment. During the patient's follow-up examination, it was learned that there were no anger outbursts, but an increase in irritability was observed. The patient experienced frequent mood swings throughout the day, had passive suicidal thoughts, increased spending, increased speech, and a partial increase in sexual desire. Therefore, the olanzapine dose was increased to 10 mg/day with a preliminary diagnosis of a manic episode, and injection therapy was recommended. In the follow-up, the patient was started on lithium 600 mg/day. On the 14th day of lithium treatment, the patient reported a decrease in irritability, insomnia, and depressive thoughts. Speech rate was observed to be normal. In the fourth week of lithium treatment, was observed that risky behaviors did not continue, there was an increase in the amount of sleep, and suicidal thoughts were not present.

CONCLUSION: Bipolar disorder exists in youth, but it is difficult to diagnose. The recurrent nature and psychosocial morbidity associated with this illness during critical developmental stages call for comprehensive longitudinal evaluation and accurate recognition and treatment because delays in treatment are associated with poor outcome.

Keywords: Adolescent, Lithium, Mania, Quetiapine

[Abstract:0067] [Erişkin Psikiyatri » Bağımlılıklar]

Sociodemographic and Clinical Characteristics of Students with Internet Addiction

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BACKGROUND AND AIM: The Internet is a communication and information sharing tool that is becoming more widespread, used by everyone, and renewed every day. Internet use has now become one of the escape routes used to avoid focusing on trauma or stressful life events. This study aimed to determine the sociodemographic and clinical characteristics of internet addicts.

METHODS: A total of 84 volunteer university students, aged 18-35, who were studying at Erciyes University in 2021-2022, and who did not have a known psychiatric disease, alcohol-substance use disorder other than smoking, or a significant physical disease, were included in the study. Sociodemographic data form, which asked information such as age, gender, internet usage characteristics, Young Internet Addiction Scale (YIAT) and Hamilton Depression Rating Scale (HAM-D) were applied to all subjects. YIAT is a six-point Likert type scale consisting of 20 items developed by Young (1998). The Turkish adaptation of the scale was made by Bayraktar in 2001. 41 subjects who scored 50 or more on the criteria suggested by Young for internet addiction were included in the problematic internet use (PIU) group, and 43 subjects who scored less were included in the normal internet use (NIU) group.

Appropriate statistical methods were applied.

RESULTS: Daily internet usage time on weekdays and weekends in those with PIU was found to be statistically significantly higher than in those with NIU ($p < 0.001$ and $p < 0.001$). The use of internet for social media ($p = 0.001$), chatting ($p = 0.002$), and music-film-video ($p = 0.002$) purposes was found to be significantly higher in the PIU group than in the NIU group. HAM-D scores were found to be higher in patients with PIU than in those with NIU ($p < 0.001$). Among problematic internet users, YIAT scores showed a statistically significant positive correlation with both weekday and weekend internet usage times ($rs = 0.403$, $rs = 0.359$, respectively) and HAM-D scores ($rs = 0.389$).

CONCLUSIONS: In our study, the daily internet usage time of problematic internet users on weekdays and weekends was found to be higher than that of normal users, and a positive relationship was also found between internet addiction scores and daily internet usage time on weekdays and weekends. Problematic internet users were found to use the internet for social media, chatting, music-film-video purposes more frequently. It can be argued that factors such as providing people with the kind of communication experiences they enjoy, being able to act like the person they want to be when they are online increase the risk of internet use and addiction.

In our study, consistent with previous studies, depression scores in problematic internet users were found to be higher than in normal users, and a positive relationship was found between internet addiction scores and depression scale scores in problematic internet users. This can be interpreted as internet addiction being one of the ineffective methods of coping with stress, which can lead to the development of depression as a result of further impairing daily life functions, academic performance and interpersonal relationships.

Keywords: internet addiction, depression, sociodemographic

Table 1. Sociodemographic features of the groups.

		PIU (N=41)	NIU (N=43)	Comparison
Age (years) Median (min-max)		23 (19-33)	23 (20-31)	U = 1030,5 p = 0,176
Gender N(%)	Women Men	24 (%41) 17 (%59)	23 (%54) 20 (%46)	$\chi 2$ = 0,217 p = 0,641
Smoking N(%)	Yes No	9 (%22) 32 (%78)	5 (%12) 38 (%88)	$\chi 2$ = 1,610 p = 0,204
Marital status N(%)	Single Married	36 (%88) 5 (%12)	42 (%97) 1 (%3)	-
His/her own room	Yes No	32 (%78) 9 (%22)	42 (%98) 1 (%2)	-
Socioeconomic level of the familiy	Low Middle High	1 (%3) 33 (%81) 7 (%16)	0 35 (%83) 8 (%17)	-

U: Mann-Whitney U test, $\chi 2$: Chi-square test, PIU: Problematic Internet Use, NIU: Normal Internet Use

Table 2. Internet usage characteristics of PIU and NIU groups.

		PIU (N=41)	NIU (N=43)	Comparison
Internet usage hour/day median (min- max)	Mid-week Weekend	5 7 (4-14)	4 4 (1-11)	U = 466,5; p < U = 322,0; p < 0,001
Internet purpose N (%)	Shopping social media Playing games Chatting Homework/project preparation Music, film and video Sexual content	17 40 11 29 4 36 4 (%10)	10 31 9 16 5 25 0	X2 = 2,410; p = X2= 10,407; p = X2= 0,403; p = X2= 9,483; p = X2= 0,77; p = X2= 9,289; p = --
YIAT median (min-		54 (50-76)	21 (4 -39)	U = p < 0,001
HAM-D median max)		8 (2-28)	2 (0-10)	U = p < 0,001

U: Mann-Whitney U test, χ2: Chi-square test, PIU: Problematic Internet Use, NIU: Normal Internet Use, YIAT:Young Internet AddictionTest, HAM-D: Hamilton Depression Scale

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[Abstract:0072] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

"Pseudo"Psychiatric Disease: Autoimmune Encephalitis. A Case Report

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INTRODUCTION: Autoimmune encephalitis is one of the most common causes of non-infectious encephalitis. It can be triggered by tumors, infections or cryptogenic causes. Atoimmune encephalitis can cause many acute or subacute neurologic symptoms and usually develops within six weeks. Various clinical manifestations such as behavioral and psychiatric symptoms, autonomic disorders, movement disorders and seizures may be observed. Psychiatric symptoms and findings can be very diverse and can be often be confused with psychiatric disorders in the differential diagnosis.

CASE PRESENTATION: A 14-year-old 11-month-old male patient was admitted to our emergency outpatient clinic with complaints of irritability. For 15 days, there was a significant shortening in sleep duration, some days he did not sleep at all, he sang military marches at night, he talked a lot, his speech was not understood from time to time, he had aggression resulting in hitting his mother and physical harm, he looked otu of the window and waved at his school friends who were not there, he wanted to go to them, he wanted to go out regardless of the time, there was a significant increase in his mobility at home, he wanted to walk to his relatives outside the city, he wanted to be prevented. Mental status examination revealed grandiosity, increased sexual desire and energy, excessive and logorrheic speech, visual hallucinations and distractibility. It was learned that he had an upper respiratory tract infection with fever before his current complaints, he had sleep attacks up to 20 hours a day in the 5-day period following the infection, he had difficulty in recognizing his family during his period, and then his current complaints which had been continuing for 15 days developed. The patient, who had no psychiatric disease in his past and family history, was evaluated with the pediatric neurology department and hospitalized in the pediatric neurology service. The diagnosis of 'Autoimmune encephalitis' was considered in the case evaluated together with pediatric neurology and it was decided to carry out the treatment and follow-up process jointly. EEG, cranial MRI, lumbar puncture and blood tests were performed during hospitalization. Haloperidol 7.5 mg/day treatment was started for agitation during hospitalization and Biperiden 4 mg/day was added to the treatment upon development of extrapyramidal side effects.

CONCLUSION: Clinical manifestations of autoimmune encephalitis tend to be a mixture of neuropsychiatric and somatic symptoms. It is important to rule out neurological disorders in the diagnostic process, as psychiatric disorders with sudden onset and attacks, such as bipolar disorder and psychosis, present with similar clinical findings in their first attacks. The sudden onset and the fact that the first presentation is often in emergency conditions may complicate the management process of neurological and psychiatric disorders. In addition to clinical examination findings, detailed evaluation of family history and symptoms is a very important step in the differential diagnosis. With this case report, we tried to emphasize the importance of multidisciplinary work in both diagnosis and treatment processes in order for patients to reach early and effective treatment.

Keywords: Autoimmune encephalitis, Clinical aspects, Mania

[Abstract:0077] [Erişkin Psikiyatri » Diğer]

Psychiatric Symptoms with Huntington's Disease and Incomplete Suicide Attempt

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INTRODUCTION: Huntington's disease is a rare, autosomal dominant neurodegenerative disease of the central nervous system characterized by motor, cognitive and psychiatric symptoms. Clinical features typically appear in middle adulthood. In Huntington's disease, although neuropsychological disorders and psychiatric symptoms often occur before the onset of neurological disease, the diagnosis is made with the appearance of motor symptoms.
Psychiatric disorders have been found to be between 21-56% in HD. Among these; affective disorders, irritability, antisocial behavior, impulsivity, apathy, sleep disorders, anxiety and psychotic symptoms, suicidal behavior, and obsessive thoughts. When looking at suicidal behaviors, one study found the risk of suicide to be between 4-7%.

CASE PRESENTATION: A 63-year-old patient with increasing irritability, disorganized and disinhibited behavior, social withdrawal, decreased self-care, sleep problems, suspiciousness, forgetfulness and disorganized speech for 2 years was examined in the emergency room due to an incomplete hanging attempt. It was determined that he had psychiatric complaints for 20 years, received treatment for depressive disorder for approximately 15 years and Huntington's disease for 8 years, and used self-care with help. It was observed that he had been receiving sertraline 200 mg/day, mirtazapine 15 mg/day, haloperidol 20 drops/day, and tetrabenazine treatment due to his motor movements for a year.

RDM: Consciousness was clear, orientation to place and person was complete, time orientation was limited, amount and speed of speech slowed down, reaction time to questions was prolonged, speech had difficulty in reaching the goal during thought time and thought content was poor, mood was depressed, affect was blunted, abstraction and judgment were almost complete, attention was reduced, Psychomotor activity was reduced, and stereotypic movements were present.In the mini mental test examination performed at two separate times; He received 14 and 18 points.

CONCLUSION: Huntington's disease (HD) is a disease with 3 main components: unwanted motor movements, behavioral and psychiatric disorders, and dementia (cognitive). Although it is stated that the components can occur alone or in combination and which of the three symptom groups is dominant varies from person to person, in another study, psychiatric symptoms are seen before motor symptoms in approximately half of the patients. In our case, motor movements and cognitive components were added to long-standing psychiatric symptoms.
Psychiatric symptoms are an important component of HD, a hereditary neurodegenerative disease. Depressive mood, mania, irritability, anxiety, apathy, obsessions and compulsions, and psychosis are reported as the most common neuropsychiatric findings in HD. While common depressive and negative symptoms and irritability were found in our case in accordance with the studies, a rare history of suicidal attempt also emerged as a psychiatric symptom in our case.
In a recent study, it was found that since the diagnosis of HD was made after motor symptoms appeared, the diagnosis of patients with only intense psychiatric symptoms was delayed and the chance of treatment decreased, which increased disease progression and the number of suicidal attempts.

Keywords: Huntington's disease, İncomplete suicide attempt, Psychiatric symptoms

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[Abstract:0088] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Treatment Process in a Patient Diagnosed with Childhood Schizophrenia: A Case Report

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INTRODUCTION: The first onset of schizophrenia symptoms is usually in adolescence and rarely in childhood.In general, early onset schizophrenia is defined when the disorder starts before the age of 18 and very early onset schizophrenia is defined when the disorder starts before the age of 13.Approximately 4% of all schizophrenia cases occur before the age of 15 and approximately 1% before the age of 10.In this case report, the psychopharmacotherapy process of a female patient diagnosed with phenylketonuria who has been followed up in our outpatient clinic with psychosis symptoms since the age of 13 will be discussed.

CASE PRESENTATION: A 13-year-old female patient presented to us for the first time with complaints of self-talk, deterioration in social communication, delusions and bizarre behaviours.From the history, it was learned that she had applied to an external centre with complaints of decreased amount of speech and hallucinations when she was 10 years old and received drug treatment for 1 year. The last treatment was aripiprazole 10 mg/day, risperidone 1 mg/day, haloperidol 5 drops/day, lorazepam (as needed). They stopped their medication 3 months before they applied to us because they did not see any benefit. After the first interview, psychotic disorder secondary to metabolic disease was considered and risperidone 1 mg was started and gradually increased to 2 mg.After 6 months of risperidone treatment, quetiapine treatment was switched to quetiapine after no significant benefit was observed.Olanzapine 5 mg (as needed) was added to quetiapine XR 400 mg/day treatment due to increased aggression while receiving quetiapine XR 800 mg/day treatment.When aggression and aggression intensified while receiving quetiapine XR 800 mg/day treatment, the family stopped the drug. Afterwards, it was learned from the family that she received ziprosidone 80 mg/day during her short-term follow-up at an external centre.After 8 months of ziprosidone use, no significant improvement was achieved in her psychotic symptoms and clozapine treatment was started with haemogram follow-up.After 1 year, aripiprazole 5 mg/day was added to clozapine 400 mg treatment due to the persistence of disorganised behaviour.Due to the sudden death of her father, she could not continue outpatient follow-up for a while, 6 months later she became aware of her loss, had anger attacks and self-destructive behaviours.These complaints were evaluated as grief reaction and sertraline 25 mg was added to her treatment. In the last interview in January, the patient gave meaningful answers to short questions, had difficulty in maintaining mutual communication, and had less mobility compared to the previous interview.The current treatment is clozapine 400 mg/day, aripiprazole 20 mg/day, sertraline 50 mg/day, olanzapine 5 mg (as needed).

CONCLUSION: While studies on the diagnosis and treatment of schizophrenia in adult patients are more extensive and comprehensive, there are fewer studies on childhood schizophrenia.In this case report, it was aimed to give information about the possible effects of metabolic diseases and social effects on very early onset schizophrenia and the treatment process we followed in this diagnosis. In addition, it was thought that further studies on early onset schizophrenia are needed.

Keywords: Early-onset schizophrenia, phenylketonuria, clozapine, aripiprazole, sertraline

[Abstract:0091] [Erişkin Psikiyatri » Psikofarmakoloji]

Double dose administration of long -action aripiprazole in bipolar affective disorder

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BACKGROUND AND AIM: The long-acting injektion use of aripiprazole (LAI) has been approved in Turkey for bipolar affective disorder (BAD) and schizophrenia. It is a new practice to initially administer the long-acting form of aripirazole as a double dose. The use of this method, which is used in the treatment of schizophrenia, is limited in patients diagnosed with BAD.

METHODS: 3 patients diagnosed with BAD who initially received double-dose LAI aripirazole treatment are presented.

RESULTS: Case 1: 44-year-old male patient. He was admitted to the service with symptoms such as restlessness, insomnia, irritability, thinking that he is a prophet, irritability, exuberance, and taking out large amounts of loans. He has a 5-year history of illness and has been hospitalized once. There is a comorbidity of marijuana use disorder. Body mass index is 34. The patient, who was agitated in the first days of hospitalization, was given sedative and neuroleptic treatment. On the 3rd day of hospitalization, 20mg oral aripirazole was started along with a mood stabilizer, and a double dose of long-acting aripirazole was administered 1 day later. On the 22nd day of his hospitalization, Young mania scores decreased and he entered remission and was discharged.

Case 2: 42-year-old female patient. She was admitted to the ward with symptoms such as cheerfulness, insomnia, restlessness, excessive and fast talking, and flight of ideas. 4 depressive and 2 manic attacks in his 12-year history of illness. He had a history of 3 hospitalizations. She had used many antipsychotic and mood stabilizing treatments, but she had not received long-acting antipsychotic treatment. Treatment was started with lithium, 20mg aripirazole and lorazepam. On the 2nd day of treatment, a double dose of long-acting aripirazole was administered. The patient's symptoms regressed during the treatment and a maintenance dose of LAI was administered in the first month of treatment. The patient had no observed side effects during this period. He was discharged in remission on the 34th day of treatment.

Case 3: 47-year-old female patient. She was hospitalized with symptoms such as increased sexual desire, talking too much, insomnia, increased energy, and fighting with people. There were 5 manic and 3 depressive episodes in his 17-year history of illness. Hospitalization 6 times in total. She had received all antipsychotic and mood stabilizer treatments. The patient was started on oral aripirazole, quetiapine and lorazepam treatment. A double dose of long-acting aripirazole was administered. The young mania score, which was 33 at the beginning, dropped to 8 on the 10th day of treatment. No side effects were observed during this process. The patient was discharged in remission on the 32nd day of treatment.

CONCLUSIONS: Aripiprazole LAI may expose non-adherent patients to relapses as it requires oral support during the first 2 weeks of treatment. Therefore, a two-injection initial regimen is a useful option for preventing relapses. It also allows people to shorten their stay in hospital and be discharged earlier. Here, we show that the two-injection initial regimen of aripiprazole LAI can be used as a safe and effective option in patients diagnosed with BAD.

Keywords: Bipolar affective disorder, aripirazole, long action

[Abstract:0098] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Severe Extrapyramidal System Findings in A Patient Using Quetiapine and Duloxetine for Depression

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INTRODUCTION: Atypical antipsychotics have a wide range of use for different diagnoses in psychiatry because of their lower side effect profile including lower extra pyramidal system (EPS) side effects compared to typical antipsychotics. Quetiapine is especially preferred by clinicians due to its low incidence of EPS symptoms.

It is extraordinary to witness a patient who develops severe extrapyramidal symptoms under quetiapine and duloxetine combination treatment for depression. We present a case who uses duloxetine 90 mg/day and quetiapine 500 mg/day treatment and visits our emergency department with frequent contractions in her hands and feet, slowed motions and difficulty in walking after 24 days of inpatient treatment in a psychiatric ward.

CASE PRESENTATION: A 49-year-old female patient presented to the psychiatric emergency department with contractions in her hands and feet, slowed movements and difficulty in walking. Her complaints started and increased in the last week. She had been discharged with duloxetine 90 mg/day and quetiapine 500 mg/day oral treatment after 24 days of inpatient treatment with the diagnosis of major depression.The patient, whose complaints increased over 2 days after the discharge, visited the emergency department on the 7th day. In her examination, there was no sign of myoclonus and no rhythmic movement disorder was identified in the history to suggest myoclonus. Serotonergic syndrome was excluded because there were no significant findings such as fever, high blood pressure or vital signs. Restless legs syndrome and akathisia were excluded because the patient had significant movement disorder in the upper extremity, the desire to move at rest and restlessness were not described. Simpson-Angus Neuroleptic-Related Movement Disorders Rating Scale (SAS) was administered to the patient, a total of 14 points were measured. Biperiden 5 mg intramuscular injection treatment was administrated to the patient. In the motor system examination performed at the end of the first hour, it was observed that her bradykinesia decreased and muscle rigidity significantly resolved. These findings were thought to be extrapyramidal system side effects due to the quetiapine-duloxetine combination. Quetiapine treatment was discontinued, duloxetine treatment was reduced to 60 mg/day and mirtazapine 15 mg was added for hypnotic purposes to the treatment. In the follow-up appointment 3 days later, the extrapyramidal system findings had ameliorated significantly and the SAS total score was measured as 2.

CONCLUSION: Quetiapine is preferred in patient groups with different diagnoses, since EPS side effects are considered almost nonexistent. Two cases with Rabbit syndrome were reported before; one with quetiapine monotherapy and one with quetiapine-duloxetine combination therapy. In our case, diffuse EPS findings (bradykinesia, rigidity,) were observed. When the drug interactions were examined, it was determined that there was no interaction between the two drugs that increased each other's blood levels. It was thought that EPS findings were associated with quetiapine, as the EPS findings that developed in the patient regressed after quetiapine was discontinued. It should be kept in mind that the use of quetiapine with duloxetine, which is an option in depression augmentation/addition treatment, may cause EPS findings, and physical examination for EPS findings should be performed carefully.

Keywords: depression, duloxetine, Quetiapine, EPS side effects

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[Abstract:0099] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Irritability or Depression; Should Be Considered in the Differential Diagnosis in Children with ASD

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BACKGROUND AND AIM: The presentation of affective disorders in children with autism may be atypical. Instead of classical symptomatology, increased irritability and aggression, mood lability, increase in hyperactivity, exacerbated compulsiveness or increased stereotypic behavior, intensification of autistic traits can be seen(1). Intensification of autistic traits includes increases in ritualistic behavior or obsessions, often coupled with irritability and hyperactivity.
In this case, we see that an 11-year-old autistic boy with intense irritability, aggression and behavioral problems decreased with SSRI treatment.

METHODS: An 11-year-old male patient is diagnosed with severe autism whose verbal capacity was only a few words. The complaints expressed by his family include excessive mobility, aggressive behavior, behavioral problems such as throwing things and tearing clothes, and sleeping disorder. His teachers at the school for autistic children he attended described similar complaints.

Aripiprazole, risperidone and quetiapine medications were previously administered at effective doses for these behavioral problems and irritability, but they did not provide any benefit. An increase in irritability was observed with methylphenidate-derived drugs without a decrease in mobility. Escitalopram 5 mg/day was started in the patient, with the preliminary diagnosis of major depressive disorder for the current symptomatology (3,4).

RESULTS: There was a significant decrease in behavioral problems and irritability complaints. The family and the teacher stated that his adaptation to school increased, there was a significant improvement in his lessons, and his verbal capacity increased. His hyperactivity was observed to decrease in the outpatient clinic setting.

CONCLUSIONS: Behavior problems, irritability and aggression, which are common in children with autism, can sometimes be indicators of depression. The clinician should also keep in mind that these symptoms may result from affective disorders. Escitalopram is a good option in the treatment of major depressive disorder in children with autism (5) and has been shown to reduce irritability in studies (6).

Written informed consents were obtained from the patient or patient's legally authorized representative.

Keywords: autism, depression, irritability, escitalopram

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[Abstract:0101] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

The Relationship between MTHFR 1298 >c Polymorphism and Autism Comorbid with Bipolar Disorder

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INTRODUCTION: The incidence of Autism Spectrum Disorder (ASD) has been rapidly increasing in the last few years. Defects in folate and methionine metabolism have been described in many individuals with ASD, suggesting that the folate-methionine cycle may play an important role in the pathogenesis of autism. Changes in metabolite concentrations associated with this cycle could be used as potential biomarkers and therapeutic targets for ASD (1). Methylenetetrahydrofolate reductase (MTHFR) is a key enzyme of one-carbon metabolism involving folate and homocysteine metabolisms. The MTHFR gene is shown on chromosome 1 (1p36.3). The conversion of 5, 10-methylenetetrahydrofolate to 5-methylenetetrahydrofolate is carried out by MTHFR, which regulates intracellular folate and folate/homocysteine levels (2). MTHFR polymorphisms, which result in decreased MTHFR activity or folate deficiency, have been associated with specific psychiatric symptoms such as anxiety, depression, and positive or negative symptoms of schizophrenia, ASD, and bipolar disorders. Here, we report a case who was followed up with a diagnosis of ASD and later diagnosed with bipolar disorder and MTHFR 1298 polymorphism.

CASE PRESENTATION: A 9-year-old boy with ASD had been treated with risperidone 1.5 mg/day and clonazepam 0.5 mg/day for complaints of increased clapping, and sleep disturbances in his psychiatric history. The patient was treated with atomoxetine 25 mg in another clinic, and after about one month, he applied to our clinic again. Atomoxetine treatment was discontinued due to decreased sleep, agitation, more talkative than usual, irritability, increased psychomotor activity, and energy after atomoxetine treatment. The patient's treatment was arranged for manic symptoms as risperidone 2 mg/day, valproic acid 600 mg/day, and melatonin 3 mg/day and a significant decrease was observed in his complaints. Valproic Acid of 52.4 mg/L and Ammonia levels of 56.7 µmol/L were found in their routinely taken blood, and the pediatric metabolism department was consulted for hyperammonemia. Metabolism tests showed vitamin B12 766 ng/L, folate 12 ng/mL, homocysteine 11.5 µmol/L, prothrombin time 11.4 s, INR 1.0, aPTT 24.6 s and D-dimer <0,19 mg/L. The patient had two cerebrovascular events before the age of 1 year. It has been learned that his father had been diagnosed with bipolar disorder. Furthermore, his uncle had been diagnosed with schizophrenia and died at a young age as a result of cerebrovascular disease. In this process, the patient whom the metabolism and neurology clinic followed was diagnosed with MTHFR 1298 Polymorphism, and folic acid treatment was started. The patient is still being followed up in our clinic with the diagnoses of ASD and bipolar disorder in remission.

CONCLUSION: This case report emphasizes detecting MTHFR polymorphisms associated with psychiatric disorders. MTHFR polymorphisms are risk factors in ASD and bipolar disorder (3). MTHFR polymorphisms should be suspected in patients followed up with ASD and bipolar disorder diagnoses and those with a history of cerebrovascular events. Clinicians should consider these polymorphisms, as they are associated with a risk of cerebrovascular disease and embolisms. Abnormalities in blood parameters ought to be considered in patients with ASD and bipolar disorder, necessitating the consultation of pediatric departments.

Keywords: Autism Spectrum Disorder, Bipolar Disorder, MTHFR polymorphism,

[Abstract:0103] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Isolated Severe Intellectual Disability in a Patient with DEDSSH1 Syndrome

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INTRODUCTION: IIntellectual disability (ID), affecting 1-3% of the global population, poses challenges in identifying pathogenic mutations for autosomal recessive ID (ARID) due to limited family data. About 40% of cases lack clear causes, with 50% attributed to environmental factors and the rest to genetic factors, including chromosomal abnormalities or gene mutations.

Diphthamide deficiency syndrome is an ultra-rare autosomal-recessive disease. Stemming from reduced activity of diphthamide-synthesizing enzymes, the syndrome's diagnosis involves whole-exome sequencing, and currently, no known treatments exist. Common features include ID, central nervous system malformations, hypotonia, abnormal head circumference, epilepsy, sparse or high facial/scalp hair, hand/foot anomalies, with less frequent findings encompassing cardiac defects, genital anomalies, and renal disease.

CASE PRESENTATION: The patient, an 8-year-old male, was born at term via spontaneous vaginal delivery. His birthweight, length, and head circumference were normal. Postnatal tests were within normal ranges. He is the first child in the family with two younger siblings who do not exhibit similar complaints. At the age of 6 months, he was referred to a doctor due to concerns about poor muscle tone. Further investigations led to referrals to pediatric neurology and genetics. Neurodevelopmental delay, sparse hair on the scalp and eyebrows, mild dystrophy in the nails, frontal bossing, short nose, and short stature were observed. His parents, who were carriers of a DPH1 gene heterozygous mutation, were healthy without developmental concerns in childhood. There was no known consanguinity. However, it was later discovered that the child had a homozygous mutation in the DPH1 gene.

His weight is 16 kg (<3rd percentile), height is 106 cm (<3rd percentile), and head circumference is 51 cm (2nd-50th percentile). Other structural anomalies include a prominent forehead with visible veins, a high anterior hairline, deep-set eyes, brachydactyly of the fingers and toes, hyperpigmented spot in the sclera. No renal and cardiac pathologies, seizures, abnormal genitalia, central nervous system malformations, or macro/microcephaly are evident.

Developmental milestones were delayed, with crawling at 1.5 years, walking at 2.5 years, meaningful first words at 2.5 years, failure to achieve toilet training, pointing starting at the age of 5, and recognizing parents since the age of 4.

In a psychiatric examination, the patient responded to his name, maintained brief eye contact, engaged in reciprocal giving and taking, pointed to objects of interest, had a vocabulary of 15-20 words, but could not form two-word simple sentences. He struggled with fine and gross motor skills, had difficulty holding utensils, and faced challenges with independent stair climbing. Physical therapy has been ongoing since the age of 4.

CONCLUSION: In previously reported cases, mild to moderate intellectual disability has commonly been observed, often accompanied by comorbidities such as anxiety disorders, autism spectrum disorder, conduct disorder, and attention-deficit/hyperactivity disorder. In our patient, isolated severe ID is observed without an additional psychiatric diagnosis. There is an absence of self-mutilative behavior, and no necessity for psychiatric intervention from a medical standpoint is identified.
Informed consent was obtained from the patient’s parents.

Keywords: DPH1, Diphthamide synthesis, Genetic testing, Intellectual disability, Neurodevelopment delays, Short stature

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[Abstract:0106] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Obsessive-Compulsive Symptoms Induced by Paliperidone in A Patient with First Episode Psychosis

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INTRODUCTION: Atypical antipsychotics (AAPs) are sometimes used as adjunct therapy to treat resistant obsessive-compulsive symptoms (OCSs). However, some reports suggest that AAPs can paradoxically induce the emergence of OCSs in psychotic patients. Here we present a 20-year-old male patient with first-episode psychosis who developed OCS during paliperidone treatment. We aimed to discuss the antipsychotics-associated obsessive-compulsive symptoms. Consent was obtained from him to report the case.

CASE PRESENTATION: 20-year-old male patient was brought in with complaints of irritability, agitation, behavioral changes, and referential as well as grandiose delusions persisting for three weeks. The mental state examination revealed mild anxiety, blunted affect, and increased speech amount. The patient did not report any auditory or visual hallucinations. However, impaired judgment and insight were noted, along with disorganized associations, impaired attention and concentration, persecution, referential delusions.
Upon admission to the inpatient service, preliminary diagnosis of acute psychotic disorder was established. The patient commenced treatment with oral paliperidone for five days, followed by initiation of paliperidone long-acting injection at a dosage of 150 mg. On the sixth day of treatment, the patient presented with compulsive behaviors including frequent hand washing, arranging items, and hoarding, such as collecting empty water bottles in his room. Additionally, he engaged in meticulous cleaning practices, wiping down door handles, and washing hands for extended periods. Notably, he also demonstrated a need for symmetry, evident in straightening the tap in his bathroom. He explained that he believed everything had to be perfect for his discharge from the hospital, he likened his handwashing routine to that of a surgeon and expressed a desire to mimic the neatness of his mother. There was no record of OCS in his medical history prior to his hospitalisation. Notably, after psychoeducation and behavioral suggestions the patient's compulsions gradually decreased after one week without any alterations to his medical treatment.

CONCLUSION: AAPs are effective in augmenting SSRIs for treatment-resistant OCD, but they may induce OCS in schizophrenic patients. Various etiological hypotheses involve glutamate, serotonin, and dopamine receptors, hypersensitivity, subtype modulation, and differential cerebral activation.The underlying pathophysiology of OCS in schizophrenic patients is not fully understood, 5-HT2 receptor antagonism, especially within the basal ganglia, may play a crucial role. However, some antipsychotics may be effective in treating OCSs. It would appear that OCS are dose-dependent for some of the AAPs, so prescribing minimum effective dose and gradual introduction is recommended. SSRIs seem to be significantly efficient on OCS associated with schizophrenia. American Psychiatric Association states that when OCS in patients with schizophrenia do not respond to treatment options such as addition of SSRI or switching to another AAP, a trial of cognitive behavioral therapy (CBT) could be attempted.Despite the emergence of compulsive behaviors, given the partial regression of the patient's psychotic symptoms in both clinical presentation and scale scores and due to the recent start of treatment, no modifications were made to the ongoing treatment regimen for our patient. During the follow-up, it was observed that OCS regressed as the regression of psychotic symptoms with psychoeducation and behavioral interventions.

Keywords: antipsychotic, induced, ocd, psychosis, paliperidone

[Abstract:0113] [Çocuk Psikiyatri » Anksiyete bozuklukları]

Approaches to an adolescent with late-onset school refusal: A case report

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INTRODUCTION: School refusal is a psychosocial problem characterized by a child's or adolescent's difficulty attending school and, in many cases, substantial absence from school. School refusal is a complex problem and constitutes one of the few emergencies in child psychiatric clinics, given its significant consequences on the child and family. Although the population of children and adolescents with prolonged school refusal is heterogeneous, up to 50% of these youth have comorbid anxiety. Although there are reviews on the effectiveness of psychosocial interventions in the literature, studies on the effectiveness of medical interventions are very limited.

CASE PRESENTATION: A 13-year-old male patient was admitted to our clinic in february 2023 with complaints of school refusal, social anxiety, and attention problems. In past psychiatric history, he was applied to our clinic in 2013 firstly with the complaint of speech delay. In the last few years he admitted to different hospitals due to attention problems, methylphenidate treatment was prescribed, he benefited, but he did not receive regular follow-up and treatment. There were no symptoms of school refusal before. In current application, psychosocial interventions were done by clinicians for school refusal and social anxiety (such as psychoeducation about anxiety, addressing anxiety about school, behavioral interventions for the patient and parents, gradually practice for school attendance, exams and friends, relaxation techniques, social skills interventions, contact with school, referral to social services unit for consultancy for the family). Academic failure was not described (WISCR result was verbal: 96, performance: 137, total: 118). Sertraline treatment was gradually increased to 50 mg/day and methylphenidate was added to the treatment plan and he was followed regularly at our clinic. He started to a private education institution during the summer vacation for missing lessons that the period when he could not attend to school. After summer vacation he attended school regularly on september 2023. His medical treatment was prescribed as sertralin 75 mg/day and methylphenidate 20 mg/day. There was no more school refusal behavior, and also his social skills improved in areas where he had difficulty. Follow-up and treatment of the patient is ongoing. Consent was obtained from the patient and family for this case report.

CONCLUSION: Despite its prevalence and consequences, there are few effective treatments for school refusal. Clinically, the literature on school refusal treatment suggests that clinicians should first thoroughly evaluate underlying/comorbid conditions such as mood and anxiety disorders, attention-deficit hyperactivity disorder. After psychiatric evaluation, clinicians may consider treating the school refusal and comorbid disorder with evidence-based psychotherapies and psychosocial interventions first, or combined with pharmacotherapy. Combination treatment may be indicated as first-line treatment because school refusal is considered an emergency and requires urgent treatment, given that school refusal prognosis worsens the longer school refusal continues. The reviews indicate that SSRIs may be beneficial for children with school refusal with comorbid anxiety and depression. However, these studies are limited. There is a gap for studies on combined approaches.

Keywords: late onset school refusal, anxiety, adolescent, sertraline, psychosocial interventions

[Abstract:0120] [Erişkin Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Under the iceberg: From psychogenic excoriation to lymphoma

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INTRODUCTION: In skin picking disorder, repeated skin picking causes damage to the skin tissue. Skin picking can be seen in conditions such as obsessive-compulsive disorder, body dysmorphic disorder, Prader-Willi syndrome, and delusional disorder. In the differential diagnosis, malignancy, liver disease, uremia, polycythemia vera, iron deficiency anaemia, diabetes mellitus, pregnancy and xerosis in the elderly should not be overlooked.

In this article, we report a case of scratch scars on the skin that was refractory to treatment, suspicious for malignancy due to excessive sweating and weight loss, and diagnosed as diffuse large B-cell Hodgkin lymphoma after investigations.

CASE PRESENTATION: A 40-year-old woman was referred from dermatology to psychiatry with complaints of generalised pruritus and inability to fall asleep, which had worsened over the last 2 months. She had no other known medical conditions and no psychiatric history. She described complaints of itching, burning and inability to fall asleep. On examination, scars were noted on the dorsal surfaces of both hands. Psychogenic excoriation was considered as a preliminary diagnosis, and delusional parasitosis and organic pruritus were considered in the differential diagnosis. Her sleep improved with treatment with mirtazapine 30 mg/day, but the "burning" sensation increased. Duloxetine 30 mg/day was added.
Steroid treatment was initiated by the dermatology department, duloxetine was increased to 90 mg/day and sulpiride 50 mg/day was started. It was noted that her complaints did not improve and she was observed to be more depressed. Sertraline 100 mg was changed to sertraline 100 mg. It was noted that she had difficulty maintaining sleep due to excessive sweating and weight loss of almost 20 kg in the last 1 year. She reported swelling in her neck. General blood tests were ordered and she was referred to the internal medicine and ENT outpatient clinics to rule out malignancy.
As a result of the investigations and pathology, the patient was diagnosed with diffuse large B-cell Hodgkin lymphoma. At follow-up, the pruritus and burning decreased. The patient was followed up with supportive counselling.

CONCLUSION: In skin picking disorder, lesions in easily accessible areas such as the face and extensor surfaces of the arms attract attention. In our patient, although the lesion sites were compatible with skin picking disorder, the patient described itching all over the body.
In skin picking disorder, patients spend most of their time picking at the skin and may have attacks lasting 6-8 hours. In our patient, the scratching occurred throughout the day and was not intermittent.
Our patient was initially referred to dermatology with a pre-diagnosis of delusional parasitosis. The patient was more concerned about the deterioration of her health as a result of the scratching than the belief in the presence of an infectious agent.
A multidisciplinary approach to skin picking disorder is important. In this case, in addition to psychiatric and dermatological follow-up, the patient's diagnosis could be clarified with input from internal medicine and otolaryngology clinics. In psychiatry, it may be important to consider organic diseases, especially in treatment-resistant and atypical cases, in order to save the patient's life.

Keywords: psychogenic excoriation, lymphoma, liaison psychiatry

INTRODUCTION: In skin picking disorder, excessive and repetitive skin picking causes damage to the skin tissue. (Odlaug and Granti, 2008) The extent of this damage can be life threatening. (Arnold et al, 2001) It is more common in women. (Arnold 1998, Wilhelm 1999) Because women are more likely to seek treatment. (Arnold et al, 2001) Skin picking behaviour can be seen in conditions such as obsessive-compulsive disorder, body dysmorphic disorder, Prader-Willi syndrome, delusional disorder and skin picking disorder. (Didden et al, 2007, Grant et al, 2006, Wilhelm et al, 1999) Other medical causes should be carefully considered in the differential diagnosis. Malignancy, liver disease, uremia, polycythemia vera, iron deficiency anaemia, diabetes mellitus, pregnancy and xerosis in the elderly should not be overlooked (Cyr and Dreher 2001).

In this article we report a case who was referred to psychiatry by dermatology with a prediagnosis of delusional parasitosis and psychogenic excoriation, who did not respond to psychiatric treatment, who was suspected of malignancy because of severe sweating and weight loss, and who was diagnosed with large B-cell Hodgkin's lymphoma after investigations. This case is valuable because it shows the importance of a general medical assessment in the evaluation of excoriations, and that some clinical conditions that may have a fatal course may be diagnosed with a psychiatric presentation, and therefore it is critical not to overlook organic differential diagnoses.

Case presentation: The 40-year-old female patient is a primary school graduate and a housewife. She lives with her husband and three children. The patient was referred to us by the dermatology department with complaints of widespread pruritus and inability to fall asleep for the past 2 months. She had no other known medical conditions and no psychiatric history. She described the sensation of insects crawling on her body, itching, burning and inability to fall asleep. She talked about her domestic problems and stated that she had recently become more anxious about them. She was aware that she did not actually have any insects on her body, but the itching was irresistible. On examination, scars were noted on the dorsal surfaces of both hands. Psychogenic excoriation was considered as a preliminary diagnosis, and delusional parasitosis and organic pruritus were considered in the differential diagnosis. The patient was treated with mirtazapine 30 mg/day. After regular use of the treatment, the patient described a benefit in terms of sleep, but no improvement in pruritus and scarring. She said that some of the itching had subsided, but that burning had started, and that the burning was widespread over her body. She stated that she cried every day because of her discomfort. Dermatological follow-up revealed a diagnosis of prurigo nodularis. Duloxetine 30 mg/day and mirtazapine 15 mg/day were prescribed.

The patient did not return for 4 months after this evaluation. 4 months later, she was reported to be on steroid treatment, with partial resolution of pruritus and persistent burning sensation. During the following 3 months of psychiatric follow-up, her treatment was adjusted to duloxetine 90 mg/day, sulpiride 50 mg/day and mirtazapine 15 mg/day. It was noted that there was no improvement in her complaints and she was observed to be more depressed. As she described no benefit from the medications, her treatment was changed to sertraline 50 mg. In the history, it was noted that the patient had no significant stressor, her functionality was generally good, and her mood was affected by pruritus. When asked about sleep disturbances, the reason for waking up was excessive sweating. When asked about appetite, she said that her appetite had decreased significantly in the last year and that she had lost almost 20 kg of weight. She said she had swelling in her neck. A mobile, painless, firm lymphadenopathy was noted. General blood tests were ordered and she was referred to the internal medicine outpatient clinic to rule out a possible malignancy.

Discussion: Skin picking may begin with the picking of a dermatological lesion. (Wilhelm et al, 1999) It may also occur in response to sensations such as itching, burning and pain. (Arnold et al. 1998; Cyr and Dreher 2001) Lesions in easily accessible areas such as the face and extensor surfaces of the arms attract attention. (Lochner et al. 2017) In our patient, it was notable that the lesions were mostly located on the dorsal side of the hand and the forearm extensor region. Although the lesion locations were compatible with skin picking disorder, the onset started as scratching and skin picking behaviour in response to itching sensation rather than picking a lesion, and then burning and pain were added to the clinical picture.

Skin picking often occurs as anxiety and distress increase. Negative emotions decrease with the behaviour (Arnold et al 2001). (Arnold et al 2001) In our patient there was no anxiety triggering the skin picking and the patient was not relieved by the behaviour. On the contrary, the continuation of this behaviour caused health concerns for the patient.

People with skin picking disorder spend most of their time picking their skin (Tucker et al. 2010) This time imbalance affects their participation in other activities (Flessner et al. 2007) These attacks can last up to 6-8 hours during the day (Odlaug et al. 2008). However, this itching does not affect the person's general functioning and the person continues with their daily routine. We observed that the effect of these symptoms was more on the mood, causing depression in the person.

Our patient was initially referred to dermatology with a pre-diagnosis of delusional parasitosis. In delusional parasitosis, there is a belief that the person is infected with a microorganism without medical evidence, and there is no insight into the psychological origin of the symptoms (Arnold 2005). In our patient, concern about the deterioration of health as a result of scratching is more important than the belief in the presence of an infectious agent.

A multidisciplinary approach to skin picking disorder is important (Jaferant & Patel, 2019). In this case, the patient's diagnosis could be clarified with input from internal medicine and otolaryngology clinics, in addition to psychiatry and dermatology follow-up. Keeping the organic disorders in mind in psychiatry, especially in treatment-resistant and atypical cases, may be important to save the patient's life.

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[Abstract:0121] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Psychosis After Glioma Resection: A Case Report

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INTRODUCTION: Gliomas are the most common primary malignant brain tumours. Psychosis is known to occur with brain tumours. Cases of psychosis developing after brain tumour resection have been reported.

Herein, we present a case diagnosed with low-grade diffuse glioma in the left parieto-occipital region, in which the entire lesion could not be cured during surgery, who developed postoperative epileptic seizures, persecutory delusions, and visual hallucinations, and who responded to treatment with aripiprazole.

CASE PRESENTATION: A 32-year-old female patient was diagnosed with a brain neoplasm. The entire lesion could not be removed during surgery and epileptic seizures began postoperatively. The patient's first psychiatric admission was after the operation and treatment with fluoxetine 20 mg was started.

It was learned that the patient had been a calm person until the operation, but after the operation she began to have focal and then generalised tonic-clonic seizures, had thoughts of resentment and concern that something would happen to her children, got into arguments with people, and described visual hallucinations. The patient's treatment was changed to escitalopram and valproic acid 1000 mg/day was added by the neurologist. Her symptoms partially resolved and she was diagnosed with an anxiety disorder. According to information from the patient's husband, the patient had accused her husband of infidelity and abusing their children, and had taken precautions such as constantly locking the door of the room they were in. Psychosis was diagnosed and aripiprazole 10 mg/day was started. As a result of the 3-month follow-up, it was understood that her scepticism and precautionary behaviour had decreased, her functionality had increased, she was able to care for her child and communicate with people more easily.

CONCLUSION: Psychotic symptoms have been reported following ganglioglioma and DNET resection. In these reported cases, the lesions are located in the temporal lobe. In our case, psychosis developed after glioma resection, but the location of the lesion was in the parieto-occipital region, and epileptic seizures may have started after surgery secondary to the residual lesion.

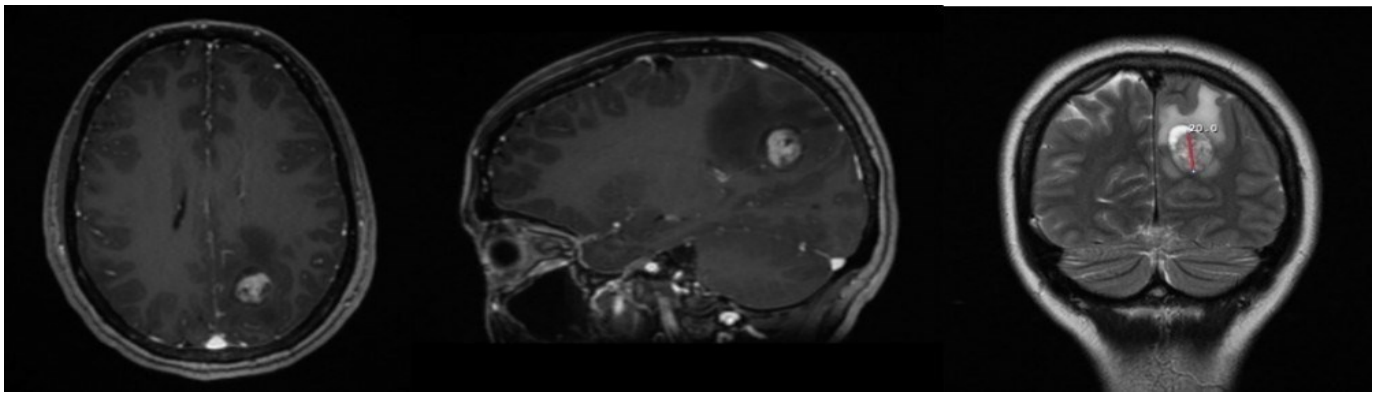
Psychosis is observed in 6% of patients with epilepsy. It is also known that the prevalence of psychosis is higher in temporal lobe epilepsy. In our case, the lesion is located in the left parieto-occipital region. Our patient had psychosis with delusions, including the postictal period, and the psychosis improved with antipsychotic treatment, but not with antiepileptic treatment.
The use of steroids or antiepileptics may also cause psychosis in brain tumour patients. Therefore, it is important to discontinue medications that may cause psychosis. The patient is taking dexamethasone 0.5 mg, but the treatment was started after the onset of psychosis. As the patient had a history of status epilepticus, discontinuation of antiepileptic treatment was not considered.

In our case, in addition to the development of psychosis, the presence of an organic brain neoplasm, epilepsy, drug treatment from different groups or a history of resection requires a multifaceted evaluation. Further studies are needed to determine the prevalence of psychiatric symptoms in glioma patients.

The patient's informed consent has been obtained.

Keywords: glioma, postoperative psychosis, epilepsy, psychosis

Figure 1



Radiological images of the patient diagnosed with a diffuse glioma of the left parieto-occipital region.

INTRODUCTION: Gliomas are the most common primary malignant brain tumours. (1) Neurological, cognitive and psychiatric symptoms may be observed in patients with glioma. (2) Psychosis is known to occur in brain tumours. (3) However, most studies of psychosis in glioma patients are case reports. (4) In cases where the development of psychosis is reported after brain tumour resection, it is emphasised that the lesions are in the temporal region. (3)

In this case report, we present a patient diagnosed with a low-grade diffuse glioma in the left parietooccipital region who could not be completely cured and who developed postoperative epileptic seizures, persecutory delusions, and visual hallucinations and responded to aripiprazole treatment.

CASE**:** Our patient, 32 years old, married and a high school graduate, worked as a sales consultant until she was diagnosed with a brain neoplasm in the left parietooccipital region. She stopped working because of epileptic seizures that started after the operation. She was operated on twice, but the entire lesion could not be removed. After the operation she started to have epileptic seizures with a frequency of twice a month, the seizures were associated with residual tumour and radiotherapy was planned. The patient had no known previous illness or psychiatric admission, and the first psychiatric admission was five months after surgery. Treatment with fluoxetine 20 mg was started because of complaints of irritability and agitation.

When the patient presented to us, she was using her treatment regularly but her complaints continued. She was taking fluoxetine 20mg/day for psychiatry and levatiracetam 1000mg/day for epilepsy seizures. From the interview with the patient and her family, it was learned that the patient had been a cooperative and calm person until the operation, but after the operation she began to have focal and then generalised tonic-clonic seizures, had thoughts of vulnerability and fear that something would happen to her children, got into arguments with people she did not know, and described octopus-shaped visual hallucinations. The patient was switched to escitalopram and valproic acid 1000 mg/day was added by the neurology department. The patient described a partial regression of her symptoms with these treatments. Her thoughts that people were looking at her and talking about her were evaluated in favour of an anxiety disorder rather than a delusion. However, it was noted that seizure frequency, irritability and behavioural problems increased during follow-up. According to the information obtained from her husband, the patient accused her husband of cheating on her with her sister and neighbours, accused him of molesting their children, took precautions such as constantly locking the door of the room they were in, the frequency of epileptic seizures increased to 2 per week, and she had a history of status epilepticus requiring admission to intensive care. The patient's symptoms were assessed as psychotic and she was started on aripiprazole 10 mg/day because of its relative safety in epilepsy. After 3 months of follow-up under antipsychotic treatment, the patient began to confide

her delusions to the interviewer. It was understood that she had delusions of persecution and jealousy towards her husband, her suspicious and preoccupied behaviour decreased after antipsychotic treatment, her functionality increased, she was able to take care of her child and communicate with people more easily. The patient was diagnosed as having a psychotic disorder associated with a general medical condition.

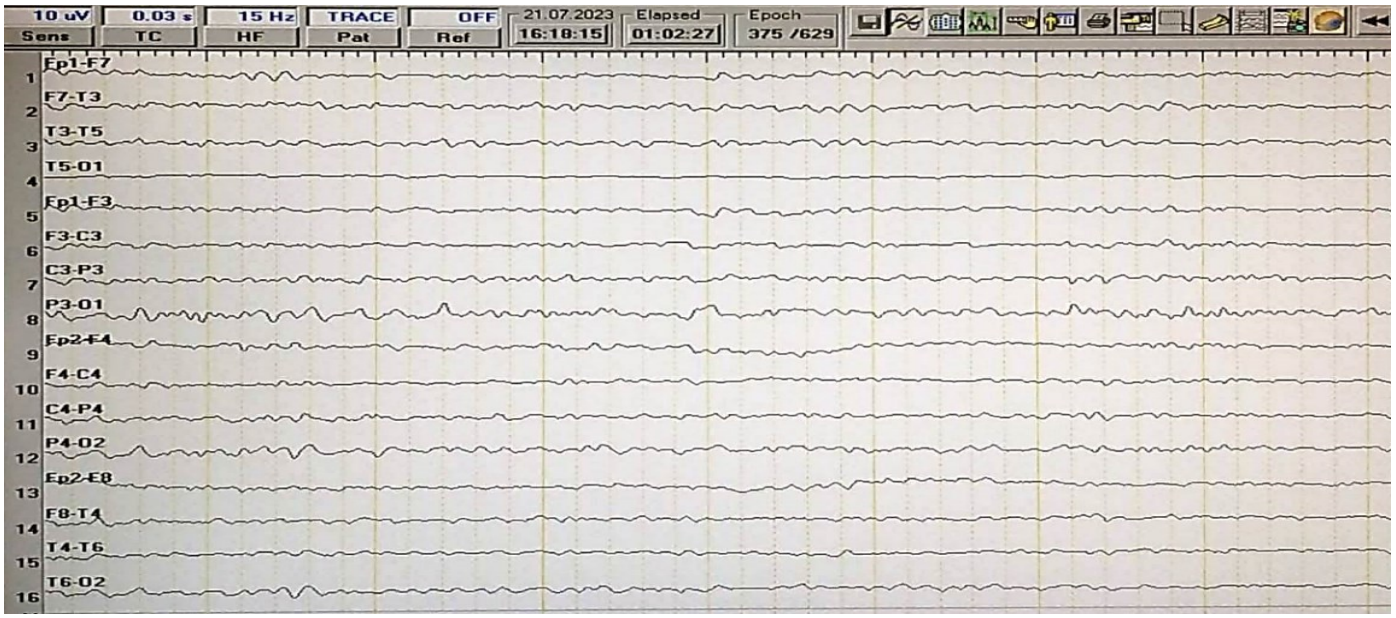


Figure 2. The last video EEG findings of the patient which resulted normal

Table 1. Neurocognitive evaluation results of the patient

Current - Current information and orientation	Normal
Primary memory processes	No retention observed
Executive function	Planning, abstraction, judgment, naming and rule-directed behaviour were found to be normal, whereas difficulties were found in distractor resistance, frontal complex attention and procedural memory.
Visual-spatial skills and construction:	Within normal limits

DISCUSSION: Postoperative psychotic symptoms with paranoid features have been reported in 6 cases of ganglioglioma and DNET resection. (5) In another case of astrocytoma, psychosis developed after resection. (3) In these reported cases, the lesions were located in the temporal lobe and surgery was performed for epilepsy. In our case, psychosis developed after glioma resection, but the lesion was located in the parietooccipital region and it is thought that the epileptic seizures started postoperatively secondary to the residual lesion.

Psychosis is observed in 6% of epilepsy patients, with an 8-fold increased risk compared to the normal population. It is also known that the prevalence of psychosis is higher in temporal lobe epilepsies. (6) Considering the presence of brain neoplasm and additional medications used in our patient, it is not possible

to directly associate psychosis with epilepsy. In our patient, the lesion was located in the left parietooccipital region. If delusions occur due to epilepsy, the picture is expected to resolve with antiepileptic treatment. (7) Our patient experienced psychosis, including delusions, that occurred after seizures. The psychotic symptoms improved with antipsychotic medication, not with antiepileptic drugs.

Visual hallucinations occurring in the second week after prophylactic postoperative levatiracetam use have been reported in a patient with no history of neuropsychiatric complaints who underwent cerebral vascular surgery, with discontinuation of the drug. (8) In the neurological follow-up of our patient, because he reported increased suicidal ideation after starting levatiracetam, her treatment was changed to lamotrigine, but levatiracetam was reintroduced because of an increased frequency of epileptic seizures and admission to intensive care after status epilepticus. It may not be appropriate to evaluate the change in treatment at this stage, as levatiracetam is protecting the patient from a potentially lethal picture, although it is one of the suspicious conditions in the patient's picture.

The use of steroids or antiepileptic drugs can also cause psychosis in brain tumour patients. (9) Therefore, it is important to discontinue medications that may cause psychosis. The patient was taking dexamethasone 0.5 mg, but steroid treatment was started after the onset of psychotic symptoms. As the patient had a history of status epilepticus, discontinuation of antiepileptic treatment was not considered.

In our case, the development of psychosis, along with the presence of organic brain neoplasm, epilepsy, various drug treatments, or a history of resection, necessitates a comprehensive assessment. It is significant that the patient responded to Aripiprazole treatment and showed improved functionality. There is a need for more research on the prevalence of psychiatric symptoms in patients with glioma. (2)

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[Abstract:0127] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Differential Diagnosis and Treatment in a Case of Catatonia Associated with Limbic Encephalitis

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INTRODUCTION: Catatonia is a serious syndrome that can result in death and can be caused by various medical conditions and psychiatric disorders. Approximately 20% of pediatric catatonia cases manifest as secondary to a medical condition such as neurometabolic disorders or genetic conditions.

CASE PRESENTATION: A 15 year old boy was consulted to our child psychiatry clinic while he was hospitalized in the child neurology ward with complaints of slow movements, decreased speech, difficulty doing daily activities, always wearing the same clothes, constantly opening and closing the zippers of his clothes. The patient had no known psychiatric history before his hospitalization in the child neurology unit. He had two throat infections 2 weeks apart 6 months before his admission to the child neurology unit. The symptoms began after the infection. The patient was hospitalized in the child neurology service of another center for 1 week in April 2023. The patient, who did not find any abnormal findings in the examinations for organic etiology, was treated with 2 doses of IVIG with the preliminary diagnosis of PANS, PANDAS and Limbic Encephalitis. After the treatment did not yield results, the patient applied to our hospital's child neurology clinic in July 2023. During his hospitalization in our hospital, cranial MRI test were repeated, and it was reported as "A focal non-specific signal increase, approximately 6 mm in size, T2A hyperintense in the white matter, adjacent to the distal end of the temporal horn of the lateral ventricle in the medial temporal lobe of the right temporal lobe." No abnormalities were detected in his other tests. In the consultation, the patient was considered to have catatonia due to the presence of mutism, posturing, and stupor. Lorazepam 3 mg/day treatment was started. A Bush-Francis Catatonia scale score of 15 was found in the first assessment. Due to the lack of adequate response in follow-ups, the lorazepam dose was increased to 12.5 mg/day. A multidisciplinary council was held for differential diagnosis and treatment. In the council, the diagnosis of limbic encephalitis was considered due to MR findings, onset of less than 3 months, and psychiatric complaints. The patient was planned to receive steroid and monthly IVIG treatment by neurology Approximately 2 weeks after the combined treatment, his repetitive behaviors decreased, he was able to do his basic needs himself, and his mobility increased. He was discharged after 1 month with treatments of 50 mg/day steroid, monthly IVIG, and 12.5 mg/day lorazepam. The patient, who continued to be followed up closely in the outpatient clinic for 3 months, was reported by his family to have completely returned to his former state 2.5 months after the start of treatment, and the Bush Francis Catatonia scale score was found to be 0.

CONCLUSION: In cases of organic catatonia, it is crucial to rule out etiological causes and arrange treatments specific to the underlying cause. Early diagnosis and treatment in these cases require a multidisciplinary approach.

Keywords: Limbic encephalitis, catatonia, multidisciplinary intervention

[Abstract:0132] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Body Image Distortions in Psychosis: Two Case Reports

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INTRODUCTION: Disturbances in body image, identified as a primary pathology leading to the onset of eating disorders, have been observed in approximately 50-70% of patients with schizophrenia, and are viewed as an early signs of psychosis (ref). Some theories propose that in certain instances, one's own appearance can be perceived as a threat, and a negative body image is closely associated with persecutory thoughts, influencing the nature of auditory hallucinations and feelings of paranoia (ref). This report presents two schizophrenia patients, initially presented by the symptoms of anorexia nervosa and body image disturbances prior to the emergence of full-blown psychosis.

CASE PRESENTATION: CASE 1: A 28-year-old law school graduate, single, female patient. Her complaints has started at the age of 14 with the perception of being overweight, constant calorie counting, increased mental preoccupation with body shape and fear of not being liked by others which led to a diagnosis of Anorexia Nervosa (AN). The patient was not engaged well with psychiatric services and showed poor treatment compliance and her restrictive eating behavior lasted until about the age of 21. In the subsequent period, she continued to have dissatisfaction with her body shape but this time started to find herself too thin and having fear of not being liked due to thinness, as well as intense concerns about being unable to establish romantic relationships with others due to her appearance. Subsequently, the patient developed erotomanic, persecutory, and referential delusions, prompting her to reapply to the psychiatric outpatients and initiate follow-ups with a diagnosis of schizophrenia. The patient, who has treatment resistant symptoms for 7 years, reported significant loss of social and occupational functioning. She still comntinues follow ups with a partial remission and still on amisulpiride 1000 mg and fluoxetine 40 mg treatment.
CASE 2: She is 44-years-old, married,high school graduate. She started experiencing symptoms such as weight anxiety and calorie tracking at the age of 15 and continued until she was 27. She started using substances at the age of 27, applied to psychiatry with persecutory and reference delusions. The follow-up and treatment of the patient, who was diagnosed with schizophrenia, continued with aripiprazole and risperidone (IM). The patient reported poor treatment compliance due to side effects. Recurrent delusions of persecution and auditory hallucinations required admission to the clinic again. The patient, who got married at the age of 30, stated that her complaints partially decreased for 2 years, but then recurred. During examination, the patient described delusions of persecution and reference accompanied by auditory hallucinations. The patient who used paliperidone 6 mg stated that he benefited.
CONCLUSION: Premorbid eating disorders have been reported in approximately 10% of schizophrenia cases. In clinical settings, eating disorders and body image distortions should be evaluated in individuals at high clinical risk for psychosis. While there is some evidence suggesting a bidirectional link between eating disorders and psychosis, the precise relationship between these two groups of disorders remains poorly understood. Therefore, further studies investigating the shared psychopathological, genetic, and neurophysiological pathways underlying these conditions are highly warranted.

Keywords: body image, eating disorders, psychosis

[Abstract:0133] [Erişkin Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Uncovering Opioid Withdrawal in Long-Term ICU Stay Patients: A Case Study

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BACKGROUND AND AIM: Pain management, agitation relief, and sedation during invasive procedures such as endotracheal aspiration and wound dressing in intensive care unit (ICU) patients often involve the frequent use of benzodiazepines and opioids. Opioids, including morphine, fentanyl, remifentanil, hydromorphone, and methadone, constitute a fundamental drug class in pain therapy. Remifentanil, due to its short duration of action and metabolism, is increasingly preferred in contemporary ICU settings. However, our case study highlights the potential oversight of underlying opioid withdrawal in a patient with prolonged ICU stay and the use of remifentanil for palliative pain control.

METHODS: A 27-year-old male patient, admitted to the ICU for 50 days following a traffic accident resulting in multitrauma, was transferred to the Ear, Nose, and Throat service. The patient, immobile and receiving nutrition through a percutaneous endoscopic gastrostomy (PEG) tube, presented with complaints of insomnia. The patient exhibited visual and auditory hallucinations, three-dimensional orientation impairment, decreased attention, and concentration fluctuating throughout the day, worsening notably in the evenings. Delirium was suspected, and treatment with quetiapine at 2*12.5 mg/day was initiated, with a suggestion to increase the evening dose to 25 mg/day if necessary. Haloperidol at 2*10 drops per day was added due to persistent agitation. The patient also reported seizure-like movements in the right arm and intense pain in the right leg, prompting neurological investigations for epileptic seizures and critical illness neuropathy.

Upon inadequate response to medication, doses were gradually increased, and a review of past treatments was conducted to consider opioid withdrawal as a differential diagnosis. The examination revealed prolonged use of remifentanil and other opioid medications during the patient's extended stay in the ICU.

RESULTS: The patient's follow-up treatment included quetiapine at 100 mg/day and haloperidol at 3*10 drops/day. However, the family reported partial improvement, and due to the patient's transfer to an external facility, further assessment and management for opioid withdrawal could not be conducted.

CONCLUSIONS: Prolonged use of opioids can lead to tolerance and withdrawal syndrome. Adverse effects include hypotension, bradycardia, ileus, nausea/vomiting, urinary retention, constipation, delirium, hallucinations, and hyperalgesia. Delirium often clinically overlaps with symptoms of acute opioid withdrawal, such as sweating, piloerection, mydriasis, lacrimation, rhinorrhea, vomiting, diarrhea, abdominal cramps, tachycardia, hypertension, fever, tachypnea, and yawning. Additionally, restlessness, irritability, myalgia, increased pain sensitivity, and anxiety may contribute to the confusion in differentiating between delirium and opioid withdrawal.

While delirium can occur at any stage during ICU follow-up, symptoms related to opioid cessation typically manifest within 12 hours of discontinuation. Administering opioid antagonists like naloxone or mixed agonist/antagonist drugs may shorten this timeframe.

In conclusion, our case emphasizes the importance of considering opioid withdrawal in patients with prolonged ICU stays, especially when using opioids for pain palliation. Recognition of the distinct symptoms and timely intervention are crucial for effective management. Further research is warranted to explore strategies for preventing and managing opioid withdrawal in this patient population.

Informed consent for publishing the case report was obtained from their legal guardian.

Keywords: opioid withdrawal, delirium, intensive care unit, addiction

INTRODUCTION: Benzodiazepines and opioid group drugs are frequently used in intensive care unit (ICU) patients for pain control, relief of agitation and sedation during procedures such as invasive interventions, tracheal aspiration, dressing, etc. Opioids are the main group of drugs used in pain management. Morphine, fentanyl, remifentanil, sufentanil are the main opioids used.(1)(2)
Administration of high doses of multiple drugs for long periods of time may lead to drug interactions and tolerance.
Remifentanil is an ultra-short-acting opioid receptor agonist that is reported to provide analgesia and sedation. Remifentanil is currently used more frequently in intensive care units due to its short duration of action and metabolism. (2)We present a case in which we should not overlook the underlying opioid and benzodiazepine withdrawal in treatment-resistant delirium in a patient who was in intensive care unit for a long time and used remifentanil for pain palliation.

CASE: A 27-year-old male patient with no previous psychiatric admission and no additional features in his medical history was admitted to the intensive care unit due to multitrauma, intaparenchymal and subdural hemorrhage after a vehicular traffic accident. After 50 days of intensive care hospitalization, he was followed up intubated for 45 days. Diffuse axonal damage was detected in diffusion MR imaging performed in intensive care. After intensive care follow-up, the patient was transferred to the Otorhinolaryngology service; psychiatry was consulted with the complaint of insomnia lasting for 36 hours. Since the patient's mood was anxiotic, visual and auditory hallucinations, disorientation in all three axes, complaints of decreased attention and concentration, fluctuating during the day and especially worse in the evenings, delirium was considered and ketiapine 2*12.5 mg/day treatment was prescribed and it was recommended to increase the evening dose to 25 mg/day if necessary. The patient was followed up with daily evaluations during hospitalization. Since the patient had seizure-like pulses in his right arm and intense pain in his right leg during this period, necessary examinations in terms of epileptic seizure and critical illness neuropathy were requested by Neurology and treatment was started. As the patient did not benefit from the drug treatments initiated with delirium in mind, drug doses were gradually increased and past treatments were reviewed for the differential diagnosis of opioid and benzodiazepine withdrawal. It was observed that the patient used long-term midazolam, remifentanil and other opioid group drugs in the ICU.
The treatment of the patient in the follow-up was organized as ketiapine 100 mg/day and haloperidol 3*10 drops/day. The patient's relatives stated that he benefited partially from the treatment. Since the patient was referred to an external center, treatment and follow-up could not be performed in terms of opioid withdrawal.

DISCUSSION: Patients followed up in intensive care unit may be exposed to high opioid doses for long periods of time. In these patients, delirium, acute opioid tolerance, iatrogenic withdrawal syndrome, opioid-induced hyperalgesia, persistent opioid use and chronic pain may be observed due to opioid use.(3)
Iatrogenic withdrawal syndrome consists of signs and symptoms that occur after discontinuation or reduction of psychoactive drugs administered for prolonged periods or in high doses and may be clinically confused with delirium. In iatrogenic withdrawal syndrome, patients experience sweating, piloerection, mydriasis, lacrimation, rhinorrhea, vomiting, flatulence, abdominal cramps, tachycardia, hypertension, fever and tachypnea. In addition, patients may be confused with delirium due to symptoms such as restlessness, agitation, myalgia, increased sensitivity to pain and anxiety. Symptoms related to opioid withdrawal usually appear within 12 hours after opioid withdrawal. Gradual reduction of opioid doses and slow withdrawal may be beneficial in reducing withdrawal symptoms.(3)

There is no validated withdrawal assessment tool for non-communicative patients. It is also possible that withdrawal is due to benzodiazepines.
The withdrawal rate was higher in patients receiving remifentanil and fentanyl compared to morphine. Patients receiving remifentanil and fentanyl received higher doses of opioids compared to morphine, which was interpreted as indicating a faster development of tolerance.(3)
Our case was also consulted because of insomnia for 36 hours and delirium was considered with additional examination findings. The intensive care process was reviewed in terms of insomnia, the patient's intense pain and resistance to treatment. It was learned that the patient was intubated for a long time, had agitation and regularly used benzodiazepines and opioids. The use of benzodiazepines and opioids may lead to withdrawal syndrome and may also cause delirium or exacerbate the symptoms of delirium.(4) From this point of view, gradual discontinuation of opioids and benzodiazepines in patients with long-term intensive care hospitalization may prevent the worsening of the patient's clinical picture and accelerate the treatment process.

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[Abstract:0134] [Erişkin Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Chronic Motor Disorders in the Elderly: Unraveling the Intricacies of Tardive Syndromes

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BACKGROUND AND AIM: Tardive syndromes encompass chronic side effects that typically arise as a consequence of prolonged treatment with antipsychotic medications. These conditions, characterized by delayed onset and a protracted course, include tardive dyskinesia, dystonia, akathisia, tics, myoclonus, and tardive parkinsonism. While not pervasive, recognizing and addressing these disorders hold paramount significance for individuals' quality of life. This article delves into a potential case of tardive akathisia resulting from the concurrent use of multiple antipsychotics in an elderly patient.

CASE: A 73-year-old female, presenting with persistent depressive symptoms for 1.5 years and incessant moaning for the past year, was admitted to our facility. Following an unresponsive course to outpatient treatment, marked by withdrawal, unhappiness, and restlessness after the demise of a close relative in 2022, the patient was hospitalized. Risperidone, at a dosage of 1 mg/day, was introduced to the treatment regimen. However, one month after discontinuation of risperidone, the patient developed moaning that persisted throughout the day, exacerbated by stress and intensifying during nocturnal sleep. Subsequent hospitalizations involved the use of various antipsychotics, such as tiapride, levopromazine, pipamperone, melperone, risperidone, and zuclopenthixol, at different dosages, with no amelioration of the depressive symptoms or moaning. The inpatient treatment commenced with paroxetine at 10 mg/day, gradually escalating. Diazepam was initiated at 2*5 mg/day, and electroconvulsive therapy (ECT) was planned. Diazepam was tapered gradually until the ECT session. Detailed physical examination during the patient's awakening from anesthesia revealed bilateral rigidity, cogwheeling, anteflexion posture, slow gait, and bradykinesia. Neurology consultation was sought to differentiate between Parkinson's disease and tardive syndromes. Following the seventh ECT session, the moaning significantly diminished, sporadically resurfacing with emotional stress. The patient was discharged, and levodopa responsiveness was recommended for confirming or excluding Parkinson's disease, although the patient failed to attend follow-up appointments.

CONCLUSIONS: In the clinical presentation of depression in the elderly, features like anxiety, restlessness, and persistent complaints may take precedence. In our case, the prominence of moaning was attributed to anxiety. Considering the additional physical examination findings and the patient's history of antipsychotic use, tardive syndromes, specifically parkinsonism and tardive akathisia, emerged as differential diagnoses. Vigilance is crucial in advanced age, as tardive syndromes may develop even with lower and shorter-term antipsychotic use. The patient's current condition leans towards drug-induced parkinsonism and tardive akathisia, with Parkinson's disease not conclusively ruled out. Ongoing research supports the beneficial effects of ECT in tardive syndromes, with documented case reports reinforcing its utility across these conditions.
Informed consent for psychiatric assessment and interventions was secured from the case.

Keywords: antipsychotic, tardive akathisia, tardive syndromes, drug side effect

Chronic Motor Disorders in the Elderly: Unraveling the Intricacies of Tardive Syndromes

INTRODUCTION: Tardive syndromes (TS) are a group of hyperkinetic and hypokinetic movement disorders that occur some time after exposure to dopamine receptor blocking agents (DRBA) such as antipsychotic and antiemetic drugs. The severity of these disorders ranges from mild to life-threatening. There is a wide range of recognized late phenomenologies that can occur alone or in combination with each other. These phenomenologies include stereotypy, dystonia, chorea, akathisia, myoclonus, tremor, tics, gait disturbances, parkinsonism, oculargic crisis, respiratory dyskinesia and various sensory symptoms. Although tardive movement disorders usually occur after months or years of treatment with DRBAs, they may rarely occur even after a short exposure. In order to be considered TS, these abnormal movements must persist for at least 1 month after discontinuation of the DRBA. (1) Although they are not very common, their recognition and treatment are of great importance in terms of the quality of life of individuals. In this article, we present a case of possible tardive akathisia due to multiple antipsychotic use in an elderly patient.

CASE: A 73-year-old woman who had been living in Germany for 25 years was evaluated by neurology for depressive complaints for 1.5 years and all-day moaning for 1 year. The patient was evaluated as a psychiatric symptom and hospitalized in our service. After the death of the patient's relative in 2022, complaints such as introversion, unhappiness, restlessness started and did not respond to outpatient treatment, the patient was hospitalized and risperidone 1 mg/day was added to the venlafaxine 75 mg/day treatment he had been using for 10 years. The patient, who used risperidone treatment for 3 months, started to complain of moaning that lasted all day, increased with stress and disappeared during sleep at night 1 month after the drug was discontinued. The patient was hospitalized to psychiatric service 6 more times due to the failure of the patient's complaints and treatment non-compliance and antipsychotics such as tiaprid, levopromatazine, pipamperon, melperon, risperidone, zuclopenthixol and antidepressants such as sertraline, mirtazapine, venlafaxine were used at different doses but the patient's depressive complaints and moaning did not regress. The patient returned to Turkey for treatment and paroxetine and olanzapine treatment was initiated in the outpatient hospitalization; 20 sessions of TMS were applied to the patient and the patient was discharged without regression in the patient's complaints.
In his past psychiatric history, he had been hospitalized twice 15 years ago with a depressive episode and was in remission for 7 years with venlafaxine 75 mg/day treatment.
During the hospitalization of the patient in our service, paroxetine 10 mg/day was used and paroxetine treatment was gradually increased. Diazepam 2*5 mg/day and ketiyapine 50 mg/day were started, ECT was planned. Diazepam was gradually discontinued until ECT treatment. Detailed physical examination of the patient was performed because the patient had moaning during awakening from anesthesia.The patient had bilateral rigidity, cogwheel, anteflexion posture, slow gait, bradykinesia.Neurology was consulted for differential diagnosis of Parkinson's or tardive syndromes.Cranial MR imaging was requested from the patient. The patient was evaluated in terms of dementia and demential processes were not considered in the foreground. The patient's moaning decreased significantly after the 7th ECT, and rarely occurred during the day with emotional stress.The patient was discharged with paroxetine 40 mg/day and quetiapine 150 mg/day.With the recommendation of neurology, it was planned to check the levodopa response for Parkinson's diagnosis, but the patient did not come to follow-up.

DISCUSSION: In the elderly, motor and psychological behavioral symptoms are clinically important in people with cognitive and language problems.(3)Anxiety, restlessness, and constant complaints may be at the forefront in the clinical presentation of depression in the elderly. In our patient, it was thought that she might reflect her anxiety as moaning due to the language problem she experienced while receiving health services due to living abroad.

Considering the patient's additional physical examination findings and past history of antipsychotic use, tardive syndromes and parkinsonism may start with akathisia.
Akathisia is defined as a feeling of inner restlessness and tension resulting in an inability to sit or stand still. Symptoms of late akathisia include walking in place, crossing/ uncrossing the legs, rocking the trunk, respiratory grunting and moaning, and complex hand movements such as rubbing or scratching the face or scalp.
The clinical phenomenology is thought to be similar to that of acute akathisia, but moaning and focal pain tend to be more common in tardive akathisia. Tardive akathisia often persists for years and is often refractory to treatment. Propranolol, anticholinergics, clonazepam and mirtazapine may be useful in treatment(1)
When Parkinson's disease and akathisia were examined, the frequency of akathisia among non-motor symptoms accompanying Parkinson's disease was determined to be 54% and it was shown that it is quite common among non-motor symptoms. It has been reported that akathisia in Parkinson's disease most frequently involves the mouth and vagina area and moaning and aimless walking behavior are typical.(4)
In tardive parkinsonism, the predominance of upper extremity, bilaterality and rarer tremor are important in the differential diagnosis with Parkinson's disease, and the temporal relationship with antipsychotic drug use is also important. DaTscan imaging may be useful in differentiating drug-induced parkinsonism from Parkinson's disease. (2)
In our patient, drug-induced parkinsonism and tardive akathisia were considered in the foreground and Parkinson's disease could not be clearly excluded. Studies on the benefit of ECT in tardive syndromes are ongoing and there are case reports that it is beneficial in all tardive syndromes.

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[Abstract:0135] [Çocuk Psikiyatri » Yeme bozuklukları]

Olanzapine Orally Dissolving Tablet (Odt) on Treament Adherence Enhancement in Adolescent Anorexia Nervosa: Two Case Reports

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INTRODUCTION: Anorexia nervosa (AN) is a psychiatric disorder often starting in adolescence, more common among females, with severe physical and psychological effects, including weight loss, fear of gaining weight, and distorted body image. A multidisciplinary approach is crucial in treatment, and olanzapine, an atypical antipsychotic, is a potential medication. Olanzapine in orally dissolving tablet (ODT) form improves ease of use and treatment adherence. This case report discusses the treatment of two adolescent AN patients with olanzapine ODT and their adherence.

CASE PRESENTATION: Case 1: A 16-year-old female patient presented to the child psychiatry clinic with a history of restrictive eating, binge eating, and purging behaviors for 3 years. She frequently checked her appearance in the mirror and weighed herself after each meal, resulting in a weight loss from 60 kg to 46 kg within 5 months. Additionally, she experienced sleep problems and had not menstruated for 8 months. The patient was diagnosed with bulimic-type AN and underwent treatment with a multidisciplinary team. Initially, olanzapine was prescribed in a 2.5 mg film-coated tablet form. However, due to limited symptom improvement and the patient's non-compliance with medication, the treatment was switched to olanzapine 5 mg ODT for better adherence and monitoring. Within a month, her sleep problems improved, and purging episodes decreased in frequency. During this time, she gained 3 kg, and her menstrual cycle was improved. The patient continues to take ongoing treatment and follow-up.

Case 2: A 14-year-old girl was admitted to the gastroenterology clinic due to hypotension and bradycardia after presenting to the emergency department with weakness and dizziness, primarily resulting from her recent refusal to consume any food except drinks. Routine blood tests showed no abnormalities, and her BMI was 12.4.
Her history revealed a pattern of diet restriction that began three years ago by eliminating high-fat foods. Despite her AN diagnosis, the patient consistently declined oral food intake, psychiatric medication, and nasogastric tube feeding during daily psychiatric and pediatric evaluations. In response to her resistance, a collaborative effort with her parents was initiated to incorporate the prescribed olanzapine 5 mg ODT treatment into her meals or coffee. Within two weeks, her food intake improved. She began eating meals prepared with her family and reported an improved mood. After gaining weight, a plan for regular follow-up appointments was established, and the patient was discharged. She is currently under ungoing psychiatric and psychotherapeutic treatments in outpatient settings.

CONCLUSION: Antipsychotic agents are prescribed in the treatment of AN with the aim of increasing appetite, reducing cognitive and behavioral problems. Due to the restrictive dietary attempts in AN, patients may sometimes perceive medications as an "extra portion" or feel discomfort with agents that need to be swallowed. Some patients may inconsistently adhere to the recommended treatment, which can negatively impact the treatment team's ability to monitor the process effectively. The two cases in our report serve as illustrative examples of how antipsychotic agents, particularly in ODT formulations, can enhance treatment adherence in AN. Informed consent was obtained from the patients' parents at all stages.

Keywords: anorexia nervosa, olanzapine, adolescent, eating disorder, antipsychotics

[Abstract:0136] [Çocuk Psikiyatri » Psikoterapiler]

Can Grief Workbook-Assisted Sessions Be Helpful in an Adolescent with Prolonged Grief Symptoms?

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INTRODUCTION: Grief is a response to the loss of a loved one. Although it is a difficult and overwhelming adjustment process,it is not a disease or disorder. Grief is a unique process and experience for each individual and responses are individual. Adolescents may manifest traumatic grief responses following the abrupt, violent or unforeseen loss of a loved one.The DSM-5 includes Persistent Complex Bereavement Disorder (PCBD),which is characterized by symptoms lasting longer than 12 months in adults and 6 months in children.PCBD has clinical features such as intrusive memories, emotional numbing and avoidance of loss reminders. It is known that healthy and inclusive support systems for adolescents in grief are an essential part of this process.Adolescents displaying pronounced trauma and grief reactions in the aftermath of such a loss stand to gain therapeutic benefits by engaging in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to effectively address the traumatic aspects associated with the demise."Dealing with Grief A TF-CBT Workbook for Teens" is intended for adolescents (ages 12-18) who are experiencing traumatic grief as the result of the death of someone close to them.The grief-focused components included in this workbook,such as grief psychoeducation,preserving positive memories and redefining the relationship,can be used to help adolescents work through their grief.In this presentation, we will discuss the case of an adolescent who developed PCBD after the death of his brother and whose symptoms improved with trauma-focused cognitive behavioural therapy.

CASE PRESENTATION:A 16-year-old girl presented to our outpatient clinic with the complaint of severe headaches, especially in autumn.She had previously consulted with pediatrics but no other organic cause was identified.During the interview,she revealed that she lost her brother two years ago during this season and consistently experienced headaches on the anniversary of his passing.She reported being sad and distressed throughout the day for the last 2 years.She would get repetitive,intrusive thoughts about her brother.Additional symptoms included feelings of guilt and avoidance behaviors such as difficulty entering her room and looking at photographs.At the beginning of treatment,she received psychoeducation on cognitive behavioural treatment.She was briefed on the workbook.The goal list included entering her brother's room and bidding farewell to his belongings.In the first week,an explanation was given about what grief is and what kind of a process it is.Then,for exposure to bereavement cues,she was encouraged to share her own experience of grief.During the session, relaxation exercises were conducted to help cope with difficult emotions.She was also set weekly assignments from the workbook over four weeks.For instance,she was tasked with composing a letter to her brother.A plan was created to repeat the previous activities.She wrote down the challenging dates for her in the circle of life.Furthermore,coping strategies for this period were identified.The outcome of the treatment demonstrated reduced symptoms in the short term.Concurrently,it also enhanced coping skills and facilitated a focus on the future.

CONCLUSION: Dealing with Grief:A TF-CBT Workbook for Teens can be used as a guide to help apply the grief-related components.As stated in this case study,attempting it before considering any pharmacological intervention may be effective.Written informed consents were obtained from the patient's legally authorized representative.

Keywords: Prolonged grief, loss, bereavement, persistent complex bereavement disorder, trauma-focused cognitive behavioral therapy

Can Grief Workbook-Assisted Sessions Be Helpful In an Adolescent With Prolonged Grief Symptoms?

INTRODUCTION: Grief is a response to the loss of a loved one. Although it is a difficult and overwhelming adjustment process, it is not a disease or disorder. Grief is a unique process and experience for each individual, and responses are individual. Adolescents may manifest traumatic grief responses following the abrupt, violent, or unforeseen loss of a loved one or any death perceived as traumatic by the teenager. The DSM-5 includes persistent complex bereavement disorder (PCBD), which is characterized by symptoms lasting longer than 12 months in adults and 6 months in children(1). PCBD has clinical features such as intrusive memories, emotional numbing, and avoidance of trauma or loss reminders(2). It is known that healthy and inclusive support systems for adolescents in grief are an essential part of this process(3). Adolescents displaying pronounced trauma and grief reactions in the aftermath of such a loss stand to gain therapeutic benefits by engaging in trauma-focused cognitive behavioral therapy (TF-CBT) to effectively address the traumatic aspects associated with the demise(4,5). Dealing with Grief A TF-CBT Workbook for Teens is intended for adolescents (ages 12-18) who are experiencing traumatic grief as the result of the death of someone close to them(5). The grief-focused components included in this workbook, such as grief psychoeducation, grieving the loss and resolving ambivalent feelings, preserving positive memories, and redefining the relationship, can be used to help adolescents work through their grief. In this presentation, we will discuss the case of an adolescent who developed PCBD after the death of her brother and whose symptoms improved with trauma-focused cognitive behavioural therapy.

CASE: A 16-year-old girl, accompanied by her mother, presented at the Department of Child and Adolescent Psychiatry outpatient clinic, Cerrahpaşa Medical Faculty. Her primary complaint was severe headaches, mainly occurring in autumn. She had previously consulted with pediatrics, but no other organic cause was identified. During the interview, she revealed that she lost her brother two years ago during this season and consistently experienced headaches on the anniversary of his passing. She reported being sad and distressed throughout the day for the last 2 years. She would get repetitive, intrusive thoughts about her brother. Additional symptoms included feelings of guilt and avoidance behaviors, such as difficulty entering her room and looking at photographs. She had dropped out of the 9th grade due to challenges adapting to school. At the beginning of treatment, she received psychoeducation on cognitive behavioural treatment. She was briefed on the workbook. The goal list included entering her brother's room and bidding farewell to his belongings. In the first week, an explanation was given about what grief is and what kind of a process it is. Then, for exposure to bereavement cues, she was encouraged to share her own experience of grief. During the session, relaxation exercises were conducted to help cope with difficult emotions. She brought a photo with her brother in another week and shared her special memories. In the following weeks, she planted a sapling and prayed to say goodbye. She was also set weekly assignments from the workbook over four weeks. For instance, she was tasked with composing a letter to her brother. A plan was created to repeat the previous activities. She wrote down the challenging dates for her in the circle of life. Furthermore, coping strategies for this period were identified. The outcome of the treatment demonstrated reduced symptoms in the short term. Concurrently, it also enhanced coping skills and facilitated a focus on the future.

CONCLUSION: Dealing with Grief: A TF-CBT Workbook for Teens can be used as a guide to help apply the grief-related components. As stated in this case study, attempting it before considering any pharmacological intervention may be effective.

Keywords: Prolonged grief, loss, bereavement, persistent complex bereavement disorder, trauma-focused cognitive behavioral therapy

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5) DEALING WITH GRIEF: A TF-CBT WORKBOOK FOR TEENS By Alison Hendricks, Matt Kliethermes, Judith Cohen, Anthony Mannarino, and Esther Deblinger.

[Abstract:0137] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Treatment-Resistant Schizophrenia Case in A Patient with Omodysplasia

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INTRODUCTION: Omodysplasia is an extremely rare short-limb skeletal dysplasia characterized by: frontal bossing, depressed nasal bridge, anteverted nares, low-set ears, long philtrum, rhizomelia, short humerus with hypoplastic distal humeri, elbow dislocation, radio-ulnar diastasis, flared metaphyses, short 1st metacarpal, cryptorchidism. Type 1 omodysplasia, also known as autosomal recessive omodysplasia caused by a mutation in the GPC6 gene. Glypicans are proteoglycans that are bound to the outer surface of the plasma membrane by a glycosylphosphatidylinositol anchor. The mammalian genome contains six members of the glypican family (GPC1 to GPC6). GPC4 and GPC6 play a role in the formation of excitatory synapses in the central nervous system. This function is based on their ability to form part of the synapse-organizing protein complexes.

Schizophrenia is a complex disorder with multifactorial modes of inheritance in which the combined effect of many genes, as well as non-genetic factors, each confer a small increase in risk to develop the illness. Some gene locations were determined such as 22q11-ZDHHC8, COMT, PRODH, DTNBP1, NRG1, DISC1 for schizophrenia. Thus, no causal disease genes of major effects have been identified.

In the case we present, schizophrenia developing in a patient with Omodyplasia (GPC6 mutation) may be a finding that supports the neurodevelopmental hypothesis and indicates the importance of synaptic regulation in etiopathogenesis.
The inform consent was obtained from patient and her first degree relative.

CASE PRESENTATION: We report a case of a female patient in her late-20's who has been diagnosed with schizophrenia for 8 years. Her parents were first degree cousins. Her mother has a history of hospitalization with major depression with psychotic features. Her sister has mild mental retardation.The patient was brought to Psychiatric Emergency Clinic by her relatives with paranoid, persecutory and religious delusions as believing she's pregnant with the prophet's child, being followed and poisoned; olfactory hallucinations as smoke odor from plug-socket; reduced appetite and food refusal over the past 2 months. During her hospitalization her affect was blunted, she was suspicious and refused to take off her coat and hood. Her judgment and insight was poor. Physical examination revealed autosomal recessive omodysplasia features as short humeri, short stature, depressed nasal bridge, long philtrum. Her length was 123 cm, her weight was 35 kg. Genetic tests showed homozygous exon 4-6 deletion at GPC6 gene. This gene is linked to Omodysplasia Type 1 (Autosomal Recessive).

Cranial MRI FINDINGS: minimal enlargement of 4th ventricle (16,5mm), widened subdural space at the vertex level, slightly prominent cerebellar folias, cavum septum pellicidum vargae variation at midline. Electroconvulsive therapy (ECT) and Clozapine treatment were initiated. The patient was discharged with Paliperidone long acting injection 100mg monthly and Clozapine 150mg daily and followed in an outpatient clinic with residual negative symptoms.

CONCLUSION: This is the first case presentation about schizophrenia and Omodysplasia syndrome. The current case report may be coincidental. Further research is needed to understand the relationship between schizophrenia and the GPC6 gene.

Keywords: Omodysplasia, schizophrenia, Glypicans

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[Abstract:0138] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Use of Depot Antipsychotics in Early-Onset Schizophrenia: A Case Study

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INTRODUCTION: Early-onset schizophrenia is a neuropsychiatric condition that occurs before the age of 18. In schizophrenia patients, the possibility of relapse due to treatment non-compliance is quite high. Therefore, depot antipsychotics are becoming a preferred treatment method especially in chronic patients who have problems with compliance to oral treatment. In the present case, we present a 17-year-old girl with first episode psychosis who had refusal to eat and drink and showed significant improvement with depot antipsychotic treatment. The aim of this study is to evaluate the efficacy and tolerability of depot antipsychotic treatment in early-onset schizophrenia and to try to understand the effect of these drugs, which are widely used in the treatment of chronic schizophrenia, in the treatment of first episode.

CASE PRESENTATION: A 17-year-old girl, was brought to the psychiatric emergency room due to her refusal to eat or drink. In the history, it was learned that in the last one year, he showed symptoms such as withdrawal, a significant decrease in her school success and deterioration in her friendships, thinking that people were constantly looking and talking about her. It was also learned that the patient exhibited disorganized behaviors. The patient's height is 170 cm, and her weight decreased from 45 to 36 kilos in the last 6 months due to her refusal to eat or drink. Psychiatric examination revealed that the patient had limited affection, decreased eye contact and spontaneous verbality, referential and paranoid delusions in thought content. In addition, the patient expressed concern that she might come to harm if she ate or drank anything. The patient was evaluated in favor of first episode psychosis, risperidone treatment was started, the patient took this treatment for a very short time.

In addition, during this period, the patient was treated in the pediatric department for a while to recover her electrolytes and necessary nutrients. The patient's psychotic symptoms, refusal to eat and drink had intensified, for these reasons, parenteral risperidone treatment was started. In the follow-up, the patient showed significant benefit from depot antipsychotic treatment, returned to school, gained insight into her illness and showed a decrease in psychotic symptoms.In addition, while the patient's score on the Positive and Negative Syndrome Scale was 107 in the pre-treatment evaluation, this score decreased to 56 in the follow-up during the treatment process.

CONCLUSION: One of the main reasons for relapse in patients with schizophrenia is non-compliance with treatment. Our case shows that depot antipsychotic treatment may be an effective option in early-onset schizophrenia and first episode psychosis in patients who are non-compliant with oral treatment. It emphasizes that this treatment method, which is generally preferred in chronic schizophrenia, can be considered not only in the chronic stage but also in the early stages of the disease. It is important to further investigate depot antipsychotics in the treatment of early-onset schizophrenia and to determine the advantages and disadvantages of this treatment option.In addition, the importance of a multidisciplinary approach in the management of symptoms such as non-compliance with treatment and refusal to eat and drink emerges.

Keywords: early-onset schizophrenia, depot antipsychotic, refusal to eat

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[Abstract:0139] [Çocuk Psikiyatri » Psikofarmakoloji]

Risperidone-induced tardive dystonia in an adolescent with psychosis and its treatment with clozapine

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INTRODUCTION: Tardive dystonia (TDt) is a potentially debilitating extrapyramidal syndrome, which is acknowledged as a variant of tardive dyskinesia. It affects the limbs, trunk, neck or face and manifests as sustained muscle contractions, often resulting in abnormal postures and repetitive twisting movements.It has been shown to develop in about 3 % of patients who have had long-term exposure to antipsychotics.Potential risk factors for TDt development include chronic antipsychotic use, younger age, male sex, previous brain injury, early extrapyramidal symptoms(EPS), intellectual disability, and mood disorders.The first step in treatment is discontinuation of antipsychotic with a progressive taper if possible,change the current antipsychotic regimen in favor of clozapine,further treatment includes VMAT2 inhibitors,anticholinergic drugs,clonazepam,baclofen,botulinum toxin,deep brain situmulation.TDt is often disregarded in pediatric patients due to limited experience with neuroleptic-induced movement disorders in children.Here, we present a case of a risperidone-treated adolescent who developed TDt and successfully treated with clozapine.

CASE PRESENTATION: A 17-year-old adolescent patient was admitted to our outpatient clinic 2 years ago with complaints of decreased amount of talking, skepticism, decreased self-care, and social withdrawal. After 1 month of inpatient treatment, the patient was diagnosed with depression with psychotic features and mild intellectual disability and discharged with sertraline 75 mg/day, risperidone 3 mg/day, biperiden 2 mg/day treatment. During the 6-month follow-up, the patient functioned well, but on examination, biperiden was gradually increased to 6 mg/day because of shoulder and limb rigidity. With the addition of contractions in the shoulder and neck regions, a switch was made from risperidone to quetiapine. After using Quetiapine 150mg/day for 20 days as his symptoms worsened and posture disorder in the neck and continuous, involuntary movements in the shoulder and neck region were observed,quetiapine and sertraline treatment was discontinued considering tardive dystonia.Vitamin E 400 IU/day and Vitamin B6 250 mg/day were added to the treatment of biperiden 6 mg/day. While there was no decrease in TDt symptoms in the 4-month follow-up,complaints such as withdrawal,decrease in speech,decreased self care,irritability,decrease in sleep and appetite,meaningless talks,disorganized behavior were observed in the last few weeks and he was admitted to our service with a diagnosis of psychotic disorder to arrange for treatment. During inpatient treatment clozapine treatment was started and gradually increased to 250mg/day for psychotic symptoms and TDt symptoms.Additionally, Clonazepam was started and increased to 4mg/day for TDt symptoms. Valproate was added and adjusted to 1250mg/day due to the presence of affective symptoms. Discharge of the patient was planned after the psychotic symptoms resolved and the symptoms of TDt minimized.

CONCLUSION: In the literature,cases of tardive dystonia induced by risperidone have been documented in children.Nevertheless, the treatment options for this condition remain obscure and a definitive consensus has yet to be reached.This case highlights the fact that TDt can also manifest in children who are undergoing treatment with atypical antipsychotics. It is crucial to bear in mind the possibility of TDt, particularly when there are risk factors present. In cases where TDt becomes irreversible, the administration of clozapine should be contemplated, particularly if there is a need for concurrent treatment of psychotic symptoms.
Keywords: Tardive dystonia, Clozapine,Risperidone

[Abstract:0141] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Sporadic Creutzfeldt-Jakob Disease Manifested by Dementia and Psychiatric Symptoms: Case Report

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INTRODUCTION: Sporadic Creutzfeldt-Jakob Disease (CJD) is one of the diseases that should be taken into consideration in dementia-related processes seen between the ages of 50-70. It can be distinguished from other dementias by its clinical features, typical electroencephalography (EEG) findings, laboratory and radiological imaging features. In this study, we aimed to present our sporadic CJD case with its clinical, EEG, laboratory and radiological features.

CASE PRESENTATION: A 65-year-old male patient applied to our clinic with complaints of weight loss, losing his way home, not taking bath, not shaving, irritability, agitation, weakness, nonsense talking and confusion, which started 3 months before he applied to our clinic. The patient's mental status examination revealed labile mood, apathy, disturbance in associations, auditory and visual hallucinations, disruption of sleep patterns, psychomotor restlessness, anxiety, and decreased self-care. Neurology consultation was requested after complaints of imbalance, diplopia, inability to walk and talk, myoclonic jerks in hands and feet were added to his complaints for the last month. During the neurological examination, eye contact could not be made. Cooperation and orientation were limited. It was determined that the patient developed myoclonus with tactile stimuli. Due to lack of cooperation, standard mini mental test (SMMT) could not be performed. Thyroid function tests and vitamin B12 levels in the blood were normal, VDRL and Anti-HIV were negative. Repeated EEGs showed prominent periodic sharp slow-wave complexes in the frontal regions of both hemispheres. Apart from high CSF (cerebrospinal fluid) protein, 14.3.3 protein was positive in CSF and neurospecific enolase (NSE) was high. Brain MRI showed cortical atrophy and T2 hyperintensity in bilateral basal ganglia. Due to the lack of family history, the patient was diagnosed with possible sporadic Creutzfeldt-Jakob. The patient, who was discharged with antiepileptic and supportive treatment, died 1 year after the diagnosis.

CONCLUSION: CJD is a prion disease that occurs with cognitive and mental deterioration, cerebellar ataxia and myoclonic movements. It is important to distinguish it from other psychiatric and demential diseases because it progresses rapidly and causes death.

Keywords: Creutzfelt jacob, prion, dementia

[Abstract:0146] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Rapid Onset and Recovery of Cotard Syndrome in a Patient with Intellectual Disability

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INTRODUCTION: Cotard syndrome (CS) is a rare neuropsychiatric condition characterized by depressive mood, anxiety, nihilistic delusions, hypochondriacal beliefs, delusions of immortality, hallucinations, and feelings of guilt. It is often associated with depression but may also manifest in other neuropsychiatric disorders such as schizophrenia, derealization/depersonalization disorder, dementia, and brain tumors. In this report, we present a case of CS in a patient with mild intellectual disability who experienced a dramatic and rapid recovery with psychotropic medications.

CASE PRESENTATION: A 42-year-old male with no previous psychiatric history was referred to us by an internal medicine doctor, to whom the patient had presented with rapid weight loss over the past two months. The patient reported feeling like a walking corpse, expressing concerns that his intestines were not functioning, his body was swollen, his pulse was nonexistent, he lacked the sense of taste or smell, felt no pain, believed nobody around him was aware of his existence, and questioned whether people around him were alive or dead. These symptoms emerged following an incident two months ago when his daughter became lost in a park, intensifying over the last two weeks. Mental state examination revealed restricted affect, decreased spontaneous speech, impoverished thought content. Additionally, he had a decreased appetite, disrupted sleep and social withdrawal. He lacked insight into his illness. He had no history of alcohol or drug use, and neurological imaging revealed no pathology. Initially, differential diagnoses included first-episode psychosis and psychotic depression. The patient was prescribed olanzapine 10mg/day. A week later, a detailed collateral history obtained from his relatives revealed depressive and anxiety symptoms lasting over two months. With the diagnosis of psychotic depression, escitalopram 10mg/day was added to his treatment regimen and later increased up to 20 mg. By day 28, there was a substantial improvement in depressive mood and vegetative symptoms, with a complete resolution of his delusional content. During the follow-up period, olanzapine was replaced with aripiprazole 10mg due to metabolic side effects, while escitalopram 20mg treatment was continued.

CONCLUSION: Our case report highlights the rapid onset of CS in an individual with mild intellectual disability following a stressor, with a prompt and substantial treatment response achieved soon after initiation of psychotropic medications. Although data on the frequency of CS in individuals with intellectual disabilities are limited, similar case presentations have been reported in patients with mild intellectual disability and comorbid CS following acute fear-inducing stressors. Patients with intellectual disabilities may present with atypical symptoms of underlying disorders, leading to delays in psychiatric referrals, as these individuals may seek medical attention from different specialties due to physical complaints. Physicians and psychiatrists should be vigilant for atypical presentations when evaluating patients with intellectual disabilities.

Keywords: cotard syndrome, depressive disorder, intellectual disability, nihilistic delusion,

[Abstract:0147] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Autistic Features, Developmental Delay and Epileptic Disorder in a Case with SZT2 Mutation

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INTRODUCTION: Autism Spectrum Disorder (ASD) is a heterogeneous neurodevelopmental disorder known to result from the interaction of heredity and environmental factors. More than 800 associated genes associated with the inheritance of ASD have been identified in the literature. One of these genes, the Seizure Threshold 2 (SZT2), is expressed in the central nervous system. It encodes the SZT2 protein in the lysosome and forms the KICSTOR protein complex, a negative regulator of the rapamycin complex signaling pathway. Biallelic variation of SZT2, which causes the over-activation of this pathway, has been confirmed to lead to clinical phenotypes such as overall global developmental delay, epilepsy, autism, hypotonia, macrocephaly (occasionally microcephaly), facial malformations. In this case report, a four-year-old boy with a heterozygous mutation in the SZT2 gene, autistic features, speech disorder, and epileptic disorder is presented.

CASE PRESENTATION: When he was four years and nine months old, he applied for having a low number of meaningful words and not being able to form sentences. His first psychiatric application was when he was two years old, complaining of not being able to speak, and he was diagnosed with autism. When he applied to neurology with the complaint of a tic-like behavior and startled in his shoulders, his MRI examination was normal, his EEG was compatible with the multifocal epileptic disorder, and he was followed up with the diagnosis of epilepsy. Fragile X was found to be negative. Metabolic tests, ECHO, and hearing tests were normal. In the gene index analysis during the follow-up of the patient, c.3197G>A (p.Arg1066His) changes in the SZT2 (NM_015284.4) gene were detected as heterozygous. In the psychiatric examination, it was seen that his face had a dysmorphic appearance, he walked with his left foot inward, he had minimal eye contact, his gaze was inconsistent when his name was called, he did not take commands, he had no joint attention, he was not interested in toys, and he threw them on the ground. Short words such as 'one, two, three' were heard. His developmental assessment tests were observed to be behind those of his peers. The patient is still being followed up regularly with the diagnosis of ASD.

CONCLUSION: SZT2 is a genetic mutation rarely reported in humans. It has been reported in the literature that the most common clinical symptoms of SZT2-related diseases are developmental delay, epilepsy, and systemic hypotonia, and it has also been shown to be accompanied by autistic symptoms and craniofacial deformities. In this case, developmental delay, dysmorphic facial appearance, autistic features, speech disorder, and epileptic disorder were similar to those in the literature. Ensuring early diagnosis of hereditary disorders that may cause autism is important in terms of developing treatment interventions for individuals with ASD by contributing to the elucidation of the etiology of autism. Additionally, this case emphasizes the need for clinicians to make holistic assessments by providing necessary pediatric consultations in the follow-up of children with ASD.

Keywords: autism, gene, mutation, SZT2

[Abstract:0158] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Is There an Underlying Organic Pathology or a Tic Disorder or a Conversion Disorder in a Patient Who Presents with the Complaint of Involuntary Vocalizations ?

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INTRODUCTION: Mostly, involuntary vocalization behaviors are typically associated with Tourette's syndrom e and other tic disorders. They can also be a clinical manifestation in the full spectrum of neuropsychiatry, movement disorders and neurodevelopmental syndromes. More importantly, involuntary vocalization behaviors can often be a predominant clinical sign, so their early recognition and appropriate classification are essential to guide diagnosis and treatment.

CASE PRESENTATION:14-year-old male patient, lives in Ankara with his family. Application complaint is involuntary throat vocalization. The patient used antibiotics and ventolin treatment because of these complaints. He did not benefit from the treatment. The patient was consulted to the otolaryngology department due to an upper respiratory tract infection ten days before the complaint, and no organic pathology was detected. Afterwards, the pediatric neurology and chest diseases department evaluated the patient, and no organic pathology was found. The patient was consulted to the pediatric psychiatrist with a preliminary diagnosis of tic disorder. It was learned that the patient's complaint only stopped during sleep, continued even while eating, had difficulty in eating, and could only speak by holding his throat for a short time. During the psychiatric evaluation, it was learned that before the patient's complaint, he frequently did not go to school due to different diseases, was treated at the hospital, did not like going to school, had a bad grade point average and having difficulty understanding lectures. In the ongoing examinations of the patient, risperidone 0.5 mg and sertraline 50 mg treatment was started with a preliminary diagnosis of conversion, and suggestions were given to the family so it is thougt that the patient's absence from school would be a secondary benefit. Risperidone 1 mg was increased because the complaints did not decrease in the controls. WISCR was applied to the patient because it gave the impression of mild mental retardation clinically, and the result was found to be clinically compatible. It was recommended that the patient start special education by obtaining a special needs report. The patient's treatment continues as risperidone 1 mg and sertraline 50 mg. He does not want to go to special education and school. He switched to open high school because the patient wanted it. After a long treatment process, the patient has no complaints for the last 2 months. Written informed consents were obtained from the patient or patient's legally authorized representative.

CONCLUSION: The diagnosis of tic disorder was not considered if the patient's complaints were chronic, not repetitive, and the patient could not voluntarily stop the complaint for a short time. Biopsies were performed in the chest diseases and otolaryngology departments, additional examinations were completed, and no organic pathology was detected. The fact that the patient did not want to go to school, had difficulty in understanding the lessons, and could not go to school due to health problems before it made us think of conversion disorder as a priority. Conversion disorder is a long-term disease that requires long-term adherence to treatment. At the end of long-term controls and drug treatment, the patient's complaint improved.

Keywords: involuntary vocalization, tic disorder, conversion disorder

[Abstract:0160] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Very Early Onset Schizophrenia and Autism Features Caused By TNRC6B Heterozygous Mutation

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INTRODUCTION: TNRC6B (trinucleotide repeat containing 6 B) (MIM * 610740) is one of three paralogue proteins involved in translational inhibition. TNRC6B is located on chromosome 22q13 and encodes a protein important for RNA silencing. TNRC6B heterozygous truncating variants have been previously reported in three patients from large cohorts of subjects with autism. However, the clinical significance of these variants has not been assessed, and the associated phenotypes have not been characterized. Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder characterized by difficulties in social interaction and communication. The causes of ASD are not fully understood. Moreover, very early onset schizophrenia (VEOS), when the psychosis onset is at or before the age of 13 years and has atypical features when compared with adult-onset schizophrenia (AOS). Here, we report a case who has a TNRC6B mutation and was diagnosed with VEOS comorbid with autistic features.

CASE PRESENTATION: A 5-year-old boy presented to our clinic with complaints of self-talking, lack of awareness of his surroundings, stereotypic hand movements, visual hallucinations, disorganized behavior, and irritability. The patient's initial complaints began in August 2023 with withdrawal, fatigue, and a loss of interest in activities that he previously enjoyed. He used to enjoy going to the park with his mother and playing with the other children there, but lately, he has preferred to stay home instead. After two weeks of withdrawal, he began to engage in self-talk and visual hallucinations for about 20 minutes a day. While visual hallucinations and self-talk, he would also exhibit excessive fear, crying, and aggression during these episodes. About a week before the clinic visit, he also began to make a repetitive hand movement similar to a stereotype, combining his third and fourth fingers and shaking his hands in a flapping motion while talking to himself and getting excited. Due to the patient's complaints, we consulted him with the pediatric neurology department to rule out any organic pathology. The diffusion MRI, EEG, and lumbar puncture tests, including encephalitis examinations, were performed, but no pathology was detected. The patient's requested genetic tests were completed, and a TNRC6B mutation was detected. During this period, we started symptomatic treatment with risperidone 0.50 mg and continued to follow up with the patient every two weeks. The patient showed partial improvement from the treatment during follow-up, and the risperidone treatment was then increased to 1 mg. There was an improvement in his agitation and a decrease in visual hallucinations and disorganized behavior. However, there were still difficulties in his communication with his family compared to the premorbid period. He generally spent time alone and did not communicate with his family except in cases of necessity.

CONCLUSION: In the literature, the retrospective medical records study of 17 patients with a TNRC6b mutation reported speech delay, motor delay, autism or autistic traits, attention deficit, and hyperactivity disorder. However, none of these cases presented with psychotic symptoms. We report the first case who has TNRC6B mutation diagnosed with VEOS comorbid with autistic features.

Keywords: autism, TNRC6B mutation, Very early onset schizophrenia,

[Abstract:0163] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Is İt Possible to Achieve Rapid Results with Cognitive Behavioural Therapy in Paediatric Functional Neurological Symptom Disorder?

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INTRODUCTION: Functional neurological symptom disorder also referred to as conversion disorder, is a medical condition that manifests with symptoms affecting perception, sensation, or movement without any discernible physical cause. Among children and adolescents, motor symptoms like abnormal movements, dystonia, and motor weakness or loss of function are most commonly reported.

CASE PRESENTATION: A 9-year-old girl complained of leg pain and difficulty walking and was admitted to the pediatric rheumatology service for further testing. She received intravenous steroid treatment for two weeks, but her symptoms did not improve. A more thorough examination was done, and no organic pathology was found. The possibility of conversion disorder was considered, and the patient was referred to the pediatric psychiatry outpatient clinic for further assessment and treatment.

The patient was brought to the Cerrahpaşa Medical Faculty Child Psychiatry Outpatient Clinic by their father in a wheelchair. Upon clinical evaluation, it was found that the patient had lost their ability to walk and was experiencing leg pain. The patient reported feeling a pricking sensation in their foot when attempting to walk, and the leg pain persisted from evening until early morning. A preliminary diagnosis of conversion disorder was made, and the patient's medical history was thoroughly reviewed. In the patient's medical history, it was discovered that he experienced sudden numbness and pain in his right leg at home one month ago. The discomfort then spread to his left leg, followed by a loss of gait. It was found that the patient had been having problems with his older sister, who was one year older than him, particularly in recent times. The patient was constantly seeking attention from his family due to his illness and requested his legs to be massaged whenever he felt pain.

During the first session, the therapist worked on the patient's cycle of emotions, thoughts, and behaviors, identified problems, and explained them to the patient. Psychoeducation was provided to the patient and his family. Gradual exposure therapy was implemented during the sessions. Over the six-week treatment period, the patient was given repetition tasks to practice at home, such as standing with support, standing without support, walking, jumping, fast walking, and running. The patient did not take any medication, but his difficulty in walking improved, leg pain decreased and he was able to resume attending school.

The patient was seen for follow-up appointments on the 30th and 60th days after treatment, and it was observed that the patient's overall well-being continued to improve.

CONCLUSION: When dealing with conversion disorder in children, cognitive behavioural therapy (CBT) should be considered as the first treatment option since appropriate psychoeducation and training exercises following the formulation of symptoms and showing the child the relationship between emotions, thoughts, and behaviour may be beneficial in a short time.

Keywords: paediatric functional neurological symptom disorder, Cognitive Behavioural Therapy, children

[Abstract:0164] [Çocuk Psikiyatri » Anksiyete bozuklukları]

The Antihypertensive Effect of Escitalopram in The Treatment of a Patient with Generalized Anxiety Disorder and Primary Hypertension

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INTRODUCTION: Selective serotonin reuptake inhibitors (SSRIs), such as escitalopram, are commonly used for treating depression and anxiety disorders. While research has demonstrated their antihypertensive effect in the adult population, there is still a lack of studies focusing on the adolescent population. In this case report, we present an adolescent with primary hypertension and generalized anxiety disorder exhibiting good therapeutic outcomes with escitalopram treatment.

CASE PRESENTATION: Our patient was a 14-year-old boy who was admitted to our outpatient clinic with fear of losing parents, concerns about being humiliated in social situations, and worries about his unregulated hypertension and earthquake. He was calling his parents 10-15 times a day to check if they were fine. He started refusing to attend school and had problems with concentrating. He reported constant inner distress and restlessness. According to the information received from the mother, these complaints started 1 year ago when something got stuck in his grandmother's throat. Around the same time, the patient's blood pressure became irregular, reaching levels as high as 190/140 mmHg. Following administration to a pediatric department, his medical examination, blood tests and radiological imaging was done and no organic cause for hypertension was found. He used several antihypertensive drugs but none of them showed sufficient effect. He did not have any other chronic disease. In the family history, there was no medical or psychiatric disease except for hypertension in the father. At the time of admission to our clinic, patient was not on any treatment. During his psychiatric examination, the patient displayed anxious mood and expressed worries about separation from his parents, his own health, earthquake and social situations. We considered diagnoses of generalized anxiety disorder. As treatment, escitalopram 10 mg/day was started and subsequently increased to 20 mg/day. After 2 months of treatment, partial improvement in anxiety symptoms was observed, however blood pressure dysregulation persisted. The dosage of escitalopram was further increased to 30 mg/day after consultation with the pediatric department. At the one-month follow-up appointment, patient stated nearly full recovery from anxiety symptoms and well-regulated blood pressure of 120/80 mmHg. His follow up continues monthly and his blood pressure remains under control.

CONCLUSION: This case report demonstrates that escitalopram can be effective in adolescent patients with anxiety disorders accompanied by hypertension. In one study conducted with patients with major depressive disorder, escitalopram was found to have antihypertensive properties. In the literature, it has been pointed out that the effect of escitalopram on blood pressure may be due to its effect on serotonin pathways or serum sodium concentrations. Another study revealed a decrease in heart rate following escitalopram administration but no significant change in blood pressure. A very recent study showed antidepressant treatment was not associated with blood pressure control in patients with comorbid depression and treatment-resistant hypertension. In the light of all this information, further research on the effect of escitalopram in patients with comorbid anxiety disorder and hypertension is needed.

Written informed consents were obtained from the patient and patient's parents.

Keywords: antihypertensive effect, anxiety disorder, escitalopram

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[Abstract:0166] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Successful Management of El-Hattab-Alkuraya Syndrome in a 4-Year-Old Girl: A Case Report

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INTRODUCTION: El-Hattab-Alkuraya syndrome is a rare genetic disorder characterized by developmental delay. microcephaly, severe-to-profound developmental delay; refractory and early-onset seizures; spastic quadriplegia. It is caused by a homozygous mutation in the WDR45B gene on chromosome 17q25. (1)

CASE PRESENTATION: A 3-year-old girl, diagnosed with El-Hattab-Alkuraya syndrome, was referred to our clinic due to severe aggression and hyperactivity. The patient exhibited an array of symptoms, including an unsteady gait, absence of meaningful speech, an inability to establish eye contact, and behaviors resembling autism spectrum disorder (ASD). The initial considerations of diagnosis were both autism and severe mental retardation (MR). The case involved multidisciplinary care, with follow-ups in neurology and gastroenterology clinics, as well as regular EEG examinations. Despite regular follow-ups in neurology ruling out epilepsy, the patient faced challenges in swallowing, leading to the implementation of Percutaneous Endoscopic Gastrostomy (PEG) for nutrition.

Pharmacological intervention with risperidone at a daily dose of 1 mg resulted in significant improvement in hyperactivity, leading to a better quality of life. Over a 1-year follow-up period, the patient exhibited a notable transformation. She now derives enjoyment from games like peekaboo and has developed the ability to establish eye contact, marking a significant improvement in social interaction skills. Furthermore, the patient's feeding-related complaints improved significantly, allowing for the removal of the PEG tube.

CONCLUSION: This case highlights the successful management of El-Hattab-Alkuraya syndrome in a 4-year-old girl through the use of risperidone, leading to a substantial improvement in hyperactivity and aggression. This report emphasizes the importance of individualized treatment approaches and multidisciplinary approaches in enhancing adaptive behaviors and social skills for individuals with El-Hattab-Alkuraya syndrome.

Written informed consent was obtained.

Keywords: genetics, el-hattab-alkuraya syndrome, risperidone

[Abstract:0167] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Unraveling the Complexity: A Case Report of Unanticipated Diagnosis in a 17-Year-Old Male Patient

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INTRODUCTION: Conversion disorder also known as functional neurological symptom disorder (FND) is a psychiatric disorder accompanied by one or more symptoms that usually appear after a stressful life event, affect sensory or voluntary motor functions, and mimic a neurological or other general medical condition.

Adolescent healthcare often involves navigating the complex interplay between psychological and physical well-being. This case explores the diagnostic journey of a 17-year-old male patient experiencing extensive pain and numbness, with symptoms exacerbated by the recent loss of his father. The challenge lies in disentangling the emotional repercussions of grief from potential organic pathologies, emphasizing the need for a holistic approach to evaluation and management.

CASE PRESENTATION: A 17-year-old male patient consulted with the pediatrician, complaining of extensive pain, difficulty walking and numbness, especially in lower extremities. During the interview with the patient, it was revealed that the pain had started three months ago and had been fluctuating. He mentioned that his father passed away in a traffic accident one month ago and the other injured person was paralyzed. After this period, his pains intensified and he experienced difficulty moving his entire body and could not walk. It was considered that the mourning process was accompanied by secondary physical symptoms. It was considered that support was needed for the challenging processes related to the patient's grief.

MRI was requested to exclude organic pathologies. As a result of the MRI, he underwent surgery with a preliminary diagnosis of a giant cell bone tumor at the level of the cervical C5 vertebra. It was revealed that after the surgery, the patient's complaints decreased, and although weakness persisted at the left hand's wrist and elbow level, it was not considered a severe deficit

CONCLUSION: This case highlights the intricacies of adolescent healthcare, emphasizing the necessity of a holistic approach. A systematic review has found that there is an association between childhood and adult stressful life events and maltreatment, particularly emotional neglect, and FND. There are many general medical conditions or neurologic disorders that may share features with those of conversion disorder. The interweaving of psychological factors with organic pathologies requires clinicians to navigate complex scenarios for effective patient care. Therefore, organic pathologies should be evaluated with a multidisciplinary approach. The unexpected discovery of a giant cell bone tumor exemplifies the need for a comprehensive evaluation even in cases with apparent psychogenic elements.

Informed concent was obtained from the patient and his parent.

Keywords: grief, conversion disorder, functional neurological symptom disorder, organic pathologies

[Abstract:0168] [Çocuk Psikiyatri » Diğer]

Deafferentation Hallucination in a 16-year-old Patient with Hearing Loss

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INTRODUCTION: Hallucinations, constitute a complex aspect of mental health disorders. Deafferentation hallucinations, arising from sensory loss without concurrent thought disorder, form a distinct subset. Social isolation, exacerbated by sensory impairment, is a notable risk factor for hallucinations. Understanding the interplay between deafferentation and loneliness is crucial for accurate diagnosis and effective treatment. Individuals with sensory impairment, especially hearing loss, display higher rates of hallucinations compared to those with unaffected hearing. Research indicates a linear relationship between the degree of hearing loss and the prevalence of auditory hallucinations. Prevalence increases from 12% in unilateral hearing loss to 24% in profound hearing loss, with voices being the most common content (49%). The impact of social withdrawal in inducing complex hallucinations as a substitute for social interaction is significant. Sensory impairment's influence on social engagement underscores the role of increased isolation as a catalyst for loneliness, depression, and anxiety. Recognizing these dynamics is crucial for comprehensive mental health and sensory disorder interventions. In this case, we describe an adolescent with hearing loss presented with depressive symptoms and deafferentation hallucination.

CASE PRESENTATION: A 16-year-old male patient with an 80% bilateral sensorineural hearing loss applied to our clinic and reported hearing a voice stating, "You are weak; you cannot do it etc." during the last three months. He also had complaints of depressive symptoms such as loss of pleasure, lack of energy and sleep disturbances. His hearing loss was congenital, having a gradual decline in auditory function over time. He described an increasing social isolation over the past few years because of his sensory loss. The voices significantly contributed to the exacerbation of the existing depressive symptoms and further intensified the patient's sense of inadequacy. He was diagnosed with depression and prescribed sertraline at a dosage of 100 mg daily After three months of treatment, a remarkable improvement was observed in both the depressive state and the deafferentiation hallucination. The patient reported a reduction in the frequency and intensity of the hallucinatory experience, and the distorted perceptions of self-competence began to normalize.

CONCLUSION: The improvement observed in this case emphasizes the importance of considering psychiatric interventions in the comprehensive care of individuals with hearing impairment, particularly those experiencing significant psychosocial challenges. Further research is warranted to explore the broader implications of such interventions and to enhance our understanding of the interplay between auditory impairment, mental health, and perceptual disturbances in this population.

Written informed consents were obtained from the patient's legally authorized representative.

Keywords: sensorineural hearing loss, deafferentation hallucination, depression, sertraline

[Abstract:0178] [Çocuk Psikiyatri » Psikofarmakoloji]

Methylphenidate-Induced Extrapyramidal Side Effect in a Children with Attention Deficit Hyperactivity Disorder and Comorbid Specific Learning Disorder

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INTRODUCTION: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and/or impulsivity that are inappropriate for a person's developmental level. ADHD usually persists in to adulthood, and cause significant impairment in various aspects of life. ADHD can co-occur with other neurodevelopmental disorders, especially with Specific Learning Disorder (SLD). Psychostimulants, particularly methylphenidate (MPH), are currently the most commonly preferred pharmacological treatment for ADHD. MPH acts by inhibiting the transport of dopamine (DA) and norepinephrine (NE), binding as an agonist to the 5HT1A receptor and redistributing the vesicular monoamine transporters resulting with an increase in DA and NE levels in extracellular area. Extrapyramidal side effects (EPS) are typically caused by DA blockade and commonly occur as a result of antipsychotics, leading to side effects such as dystonia and akathisia. Here, we present a case of a 9-year-old patient diagnosed with ADHD and SLD, who developed EPS after the use of MPH and discuss the current literature.

CASE PRESENTATION: A 9-year-old male patient presented to our outpatient clinic with complaints of attention difficulties, hyperactivity, and academic underperformance. Following assessments, the patient was diagnosed with ADHD and SLD. He was started 10 mg/day of MPH and referred to counselling center for further educational requirements. On the 7th day of treatment, the patient presented to our emergency department with complaints of acute onset neck stiffness and upward deviation of the eyes. He was evaluated as EPS, and 2.5 mg of biperiden was administered intramuscularly. The patient's symptoms resolved rapidly. The child neurology evaluation of the patient was found to be normal. Subsequently, the patient was prescribed methylphenidate at 10 mg/g again 5 days later, and the EPS symptoms recurred. The patient's treatment was switched to atomoxetine 20 mg/day, and the EPS symptoms did not relapse.

CONCLUSION: MPH is frequently utilized as the primary treatment for ADHD and is prescribed worldwide. It is a highly effective agent with minimal and tolerable side effects such as insomnia, loss of appetite, irritability, and headache. In the literature, it has been reported that dyskinesia and dystonia may rarely occur where an antipsychotic is switched with stimulant, a stimulant is removed from an antipsychotic regimen, or a stimulant is switched to an antipsychotic. However, the fact that our patient was not using any antipsychotic suggests the idea that there may be alternative explanations for EPS in children under MPH treatment.
In the literature, MPH causing EPS as an side effect is scarce and usually presented with case reports. Moreover, it has been stated that MPH is associted with higher levels of adverse effects when the patient has a comorbid condition. Therefore, the presence of comorbid condition may have triggered the clinical presentation in our case. To conclude, screening for side effects may be required particularly in patients with comorbidity. We believe that this case contributes to the literature regarding the side effects of MPH and dopaminergic actions, emphasizing the need for further research in this area.

Keywords: Methylphenidate, ADHD, EPS, SLD

[Abstract:0179] [Çocuk Psikiyatri » Uyku bozuklukları]

15 year-old Adolescent with Kleine Levin Sendrome: A case report

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INTRODUCTION: Kleine-Levin syndrome (KLS), also known as "Sleeping Beauty Syndrome", is a rare parasomnia characterized by recurrent sleep attacks, compulsive eating and excessive sexuality, as well as behavioral or cognitive abnormalities. (1) In order to raise the awareness of clinicians, a 15-year-old girl case was discussed. Written consent was obtained from the patient and her family.

CASE PRESENTATION: A 15-year-old female patient presented to Ankara Bilkent City Hospital Child and Adolescent Psychiatry outpatient clinic approximately 1 year ago with a complaint of excessive sleepiness. She reported that her symptoms commenced following a severe infection about 1 month earlier. During this period, she experienced sleepiness lasting around 10 days, waking only to eat and use the restroom. Subsequent to escalating complaints, she was admitted to our clinic for a comprehensive evaluation and differential diagnosis. Based on the anamnesis and examination, preliminary diagnoses of Klein Levin Syndrome and acute psychosis were considered. Upon mental state examination in our clinic, a decrease in the patient's self-care, generally unresponsive behavior to questions, and reduced eye contact were observed. The patient reported audio-visual hallucinations, and psychomotor activity was diminished. Risperidone treatment was initiated for her psychotic symptoms. Further investigations, including blood tests, EEG, and MRI, were planned. The patient's complaints of meaningless speech and auditory hallucinations decreased during her stay, leading to her discharge with an outpatient clinic check-up recommendation.

Upon regular follow-up visits, the patient reported persisting complaints of sleep attacks, preventing her from attending school. She also described issues with overeating, irritability, unpleasant smells, nail biting, and sexual inquiries. No psychotic symptoms were reported. Antipsychotic treatment was discontinued, and the patient was instructed to maintain a sleep diary, documenting sleep patterns, eating behavior, and behavioral and emotional changes. During subsequent outpatient clinic evaluations, the patient, while appearing drowsy, encountered difficulty in sustaining the interview, often falling asleep and struggling to answer questions. During such an episode, a pediatric neurology consultation was sought. Sleep, wakefulness EEG, MRI results were reported as normal, leading to a clinical diagnosis of Klein Levin Syndrome. Methylphenidate treatment was initiated, resulting in the cessation of sleep attacks. However, binge eating and irritability persisted during specific monthly periods. Despite these symptoms, the patient successfully resumed her school activities.

CONCLUSION: Klein Levin Syndrome is a rare disease with unknown etiopathogenesis. (1) Possible etiologies include trauma, toxins, infection, autoimmunity, although a clear etiology has not been demonstrated [3]. It mostly affects adolescent [1] Although the diagnosis of Kleine-Levin syndrome is difficult, it is a clinical diagnosis of exclusion that requires the exclusion of other disease processes. [2] The diagnosis relies on the triad of excessive sleepines, hiperphagia, hypersexuality, following the exclusion of metabolic, nerological and psychiatric causes. There is no definitive treatment for Kleine-Levin syndrome [2] Supportive care and symptomatic relief are key components of the treatment plan.KLS can frequently be mistaken for other psychiatric disorders. It is thought that it is important for clinicians not to skip clinically investigating this diagnosis in patients presenting with sleep problems while regulating the diagnosis and treatment of the patient.

Keywords: Kleine levin syndrome,psychosis,sleepiness,sleeping disorders,methylphenidate

[Abstract:0182] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Coming Out of the Cocoon: Multimodal Treatment of Attenuated Psychosis Syndrome in Adolescent Patient

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INTRODUCTION: Despite the advances in the treatment methods, psychotic disorders still remain to have poor outcome and high disability rates. Hence for the past few years, identifying the early signs of psychosis and preventing development of full psychotic disorder have been an important subject in psychiatry. It is known that psychotic disorders are generally preceded by a prodromal or Ultra High Risk (UHR) state. Attenuated Psychosis Syndrome (APS), which is included in Conditions For Further Study in DSM-5, is one of the three UHR states that has been defined in literature. Transition to psychosis is seen in approximately 34% of the cases with prodromal state. Therefore, detection and treatment of at-risk population can significantly reduce conversion to full-blown psychotic episode.

CASE PRESENTATION: Informed consent was obtained from the patient's guardian for the case report. A 17- year-7-month-old male patient came to our clinic with complaints of seeing people, hearing voices for past 2 years and a suicide attempt that took place 1 month ago at his school. He explained that his suicide attempt was a result of voices telling him to jump out of the window. He had an anxious affect during the interview and repetitively asked "What is my exact diagnosis? ". He had a moderate insight yet could carry out a clear coherent conversation with no evidence of disorganization of thoughts. He was diagnosed with APS and taking his symptoms into account treatment of risperidone 1 mg, sertraline 50 mg and alprazolam 2* 0.5 mg daily was gradually initiated. During the follow ups he started to elaborate on the people that he has been seeing. He referred them as "supremes"- religious figures that has been giving him directions. At the follow ups risperidone dosage was increased to 2*1 mg and sertraline 100 mg daily, whereas alprazolam therapy was ceased due to subdued anxiety symptoms of the patient. Moreover omega-3 fatty acid was added to the treatment which was shown to have benefit on at risk population in some researches. He was seen in short interval follow ups and in addition to medication regimen psychoeducation and supportive therapy was provided. With continued treatment, our patient developed a full insight and significant regression in symptoms was observed. He was no longer having hallucinations. At the end he described his change as "coming out of the cocoon" to express the improvement in his life quality. His follow-up still continues.

CONCLUSION: This case aims to bring attention to APS in adolescent population and to provide better understanding of its management. For a child and adolescent psychiatrist, it is always important to keep the possibility of APS in mind especially in adolescents. Even if there are some guidelines available for at risk population, there isn't any consensus concerning optimal treatment of APS. Different therapeutic approaches such as cognitive behavioral therapy, supportive counseling, pharmacotherapy and omega-3- fatty acid have shown to effective at some points without definitive outcome. Further researches on standard treatment modality is needed.

Keywords: High Risk, Psychosis, Adolescent

[Abstract:0184] [Erişkin Psikiyatri » Bağımlılıklar]

Denim Repair and Volatile Addiction: A Case Report

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INTRODUCTION: Inhalant abuse, the intentional misuse of volatile substances for their intoxicating effects is a growing public health concern. These substances, readily available in many everyday products like adhesives and cleaning fluids, easily vaporize at room temperature and can be inhaled to produce temporary euphoria and intoxication. However, prolonged or repeated use can lead to severe neurological and physical consequences. This case report presents the unique case of a 40-year-old woman who developed a solvent addiction after working in the denim repair department of a clothing store. It explores the potential link between exposure to solvents in the workplace and the development of inhalant abuse, highlighting the importance of awareness and preventive measures in such settings.

CASE PRESENTATION: Verbal and written consent was obtained from the patient for the poster presentation. The patient, with no prior history of substance abuse, worked in the denim repair department for two years. During this time, she was regularly exposed to various solvents used for adhesive and cleaning purposes. After leaving her job, she began purchasing the same solvent-containing adhesive online and inhaling it at home with increasing frequency (up to 10 times a day for 20 minutes each).She applied to the neurology clinic with complaints of dizziness, imbalance, and general weakness that had been ongoing for the last month. Neurological examinations revealed no underlying pathology, but her symptoms were attributed to potential solvent misuse. Despite discontinuing inhalation after the neurological consult, the patient continued to experience emotional distress, including depression and low motivation. A diagnosis of inhalant use disorder was established based on her clinical presentation and history.

CONCLUSION: This case raises concerns about the potential occupational hazards associated with exposure to solvents in workplaces like denim repair shops. While the exact mechanisms linking workplace exposure to inhalant abuse remain unclear, several factors might contribute. The readily available nature of solvents in such settings can increase the risk of experimentation and misuse, especially for individuals struggling with other challenges or vulnerabilities. Limited knowledge about the dangers of inhalant abuse among both employees and employers can hinder preventive measures and early intervention. Inadequate ventilation or prolonged exposure to high concentrations of solvents can increase the risk of adverse health effects and potential dependence.Based on this case, several recommendations can be made to prevent and address inhalant abuse in similar workplaces.Regular training programs and educational initiatives for both employees and employers can raise awareness about the risks of inhalant abuse and promote responsible handling of volatile substances.Implementing proper ventilation systems and establishing safe handling procedures for solvents can minimize exposure and reduce the risk of misuse.Providing access to employee assistance programs and mental health resources can offer support for individuals struggling with substance abuse or other challenges that might contribute to inhalant use. Regular monitoring of employee health and potential solvent exposure levels can help identify early signs of adverse effects and prevent complications. By implementing these recommendations and raising awareness about the potential dangers of inhalant abuse, we can create safer workplaces and protect individuals from the devastating consequences of solvent misuse.

Keywords: Addiction, solvent, inhalant abuse

[Abstract:0187] [Çocuk Psikiyatri » Dürtü kontrol bozuklukları]

Treatment of Behavioral Problems in an Institutionalized Patient with Mild Mental Retardation Using Multiple Medications: A Case Report

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INTRODUCTION: In scenarios where a child's well-rounded development is compromised due to factors like neglect, abuse, socio-economic limitations, divorce, parental loss, or inadequate parenting, institutional care becomes a safeguarding option for children and adolescents. Those in institutional settings often grapple with more complex life events, contributing to a heightened prevalence of psychiatric issues. Research indicates a higher incidence of psychopathology among institutionalized children compared to those residing with their families, encompassing behavioral, emotional regulation, depression, anxiety, attention deficits, hyperactivity, and oppositional behaviors. Managing psychiatric concerns in these children, where triggering factors are hard to eliminate, poses challenges and is associated with high treatment resistance.

CASE PRESENTATION: A male patient, 11 years old, was initially presented to our clinic by institution staff in October 2021, reporting restlessness, aggression, irritability, insistence, behavioral problems during group activities, and nocturnal enuresis. On admission, the patient received methylphenidate 27 + 10 mg/day, atomoxetine 25 mg/day, and risperidone 1 mg in the morning and 1.25 mg in the evening. Adjustments were made to address nocturnal enuresis and restlessness by shifting risperidone to the morning and adjusting methylphenidate to 36 + 10 mg/day. Discontinuation of atomoxetine led to a recurrence of symptoms, prompting an increase in methylphenidate to 54 + 10 mg/day. Subsequently, atomoxetine was reintroduced at 25 mg/day, methylphenidate was reduced to 36 + 10 mg/day, and the risperidone dose was increased to 4 mg/day, with olanzapine 2.5 mg/day added as needed. Despite these adjustments, persistent symptoms and reports of ongoing unhappiness led to changes in the treatment protocol. Atomoxetine and extended-release methylphenidate were discontinued, and sertraline 50 mg/day was added. Risperidone was reduced to 1 + 2 mg/day, and methylphenidate was reintroduced in an extended-release form at 30 mg/day. After approximately 9 months of treatment, the patient's symptoms escalated again, resulting in attempts to escape from both school and the institution, aggressive behaviors, and verbal abuse towards others. Adjustments included discontinuing and later readjusting sertraline, increasing risperidone to 4 mg/day, and modifying methylphenidate to 36 mg/day in an extended-release form. Aripiprazole 2x2.5 mg/day was added, showing temporary improvement. However, at the third-month control, symptoms recurred, leading to further adjustments, including reducing risperidone to 3 mg/day and increasing aripiprazole to 2x5 mg/day. In the subsequent month, lithium treatment was initiated at 1x1, later increased to 2x1. Approximately 9 months into this treatment, during the January 16, 2024, follow-up, institution staff reported no specific complaints. The patient demonstrated increased communication and expression without actively reporting any specific complaints.

CONCLUSION: Limited communication with parents of institutionalized children and inconsistent interactions continue to adversely impact their mental development. The high prevalence of mental retardation compounds communication challenges, resulting in delays in receiving necessary treatment. Achieving successful treatment in these children often involves a multifaceted approach using multiple medications at higher doses.

Keywords: institutional care, mental retardation, behavioral problems

[Abstract:0193] [Farmakoloji » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Genital Hair Growth with Methylphenidate in a Girl with Attention Deficit Hyperactivity Disorder

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INTRODUCTION: Some adverse effects of methylphenidate such as hypersexuality have been reported previously, however, to our knowledge, pubic hair growth with Methylphenidate treatment has not been reported in previous studies. In this presentation, we report a 7-year-9-month-old girl with genital hair growth caused by methylphenidate monotherapy.

CASE PRESENTATION: A 7-year-9-month-old girl with normal development has been admitted with complaints of inability to concentrate and hyperactivity. No pathological finding was detected in physical and neurological examination. Using clinical assessment based on DSM-5 and Conner's Family and Teacher Rating Scales (CFTR), the patient was diagnosed with ADHD. Osmotic release MPH (OROS-MPH) 18 mg/day was started to the patient. The severity of her hyperactivity and inattention symptoms and CFTR scores were significantly reduced with MPH monotherapy (Clinical Global Impression Scale (CGI)-Improvement = 3). After the treatment, the patient described pubescence in the genital area and pain in the nipple (CGI-Side Effect Severity=4, Tanner's breast development=1). Tanner's staging for the pubic hair stage was 2. Her detailed history revealed that she did not have any hair growth in the genital area before the medicine, she did not describe pain in the nipple, and puberty had not started yet. The total score of "Naranjo Adverse Drug Reaction Probability Scale" was determined as 6 points which indicates "possible drug side effects". The patient was consulted by Pediatric Endocrinology and Gynecology clinics and no pathological findings were found in the examinations, laboratory and USG-based evaluations. Hair growth in the genital area and pain in the nipple were considered to be drug-related. OROS-MPH treatment was discontinued and followed for 2 months without medication. Hair in the genital area remained the same, no increase was observed (Tanner's pubic hair stage 2) and the pain in the nipple disappeared. After 2 months, atomoxetine 10 mg/g was started due to the severe ADHD symptoms of the patient, however, it was stopped because of side effects (i.e. numbness). No increase in pubic hair or nipple pain was reported during the use of atomoxetine (Tanner pubic hair growth stage 2).

CONCLUSION: Short-acting methylphenidate was started at a dose of 10 mg/g due to severe ADHD symptoms after 2 weeks of drug-free follow-up (CGI Impression Scale-Severity =5). Short-acting methylphenidate was stopped after a short time due to the increase in pubic hair (Tanner pubic hair stage 3), darkening of hair color, and nipple pain (CGI-Side Effect Severity,=4, Tanner breast development universe 1). The patient's symptoms did not worsen after the drug was stopped, the pubic hair growth remained at the same level, and the pain in the nipple disappeared.

Keywords: Attention Deficit Hyperactivity Disorder, Methylphenidate, Puberty

[Abstract:0197] [Çocuk Psikiyatri » Yeme bozuklukları]

A Case of Anorexia Nervosa in a 14-Year-Old Person with 45 kg Weight Loss, Resistant Refusal to Eat, and Deterioration in General Medical Condition and Its Treatment Approach

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INTRODUCTION: Anorexia Nervosa, though a psychiatric disorder actually it is the most fatal of all of the psychiatric disorders, with mortality rates 5.86 times higher than the general population. [1]

CASE PRESENTATION: The complaints of a 14-year-old girl patient started 1.5 years ago with calorie monitoring, restricted eating, exercise and only liquid nutrition after peer bullying. There was no binge eating or vomiting. Afterwards, confirmation, repetition and religious obsessions about eating began. The patient, who was evaluated at the child psychiatry outpatient clinic, was started on Sertraline 50 mg/day, but when he did not see any benefit from 100 mg/day, he was switched to Fluoxetine and the dose was increased to 60 mg/day. Olanzapine was also recommended but he did not use it. One week before his referral, the child was admitted to the gastroenterology service due to poor general condition and Fluvoxamine 100 mg/day was started. The patient, who lost 45 kg in 18 months and dropped to 36 kg, was referred to us due to the need for hospitalization. The patient was monitored, and bradycardia and VES of up to 35 beats per minute were observed at night. It was thought that the 5 mm pericardial effusion detected at the heart apex was secondary to the disease. It was planned to monitor 24 hours a day, monitor daily electrolytes, ECG, orthostatic hypotension, weighing in terms of refeeding syndrome, start calcium, thiamine, phosphate, 750 kcal/day enteral products, and limit daily fluid intake to 2000 cc.

Because he refused to consume food, he was fed with a nasogastric tube for 3 days. Fluvoxamine was stopped and Fluoxetine 20 mg/day was started. Olanzapine 10 mg/day and Lorazepam 3x1mg before meals were added. He started taking oral food on the 5th day. Fluoxetine was increased to 30, 40, 60 mg/day and Olanzapine to 15 mg/day, respectively, and an increase in obsession severity was observed. At the end of the 2nd month, Lorazepam was stopped due to treatment compliance, and Olanzapine was stopped due to excessive appetite and increased obsessions. In the 10th week, elevated mood, excessive talking and hyperactivity were detected in the patient. Hypomanic shift was considered and Fluoxetine was reduced to 40mg/day. Subsequently, its elevation regressed. The patient, who adhered to his diet, successfully completed the trial of eating outside, complied with the treatment, and whose obsessions receded, weighed 49 kg on the 81st day of his hospitalization; He was discharged with fluoxetine 40mg/day treatment.

CONCLUSION: It was thought that olanzapine could be used to increase appetite in cases of food refusal, but it should be monitored for increased appetite and discontinued when the target weight is reached. Obsession severity should be monitored in patients with comorbid OCD while using olanzapine. Although the use of olanzapine was beneficial, the fact that our patient did not comply with this treatment before admission supports the necessity of hospitalized treatment. Since anorexia nervosa is a mortal disease, hospitalization is important in its treatment. It requires a multidisciplinary approach and close monitoring of the general medical condition.

Keywords: anorexia, effusion, lorazepam, olanzapine, pericardial, resistant

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[Abstract:0217] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Internet Gaming Disorder and Behavioral Problems in an Adolescent with 15q11.2 Microdeletion Syndrome

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INTRODUCTION: Internet Gaming Disorder is characterized by persistently engaging in gaming activities, preoccupation with games, neglecting daily routines, experiencing negative impacts on academic, social, and family life, continuing to play games despite adverse consequences, reacting when unable to play, conflicts, and exhibiting withdrawal symptoms when unable to play. This paper presents a case study involving a 16-year-old male patient diagnosed with 15q11.2 microdeletion syndrome, who sought treatment at the Child and Adolescent Psychiatry Clinic for issues related to game addiction, emotional and behavioral problems.

CASE PRESENTATION: In July 2022, a 16-year-old obese male presented with a 4-year history of computer game addiction. The addiction manifested as anger and aggression when access was restricted, social withdrawal, and a decline in self-care. In a mental status examination, there was a clinically dull impression in terms of intelligence. There was a decrease in affective responsiveness, as well as a reduction in the amount and speed of speech. The patient was admitted for inpatient treatment due to gaming addiction and aggression. Consultation with pediatric neurology ruled out medical pathology through MRI and EEG examinations. However, further investigations by the metabolism and genetics departments identified a 15q11.2 microdeletion. Treatment with Fluoxetine (40 mg/day) and Risperidone (3 mg/day) addressed aggressive behaviors and social withdrawal, leading to improved functionality. The patient was discharged with the same treatment plan; during follow-ups, a decrease in anger, aggression, social withdrawal, and an increase in self-care were observed.

CONCLUSION: A 15q11.2 microdeletion refers to the absence of a small piece of genetic material on the long arm of chromosome 15, resulting in a range of features including developmental delays, motor and language delays, behavioral and emotional problems, attention deficit disorders, and autism spectrum disorder. Some individuals may also exhibit birth defects and seizures. The inheritance of this deletion can occur randomly or be inherited from a parent. Treatment approaches vary based on individual symptoms. Current literature and database searches highlight this deletion as an uncertain copy number variation (CNV) with unknown clinical significance. Further clinical assessment is essential to comprehend its impact on the patient's health and symptoms, allowing for appropriate treatment and management strategies.

Keywords: Internet Gaming Disorder, Behavioral Problems, 15q11.2 Microdeletion Syndrome

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[Abstract:0222] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

New-Onset Psychosis with Catatonia: A Case Report

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INTRODUCTION: Catatonia is a syndrome characterized by motor activity, speech, and behavior changes. Catatonia has been associated with several mental illness disorders but has also presented as a result of other medical conditions. Schizophrenia is seen in 50% of patients with catatonia symptoms, but 15-30% of patients diagnosed with schizophrenia are accompanied by catatonia. However, cases of new-onset psychosis with catatonia have not been mentioned much in the literature.

CASE PRESENTATION: A 17-year-old female patient was admitted to the emergency room due to her impulsive suicide attempt and aggressive behavior and statements towards her siblings the day before. The patient, who refused oral treatment in the emergency room, was administered IM Haloperidol 5 mg and Biperiden 5 mg and was referred to us for hospitalization.

In the mental status examination performed upon admission, her self-care had decreased. The rate and amount of speech increased. Her mood was dysphoric and her affect was variable. Religious themes dominated the content of thought She was easily distracted. She had little insight into her disorder.

There was psychomotor agitation. Routine biochemistry and urine tests were normal, and no psychoactive substance was detected in the urine. She had suicidal thoughts. Over the hours, her interaction gradually decreased and she stopped answering questions. She stood in fixed positions on her tiptoes and changed her posture to standing or sitting in about 90 minutes. She was unresponsive to verbal communication. On the second day of hospitalization, the patient suffered from stupor, catalepsy, mutism, and mannerism. Neurological examination, brain MRI, routine, and sleep EEG results were found to be normal. With the preliminary diagnosis of catatonia, her treatment was adjusted to Lorazepam 2 mg/day.

The patient's catatonia started to regress on the 3rd day of hospitalization, and during the interview, her eyes were mostly closed and her affect was limited. When she sat down, she fell asleep. She started talking about her somatic and persecutory delusions. Risperidone 4 mg/day was gradually added to the treatment, and her affective involvement increased day by day. In the interviews, she continued to have grandiose, persecutory, reference, nihilistic delusions, auditory hallucinations, as well as disorganized associations, and disorganized behavior like incontinence. The patient, who stayed in our service for 29 days, was discharged with the diagnosis of “Non-Organic Psychosis" During the patient's weekly follow-up, psychotic findings disappeared 2 weeks after discharge.

CONCLUSION: Catatonia occurs infrequently in adolescents (0.6% of the inpatient population). This situation paves the way for possible delays in diagnosis and treatment. However early treatment of catatonia can reduce the risk of patients developing complications. Despite the fact that there are some clinical works on this topic, the area is wide open for further research.

Keywords: catatonia, catatonia in inpatient clinic, new onset psychosis

[Abstract:0244] [Çocuk Psikiyatri » Psikofarmakoloji]

Treatment of Nocturnal Trichotillomania with Low Dose Aripiprazole

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INTRODUCTION: Trichotillomania (TTM) is a psychiatric disorder characterized by repetitive hair-pulling leading to noticeable hair loss. It has been observed that some children not only engage in hair pulling while awake but also during sleep. The behavior of pulling body hairs during sleep, even when the event is not remembered while awake, is defined as Sleep-Related Trichotillomania.
There are reported cases in the literature where trichotillomania has been treated with the atypical antipsychotic agent aripiprazole. However, as far as we know, there is no information regarding the treatment of TTM specifically during sleep. In this case report, we will present a case of trichotillomania characterized by nighttime hair pulling, and we will outline the treatment process of this case with a low dose of aripiprazole.

CASE PRESENTATION: An 8-year-old female patient was brought to our clinic by her family with a complaint of hair pulling. According to the history obtained from the parents, this behavior has been present since the age of 2. It was reported that the patient's hair-pulling behavior occurs only during sleep at night, is limited to the scalp, does not occur during the day, and does not involve other areas. During the systemic examination of the patient, alopecic areas were observed on the scalp. It was noted that the current clinical picture impairs the patient's functionality (Clinical Global Impression Scale-Severity (CGI-S): 6). As a result of the examination and evaluations, no organic pathology was detected and a diagnosis of trichotillomania was made. Previously, in studies/case reports where fluoxetine treatment was considered beneficial in trichotillomania, the treatment was initiated at a dose of 15 mg/day. When the patient returned for a follow-up after 2 months, it was revealed that she had been regularly using the medication at the prescribed doses. However, she reported no improvement in her symptoms, no reduction in the current complaints, and no side effects (Clinical Global Impression Scale-Severity (CGI-S): 6, CGI-Improvement (CGI-I): 4, CGI-Efficacy (CGI-E): 1). Due to the lack of benefit, fluoxetine treatment was discontinued, and aripiprazole treatment was initiated at a dose of 1.5 mg/day.
During the follow-up examination after 2 months of aripiprazole treatment, it was found that the patient was using the medication regularly at the recommended dose, experienced no side effects, and nighttime hair pulling had significantly decreased (CGI-S: 3, CGI-I: 2, CGI-E: 1). In the course of follow-up, the patient voluntarily discontinued the treatment and the hair-pulling behavior -which occurred only at night- resumed (CGI-S: 4, CGI-I: 5). After stopping the treatment, aripiprazole 1.5 mg/day was planned to be restarted, but the patient refused medication treatment of her own accord.

CONCLUSION: Through this case report, we report that the symptoms of Trichotillomania (TTM) may manifest exclusively at night, diverging from the usual course of the disorder. We emphasize that the absence of any findings during the day should not steer the clinician away from considering a TTM diagnosis. Lastly, we suggest that low-dose aripiprazole treatment can be utilized as a safe and effective agent in cases of TTM.

Keywords: antipsychotic, aripiprazole, trichotillomania

[Abstract:0259] [Çocuk Psikiyatri » Psikofarmakoloji]

Management of Destructive Behaviour in an Overweight Patient with Guanfacine: a Case Report

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INTRODUCTION: Children with autism spectrum disorder (ASD) often present with destructive behaviours. Besides behavioural interventions, medication is needed to decrease the intensity of symptoms before any behavioural intervention can be applied. Risperidone and aripiprazole have Food and Drug Administration (FDA) approval for aggressive behaviour and irritability in children with ASD. Still, due to excessive weight gain and metabolic side effects in the long term, the clinician must be careful while prescribing them1.
Guanfacine XR is a selective α-2A adrenergic receptor agonist, which is a non-stimulant medication in the treatment of children with attention deficit hyperactivity disorder (ADHD) and destructive behavior2. Common side effects may include sedation, headache, and nausea, as well as hypotension and bradycardia. Even though second-generation antipsychotics are the most common medications for aggression and destructive behaviours, extended-release guanfacine was also found safe and effective for reducing hyperactivity, impulsiveness, and distractibility in children with ASD3.

CASE PRESENTATION: A 17-year-old male patient, diagnosed with epilepsy and atypic autism when he was 3 years old, was referred to our clinic for impulsiveness, tantrums, and destructive behaviour of aggression toward others (kicking, punching, yelling). He had difficulties concentrating during school time as well as doing homework at home with his parents, with the disagreements causing an uprise of his destructive behavior both at school and home.
There was no other psychiatric comorbidity except attention deficit hyperactivity disorder existing at the time of assessment.
He had limited speech, and his intellectual ability couldn't be assessed due to lack of his adaptive skills.
His epilepsy treatment is still in progress in child neurology department with sulthiame, rufinamide and topiramate.
He was 110 kilograms with a height of 180 centimeters, resulting in a BMI of 34 kg/m2 (obese). Due to his weight, use of risperidone and aripiprazole were out of treatment plan. Because of the risk of increased irritability and destructive behaviour, methylphenidate was also not considered for the treatment.

Initially, the patient was prescribed on extended-release guanfacine (guanfacine XR) with a dose of 1 mg in the evening. After two weeks, the patient's complaints were continuing that the dose was increased to 2 mg/day. This increased dose resulted in improvement in his concentration at school, but he was still having tantrums and displaying destructive behaviour towards his parents at home. Due to the remaining symptoms, the dose was increased to 3 mg/day. After two weeks, his destructive behaviours were mostly under control without any side effects. His follow-up meetings continue with the patient being well in the last 2 months, without any weight gain.

CONCLUSION: In this case report, it was concluded that the use of guanfacine may be a safe and effective option in the treatment of impulsivity and disruptive behaviours in a patient diagnosed with ASD since the side effect of weight gain is less than antipsychotics.
Written informed consent was obtained from the patient's family to publish this case report.
No financial interests and relationships to disclose.

Keywords: ADHD, autism spectrum disorders, guanfacine

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[Abstract:0266] [Çocuk Psikiyatri » Anksiyete bozuklukları]

An Interesting Case of Injury Phobia Managed with A Combination of Fluoxetine and Cognitive Behavioural Therapy Techniques

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INTRODUCTION: Blood-injection-injury (BII) phobia is one of the least well-understood subtypes of specific phobia. The disorder is characterized by fear and avoidance of seeing blood, an injury, receiving an injection, or other invasive medical procedure. This disorder is associated with a complex clinical presentation. It is believed that BII phobia differs from other phobias in that it shows different physiological reactions, such as fainting. Here, we aim to present an adolescent with an interesting specific phobia and its management with fluoxetine and cognitive behavioural therapy (CBT) techniques.

CASE PRESENTATION: This case report describes a 13-year-old girl who experienced symptoms of dizziness and fainting while cleaning her genital hair. She also feel pallor, sweating, nausea, dizzy, weak and palpitations during conversations about removing unwanted hair from the genital area. When questioned for differential diagnosis, there was no history of sexual abuse. She had socially anxious features but not at a level to meet the diagnostic criteria for social anxiety disorder. She disliked the sight of blood, but it was not at a level that would impair her functionality. She did not have any difficulty in situations such as being ınjury, having blood drawn or being vaccinated. She had no difficulty in removing unwanted hair from other parts of her body. The diagnosis of specific phobia according to the DSM-5 was confirmed based on psychopathological assessment. No other comorbid psychiatric disorders were detected. Prior to the treatment, revised children's anxiety and depression scale-child version (RCADS-Child) and clinical global impression scale (CGI) were used for psychometric evaluation. RCADS-Child total anxiety, total anxiety and depression subscale scores were 44 and 55, respectively. CGI disease severity score was 6. Initially, a treatment plan was developed utilizing CBT techniques. A psychoeducation about specific phobia, including etiopathogenesis and maintenance mechanisms, was conducted, and the cycle of emotion-thought-behavior (ETB) was explained on examples. The gradual exposure method was discussed and the behavioral experiments were hierarchized according to the level of difficulty. The hierarchical order was determined as follows: Imagination, watching a technical video, clipping a small area of hair with scissors or depilatory cream, gradually increasing the area treated, and finally removing the hair completely. During the follow-up period, it was observed that there was no change in symptom severity and she had difficulty in performing behavioral experiments, Her treatment was supplemented with 20 mg of fluoxetine per day to address her elevated anxiety levels during exposure tasks. The patient demonstrated enhanced adherence with exposure tasks following to medication administration. Fifteen interviews were conducted in total. Upon completion of the 16-month follow-up, the patient's treatment had been effectively concluded.

CONCLUSION: The characteristics of the phobia indicate a connection to the fear of being injured. Given that symptoms of dizziness and fainting are also present, it is hypothesized that this case may represent a subtype of BII phobia. This case study contributes to the current limited literature on this specific phobia and emphasizes the importance of using CBT strategies tailored to the individual characteristics of the patient.

Keywords: blood-injection-injury phobia, specific phobia, fluoxetine, cognitive behavioural therapy, case report

[Abstract:0268] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Quetiapine For the Treatment of Bruxism in an Adolescent Girl with Autism Spectrum Disorder

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INTRODUCTION: Bruxism is defined as an oral movement characterized by grinding or clenching the teeth and can be either diurnal or nocturnal. Additionally, bruxism may be audible (when teeth are grinding) or inaudible (when teeth are clenched). Chronic bruxing often leads to abnormal wear on teeth, damaged bone and gum structures, oral–facial pain, headaches, tooth sensitivity, and potentially tooth loss. Masticatory motor activity is controlled by dopaminergic neurons of the mesocortical tract. 5-HT1 and 5-HT3 receptor agonists facilitate dopamine release while agonists on 5- HT2 receptors inhibit dopamine release. Moreover, 5-HT2 blockade would theoretically result in less inhibition of the dopaminergic neurons and, hence, less interference with mesocortical tract dopamine release. Quetiapine is a dibenzothiazepine with more potent 5-HT2 than D2 receptor-blocking properties.

CASE PRESENTATION: Sixteen-year-old female patient with autism spectrum disorder was admitted to our clinic in November 2023 due to diurnal bruxism. She was diagnosed with autism at the age of 3 years. She was nonverbal and had limited eye contact. She used to grind her teeth since she was 10 years old. Her mother noticed that her teeth were damaged and she decided to admit the patient at first to a dentist for grinding and clenching her teeth. The patient was then referred by the dentist to our clinic. She wasn't on any medication. After a thorough psychiatric assessment she was started on quetiapine extended release 150 mg/day. One month later, her grinding resolved completely. The same treatment regimen is being continued as of the 3rd month of the treatment. A gradual slow tapering of the dosage is planned in the upcoming follow-up visits.

CONCLUSION: Although data are limited, bruxism appears to be more common in individuals with developmental disabilities, particularly severe intellectual disability, autism spectrum disorder and Down syndrome, than in other populations. In view of the negative impact and high prevalence of bruxism in populations with developmental disabilities, assessment and treatment is likely to be a high priority for affected individuals. Quetiapine may be an option for the treatment of bruxism.

Keywords: autism spectrum disorder, bruxism, quetiapine

[Abstract:0281] [Erişkin Psikiyatri » Psikofarmakoloji]

Regorafenib-Induced Hallucination in A Patient Diagnosed with Depression

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Kocaeli Şehir Hastanesi

INTRODUCTION: Substance/drug-induced psychotic disorder is a disease characterized by delusions and/or hallucinations that occur during or shortly after intoxication or withdrawal from the substance or after taking a drug.To make this diagnosis, delirium must be excluded in the patient.Additionally, the disease must be distinguished from primary psychosis.Commonly used drugs such as steroids, antiepileptics, antimalarials and antiretroviral drugs have been associated with the emergence of psychotic symptoms.Among the psychotic symptoms caused by the drug, persecutory delusions and auditory hallucinations are the most common.Regorefanib is a tyrosine kinase inhibitor that received FDA approval in 2012 for the treatment of metastatic colorectal cancer.There are publications that find tyrosine kinase inhibitors to be associated with psychiatric symptoms such as anxiety symptoms, behavioral problems, confusion, sleep disorders, hallucinations and delusions.To our knowledge, there is no report in the literature about auditory hallucinations developing with the use of regorafenib.

CASE PRESENTATION: A 25-year-old female patient was diagnosed with osteosarcoma at the age of 12.She received chemotherapy treatment and had her right leg amputated in September 2023.It was detected that she had lung metastasis in December 2023.After the amputation surgery and the discovery of lung metastases, the patient's depressive symptoms increased.The patient's oncological treatment was changed to regorafenib 120 mg/d 2 months ago.On 17.02.2024, she was admitted to the emergency room after she made a parasuicidal attempt.As she became agitated in the emergency room, she was admitted to the psychiatric ward for follow-up and treatment.It was learned from the patient and his mother that she had complaints such as absent-mindedness, confusion, loss of appetite, fatigue, weakness, nausea and vomiting recently.The patient had recently started having auditory hallucinations of people talking to her and telling her what to do.Auditory hallucinations were sometimes accompanied by visual hallucinations.The patient was started on duloxetine 30 mg/d and olanzapine 2.5 mg/d.Blood tests performed on the first day in the service showed phosphorus: 0.9 mg/dl and potassium 2.8 mmol/L.Replacement treatment was planned in consultation with the internal medicine department.The oncology department reported that there might be electrolyte disturbance caused by regorafenib and recommended taking a break from the medication.After the patient's regorafenib treatment was discontinued and potassium replacement was administered, it was observed that the auditory hallucinations disappeared and other physical symptoms decreased.She had no suicidal thoughts and was discharged.

CONCLUSION: Diarrhea, fatigue, hypertension, hand-foot skin reaction and anemia are frequently reported side effects with regorafenib treatment.However, no research or case report reporting auditory hallucinations has been found. In a study evaluating the neurological and psychiatric side effects of tyrosine kinase inhibitors, no hallucinations or delusions were reported with regorafenib.Pazopanib is a multi-target receptor tyrosine kinase inhibitor that binds to c-Kit, FGFR, PDGFR and VEGFR receptors, used in the treatment of renal cell carcinoma and hallucinations have been reported with the use of pazopanib.Regorafenib blocks receptors similar to pazopanib, such as VEGFR1/3, PDGFR, FGFR and c-kit, but its neurotoxic side effects are rare.The use of tyrosine kinase inhibitors is increasing, but their psychiatric effects and mechanisms are still unclear and case reports are guiding in this field.
Keywords: drug induced psychosis, hallucination, psychosis, regorafenib, tyrosine kinase inhibitors.

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[Abstract:0284] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Psychotic Symptoms Associated with Methylphenidate Use in a 13-Year-Old Male Patient with ADHD

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INTRODUCTION: Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood, with an estimated global prevalence of 5.9%–7.1% among children and adolescents (1). Methylphenidate (MPH), a central nervous system stimulant, is commonly used for pharmacological treatment of adults and children with ADHD (2). MPH acts as an indirect dopamine agonist by increasing the extracellular concentration of neurotransmitters in the prefrontal cortex (3). Increased concentrations of synaptic dopamine have also been implicated in the generation of psychotic symptoms (4). Indeed, clinicians may consider the pharmacological mechanism of central stimulant medications as capable of inducing psychotic symptoms and disorders, despite the lack of understanding of the underlying neurobiological processes. This case presentation addresses the development of psychotic symptoms in a 13-year-old patient receiving MPH treatment for ADHD. Written informed consents were obtained from the patient's legally authorized representative for this case report.

CASE PRESENTATION: A 13-year-old male patient presented to our clinic with psychotic symptoms while he was on 36 mg/day methylphenidate and 0.5 mg/day risperidone with established diagnoses of ADHD and Conduct Disorder since 11 years old. The patient has benefited from this treatment by improving his concentration, aggressive behavior and impulsivity. One month before the presentation with psychotic symptoms, the dose of MPH was increased from 27 mg/day to 36 mg/day due to partial response. During this treatment, psychotic symptoms emerged, including thought broadcasting, paranoid delusions and behavioral changes. The patient’s mother revealed that, he engages in self-talk, spends long periods of time alone, and had not attended school for a while. No family history of psychotic or mood disorders were noted. The mental state examination revealed that the patient had mild anxiety, a blunted affect, suspicious attitude towards the clinician and a decreased speech amount and content. He expressed a belief that others could hear his thoughts. He also had paranoid delusions involving his friends. The patient appeared to halt and lose his focus during the interviews, possibly due to auditory hallucinations. Judgment, reliability, and insight were impaired. In consultation with pediatric neurology, medical causes of first episode psychosis were ruled out by obtaining normal brain MRI, normal EEG and biochemical tests. We discontinued the MPH treatment and increased the dose of risperidone to 1 mg/day. The patient’s symptoms regressed upon drug cessation and the dose increase of risperidone. In further follow-up, the patient has shown significant improvement for his psychotic symptoms over four weeks.

CONCLUSION: This case highlights the rare side effect of psychotic symptoms associated with MPH use in the treatment of ADHD. Significant improvement was achieved through removal of MPH. Currently, it is not possible to accurately predict which patients may experience psychotic episodes following stimulant treatment. However, clinicians should remain vigilant and attentive to the development of any psychotic symptoms and consider the family history of mental illness during the management. Therefore, long term prognosis of this patient is unclear and close follow-up for development of scizophrenia is crucial.

Keywords: Adolescent, ADHD, Methylphenidate, Psychosis

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[Abstract:0285] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Diagnosis And Management of A Case Of Post Traumatic Stress Disorder-Dissociative Subtype, Which is A Combination of Attachment Problems, Suggestibility, and Traumatic Experience

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INTRODUCTION: The dissociative subtype (PTSD-D) of post-traumatic stress disorder (PTSD) was first included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and in clinical practice it has been reported that it is characterized by depersonalization and/or derealization symptoms in addition to post-traumatic stress disorder symptoms (1,2). Dissociation is a phenomenon that still continues to be discussed on its normative-pathological forms, developmental course, and relationship with trauma (3).

Imaginary friends have been reported that the experience of imaginary friends may increase the risk for the development of pathological dissociation in the presence of trauma (6).

CASE PRESENTATION: An eleven-year-old girl states with departure history and when she wanted to tell her mother about the incident, but when her mother told her that she had a job at that time, she gave up telling it, and the judicial process started when she told her friend one year after the incident. During this period, a character started to come to her and chat with her. She was brought to treatment after she cut her hair to look like her "imaginary friend" and inflicted a wound on her back with a pen. It was learnt that she had a different “imaginary friend” in the second grade of primary school, that this friend helped with her lessons, but after the fourth grade of primary school, she no longer saw her. Family history reveals that they moved frequently, there was an earthquake in the place where they lived when she was 3.5 years old and they had to move, they were exposed to terrorist acts when she was 4 years old. The mother has been receiving escitalopram 10 mg/day since then due to her chronic depressive complaints.

In psychometric evaluations, Child Depression (CDI), Child and Adolescent Post-Traumatic Stress Response Scale (CETSSTS), and Adolescent Dissociative Experiences Scale (EDSS); 35, 72 (severe PTSD symptoms) and 27.14 points were obtained, respectively. As a result of the history, examination and tests, it was thought that the patient could meet the criteria for PTSD-D. 4 Sessions of PTSD focused CBT was applied. Risperidone 0.5 mg/day treatment was started for the complaints of irritability and insomnia, after discussing the positive and negative aspects of the “imaginary friend”and their similar and different characteristics. At the interview held 5 months later, the CDI, CETSSTS and EDSS scores were found to be 9, 39 and 10, respectively.

CONCLUSION: In the context of this case, although the traumatic experience of the young person seems to be a predisposing factor for the dissociative subtype of trauma-related stress disorder, it is important to question in detail other etiological factors such as family environment, care and attachment characteristics, and defense systems of the case from early childhood in such cases. In this study, it was aimed to emphasize the importance of considering the prognosis in the process.

Keywords: dissosiation, trauma, posttraumatic stress disorder, child

[Abstract:0291] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Maternal Bipolar Disorder in A Child with Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder: The Importance of Parental Psychopathology

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INTRODUCTION: Maternal bipolar disorder (BD) is associated with a higher risk of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) in offspring. Diagnosis of BD in parents constitutes a risk for their children to the development of psychopathology through genetic, epigenetic mechanisms, or environmental risk factors such as disruptions in caregiving, nonoptimal parenting, and insecure attachment. Effective management of maternal psychopathology has a positive impact on the psychopathology of their children. We present the case of a nine-year-old male who was diagnosed with ASD and ADHD and was followed up on in our clinic for four years. His mother had received a diagnosis of BD.

CASE PRESENTATION: The patient was diagnosed with ASD when he was 2.5 years old. The patient has been receiving individualized education programs since the age of 2.5. However, there is still no eye contact, no language development, lack of joint attention, and stereotyped motor movements. The patient's childhood autism rating total scale score is found 53. The patient was brought to our clinic at the age of 5 with complaints of hyperactivity, attention deficit, and non-compliance with education. The severity of these complaints has increased over time. The neurological and metabolic assessments of the patient concluded with normal findings. He was diagnosed with ASD and ADHD according to DSM-V. During follow-ups, various pharmacological agents such as aripiprazole, short-acting and long-acting methylphenidate, clonidine, guanfacine, and valproic acid have been used. These agents were discontinued due to side effects. The current treatment includes atomoxetine 35 mg/day, chlorpromazine 50 mg/day, and risperidone 3 mg/day. The patient’s weight is 23 kilograms. The patient's mother is 35 years old and was diagnosed with bipolar disorder at the age of 17. In 2014, she became pregnant, and her medications were discontinued under doctor supervision. During the 4th month of pregnancy, the mother was started on neurodol due to hypomanic symptoms, resulting in the regression of symptoms. Following childbirth, the mother was medication-free until the 8th month. Due to the emergence of hypomanic symptoms in the 8th month, breastfeeding was discontinued, and the mother was started on medication. The mother experienced a total of 4 hospitalizations due to manic episodes. An increase in the patient's activity level, stereotypies, and behavioral issues was observed to coincide with the mother's increased hypomanic and manic symptoms. In periods following the mother's discharge, when social factors were more stable, it was observed that the patient was less hyperactive compared to the periods of the mother’s hospitalization. During the mother's hospitalization, information was obtained from his father.

CONCLUSION: Managing the mental health pathologies of parents is crucial in children diagnosed with ASD and ADHD. In this case, we observe the importance of parental psychopathology in the case management. It's important to note that having a parent who is diagnosed with bipolar disorder is a significant risk factor for developing neurodevelopmental disorders and can also exacerbate the severity of the patient's symptoms. Informed consent was obtained from the patient’s parents.

Keywords: attention deficit hyperactivity disorder, autism spectrum disorder, bipolar disorder

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[Abstract:0294] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

An Insight to The Neurodevelopment of a Patient with 4q35.2 Deletion: A Case Presentation

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INTRODUCTION: Isolated 4q35.2 deletion is a rare copy number variant with the correlation of genotype and phenotype hasn't been completely understood1. In this case report, we present a patient with 4q35.2 deletion who has mild mental retardation, attention deficit hyperactivity disorder (ADHD) and social anxiety. We aim to show an example of neurodevelopmental variety that patients with 4q35.2 deletion could have.

CASE PRESENTATION: A 10-year-old female patient, diagnosed with mild intellectual disability was referred to our clinic for tantrums, and aggression toward both herself and her mother. Her disruptive behaviors were only present at home, due to her wish of not going to school. When asked, she expressed her fear of talking as well as eating or drinking at school. She had been sitting on her seat without talking to any one of her peers. She was illiterate and had difficulties concentrating in class as well as doing homework at home with her mother. Due to her atypical triangular facial appearance and posture, she was consulted to Pediatric Genetics department. In her microarray analysis, a deletion of 874 kilobase (75 markers) was determined at 4q35.2 region, without any known gene found in OMIM. In physical examinations, she had protruded shoulders with rib hump on the left side. Her lateral chest radiograph indicated a Cobb angle of 62.5 degrees for kyphosis. Her parents weren't consanguineous marriage, and had no genetic disease. With the information gathered, she was diagnosed with ADHD and social anxiety disorder. Her intellectual ability was assessed as mild intellectual disability. Initially, for her disruptive behaviors, she was prescribed risperidone with a dose of 0.25 mg/day. In two-week intervals, due to her ongoing tantrums, the dose was titrated to 0.5 mg/day and 1 mg/day, respectively. In the follow-ups, her tantrums were under control, and she was more harmonious while studying with her mother; but she still had difficulty concentrating in class and didn't want to go to school. Fluoxetine with a dose of 10 mg/day was added to her treatment plan and titrated to a dose of 20 mg/day in two months. In her follow-ups, she started to have lunch at school and her relationship with her peers improved significantly. For her ADHD, she was prescribed methylphenidate immediate-release form of 5 mg/day. But after the first use, she had irritability and aggressive behaviors both against herself and her mother. Two weeks later, she was still irritable and methylphenidate treatment is stopped. With treatment plan of risperidone 1 mg/day and fluoxetine 20 mg/day, her tantrums and social anxiety disappeared, and symptoms of ADHD eased off. Her follow-ups and treatment continue with the patient being well without any side effects.

CONCLUSION: In this case report, a patient with 4q35.2 deletion is presented with neurodevelopmental disorders. This case report sets an example to the diversity of clinical presentations with this deletion. Further research would be beneficial for the genotype-phenotype understanding of this deletion.
Written informed consent was obtained from the patient's family to publish this case report. No financial interests and relationships to disclose.
Keywords: ADHD, genetic variation, neurodevelopmental disorder, social anxiety disorder.

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[Abstract:0295] [Erişkin Psikiyatri » Bağımlılıklar]

Venlafaxine Abuse in A Patient with MDMA Use Disorder

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INTRODUCTION: Venlafaxine is a phenylethylamine derivative that inhibits the reuptake of serotonin/5-HT;norepinephrine/NE;and to a lesser extent dopamine/DA.Although studies have reported that venlafaxine is not addictive,there are a limited number of case reports of addiction.At the same time,the intensity of withdrawal symptoms in long-term use is also known.In this presentation,we aimed to present a patient with a diagnosis of 3,4-methylenedioxymethamphetamine(MDMA) use disorder who was admitted to our hospital with high dose venlafaxine use due to similar effects.Verbal and written permission was obtained from the patient to publish this case report.

CASE PRESENTATION: A 39 year old male presented with the complaint of taking venlafaxine 900mg/day 2-3 days a week for about 1 month.He described effects such as happiness,increased energy,insomnia,increased amount of speech,sweating,palpitations lasting approximately 10-12 hours after drug intake.The patient stated that he replaced MDMA with venlafaxine by using high dose venlafaxine 2-3 days a week,then 150 mg/day for a while because the psychoactive effects decreased,and then high dose venlafaxine again.The patient's first substance use started with MDMA in 2017,and he only used 4-5 tablets on weekends because he was working.It was learned that he stopped MDMA use for 6 months with venlafaxine 150mg/day,aripiprazole 2.5mg/day,quetiapine 25 mg/day treatment prescribed after his psychiatry application in 2019 with depressive complaints by hiding his substance use and relapsed 2 months after stopping the treatment.During the process,he was admitted to outpatient follow-up with a diagnosis of venlafaxine use disorder.Mental status examination revealed no significant findings except for thoughts of guilt and regret related to drug abuse.In outpatient follow-up,venlafaxine was discontinued after 2 weeks by adding fluoxetine 20mg/day to his treatment since he could not tolerate withdrawal symptoms during venlafaxine dose reduction.Aripiprazole 5mg/day and mirtazapine 15mg/day were added,aripiprazole was increased up to 15mg/day in the process,mirtazapine was discontinued due to excessive sedation.Quetiapine XR 150mg/day was started for irritability during follow-up.Fluoxetine dose was gradually increased up to 60mg/day in the patient who did not describe craving but had increased depressive complaints.As MDMA craving resumed after 4 months and depressive symptoms persisted, paroxetine dose was gradually increased to 60mg/day by cross switching from fluoxetine to paroxetine.Due to the persistence of depressive complaints and the patient's search for psychoactive effects,bupropion 150mg/day was added as a reinforcing agent and the dose was increased to 300mg/day.The patient stated that he used paroxetine and bupropion 5-6 tablets due to MDMA craving and wanted to see MDMA-like effects in this way.Approximately 3 weeks after this event, he obtained venlafaxine with his own means and stated that he used 5-6 150mg/day tablets.The patient was informed about drug intoxication.The last treatment was organized as paroxetine 60mg/day,aripiprazole 15mg/day,bupropion 300mg/day,quetiapine XR 200mg/day.The patient is still being treated and followed up by us.

CONCLUSION: The effects of high dose venlafaxine (baby ecstasy) have been described in the literature as amphetamine/MDMA-like and associated with an increase in dopaminergic activity.Today,the use of stimulants has become increasingly widespread, and the misuse of any substance/drug other than known substances attracts attention every day.The limitation in medical treatment in this regard makes case management difficult.

Keywords: Addiction, MDMA, Venlafaxine

[Abstract:0311] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Traumatic Grief and Dissociative Psychosis: A Case Report

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INTRODUCTION: The concept of "grief", which Freud first mentioned, is a highly subjective experience. We can examine the concept of grief, which we can define as physical, emotional, behavioral and cognitive reactions, as normal, pathological and traumatic grief[1]. There are many factors that affect the grieving process, which have also been identified by Worden[2]. The individual who is trying to get used to a world without the deceased is now someone else. There is a high risk for the development of psychopathology, especially in traumatic losses, because the person's coping mechanisms and perception of the world are significantly damaged[3]. In this study, a female patient who experienced dissociative psychosis after the loss of her 2-month-old baby will be examined.

CASE PRESENTATION: The patient, who is 44 years old, married, primary school graduate, housewife, and has no other children, started complaining of inability to sleep, loss of appetite, and seeing her child around after losing her baby. Thinking that she was going to jump from the balcony, her relatives brought the patient and the patient was admitted. It was learned that when the baby developed tachycardia in the 8th month, the baby was delivered urgently and the baby remained in the incubator for a while. After 1 month, it was learned that the baby became ill again and was hospitalized for a while, and shortly after discharge, the baby died and the patient did not leave the baby in her arms until the burial process.There was no pathologycal finding in the routine blood, EEG and brain MRI examinations of the patient, who had decreased self-care, affective dysphoria, visual hallucinations, and impaired ability to evaluate and judge reality. The treatment was arranged as haloperidol 10mg/day, biperiden 2mg/day, quetiapine 50mg/day. Due to side effects such as pain in the knees and difficulty in walking, her treatment was changed to quetiapine 75mg/day and alprazolam 1mg /day. The patient, whose symptoms regressed and accepted the death of her baby, was discharged.

CONCLUSION: Grief, which we cannot always consider as a disease, includes unfinished plans, dreams about the lost person[1]. Many models have been put forward regarding the stages of grief. The person in mourning can sometimes get stuck at some point in these stages. The dissociative symptoms that develop in our patient, who meets the 4 criteria put forward by Jacobs in the diagnosis of traumatic grief and denies the death of her baby, may actually be an effort to adapt to and overcome the loss of her baby[4][5]. Although an incriminating term such as hysterical neurosis has been removed, it is difficult to argue that the new classifications provide greater clarity to dissociative disorders. As seen in our case, there is a need for new classifications in this regard.

Keywords: dissociative disorders, grief, mourning, psychosis, trauma related comorbidity

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[Abstract:0321] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Valproate- Induced Diffuse Alopecia: A Case Report

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INTRODUCTION: Valproate, a valeric acid derivative from Valeriana officinalis, synthesized in 1881, became a leading global epilepsy treatment after its French introduction. Although valproate is recognised as an antiepileptic drug (AED), it has become an effective option in the treatment of many health problems.[1]Hair loss caused by drugs is divided into two according to which stage in the hair cycle it affects: Telogen Effluvium and Anagen Effluvium. Mechanisms of hair loss promotion by VPA include telogen effluvium and propensity of the patients to develop alopecia.[2] In this study, we aimed to discuss the clinical findings of the patient who developed widespread hair loss after valproate use in the light of literature results.

CASE PRESENTATION: A 44 year old married housewife, mother of 2 children, who had been followed up with bipolar disorder for 12 years, was brought to the psychiatry service by her relatives because of her recently decreasing need for sleep and especially because she had not slept for the last 2 days. The amount of speech increased in the last 2 days, she had spent a large amount of money and was busy with housework late at night. Routine blood, EEG and brain MRI examinations were performed. The results were normal. In the psychiatric evaluation of the patient, who was hospitalized with the diagnosis of bipolar disorder, manic episode without psychotic symptoms, it was observed that she had excessive talking, accelerated associations and pressured speech, increased psychomotor activity, elevated mood and affect. The patient was started on valproate 1000 mg/day and quetiapine 100 mg/day treatment, which were previously recommended but used irregularly. Drug doses were gradually increased. On the 15th day of her treatment, the patient complained of widespread hair loss. She was referred to a dermatologist for further confirmation. As haemogram, thyroid hormone profile, electrolytes and total testosterone were normal, symptoms of common conditions such as anaemia and hypothyroidism, which are often associated with diffuse hair loss, were excluded. In our patient, the blood valproate level was 93.2µg/ml. The patient's valproate medication dose was reduced. During outpatient follow-up, it was learned that the hair loss disappeared. Informed consent was obtained from the patient before the study.

CONCLUSION: The pathophysiology of hair loss involves various causes such as biotin, mineral deficiency and hyperandrogenism.[5]In this patient, based on the clinical presentation, other causes of hair loss were excluded. Hair loss with valproate is diffused, nonscarring, and dose related.[2]Recognition of cosmetically significant side effects on hair is necessary and neglect of which might result in poor compliance.[3] Starting with a low dose and progressive increase in the dosage is considered as a key strategy in counteracting valproate-induced hair loss.A double-blind concentration-response clinical trial of valproate monotherapy reported that alopecia occurred in 4% of patients in low plasma valproate group (25–50 µg/ml), compared to 28% of patients in high plasma valproate group (85–150 µg/ml).[4]Clinicians should be alert for the development of alopecia due to valproate, especially patients with high blood levels should be followed up more carefully.

Keywords: Adverse drug reaction, Alopecia, Hair loss, Psychodermatolog, Valproate

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[Abstract:0322] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Very Late-Onset Schizophrenia-Like Psychotic Disorder: A Case Report

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INTRODUCTION: Clinicians are often hesitant to diagnose psychosis in older adults. Given that delirium, dementia, and mood disorders are more common in later life, this reluctance is understandable(1). Late-onset psychosis refers to onset after the age of 40 and represents a complex interplay of neurobiological and clinical processes. If onset occurs after the age of 60, it is termed very-late-onset psychotic disorder(2). This condition, more frequently observed in women, often presents with paranoid delusions and auditory hallucinations(3). Information regarding the etiology, clinical presentation, and treatment of very-late-onset schizophrenia-like psychotic disorders is limited. This study aims to contribute to the literature by discussing a case of psychotic symptoms occurring very late in life, in line with existing research findings.

CASE PRESENTATION: Ms. A, a 62-year-old married woman and mother of three, presented to our psychiatric clinic with complaints of strange speech and behavior reported by her family. During the interview, she reported that about a month ago, a relative injected urine into an orange and fed it to her. She bit into the orange, tasted urine, unintentionally swallowed it, and attributed the act to her sister-in-law. She stated that she realized her sister-in-law had made the incision on the orange peel and began feeling unwell thereafter, experiencing inflammations in various parts of her body. Additionally, she claimed to perceive her sister-in-law's odor emanating from her stomach whenever she breathed. It was later discovered that about two years prior, she had experienced similar thoughts after consuming a cucumber in which she tasted urine. During the mental status examination, she maintained eye contact, provided appropriate responses, and demonstrated anxious and apprehensive affect. She experienced olfactory hallucinations. Orientation and cooperation were intact, and memory was preserved. Delusional beliefs centered around her sister-in-law's malevolence. There was no prior psychiatric history or medication use. Medical investigations were planned due to the onset age and olfactory hallucinations. Routine blood tests, cranial MRI, and EEG were performed. Treatment was initiated for a diagnosis of very-late-onset schizophrenia-like psychotic disorder. The patient's symptoms partially improved under the current treatment regimen. Informed consent was obtained prior to the study.

CONCLUSION: Psychotic disorders typically onset in early adulthood, and family history can provide clues in this regard. Therefore, biological and organic factors should be considered in late-onset psychotic disorders. In our case, due to the absence of family history and the onset of psychotic symptoms at a later age, evaluations were conducted for organic causes and dementia.

In many patients with features of late-onset psychosis, the addition of dementia-like symptoms is observed over time. However, pathological findings are often absent in memory assessments and cranial imaging at initial presentations.

Late-onset psychotic disorders are often the result of a complex interplay of psychological and neurological processes. This case report emphasizes the importance of thorough neurological evaluations and differential diagnoses of organic causes in late-onset psychotic disorders. Furthermore, it underscores the need for continued monitoring of patients for the development of dementia.

Keywords: very late onset, dementia, geriatric psychiatry, psychotic symptoms, psychiosis

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[Abstract:0324] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Traumatic Grief Presenting with Psychotic Symptoms: A Case Report

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INTRODUCTION: For all individuals, the loss of a loved one is a devastating and impactful event. The representation of the lost individual in one's mind significantly influences the intensity and duration of the grieving process. Each individual experiences grief uniquely and to varying degrees (1). Particularly in prolonged traumatic grief, individuals may exhibit behaviors inconsistent with their personality and may serve as triggering factors for psychiatric disorders (2). This study aims to contribute to the literature by discussing a patient who presented with psychotic symptoms following the loss of a loved one, and during treatment, it was understood that the patient was experiencing traumatic grief.

CASE PRESENTATION: Ms. Z, a 49-year-old unmarried female, working as a mechanical engineer, presented to the emergency department with complaints of withdrawal and muscle contractions persisting for four days after self-administering an olive oil injection into her breast tissue. After undergoing a clinical examination and diagnostic tests in the emergency department, the patient received a psychiatric consultation for further evaluation. During the mental status examination, she partially maintained eye contact and responded with circumferencial answers. She reported facial asymmetry and morphing. She exhibited anxious and apprehensive affect. Delusional beliefs of grandiosity and religious content were prominent in her thought content. During the examination, she was observed rubbing various parts of her body. Ms. Z, who had significant psychomotor agitation, recited prayers to prove that she was not ill. Upon questioning, it was revealed that she had been able to sleep for an average of 2-3 hours per day for about a week. The patient was admitted to our service with a preliminary diagnosis of brief psychotic disorder and started on haloperidol 10mg/day. During discussions in the ward, it was learned that the patient had lost her father and brother due to COVID-19 a year ago, after which there was an increase in her religious preoccupations. It was noted that her communication with family members living in a different city had decreased, and her family members reported that they did not answer her calls. As the patient showed significant improvement in her symptoms over time, focus was placed on her grief. The patient, who showed significant improvement in symptoms, was discharged. Informed consent was obtained from the patient prior to the study.

CONCLUSION: Research on the relationship between traumatic life events and psychotic disorders emphasizes the importance and complexity of this issue. Although the mechanism is not clearly understood, research suggests that traumatic life events can lead to psychotic symptoms (3). Treatment in this process is crucial for alleviating symptoms and facilitating post-traumatic recovery. Treatment components include medical agents, therapy, and family support, among others. The relationship between traumatic grief and psychotic disorders is complex and multifaceted. The onset time of symptoms, its impact on functionality, and symptom severity vary among individuals. Advancements in diagnosis and treatment can be achieved through studies in this area, enabling better support for individuals experiencing psychotic symptoms following trauma.

Keywords: grief, bereavement, trauma related comorbidity, psychosis, mourning

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[Abstract:0338] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Psychiatric Comorbidities in Children with Acquired Aphasia

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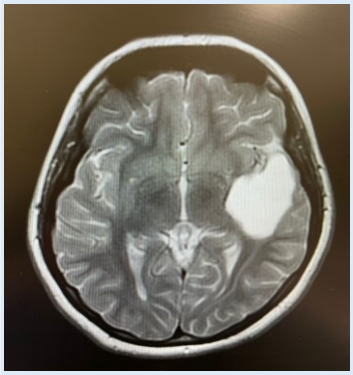
INTRODUCTION: Aphasia is an acquired language disorder that occurs as a result of damage to the language-related regions of the brain as a result of cerebrovascular events, stroke, traumatic brain injury or lesion/tumor formation of these regions. It is much rarer in children than in adults and the most common causes are trauma and infections. Although studies in adults suggest that aphasia is a risk for depression, mood fluctuations and suicide, no such study has been found for children. As in our case, some aphasia cases are first referred to psychiatry because of behavioral changes and irritability. In adults, comorbid psychiatric comorbidities have been shown to worsen the clinical course of aphasia, but this predictive role in children remains unclear.

Case Presentation



A 17-year-old female patient came to the emergency room with the complaint of hitting her head and trying to throwing herself out of the window. She had complaints of headache for 1 month, inability to speak fluently, inability to remember the names of objects and inability to understand the other person's speech.No pathology was found in the blood tests performed on the patient.Neuroimaging revealed a hematoma in the temporal region.She was diagnosed with mixed type aphasia and hospitalized in neurosurgery and was followed up.Child psychiatry consultation was requested for the patient who continued to complain of hitting her head with her hand and trying to throw herself out of the window during her hospitalization. On mental status examination, the patient was conscious, orientation was partial, cooperation was complete, attention was markedly disorganized, psychomotor agitation was dominant and affect was anxious. He expressed himself by writing, no meaningful word output was observed. He had difficulty in understanding what the other person was saying, but understood when spoken as a single word. Although the mental status examination was not optimal under these conditions, olanzapine 2.5 mg 1x1 po was started due to the patient's continued irritability.

The patient was started on olanzapine 2.5 mg 1x1 po. In the next day's examination, the patient started to express herself as a single word. There were themes in her thought content that she had an undiagnosed disease. She was describing complaints of hitting her head against the wall and hitting his head with his hand during mental struggles related to the uncertain situation she had been experiencing for 1 month.

Conclusion: Aphasia is rare in children. There is a need for studies to elucidate the psychiatric comorbidities accompanying aphasia and the effect of these comorbidities on aphasia. We think that the uncertainty caused by the current clinical situation in the child creates a risk for depression, mood fluctuation, self-harm,

irritability and suicide. Therefore, we think that patients presenting with aphasia clinic should be referred for psychiatric comorbidities. Pharmacological or non-pharmacological treatment approaches should be investigated for the current picture.Our case benefited from olanzapine 2.5 mg/day treatment as a decrease in irritability and regression in mood fluctuation complaints.

Keywords: Social Media, Sluggish Cognitive Tempo, Cognitive Disengagement Syndrome

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[Abstract:0345] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Late Onset Bipolar Disorder - Case Report

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Late Onset Bipolar Disorder - Case Report

INTRODUCTION: Bipolar Disorder is a chronic psychiatric illness characterized by manic, hypomanic and depressive episodes. Most cases are diagnosed when patients are between 20 and 50 years of age. (1) Late- onset Bipolar Disorder is the onset of Bipolar Disorder at an older age without any previous history of the disorder. In late-onset cases, other organic causes such as neurological diseases, especially frontotemporal dementia and other types of dementia, head traumas, tumors, endocrinology, metabolic diseases and drug side effects should be considered. (2,3)
In this case report, the diagnosis, differential diagnosis and treatment of Bipolar Disorder Type-1 in a 79-year-old patient whose first manic episode was described at the age of 72 and who presented with late-onset, recurrent manic episodes will be discussed.

CASE: 79 years old, female, 2/6 siblings, widow, 7 children, living alone. It was learned from the patient's relatives that she had complaints of quick anger, exaggerated cheerfulness, increased energy, cooking and distributing too much food (finishing 10 kg of potatoes and onions in three days), increased mobility, being constantly busy with something, decreased sleep duration, thinking that her daughters put rat poison in her drink, seeing pigs in the garden and devils on the wall of the house for about 2 weeks; she went out at night and shouted "help me, he is going to kill me" and called a taxi and applied to the emergency department of an external center. She was admitted to our service with a referral from an external center.
In her psychiatric history, it was learned that her first psychiatric admission was 6-7 years ago, starting 2 weeks before admission, with complaints of decreased need for sleep, talking to herself, yelling, cooking and distributing too much food, with a diagnosis of Bipolar Disorder Type-1, Haloperidol 10mg/day, Chlorpromazine 100mg/day were prescribed and outpatient clinic controls were recommended, but the patient did not use the medications and did not go to the controls. After this admission, it was learned that she had similar complaints lasting approximately 1 month in May every year but she did not consult a physician. No depressive episode or hypomanic episode was described.
Her medical history included a history of appendectomy operation, hypertension, diabetes mellitus, hypothyroidism, hypercholesterolemia and no psychiatric history.

In the mental status examination performed on admission, consciousness was clear, cooperation was present but attention and orientation were impaired. Self-care was decreased and psychomotor activity was increased. He described his mood as sad and lability was observed in his affect. Speech rate and spontaneity increased and pressurized speech was present. She described a dissociative visual hallucination. Her thought speed increased, she had persecution delusions and excessive preoccupation with his physical complaints. Associations were evaluated as disorganized and goal orientation was impaired. Cognitive functions were impaired. Impulse control was impaired, judgment and insight were impaired.
The patient was followed up with differential diagnoses of dementia processes/Bipolar Disorder Type-1. Aripiprazole 20 mg/day was started gradually. Neurology was consulted regarding diagnostic processes. Brain MRI and CT imaging were performed. Brain MRI showed non-specific gliosis consistent with age. No significant acute pathology was detected on brain CT. Blood tests revealed no metabolic or endocrinologic pathology.

The patient's Young Mania Rating Scale scores, which were administered weekly during hospitalization, were: 32p-22p-8p-7p, Mini Mental scores were respectively: 13/30-17/30-26/30-26/30-26/30.
Aripiprazole 400 mg/month IM injection was applied to the patient who had no side effects with Aripiprazole and had a significant regression in her complaints.
No hallucinations were detected during hospitalization. Significant improvement was observed in cognitive functions. Sleep patterns returned to normal. MMT performed at discharge showed 26/30.
The diagnosis of dementia was ruled out for the patient whose cognitive functions and functionality returned to the pre-attack period at discharge. Treatment was organized with a diagnosis of Bipolar Disorder-Type 1. The patient continues to be controlled in the Bipolar Disorder outpatient clinic of our hospital with Aripiprazole 400mg/month injection treatment.

DISCUSSION: Patients with Bipolar Disorder often have impaired cognitive functions as part of their psychiatric disorders. Therefore, differential/co-diagnosis of dementia should be considered especially in the older age group where the frequency of dementia is high. The neuropsychological profile of frontotemporal dementia characteristically includes marked deficits in executive function, verbal memory and emotional processing. Similar deficits are also common in patients with Bipolar Disorder, especially in the elderly. A variety of cognitive symptoms have been reported in cases of Late Onset Bipolar Disorder, particularly affecting executive function, attention, working memory, language processing and episodic memory. Rarely, especially in the elderly, cognitive impairment is severe enough to meet criteria for dementia. (4) Clinicians should be aware of late-onset disorders that fall outside the common age range. Furthermore, further investigation of this topic will contribute to the development of evidence-based guidelines for the treatment of late-onset bipolar disorder.

KEYWORDS: Bipolar Disorder, Differential Diagnosis, Geriatric Psychiatry

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[Abstract:0348] [Çocuk Psikiyatri » Tik bozuklukları]

Pharmacological Interventions and Dermatological Side Effects: Insights from a Pediatric Case of Risperidone-Induced Alopecia

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INTRODUCTION: Tics are defined as sudden, rapid, repetitive, non-rhythmic, irresistible movements or vocalizations. They are classified into two broad categories: motor and vocal tics, each of which is further subdivided into simple and complex tics. The strongest neurochemical evidence is dysfunction in dopaminergic neurotransmission. Antipsychotics are one of the most effective drug groups providing 60-80% reduction in the frequency and severity of tics. Atypical antipsychotics are among the first group of drugs preferred in pharmacotherapy. Risperidone use is associated with common side effects such as weight gain and menstrual irregularities, but rare side effects such as hair loss are also observed. In this case report, a 9 years and 9 months old patient with hair loss after risperidone use is evaluated.

CASE PRESENTATION: A 9 years and 9 months old female patient diagnosed with ADHD presented to us with the complaint of repetitive and involuntary movements such as blinking, lip twisting and throat clearing. During the appointment, these complaints were observed and evaluated as motor and vocal tics. It was learned that methylphenidate, which was started in an external center for ADHD, was discontinued due to an increase in tics and Atomoxetine was started. Risperidone 0.50 mg/day was added to the treatment of the patient who was admitted to us with similar complaints, since there was no regression in the frequency of tics. At the follow-up appointment, our patient and her mother stated that her tics regressed to a great extent after the medication was started, but there was intense hair loss and it caused hair thinning of the front part of head. Dermatology and Pediatrics were consulted to exclude additional pathologies. No additional pathology was found in the tests performed. Risperidone dose was decreased to 0.25 mg/day considering that hair loss might develop due to drug side effects. At the follow-up appointment, risperidone was discontinued after the patient stated that there was a significant decrease in hair loss but she was still uncomfortable with this condition. Aripiprazole 5 mg/day treatment was started gradually. Naranjo Adverse Drug Reactions Probability Scale was applied to the patient during this period and the score was 5. The patient stated that she did not experience hair loss side effects during Aripiprazole treatment. At the follow-up appointment, it was determined that she benefited from Aripiprazole treatment and her tics regressed completely.

CONCLUSION: The most commonly reported dermatologic side effects associated with antipsychotic agents are rash, pruritus, photosensitivity, skin pigmentation, fixed drug eruptions and alopecia.

Hair loss due to olanzapine, quetiapine, haloperidol and risperidone has been reported in a limited number of cases in the literature. This hair loss is characterized by diffuse, scarless alopecia with localized or total hair loss, usually affecting the scalp.

There is no specific treatment for drug-induced hair loss. This hair loss is usually reversible when the drug is discontinued or the dose is reduced. Based on this case, drug side effects should be considered in alopecia in a child receiving risperidone treatment.

Keywords: risperidone, alopecia, tic disorder

[Abstract:0353] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Frontotemporal Dementia: A Case Report

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INTRODUCTION: Frontotemporal Dementia is a neurodegenerative disease that usually affects individuals between the ages of 40 and 65 due to damage to the frontal lobe and temporal lobe regions. However, it can also be seen at older ages, which is rare. In this case, a case of a 79-year-old woman diagnosed with FTD will be examined. The patient's behavioral disorders, speech difficulties and paranoid behaviors will be emphasized.

CASE PRESENTATION: She is 79 years old, her husband died 12 years ago, she does not work, she lives alone, she has no children, her stepson takes care of him. He has had behavioral changes, aggression, disorganized behaviors such as picking things up from garbage, eating moldy food, insulting people around them and speech, and paranoid thoughts for the last 9 months. They went to the emergency room after she attacked a market employee near the house with a knife. Her family noticed that the patient had recently begun to experience decreased social interaction, unusual behavior, and difficulties in activities of daily living. He had paranoid thoughts and intense beliefs that the people around him had bad intentions. A significant decrease in speaking ability and difficulty finding words was also observed. After the patient was admitted to the psychotic ward due to his psychotic symptoms, imaging was performed to exclude organic matter. PET CT was performed because of the suspicion of frontotemporal dementia in the brain MRI scan. As a result of PET CT, Alzheimer's disease with frontotemporal dementia and behavioral disorders was considered. While memory loss and cognitive disorders are typically associated with Alzheimer's disease, the distinctive features of FTD include mood changes, behavioral disorders and language problems. The patient's clinic was suggestive of frontotemporal dementia. It met all parameters in the DAPHNE scale used in frontotemporal dementia symptom screening. Lumbar puncture was performed to differentiate between Alzheimer's and Frontotemporal dementia. A CSF sample was sent to analyze Tau, phosphorylated Tau, Amyloid B and neurofilament. The results were in favor of frontotemporal dementia. The patient's condition was defined as frontotemporal dementia as a result of neurological examination and neuroimaging studies.

CONCLUSION: Because frontotemporal dementia affects important regions of the central nervous system, a wide range of symptoms occur. This can cause the person to have difficulty understanding the norms of social interaction, lack of empathy, and deviation from emotional control. Clinical symptoms, neurochemical parameters, and neuroimaging often stand out as distinguishing features from other types of dementia, such as Alzheimer's disease. Although treatment options are limited, a multidisciplinary approach is required. Psychosocial support, family education, and medications can used to improve the patient's quality of life. Also important are support groups to help patients and caregivers cope with such situations. In conclusion, frontotemporal dementia is a common cause of cognitive decline in older individuals. This case may help us understand how the symptoms experienced by the patient are diagnosed and treated. However, management of such conditions is often long-term and requires support and can be a challenge for both the patient and caregivers.

Keywords: Frontotemporal Dementia, Dementia, neurodegenerative

[Abstract:0354] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Clozapine use in Schizophrenia and Management of Drug Interactions: A Case Report

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INTRODUCTION: Schizophrenia is a chronic psychiatric disorder. Clozapine is the gold standard treatment for refractory cases of schizophrenia. (1) However, its use can sometimes cause serious side effects such as epileptic seizures, which can complicate the treatment process. (2) This presentation examines the 35-year history of schizophrenia of a 49-year-old female patient and the important events during the treatment process, especially the beginning and last period of clozapine use. It deals with the epileptic seizure experienced and then starting clozapine again.

CASE PRESENTATION: Our patient is a 49-year-old, female, single patient who was diagnosed with very early onset schizophrenia 35 years ago. Clozapine treatment was started at the age of 16, the initial dose was determined as 100mg and was gradually increased to 400mg over the years. However, an increase in positive psychotic symptoms, especially after stressors, has been observed in the last 1.5 years. During this period, amisulpride was started in addition to the current treatment and the dose was increased to 1200mg/day within 1.5 months. However, the epileptic seizure the patient had during this period lasted for 8 minutes and was documented with EEG. The patient reported that the 400mg/day clozapine and 1200mg/day amisulpride treatment he was using at another hospital he had applied to before us was suddenly discontinued.

When the patient applied to us, clozapine and amisulpride treatments were discontinued and valproic acid 1000mg/day and biperiden 2mg/day were started instead. During our hospitalization, EEG, EMG and MRI examinations were planned for the co-diagnosis of epilepsy, and as a result of the evaluations made by the neurologist, it was determined that the seizure was not a primary epileptic seizure and was considered a secondary side effect of the medication. This case reflects the complexity encountered in the long-term treatment process from the beginning of clozapine use.

A severe epileptic seizure occurring with the addition of amisulpride led to an abrupt change in the treatment plan. However, it is important to manage the symptoms that occur after discontinuation of treatments and to make the differential diagnosis of epilepsy accompanying schizophrenia. As a result of the neurology evaluation, the epileptic seizure was evaluated as a secondary side effect of the drug. During the differential diagnosis, with the recommendation of the neurologist, the patient used levetiracetam and olanzapine as an antipsychotic and gradually increased to 20 mg/day. Since sufficient improvement was not observed in the symptoms, it was decided to continue the patient's schizophrenia treatment with clozapine.

CONCLUSION: This case highlights the complexities encountered in the treatment of schizophrenia and side effect management. During the treatment process, it is important to adopt a multidisciplinary approach and be managed by a team that includes neurologists as well as psychiatrists. Treatment plans may need to be continually reviewed and adjusted to suit the patient's individual condition and responses.

Keywords: clozapine, epilepsy, schizophrenia

[Abstract:0357] [Çocuk Psikiyatri » Mental retardasyon]

Intellectually Disabled Child with Pallister Killian Syndrome: A Case Report

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INTRODUCTION: Pallister-Killian syndrome (PKS) is a rare genetic syndrome caused by additional copies of the short arm of chromosome 12 (12p) [1]. Clinically, PKS is characterized by craniofacial dysmorphism with neonatal frontotemporal alopecia, hypertelorism and low-set ears as well as kyphoscoliosis, severe intellectual disability, epilepsy and abnormal muscle tone [2]. In this case, we report intellectual disability associated with Pallister-Killian syndrome to contribute to the literature.

CASE PRESENTATION: A ten year old male patient presented to our clinic following a referral for intellectual assessment while under the care of pediatric neurology due to neuro-motor retardation. The patient's medical history noted that he was born at 37th gestation week with hypoxia and had been in the neonatal intensive care unit for 3 weeks. Subsequent investigations led to the diagnosis of Pallister-Killian syndrome by the Department of Medical Genetics at the age of 8 months. The patient underwent surgery for a paraumbilical hernia at the age of 4 years. A neurological examination at the age of 6 years revealed that the patient could walk with support but had weakness of the muscles of the upper and lower extremities and hypotonic trunk tone. At the same time cerebellar examination revealed dysdiadochokinesia, dysmetria, ataxic gait and tremor in the hands. The patient babbled for the first time at the age of 8 years, but did not speak any words or sentences. Atypical facial features, hypertelorism, congenital hip dislocation, bilateral planovalgus, bilateral undescended testis and patent foramen ovale were noted. There is no history of epileptic seizures. On clinical interview, the patient was noted to appear younger than his age, to have limited eye contact, nonverbal communication and restricted interaction with the environment. It was reported that the patient requires assistance with eating, dressing and self-care. Ability to abstract and judgment skills were below the level of his age. The patient could easily be fooled and had difficulty with social communication. Behavioral problems such as slamming doors and hitting objects were present. The hearing test revealed %45 bilateral hearing loss despite hearing aids. The visual examination revealed strabismus. There are no abnormalities in the family history, and the patient has two healthy siblings. The patient is not taking any medication. Administered Wechsler Intelligence Scale for Children-Revised form showed a verbal IQ of 40, a performance IQ of 39, and a total IQ of 37. The patient was diagnosed with moderate mental retardation and referred to special education.

CONCLUSION: Pallister-Killian syndrome is a rare genetic disorder that can cause a number of physical and developmental problems. It must be kept in mind that patients with Pallister-Killian syndrome might have intellectual disabilities and should be assessed by a psychiatrist. We aimed to contribute to future research by reporting this case.

Keywords: Pallister-Killian syndrome, Intellectual disability, Neuro-motor retardation

[Abstract:0362] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

CACNA1A-Related Neurodevelopmental Disorder: Case Report

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INTRODUCTION: CACNA1A variations are associated with a variety of neurological phenotypes. The classical phenotypes include episodic ataxia 2(EA2), familial hemiplegic migraine type 1 (FHM1), and spinocerebellar ataxia type 6 (SCA6). The genotype–phenotype correlations of CACNA1A-related neurodevelopmental disorders, including global developmental delay (GDD)/intellectual disability (ID), epileptic encephalopathy (EE), and autism spectrum disorder (ASD), are not yet known.

CASE PRESENTATION: A 6-year-old male patient previously diagnosed with familial Mediterranean fever (FMF), episodic ataxia, allergic asthma, spinocerebellar ataxia type 13 and epilepsy.
6 months ago, the patient, who continues to receive neurological treatment, was referred to our clinic due to outbursts of anger and aggression towards himself and his family especially his mother. His disruptive behavior only occured at home. The mother reported that there were no noticiable problems at school and emphasized the child's friendly relationship with peers and teachers. Our psychiatric examination revealed a, mild intellectual disability and ADHD. Aripiprazole treatment was initiated and despite gradual dose titration, the family did not report any discernible effects.
In his medical history, the patient presented to our outpatient clinic at the age of 3.5 years accompanied by his mother with complaints of hyperactivity, frequent injuries due to hyperactive behavior, difficulties in dealing with anger and challenges in setting boundaries. On examination, the patient was found to have delayed speech development, balance problems, and clumsiness compared to his peers. Aripiprazole was initiated. However, the subsequent follow-up appointments were not attended. During this time, the patient was under clinical observation with a diagnosis of expressive language disorder.
At the age of 6, the Wechsler Intelligence Scale for Children (WISC-R) showed a total IQ of 55, and a diagnosis of attention deficit hyperactivity disorder with mild cognitive impairment was formulated. He was prescribed osmotic-release oral system methylphenidate form of 10 mg/day for his ADHD. The patient's irritability and aggressiveness increased after the administration of methylphenidate. After one month, he was still irritable and the methylphenidate treatment was discontinued.
At the same time, the antiepileptic treatment was changed from levetiracetam to lamotrigine at a neurological appointment. After the change in treatment regimen, effective seizure management was established, which led to a regression of the behavioral problems.

CONCLUSION: This case report, presents a patient with a CACNA1A mutation with neurodevelopmental disorders. This case report is an example of the diversity of clinical presentations of this mutation. Treatment decisions should favor medications that treat both psychiatric and neurological symptoms simultaneously to emphasize the importance of an integrated approach to treatment selection.
Written informed consent was obtained from the patient's family to publish this case report.

Keywords: CACNA1A, episodic ataxia, epilepsy, neurodevelopmental disorder

[Abstract:0363] [Erişkin Psikiyatri » Bağımlılıklar]

Mental Health Problems and Family Relationships in Family Members of Individuals with Gambling Disorder

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BACKGROUND AND AIMS: Pathological gambling, also known as gambling disorder, is a condition that not only leads individuals to personal and social problems in their lives but also exacerbates conflicts within the family, disrupts communication, and adversely affects family relationships (Krishnan & Orford, 2002; Ögel, 2020; Karakartal, 2023). Family members of individuals with gambling disorder often experience various negative emotions such as stress, anxiety, tension, shame, anger, hopelessness, and insecurity. Along with these negative emotions, family members are frequently observed to suffer from mental issues such as depression, suicide attempts, self-harm behaviors, and increased alcohol/substance use (Banks et al., 2018). It is noted that the mental problems experienced by family members more frequently lead to disruptions in family functioning (Şahin & Tekin, 2014).
This study aims to evaluate the characteristics of families based on the participation of family members receiving support for gambling disorder treatment from the Green Crescent Counseling Center (YEDAM) in family psychological support sessions.

METHODS: The data of 1471 family members who applied to the YEDAM for gambling disorder treatment between 2021 and 2023 were retrospectively analyzed. YEDAM is a center that provides psychosocial support to cigarette, alcohol, substance, internet and gambling addicts and their relatives. Family psychological support counseling is a type of psychological support counseling given in the presence of a mental problem that will negatively affect the course of addiction of family members (Ögel, Şimşek, Bozdoğan, 2021). Addiction Profile Index-Family (BAPI-A) was applied at the first family session. High scores on the BAPI-A indicate that there is a problem in the relevant area (Ögel, Çelikay ve Başabak, 2017). Ethics committee approval was obtained from Istanbul Kent University.

RESULTS: As seen in Table 1, family members who participated in family psychological support counseling had higher scores in the sub-dimensions of ability to resolve conflict, attitude of family members and the total scale ($p<0.01$).

Table 1: Evaluation of BAPI-A According to Family Psychological Support in Gambling Use Disorder

		ly Psychological Support Session		
		articipating (n=1.	cipating	
ling			7)	
ies give responsibili	±*Sd*	1,43	1,47	
	n (Min±Maks)	)	)	
ies resolve conflict	±*Sd*	1,39	1,41	**
	n (Min±Maks)	)	)	
ly bonds	±*Sd*	1,25	1,31	
	n (Min±Maks)	)	)	
ies to set rules	±*Sd*	1,37	1,38	

	n (Min±Maks)	)	)	
de of the family to dict	±*Sd*	1,28	1,20	**
	n (Min±Maks)	)	)	
Score	±*Sd*	0,72	0,74	**
	n (Min±Maks)	)	,4-4)	

[s]*Student T Test* [m]*Mann Whitney U Test*
***p<0,01*

CONCLUSION: The findings of the study showed that family members who participated in family psychological support sessions had more difficulty in resolving conflicts, displayed more negative attitudes and damaged family relationships than those who did not participate. Mental health problems in family members negatively affect family relationships (Palabıyıkoğlu et al., 1993; Şahin & Tekin, 2014). However, it is known that gambling behavior seriously disrupts family relationships, harms family members, leads to conflicts within the family, poor communication and violence within the family (Dowling et al., 2016). In this context, it has been observed that the findings of the relevant studies are consistent with the literature. In conclusion, individuals with gambling disorder experience disruptions in their family relationships. In the presence of mental health problems in family members, inadequacy in problem-solving, displaying negative attitudes, and deterioration in family relationships have been observed to increase. It is thought that it is important not to ignore the mental health problems in family members in addiction treatment and to develop interventions accordingly.
Keywords: Addiction, gambling, family relationship

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[Abstract:0365] [Erişkin Psikiyatri » Bağımlılıklar]

Mental Health Problems and Family Relationships in Family Members Of Individuals with Substance Use Disorder

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BACKGROUND AND AIM: In alcohol-substance use disorder, the involvement of families in treatment is important. Factors such as strong family bonds, clear family rules, and assigning responsibilities positively influence the treatment process (Guruber & Taylor, 2006). During the treatment process, families face various challenges while dealing with the problems associated with addiction (Bacon, 2019; Saunders et al., 2006). Some family members have greater psychological resilience and are less affected by issues related to addiction (Daley, 2013). On the other hand, some family members need treatment as much as the addicted individual (Saatcıoğlu et al., 2006). In this context, the aim of the study is to compare the family characteristics of family members who participate in family counseling sessions with those who do not participate.

METHODS: The data of 6538 family members who applied to the Green Crescent Counseling Center (YEDAM) for substance use disorder treatment between 2019 and 2023 were retrospectively analyzed. YEDAM is a center that provides psychosocial support to cigarette, alcohol, substance, internet and gambling addicts and their relatives. Family psychological support counseling is a type of psychological support counseling given in the presence of a mental problem that will negatively affect the course of addiction of family members (Ögel, Şimşek, Bozdoğan, 2021). Addiction Profile Index-Family (BAPI-A) was applied at the first family session. High scores on the BAPI-A indicate that there are more problems in the relevant area (Ögel, Çelikay ve Başabak, 2017). Ethics committee approval was obtained from Istanbul Kent University.

RESULTS: As seen in Table 2, family members who participated in family psychological support counseling had higher scores in the sub-dimensions of ability to resolve conflict, ability to set rules, attitude of family members and the total scale, while their scores in the sub-dimension of family bonds were lower ($p<0.01$).

CONCLUSIONS: Individual's alcohol and substance use profoundly affects their family in multiple ways. However, families, while attending sessions to support addiction treatment, may ignore their own psychological needs (Daley, 2013; Orford et al., 2013). Research indicates that the presence of mental health issues in family members predicts greater communication deficits and decreased social support (Vederhus et al., 2019). The findings of the relevant study also suggest that family members experiencing mental health problems struggle more in areas such as conflict resolution skills, rule-setting abilities, attitudes, and family relationships compared to those without mental health issues.

Keywords: Addiction, Alcohol use, Family Relationships, Substance use

Table 1: Evaluation of BAPI-A According to Family Psychological Support in Alcohol&Subtance Use Disorder

		Family Psychological Support Session	Family Psychological Support Session	
Alcohol&Substance		Not Participating (n=6.125)	Participating (n=413)	p
Abilities give responsibility	Mean±Sd Median (Min±Maks)	2,26±1,44 2 (0-4)	2,36±1,38 2 (0-4)	m0,258
Abilities resolve conflict	Mean±Sd Median (Min±Maks)	2,10±1,41 2 (0-4)	2,36±1,37 2 (0-4)	s0,001**
Family bonds	Mean±Sd Median (Min±Maks)	2,42±1,30 3 (0-4)	2,15±1,30 2 (0-4)	m0,001**
Abilities to set rules	Mean±Sd Median (Min±Maks)	2,34±1,35 2 (0-4)	2,55±1,28 3 (0-4)	m0,003**
Attitude of the family towards addict	Mean±Sd Median (Min±Maks)	1,92±1,35 2 (0-4)	2,28±1,33 2 (0-4)	s0,001**
Total Score	Mean±Sd Median (Min±Maks)	2,21±0,75 2,2 (0-4)	2,34±0,71 2,4 (0-4)	s0,001**
sStudent T Test mMann Whitn U Test				
**p<0,01				

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[Abstract:0371] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Treatment-Resistant Bipolar Disorder in an 11-Year-Old Male with Asperger Syndrome and ADHD: A Case Report

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INTRODUCTION: The co-occurrence of Asperger Syndrome (AS), Attention Deficit Hyperactivity Disorder (ADHD), and bipolar disorder (BP) in pediatric patients presents a complex clinical presentation. The literature suggests that these conditions can interact in a way that exacerbates the severity and complicates the management of each disorder.

CASE PRESENTATION: We present the case of an 11-year-old male patient with AS and ADHD who developed treatment-resistant BP following the sudden death of his cousin. Written consent was obtained from his legal guardians. The patient initially presented with symptoms of self-talking, grandiose delusions, increased sexual drive, visual and auditory hallucinations, and increased psychomotor activity. These symptoms began four months after the traumatic event, during which the patient remained active despite the lack of sleep. The patient was initially treated with risperidone and fluoxetine, considering the grieving process. However, the symptoms increased rapidly, leading to the initiation of valproate therapy by another psychiatrist. Following a visit to a shrine, the patient developed religious and political grandiose delusions, increased agitation, and heightened sexual drive. Although risperidone and haloperidol were added to his treatment, the patient had to be hospitalized because his condition did not improve. During the psychiatric examination, the patient was found to be overweight, short, and well-groomed. He was conscious, oriented, and cooperative. He was observed talking to himself, occasionally responding as if conversing with someone else and it was necessary to interrupt his self-conversation to ask questions, His speech was pressured, and he exhibited periods of silence, responding to questions only under parental pressure. His affect was euphoric, congruent with his mood. He reported visual and auditory hallucinations, and his thought content revealed religious and political delusions. His judgment was impaired, and his psychomotor activity was increased.

During child and adolescent psychiatric hospitalization, various psychotropic medications, including risperidone, chlorpromazine, valproate, quetiapine, olanzapine, and lithium, were used for his treatment. However, risperidone 5 mg/day and valproate 1250 mg/day medications provide partial improvement in his psychotic and mood symptoms. Clozapine treatment was started for the patient who met the treatment resistance criteria. After adding clozapine to his treatment, we observed a reduction in his psychotic and mood symptoms. Side effects included increased salivation, enuresis, and sedation. Complete blood count (CBC) monitoring did not reveal neutropenia. The patient was discharged with medications: risperidone 5 mg/day, clozapine 200 mg/day and valproate 1250 mg/day.

CONCLUSION: This case underscores the complexity of managing BP in a pediatric patient with AS and ADHD, highlighting the potential effectiveness of clozapine in treatment-resistant cases. It also emphasizes the need for further research into the interactions between these comorbid conditions and their implications for treatment strategies. The use of clozapine in an 11-year-old child is not well-documented in the literature, making this case particularly significant.

Keywords: ADHD, Autism Spectrum Disorders, Bipolar Disorders, Children, Clozapine

[Abstract:0374] [Çocuk Psikiyatri » Diğer]

Co-occurrence of Internet Gaming Disorder and Hinman Syndrome in a 16-year-old girl: A Case Report

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INTRODUCTION: The essential feature of Internet Gaming Disorder (IGD) is the persistent and recurrent participation in computer gaming, typically for 8 to 10 hours per day and at least 30 hours per week. Hinman syndrome (HS) is characterized by patterns of classic neurogenic voiding dysfunction in individuals without neurological pathology. Although the etiology of HS is not fully understood, it is believed to involve psychological and behavioral factors. IGD and HS are two distinct clinical conditions with different presentations and etiologies. However, emerging evidence suggests a potential association between excessive gaming behavior and bladder dysfunction. In this case report, we present a case study of a female adolescent diagnosed with both IGD and HS. To the best of our knowledge, no studies in the literature show the association between these two clinical conditions.

CASE PRESENTATION: A 16-year-old girl was brought to our clinic by her mother for the first time with complaints of anger, yelling, irritability, and aggressive language. She was also disinterested in studying and spent hours playing computer games. The patient reported that she spent approximately 8-10 hours a day on online gaming activities and often neglected her basic needs such as eating and sleeping. She admitted to experiencing a strong urge to continue gaming despite the negative consequences on her social, academic, and occupational functioning. She was also putting off going to the bathroom while playing computer games, and when she finally went to the bathroom, incontinence occurred. In addition, she reported difficulty initiating and maintaining urine flow, accompanied by a feeling of incomplete voiding. The patient exhibited symptoms consistent with IGD, meeting six of the nine criteria. Gaming behavior also led to disrupted sleep patterns and physical health problems such as headaches and eye strain. While the primary diagnosis was IGD, the patient also exhibited symptoms suggesting a depressive disorder. These conditions appeared to be exacerbated by the patient's excessive gaming behavior and social isolation. There was no family history of substance abuse or psychiatric disorders.
Urodynamic studies demonstrated detrusor underactivity and impaired bladder contractility consistent with the diagnosis of HS. Neurologic evaluation excluded other potential causes of voiding dysfunction. Upon evaluation, the patient exhibited symptoms consistent with both IGD and HS.
The patient was referred to cognitive-behavioral therapy to address maladaptive gaming behaviors and underlying psychological problems. Fluoxetine treatment was initiated for comorbid depression.
Written and verbal consents were obtained from the patient and her parents.

CONCLUSION: This case highlights the potential association between excessive gaming behavior and bladder dysfunction, warranting further investigation into the underlying mechanisms. Healthcare providers should be aware of the possibility of the co-occurrence of psychiatric and urological conditions in this population and take a holistic approach to treatment.

Keywords: Adolescent, Hinman Syndrome, Internet Gaming Disorder

[Abstract:0376] [Erişkin Psikiyatri » Psikofarmakoloji]

Vortioxetine Indused Awake Brusixm: A Case Report

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Osmaniye Devlet Hastanesi

INTRODUCTION: Bruxism is a common stereotyped movement disorder characterized by repetitive clenching of the jaw and grinding of the teeth; it can occur when awake or asleep. Etiology of bruxism is not yet fully known, and it can occur with various medical treatments. Psychiatric medications can cause many movement disorder side effects, including bruxism. While stress and anxiety are seen as risk factors for it, the fact that psychotropic drugs used for this condition also cause this problem causes a clinically annoying difficulty. In this case report, awake bruxism indused by vortioxetine was discussed.

CASE PRESENTATION: A 47-year-old married man applied to our clinic with anger and depressive complaints. Vortioxetine was started with 5 mg and titrated up to 15 mg. Approximately 3 days after the drug dose was increased to 10 mg, complaints of jaw pain and teeth grinding occurred during the day. At the 10 mg dose, the patient did not report these complaints to us because he could tolerate the side effects and thought that they would disappear, but after the dose was increased to 20 mg, he reported these complaints to us because they were affecting his quality of life. After reporting, the treatment was discontinued, and the side effects disappeared 1 day later. Since the patient benefited from the treatment, the medication was restarted to understand whether this side effect was due to the medication, but when bruxism reappeared, the medication was discontinued, and the side effects disappeared again.

CONCLUSION: Vortioxetine, a newly launched antidepressant, with a acknowledge multimodal action as serotonin modulator and stimulator. This is the first case of vortioxetine-induced Bruxism in our clinic. In our own clinical experience, the most common side effects were nausea and headache, and less frequently itching. The agents that we found to cause this side effect most were Fluoxetine and Sertraline.

Keywords: Vortioxetine, Movement Disorder, Bruxism

[Abstract:0377] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Epilepsy-related pyschosis: A case presentation

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INTRODUCTION: The risk of developing psychosis associated with epilepsy ranges from 2% to 9%. Psychotic symptoms can occur during the ictal, postictal, and interictal periods. The etiology of epilepsy-related psychosis is explained by the kindling phenomenon, changes in cerebral blood flow and ion balance, and forced normalization. Distinguishing schizophrenia from psychotic symptoms lasting more than a month can be challenging.

CASE PRESENTATION: A 33-year-old married, middle school graduate, and factory worker was involuntarily brought to the emergency department by family members. He has been experiencing symptoms such as paranoia, self-talk, and religious-themed conversations for the past week. Despite no known psychiatric history, he reported social withdrawal, irritability, and attention deficits over the last two years. With a ten-year history of epilepsy, he hasn't taken antiepileptic medication in the past year, and recently, he has been having seizures three to four times a week.

In the mental status examination, the conscious but diminished self-care male exhibited limited eye contact. He had reduced attention and concentration, with visual and auditory hallucinations observed during the perceptual examination. His judgment and reality assessment were impaired. Delusions of persecution and mystical delusions were evident in the thought content. His mood was tense, and affect was labile. Psychomotor retardation was evident, along with decreased sleep and appetite.

Differential diagnoses included schizophrenia, bipolar disorder, psychotic depression, substance-induced psychosis, and psychosis due to a general medical condition. Routine blood tests were normal, and tests for ethanol and drugs were negative. The patient was admitted to the psychiatric ward after receiving 10 mg haloperidol, 5 mg biperiden and 5 mg diazepam injections. The treatment plan included olanzapine 10 mg, lorazepam 2.5 mg, biperiden 4 mg, and weekly zuclopentixol decanoate. Brain MRI revealed no significant pathology. Due to a history of epileptic seizures, valproic acid 1000 mg/day was initiated. Video EEG showed right frontotemporal neuronal hyperexcitability and suspected left frontotemporal neuronal hyperexcitability. On the 4th day of hospitalization, the individual had a generalized tonic-clonic seizure. During the second week of the treatment, visual and auditory hallucinations attenuated. In the third week, delusional thoughts regressed and attention improved. The treatment included valproic acid 1000 mg/day, olanzapine 5 mg/day, zuclopentixol decanoate/week, and biperiden 4 mg/day upon discharge. In the 3-month follow-up after discharge, there were no epileptic seizures. The treatment continued with valproic acid 1000 mg/day, olanzapine 5 mg/day, and zuclopentixol decanoate/month. No psychotic symptoms were observed in follow-ups, and the individual continued to work and engage in social activities.

Written and verbal consent for the use of information from the case and his first-degree relative for scientific purposes was obtained.

CONCLUSION: Early onset of seizures, chronic illness, generalized tonic-clonic seizures, focal involvement in the temporal region, and a low response to treatment increase the risk of psychosis in epilepsy. Depressive mood, psychomotor retardation, and increased religious preoccupations may also be seen in epilepsy. The manifestation of psychotic symptoms and behavioral changes during periods of increased seizure frequency, along with the benefit from treatment, aids in the diagnostic process.

Keywords: epilepsy, epileptic psychosis, psychosis

[Abstract:0378] [Erişkin Psikiyatri » Duygudurum bozuklukları]

The Impact of Attention Deficit Hyperactivity Disorder Treatment on Medication Nonadherence of A Comorbid Bipolar Disorder Diagnosed Patient: A Case Report

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INTRODUCTION: Bipolar disorder (BD) and attention deficit hyperactivity disorder (ADHD) are psychiatric disorders with a lifetime comorbidity1. Both disorders start in childhood and early adolescence, and their psychiatric and behavioral symptoms overlap significantly. Moreover, besides an overlapping clinical presentation, BD is often co-occurring in adults with ADHD, with comorbidity figures as high as 20%2.Furthermore, bipolar patients with ADHD comorbidity has an earlier onset of bipolar disorder and more mood episodes; particularly depressive and mixed compared to those without ADHD3. In this case report, we present a patient diagnosed with BD Type 1 who had ADHD diagnosis in childhood. With this case, we aim to give an insight to BD and ADHD comorbidity and effect of methylphenidate treatment on functionality and medication adherence of the patient.

CASE PRESENTATION: A 31-year-old patient, diagnosed with BD type 1 when she was 17 years old, was referred to our clinic with complaints of irritability, arguments with her parents, hyperactivity, excessive talking, increased money-spending and increased libido. Initially, she was prescribed lithium 600 mg/day and olanzapine 5 mg/day. In her follow-up meetings, she was nonadherent to her medications. Her symptoms worsened and for the regulation of her medical treatment and starting of electroconvulsive therapy (ECT) she was interned to inpatient care service. Her medical treatment was lithium 900 mg/day, quetiapine extended-release form 400 mg/day, and aripiprazole 800 mg/month. In addition to medical treatment, she also received 6 sessions of ECT.

After partial remission of her symptoms, she demanded to be discharged of inpatient service. Due to previous episodes of medical nonadherence, her medical history was investigated and it was found that in her childhood she had ADHD symptoms of hyperactivity, impulsivity, and incompetence. In the clinical interviews, her ADHD related symptoms were questioned, and it was found that she was still forgetful, impulsive, losing her items both at home and workplace, delaying her duties, and talking excessively without listening to anyone. She was diagnosed with ADHD and methylphenidate extended-release form of 18 mg/day was prescribed.

After the addition of methylphenidate, her impulsive behaviors were under control and her medication nonadherence disappeared. The patient continues her medical treatment of BD and ADHD without any side effects.

CONCLUSION: In this case report, a patient with BD comorbid ADHD with medication nonadherence is presented. This case report sets an example of how comorbid ADHD treatment could benefit psychiatric disorder diagnosed patient's medication adherence and functionality.

Keywords: ADHD, bipolar disorder type 1, methylphenidate.

[Abstract:0381] [Erişkin Psikiyatri » Bağımlılıklar]

Co-Dependency and Family Relationship in Family Members of Individuals with Substance Use Disorder

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BACKGROUND AND AIM: Alcohol or substance addiction can have profound effects on the family, and codependency often exacerbates these challenges. Studies indicate that codependency may emerge within family settings marked by chronic stress and the presence of addiction (1) Codependency manifests as a learned behavior characterized by relying on external people and elements, leading to the neglect and diminishing of one's own identity (2). Studies in the literature demonstrate that individuals developing codependency share commonalities in certain personality traits such as altruism, submissiveness, and difficulty in setting boundaries (2,3). The treatment of codependency involves group therapies, family therapies, and cognitive therapies (4). In this regard, the structure and characteristics of codependency significantly influence the role of the family in addiction treatment.
METHODS: This study was conducted the data of the family members of individuals who applied to the Green Crescent Counseling Center (YEDAM) for substance use disorder treatment between 2022-2023 were retrospectively analyzed. 2374 family members participated in the study, 241 of whom received co-dependency sessions. YEDAM is a center that provides psychosocial support to cigarette, alcohol, substance, internet and gambling addicts and their relatives. Addiction Profile Index-Family (BAPI-A) was applied at the first family session. High scores on the BAPI-A indicate that there are more problems in the relevant area (5). Co-Dependency in Substance Use Disorder Scale (CODSUDS) was applied at the first co-dependency session. High scores on the CODSUDS indicate that there are more problems in the relevant area (6). Ethics committee approval was obtained from Istanbul Kent University.
RESULTS: As seen in Table 1, the scores of abilities to set rules those who received co-dependency sessions were statistically significantly higher than those who did not receive co-dependency sessions ($p=0.022$; $p<0.05$). A statistically significant positive and very weak ($r=0.179$; $p<0.01$) relationship was found between family members' abilities give responsibility scores and worry scores. In addition, there was a statistically significant positive and very weak ($r=0.132$; $p<0.05$) relationship between the abilities resolve conflict scores of family members and guiltiness scores (Table 2).

Table 1: Evaluation of BAPI-A According to Receipt of Co-Dependency Session

		Co-dependency Session		*p*
Alcohol&Substance		Not Participating (n=2.133)	Participating (n=241)	
Abilities give responsibility	*Mean±Sd*	2,27±1,43	2,27±1,41	***ˢ0,465***
	Median (Min±Maks)	2 (0-4)	2 (0-4)	
Abilities resolve conflict	*Mean±Sd*	2,06±1,42	2,02±1,38	***ˢ0,342***
	Median (Min±Maks)	2 (0-4)	2 (0-4)	
Family bonds	*Mean±Sd*	2,41±1,31	2,46±1,15	***ˢ0,264***
	Median (Min±Maks)	3 (0-4)	3 (0-4)	
	Mean±Sd	2,31±1,36	2,49±1,25	***ˢ0,022****

Abilities to set rules	*Median (Min±Maks)*	2 (0-4)	2 (0-4)	
Attitude of the family towards the addict	*Mean±Sd*	1,93±1,36	1,99±1,32	***[s]0,264***
	Median (Min±Maks)	2 (0-4)	2 (0-4)	
Total Score	*Mean±Sd*	2,20±0,75	2,25±0,71	***[s]0,149***
	Median (Min±Maks)	2,2 (0-4)	2,2 (0,6-4)	

[s]Student T Test ***p<0,05***

Table 2: Correlation table CODSUDS and BAPI-A

			CODSUDS					
			Alturism	**Worry**	**Raising objection**	**Avoidance**	**Guiltiness**	**Total Scor**
BAPI-A	**Abilities responsibility**	[ʃ]r	0,012	0,179	0,053	0,058	-0,043	0,115
		p	***0,852***	***0,002****	***0,415***	***0,371***	***0,504***	***0,075***
	Abilities resolve conflict	r	-[ʃ]0,122	-[ʃ]0,086	[ʃ]0,029	-[p]0,024	-[ʃ]0,132	-[p]0,103
		p	***0,058***	***0,183***	***0,649***	***0,716***	***0,040****	***0,111***
	Family bonds	[ʃ]r	0,117	0,107	0,033	0,068	0,031	0,104
		p	***0,071***	***0,098***	***0,612***	***0,296***	***0,633***	***0,107***
	Abilities to set rules	[ʃ]r	-0,012	0,005	0,082	0,042	0,013	0,088
		p	***0,847***	***0,934***	***0,204***	***0,521***	***0,842***	***0,173***
	Attitude of the family towards addict	r	-[ʃ]0,097	-[ʃ]0,038	-[ʃ]0,042	-[p]0,043	-[ʃ]0,117	-[p]0,088
		p	***0,134***	***0,554***	***0,520***	***0,502***	***0,071***	***0,173***
	Total Score	r	-[ʃ]0,056	[ʃ]0,057	[ʃ]0,057	[p]0,051	-[ʃ]0,091	[p]0,040
		p	***0,390***	***0,380***	***0,378***	***0,429***	***0,159***	***0,532***

[p]r Pearson Correlation Coefficient *[ʃ]r: Spearman Correlation Coefficient*
***p<0,01* ***p<0,05*

CONCLUSIONS: In research conducted with families, it is expressed that individuals developing codependent characteristics face difficulties in setting boundaries and tend to adopt a more permissive approach towards problematic behavior (4, 7). Additionally, upon reviewing the literature, no other study examining the impact of codependency sessions on family attitudes in families where addiction develops has been encountered. Therefore, it is believed that the study will be unique in its field and contribute as a valuable resource for future research.

Research indicates that codependent individuals tend to blame themselves for the addicted individual's addiction process and experience feelings of guilt. It is noted that codependent individuals take responsibility for conflicts and abuses within the family. (3,7). It is believed that taking responsibility for conflicts within the family will direct codependent individuals towards resolving conflicts.

In conclusion, the importance of codependency patterns in families where addiction develops has been highlighted in the study. In the context of addiction, it is recommended to increase education and research in the field of codependency.

Keywords: Addiction, Co-Dependency, Family Relationship, Substance Use Disorder

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[Abstract:0382] [Erişkin Psikiyatri » Bağımlılıklar]

Misuse of Pregabalin After Past Alcohol Use Disorder: A Case Report

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INTRODUCTION: Pregabalin is a gamma-aminobutyric acid analogue approved for the treatment of neuropathic pain, partial-onset seizures, general anxiety disorder (Tassone et al., 2007). The abuse potential or addictive nature of pregabalin is still controversial in the literature however the number of reports on its potential for dependence especially among individuals with a history of addiction (Grosshans et al., 2010; Carrus and Schifano, 2012; Aldemir et al., 2013) In this report, the addiction that the client, who applied to the Green Crescent Counseling Center (YEDAM) with an alcohol use disorder, developed against pregabalin after alcohol addiction treatment and sustained remission period is presented. In this study all introductory information regarding the case idendity were changed and permission was obtained from the case.

CASE: Mr. F. was a 34 year old man seeking treatment for alcohol dependence. He was referred for the first time to YEDAM in February 2022. At the time of his admission, he was consuming 3 liters vodka per day. Also Mr. F.'s history was remarkable for depression with comorbid anxiety. After the evaluation interview with the client, a treatment plan was created. The treatment program included weekly individual psychotherapy sessions (consist of essentially cognitive behavioral therapies, mindfulness therapies and motivational interviews) family sessions and group therapy sessions. The sessions lasted 6 months and the client stopped using alcohol in the 2nd month of this period.
Mr. F. reffered to YEDAM again in October 2023 for issues related to pregabalin misuse. He reported that he had not consumed alcohol for 19 months but his physicians prescribed pegabalin to relieve his neuropathic pain daily dosage of 75 mg 3 times a day later than he increased the dose of pegabalin by degrees to about 900 per day, Furthermore he managed to get access to extra pregabalin tablets obtaining it from his grandmother. He also reported that when he tried to stop using pregabalin he experienced withdrawal symptoms such as sweating, tremor, restlessness, aggression and a craving so continued to use. He stated that this level of pregabalin use had a dramatic impact on his life; he had been unable to go to work and his family relationships had deteriorated. However after clinical evalation the client dropped out of the treatment process.

CONCLUSION: The precise mechanism of action of preabalin is still unclear (Nymdelger and Nieberg, 2007). In this case, the client was started with pregabalin for medical reasons but because of the rapid development of high tolerance level, increasing dosages were eventually selfadministered, abrupt discontinuation of pregabalin was associate with withdrawal signs and symtoms point out the potential of dependence. In other words pregabalin might have a potential for abuse. As in the other case reports (Grosshans et al., 2010; Carrus and Schifano, 2012; Aldemir et al., 2013) also Mr. F. presented other substace related disorder. Studies show that risk factors that make individuals susceptible fort the development of pregabalin addiction. Hence, physicians should be careful when using pregabalin in treating patients with a previous or current substance related disorder.

Keywords: Addiction, Alcohol Use disorder, Pregabalin

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[Abstract:0385] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Psychosis Related to Systemic Isotretinoin Treatment: A Case Report

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INTRODUCTION: Systemic isotretinoin is an effective treatment for severe acne, especially when other treatments have failed. However, it is important to note that it can have side effects on the skin, mucous membranes and other areas of the body. There have been reports of isotretinoin use being associated with psychiatric symptoms such as depression, suicide attempts, psychosis, mood changes and bipolar disorder. In this case report, we present a patient with acne vulgaris who experienced delusions of grandiosity while taking isotretinoin. By examining this case and existing literature, we hope to understand the potential link between isotretinoin and the development of psychotic disorders. It is important to further investigate these psychiatric side effects to ensure safe use of isotretinoin in acne treatment. Healthcare professionals should be aware of these risks and monitor patients accordingly. Approval was acquired from both him and his custodian for the case report.

CASE PRESENTATION: A 19-year-old patient without any previous family history of psychiatric illness was admitted to the emergency department due to escalating symptoms such as grandiose delusions, incoherent speech, decreased sleep and irritability that had been persisting for approximately 5 months. The initial presentation of these symptoms occurred 3 years ago, during the third month of treatment with isotretinoin 40 mg/day for "acne vulgaris", despite the absence of any previous psychiatric symptoms. Consequently, the patient was admitted to a psychiatric hospital during this time and subsequently discontinued isotretinoin treatment. Following this hospitalization, the patient underwent 30 sessions of transcranial magnetic stimulation (TMS) and was prescribed paliperidone 9 mg/day. Notably, the patient was released from the hospital in a satisfactory condition. Following his discharge, he was diagnosed with "acute and transient psychotic disorder". Throughout previous psychiatric outpatient clinic applications, the patient had been prescribed several medications including haloperidol, chlorpromazine, risperidone, quetiapine, valproic acid.

The psychiatric assessment conducted while he was hospitalized revealed signs of irritability and grandiose delusions. Initially, the patient was treated with olanzapine 20 mg/day, valproic acid 1000 mg/day and lorazepam 3 mg/day. However, due to ongoing psychotic ideation during subsequent evaluations, haloperidol 5 mg/day was incorporated into his treatment plan. After a 19-day hospitalization period, the patient's Brief Psychiatric Rating Scale score saw a significant decrease from 26 to 9. The treatment regimen during hospitalization included olanzapine 20 mg/day, haloperidol 5 mg/day and valproic acid 1000 mg/day, resulting in partial recovery upon discharge. Subsequent to discharge, haloperidol was gradually phased out and the treatment was modified to aripiprazole 20 mg/day, olanzapine 5 mg/day and valproic acid 1000 mg/day. The patient is being monitored through outpatient clinic follow-ups to ensure continued remission.

CONCLUSION: The precise pathways through which isotretinoin induces psychiatric adverse effects remain unclear. Isotretinoin-induced depression may stem from reduced neurogenesis and disrupted serotonin signaling. The underlying causes of isotretinoin-induced psychosis are not well-understood, and as of now, there are no proposed hypotheses. Cases of delusional disorder, acute and transient psychotic disorder, psychotic mania and chronic psychosis, which are believed to be associated with systemic isotretinoin treatment, are prominent when analyzed in the literature.

Keywords: Isotretinoin, psychosis, side effects

[Abstract:0388] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Early Onset Schizophrenia with Refractory Auditory Hallucinations

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INTRODUCTION: “Early-onset schizophrenia” refers to schizophrenia with symptom onset before the age of 18 years Auditory hallucinations (AH) are one of the most common and distinctive symptoms in patients with schizophrenia. Hallucinations may not cause impairment in daily functioning as some patients know how to disguise their voices well and may even still be able to continue talking or complete their work even if they regularly hear negative emotional voices. Unfortunately, other people face chronic hallucinations, which severely diminish their potential and quality of life (1). Auditory hallucinations disrupt patients' social functioning and increase the risk of suicide attempts or violent acts (2). At present, treatment primarily consists of antipsychotic medications, including clozapine. Approximately 25% of cases show partial response to medication treatment (3). Currently, clozapine is preferred for treatment-resistant auditory hallucinatory experiences. However, approximately 30% of patients treated with clozapine remain unresponsive and resistant to treatment(3). In this case, we present an early onset schizophrenia patient who had an intractable auditory hallucination.

CASE: A 17-year-old male patient's psychotic symptoms started in mid-2021 when he woke up one night in the middle of the year 2021, frightened by a dream. The patient stated that someone was drilling the wall in his dream and came to harm them and tried to call the police after waking up and he did not want to enter the house at night for about 2 weeks after the dream. In the external center, Quetiapine 25 mg/day was started and gradually increased to 200 mg and Olanzapine 5 mg/day and gradually increased to 20 mg. Olanzapine 20 mg was reduced to olanzapine 5 mg and quetiapine 25 mg/day due to regression in psychotic complaints. With the increase in auditory hallucinations after the dose reduction, they were admitted to our outpatient clinic for the first time in June 2022. The family stated that the complaints of laughing and talking to himself, which had been present for the last 3 months, had also started. Sometimes when he went to bed to sleep, he would suddenly laugh. When asked, he said that “they” made him laugh. As of October 2022, the patient's irritability increased and physical aggression towards family members started, including persecution towards the father. The family stated that the irritability was spontaneous and came in the form of attacks. In the follow-up, olanzapine dose was increased to 20 mg/d and quetiapine dose was increased to 50 mg/d. In January 2023, they applied to our emergency room due to physical violence against the father and siblings. He said that the voices wanted him to hit his father. Olanzapine 20 mg/d was continued. Quetiapine was increased to 125 mg/d. The family was referred to a neurology clinic because of persistent auditory hallucinations. Treatment was changed there to valproic acid 1000 mg/d, chlorpromazine 100 mg/d, quetiapine 50 mg/d.In the last 1 month before admission, the patient described a marked increase in irritability and became angry with his father and punched the window 3 times. 8 sutures were applied to his forearm. He suddenly got angry and hit a car on the street with a paving stone.
The patient was admitted to our service on 13.03.23 for further examination and treatment due to ongoing psychotic complaints, spontaneous irritability and risk of homicide and suicide. During the interview with the patient in the ward, the patient was reluctant to be interviewed, the content of thought was poor. Affect restricted, associations decreased. Speech rate and quantity decreased. Perseverative discourses are present. Auditory hallucinations and persecution delusions were present. The patient was diagnosed with early onset schizophrenia at the chief visit and it was planned to start risperidone and titrate quetiapine. The patient's EEG that taken at an external center and MRI and EEG that taken by us were consulted to neurology. It was recommended to continue the valproic acid treatment started in the external center and to keep the blood

level at the antiepileptic dose. During hospitalization, risperidone dose was increased to 6 mg/day and quetiapine dose to 1200 mg/day, valproic acid was continued at 1000 mg/day and biperiden 4 mg/day was added to the treatment. Due to the persistent lack of response to two antipsychotics for an adequate duration (8 weeks), especially in the context of resistant auditory hallucinations, Clozapine 25 mg/day was initiated in consultation with neurology and titrated up to 400 mg/day. The patient, who gained insight into his illness but continued to have auditory hallucinations, said that he knew that the voices he heard could not harm him and were not real. His PANSS scores dropped from 118 to 55.In the family interviews, the family also described a significant regression in our patient's complaints before hospitalization. Since the patient's psychotic symptoms regressed and he gained insight into his illness, it was decided that he no longer needed to be hospitalized in the ward and his treatment should be continued as an outpatient. The patient was discharged.

CONCLUSION: Although there are not enough clinical studies in child and adolescent group, there is still an important proportion of psychotic patients who suffer from resistant auditory hallucinations in spite of treatment. In our case, despite the patient having used both typical and atypical antipsychotic medications at optimal durations and doses, their auditory hallucinations persisted. Auditory hallucinations (AHs) experienced in psychotic illness prompt significantly to distress and disability(4). Untreated auditory hallucinations are particularly significant due to their potential to lead to social isolation and serious suicide attempts. There are significant individual differences in the timing of the occurrence of hallucinations. Some patients report being affected by their “voices” in calm and peaceful environment, like when being alone at home, others report that hallucinations typically occur in challenging and stressful situations (1). Cognitive behavioral therapy (CBT), coping strategies such as “reading out loud, singing a song, having a conversation can be useful to make the hallucination become less severe (1). As auditory hallucination experiences are complicated and variable, treatment should be individualized and clinicians should be prepared to use a variety of clinical and non-clinical strategies simultaneously (5). Increasing compliance with treatment, lessening the burden of symptoms, improving control, quality of life and social functioning should be the therapeutic goals.

KEYWORDS: Hallucination, Adolescent, Schizophrenia

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[Abstract:0393] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

A Rare Case: Successful Use of Combination Treatment for ADHD in a 13 Year Old Boy with Kabuki Make-up Syndrome

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INTRODUCTION: Kabuki make-up syndrome (KMS) is a syndrome of unknown cause characterized by multiple congenital anomalies and mental retardation. The five main findings of KMS are characteristic facial appearance, finger anomalies, skeletal anomalies, mental retardation, and short stature. The syndrome was first described in Japan in 1981. The typical facial appearance was defined as ectropion, large and low auricles and flattened nasal root. Increased susceptibility to infections and abnormal liver function tests have been reported in KMS. Other anomalies that may be observed include joint laxity, recurrent otitis media, cardiovascular anomalies, urogenital anomalies, biliary atresia, diaphragmatic hernia, anorectal anomalies, congenital hypothyroidism, dental and nail anomalies and epilepsy. Although the mode of inheritance is not known, it is thought to be an autosomal dominant mutation. 13 different chromosomal disorders related with KMS have been identified, the specific gene causing the syndrome has not been found.

CASE PRESENTATION: Our case is a 13 year old boy presenting to Siverek State Hospital, child and adolescent psychiatry clinic with difficulties in academic and social life. The patient was first suspected to have KMS because of typical facial features, short stature, recurrent otitis media, dental anomalies, cleft palate, and joint laxity at the age of 8 when referred to a pediatric geneticist before his cleft palate repair surgery in September 2019. The family refused the child to be genetically tested at the time, but he was tested for possible comorbidities. Because of difficulties in attention and learning, the family visited a child neurologist December 2019, EEG was normal, there were no clinical seizures. Shortly after, the child was diagnosed with mild mental retardation and was re-situated in a special education class. The patient was admitted to our clinic because of short attention span, hyperactivity, irritability, articulation (speech) problems, as well as difficulties in reading and writing. He was diagnosed with attention deficit and hyperactivity disorder. His blood tests showed no specific abnormalities, liver and renal function was normal. His medical records affirmed he had no renal/urogenital or cardiac anomalies. He was started on 10mg/day slow-acting methylphenidate (8 hours) and the dose was increased to 20mg/day after one month. He weighed 32 kilos and stood 132cm tall. As a result of mild loss of appetite and irritability, methylphenidate dose was not increased further. Initial symptoms ameliorated with monotherapy, but hyperactivity and behavioral problems persisted as well as loss of appetite and difficulties falling asleep. A combination therapy with risperidone 0.25 was started. The patient benefited from risperidone and methylphenidate combination. Wechsler Intelligence Scale for Children was applied to the patient his verbal IQ was 73, his performance IQ was 58, total IQ 63 points. He was also diagnosed with learning disability and articulation disorder and proper educational treatment was started.

CONCLUSION: Kabuki make-up syndrome can present to child and adolescent clinics with ADHD and learning diabilities as well as mild mental retardation. After necessary tests if there are no contraindications, proper medical treatment can be successfully used.

Keywords: Kabuki make-up syndrome, ADHD, methylphenidate

[Abstract:0415] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Major Depressive Disorder with Psychotic Features Associated with Recurrent Suicidal Behaviors

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INTRODUCTION: Suicide attempts are the most important and fatal symptom of mood disorders. Therefore, suicidal thoughts should be questioned meticulously in patients with mood disorders and emergency hospitalization should be performed in risky cases. Especially recurrent suicide attempts are a harbinger of the next attempt and have a much higher fatal effect.

CASE PRESENTATION: A 45-year-old female patient presented to the emergency department with self-harming behaviors over the past three days, including cutting her wrists with a razor blade, ingesting bleach, and consuming various medications in an attempt to harm herself. Inpatient admission was indicated in the emergency department and she was referred to our facility.
During the psychiatric evaluation, the patient's appearance was appropriate for her age, but her hygiene and self-care had decreased. She exhibited a depressive mood and her affect was congruent with her mood. Speech was slowed and reduced in quantity, with decreased thought content and rate. No perceptual abnormalities were noted. The patient had loose associations and expressed anxiety about never recovering, with active suicidal ideation. Insight was preserved. Patient had been experiencing anhedonia, hopelessness, and intense anxiety accompanied by suicidal thoughts for approximately three months. Three months prior, she had sought psychiatric help due to familial stressors and onset of continuous sleep disturbance and anhedonia following a change in her home residence. Sertraline 50 mg was initiated at that time, but there was no response to treatment. On the second week of treatment, she attempted suicide by jumping off a balcony, leading to another emergency department visit. As active suicidal ideation was not present, Olanzapine 5 mg/day was added, and outpatient follow-up was recommended. However, five days later, she jumped from the top floor of her building. She spent two weeks in the neurosurgery service followed by one month in the psychiatric service. Upon discharge, she was prescribed Sertraline 150 mg/day, Olanzapine 10 mg/day, Clonazepam 0.5 mg/day, and Quetiapine XR 150 mg/day. Ten days after discharge, she experienced a recurrence of active suicidal ideation and was brought to the emergency department by her family. Due to suicidal ideation, she was admitted to our clinic. In the initial days of hospitalization, she exhibited excessive preoccupation with the belief that she would never recover and would require constant care. As suicidal ideation persisted and guilt and somatic delusions were present, Sertraline was gradually discontinued, Venlafaxine was added, and Olanzapine was gradually increased. Other medications were discontinued. The patient was diagnosed with major depressive disorder with psychotic features and discharged after 33 days of hospitalization. Follow-up appointments revealed the absence of active or passive suicidal ideation, absence of psychotic symptoms, absence of anhedonia, and no recurrence of sleep problems.

CONCLUSIONS: present case reflects a complex clinical situation involving major depressive disorder with psychotic features accompanied by suicidal behaviors. The challenges encountered in the treatment process underscore the necessity of a multidisciplinary approach to evaluate the patient and adjust the treatment regimen appropriately.

Keywords: depression, Recurrent Suicidal Behavior, Psychotic Features

[Abstract:0493] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Investigation of Two Cases Diagnosed with Dissociative Amnesia After Kahramanmaraş Earthquakes

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On 6 February 2023, two earthquakes of magnitude 7.7 and 7.6 affected millions of people in 11 provinces and killed tens of thousands. Earthquakes are known to cause psychological distress. Reactions during and after these earthquakes and similar severe traumatic events may vary depending on the severity of the event, the personality structures of the victims, social values and past experiences. Dissociation arises as a self-defence against trauma. Dissociative defences serve two functions in trauma survivors: they allow them to avoid the trauma while at the same time delaying the obligatory functioning of the trauma for the rest of their lives. In these 2 case reports, we aimed to evaluate the relationship between dissociative disorders presenting with different clinics and the severity of trauma, psychosocial changes during and after trauma, and biological and physical changes.

This study reports two cases. The first patient was a 22-year-old male student at university. The patient and his family were trapped under the rubble of the earthquake. He had lost his mother, father, sister and nephew in the earthquake. Following the amputation of the upper part of his right leg, he began to complain of forgetfulness and said that this sometimes lasted throughout the day. For example, he said that he would forget where he had left the telephone, what he had eaten, and where he had gone to the supermarket, and he could not remember afterwards. There were times when he could not remember his sister and brothers. He says that these complaints have diminished over time. The second case is that of a 45-year-old woman. She has a university degree and is currently studying at her second university. She was trapped under the rubble with her husband and two children during the earthquake and lost her husband and two children in the earthquake. Her right leg was amputated above the knee in the earthquake. She stated that she did not remember the 4-5 hours she spent in the rubble after she was pulled out in the earthquake and also the moments she spent in the hospital for the above-the-knee amputation. Both cases were diagnosed as post-earthquake dissociative disorders.

Whether a person is affected by an acute traumatic event is closely related to the severity of the event. Still, the ability to withstand trauma depends on the person's hereditary structure, developmental characteristics, the strength of the self-developed through learning, whether they are prepared for such an event and many other factors. Psychosocial factors include financial difficulties, safe space, marriage, destruction of the home, being trapped under rubble, loss of nuclear family members, lack of protection of physical integrity and other difficulties caused by the destructiveness of the earthquake. In both cases, being trapped under rubble, loss of nuclear family members and lack of protection of bodily integrity in both individuals can be considered as predisposing factors to dissociative disorder.

Keywords: Earthquake, dissociative amnesia, trauma

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